

**Memorandum of Understanding
Between
Dubuque Medical Associates
and
The Iowa ABCD II Healthy Mental Development Initiative**

I. Parties to the Memorandum

Parties to this Memorandum are

- A. Partners in the Iowa ABCD II Healthy Mental Development Initiative (Iowa ABCD II Initiative)
- B. Dubuque Medical Associates, Dubuque, Iowa

II. Purpose of Memorandum

This MOU is a nonbinding agreement between the Iowa ABCD II Initiative partners and Dubuque Medical Associates to participate as a demonstration site in the Iowa ABCD II Healthy Mental Development Initiative. It represents a good faith description of the roles and responsibilities of each party in the project. By clearly defining and understanding the expectations of each party, the parties have a greater potential to achieve a quantitatively and qualitatively successful experience.

III. Introduction

Iowa is one of five states awarded an ABCD II Healthy Mental Development Grant from the Commonwealth Fund and the National Association for State Health Policy. Through this grant, Iowa plans to develop and adopt standards, processes and tools for the screening, assessment, referral and intervention of infants and young children with or at risk of developmental, behavioral, and/or social-emotional problems. Toward that ABCD II partners are working to build the capacity of Iowa's primary health care practitioners to provide developmental and family risk screening and assessment and offer anticipatory guidance to promote healthy mental development of children birth to age three. The partners also plan to establish public-private partnerships that will facilitate referrals of at risk children for additional assessment and/or treatment. As part of that process ABCD II will build a tracking system that keeps primary care providers apprised of the results of their referrals

In the first grant year that began in January of 2004, ABCD II partners worked with a Clinical Panel and the Iowa EPSDT Board to propose standards, processes, and tools to promote the screening, assessment, referral and treatment of at risk infants and young children. ABCD II also worked with these groups to begin to identify Medicaid barriers to implementation of the standards.

In the second project year, ABCD II will establish two demonstration sites—one urban and one rural—to test the proposed standards, processes and tools. ABCD II will expect the demonstration sites to use the proposed standards, processes and tools with all children birth to age three in their practices during the testing period. However, ABCD II will evaluate the effectiveness of the standards and processes for only those children receiving Medicaid by measuring:

- 1) the percentage of eligible children birth through age three (through 47 months) who are documented to have received developmental and social-emotional screening according to the recommended ABCD II standards;
- 2) the percentage of eligible children birth through age three (through 47 months) who are referred for evaluation and/or intervention; and
- 3) the percentage of children birth through age three (through 47 months) who received intervention/treatment for social, emotional, and/or developmental delays (including treatment to prevent such delays).

The ABCD II partners include Iowa Medicaid, Iowa Department of Public Health, Prevention of Disabilities Policy Council, Child Health Specialty Clinics, and the UIHC Center for Disabilities and Development.

VI. Terms of the Memorandum

This Memorandum shall be effective on the last date of signing and shall continue in effect until modified or terminated by either party, or until December 30, 2006.

V. Responsibilities of Dubuque Medical Associates (Demonstration Site)

1. Provide at least one physician and one management-level office staff member to lead practice participation in all aspects of implementing ABCD II proposed standards and processes. Other practice professional and support staff may participate as needed or desired.
2. Implement the proposed standards, processes and tools with all children birth to age three during the testing period. The testing period will continue until we have collected data on 200 children in the targeted age group who receive Medicaid. We project this could take between 2 and 6 months depending on the size of the practice.
3. Utilize the ABCD II Health Maintenance Clinical Notes (HMCN) to screen all young children for developmental, behavioral and social-emotional problems during the testing period.
4. Distribute and collect completed Ages and Stages screening forms on designated children. These forms will be forwarded to the UIHC CDD for analysis and feedback. Results will be compared to the results of the HMCNs to determine how best to use these screening tools separately or in combination.
5. Work with the ABCD II facilitation team and Iowa Department of Public Health community health consultant to develop and implement processes that facilitate the referral and treatment of children who are found to be at risk.

6. Allow the ABCD II evaluation team to audit patient Medicaid records to conduct its evaluation.
7. Provide regular feedback about the standards and processes to the ABCD II facilitation team and work with the team to make necessary adjustments.
8. Submit any necessary paperwork to receive financial compensation for the required facilitation and data collection activities.

VI. Responsibilities of the Iowa ABCD II Initiative Partners

1. Provide a facilitation team to assist practices with implementing the standards and processes for the screening, assessment, referral and intervention for infants and young children with or at risk for developmental, behavioral, and/or social-emotional problems. At a minimum, the facilitation team will include a physician advisor (pediatrician or family physician), nurse advisor, and a community health consultant with expertise in the development of community-based referral and intervention systems.
2. Provide an evaluation team to work with practices in gathering data and to conduct analysis of the collected data. Compensation for an individual within the practice to coordinate the processes and data collection will be paid to the practice at a rate of \$25/hour up to a maximum of \$2,700.
3. Assist with the evaluation process through conducting pre and post project chart audits. During the course of conducting the chart audits, any information viewed that is outside the scope and parameters of the project will remain confidential.
4. Organize and conduct at least one in-person facilitation session each quarter. Compensation for in-person facilitation sessions will be paid to the practice at a rate of \$200/hour up to a maximum of \$400 per session.
5. Supplement the facilitation experience with telephone consultation, material resource sharing, and linkage to health-related community services on an as needed individualized basis.
6. Provide training to practices on skills needed to understand and fully implement the system standards (if desired).
7. Broker relationships with local public child health agencies, Early ACCESS, and other community resources to facilitate the referral and treatment of young children with or at risk of developmental, behavioral, and/or social-emotional problems.
8. Develop a system to assure that primary care providers receive information about the outcome of their referrals.
9. Track primary care referrals and their outcomes over 6 months and provide the practitioners with feedback on the results of their referral practices.
10. Provide a Medicaid consultant to work with the practice on billing for needed screening, assessment, referral and intervention services

VI. Change in Status

In the event of substantive change in the legal status, organizational structure, or funding of the initiative the parties to this Memorandum, the party experiencing the change agrees to notify the other party of the change. The parties shall provide notice as soon as practicable, but no later than 30 days after such a change takes effect.

VII. Amendment of the Memorandum

This Memorandum may be amended at any time by mutual written agreement of the parties.

VIII. Termination of the Memorandum

Either party may terminate this Memorandum upon 14 days' prior written notification to the other party.

For and on Behalf of the Iowa ABCD II Initiative Partners:

Kay DeGarmo, Principle Investigator
CDD ABCD II Contract Partner

Date

For and on Behalf of Dubuque Medical Associates:

Mary Nauman, Clinic Manager, Pediatrics
Dubuque Medical Associates

Date

[Name]
Director of Pediatrics
Dubuque Medical Associates

Date