

Ohio Department of Health
Bureau of Child and Family Health Services (BCFHS)
Child and Family Health Services (CFHS) Program
MATCH Data Definitions

CHILD AND ADOLESCENT HEALTH

NOTE: This form is to be used by Child and Family Health Services projects providing child and adolescent direct health care and enabling services. It is not to be used by CFHS projects that conduct only population-based and/or infrastructure activities.

The data being collected herein are not meant to be all-inclusive of services provided in the clinic. For a complete list of services that may be provided in a child and adolescent clinic, see the "CFHS Child and Adolescent Health Care Services Program Standards Manual."

CFHS project personnel may enter/access client data in the database using the "Find" button and then searching by the client's last name, first name, Social Security number or CFHS Client number. It is necessary to complete only one of the following at each encounter for record linkage.

Name (Last, First, Middle Initial) - Record the legal last name, first name and middle initial, as entered in the MATCH demographic file. Leave the field blank if the client has no legal middle name.

Social Security Number - Record the nine (9) digit number issued to the client by the federal Social Security Administration. If the client does not have a Social Security number, use the computer generated substitute number (client's initials and birth date), as entered in the MATCH Demographic file.

CFHS Client Number - Record the CFHS number assigned to the client, as entered in the MATCH demographic file.

Date of Encounter - Record two digits for month, two digits for day, and four digits for year (e.g. 01/01/2004) for the client's encounter date. The encounter date cannot be earlier than the Demographic Initial Encounter date.

Site Letter - Record the site letter assigned by the Ohio Department of Health, identifying the location of the clinic. Note that the MATCH software will not accept unassigned site letters.

WIC Participant - Indicate whether the client is a current participant of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) at this encounter, and if not, indicate whether the client was referred to the program (CFHS Child and Adolescent Health Care Services, Program Standards, pages 11-12). Do not answer this item for other members of the family (i.e., pregnant mother or sibling).

BCMh Participant - Indicate whether *the client* is a current participant in Bureau for Children with Medical Handicaps (BCMh) at this encounter and if not, indicate whether the client was referred to the program(CFHS Child and Adolescent Health Care Services, Program Standards, pages 11-12). *Do not answer this item for other members of the family (i.e., sibling).*

Help Me Grow (formerly Early Start/Early Intervention/Welcome Home) Participant - Indicate whether *the client* is a current participant of Help Me Grow program *at this encounter* and if not, indicate whether the client was referred to the program(CFHS Child and Adolescent Health Care Services, Program Standards, pages 11-12). *Do not answer this item for other members of the family (i.e., pregnant mother or sibling).*

Home Visit - Indicate whether the services were provided in a client's home. Services provided include those to identify critical health education needs; monitor progress in reduction of risk behaviors; reinforce health education provided in CFHS clinics, WIC, etc.; or provide care coordination and/or screenings.

Indicate the client's primary insurance status for this encounter (check one) - This information should reflect whether or not the client is insured for the services provided at this encounter.

- A. Medicaid (Healthy Start/Healthy Families [HS/HF]) enrolled only – Client is enrolled in Medicaid (HS/HF).
- B. Private Insurance - Client has third-party payer (other than Medicaid (HS/HF) through employment or privately purchased plans that covers services provided during this encounter.
- C. Uninsured/Underinsured Full Pay - Client does not have a third-party payer for services received at this encounter and is above 250% of the federal poverty level. The project intends to collect payment in full from the client for services rendered at this encounter.
- D. Uninsured/Underinsured Partial Pay - Client does not have a third-party payer for services received at this encounter and is between 100% and 250% of the federal poverty level. The project intends to collect partial payment from the client for services rendered at this encounter. Client must be billed based on a sliding fee scale.
- E. Uninsured/Underinsured No Pay - Client does not have a third-party payer for services received at this encounter and is below 100% of the federal poverty level. The project does not intend to collect any payment from the client for services rendered at this encounter.
- F. Other (specify-optional) - Client has a third-party payer for these services other than Medicaid/(HS/HF) or private insurance. This field should not be used to record more detailed information about one of the previous categories (i.e., name of Medicaid HMO or private insurance company).

If Uninsured/Underinsured, indicate status (check one) - Complete if C, D, or E were marked in the previous field.

- A. CPA Completed - Combined Programs Application (CPA) has been completed and will be submitted to the County Department of Jobs and Family Services (CDJFS) for Medicaid (HF/HF) enrollment. Refer to the CPA Policy in the CFHS Program Standards Administration Manual.

- B. Medicaid Eligibility Pending - CPA was previously submitted to CDJFS and notice of Medicaid (HS/HF) enrollment has not been received.
 - C. Medicaid Ineligible – Client previously applied for Medicaid but was found to be ineligible by CDJFS for the program.
 - D. Client Refused Medicaid - Client may be eligible but refuses Medicaid (HS/HF) services at this time or does not follow through on the submission of required documents. This includes completing the form partially or handing the application to the client.
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Complete Section 1 at the first encounter only.

- 1. **Mother's Social Security Number** - This is an optional field. Record the nine (9) digit number issued to the client's mother by the federal Social Security Administration.

Complete Section 2 at every encounter

- 2. **Breastfeeding Status** (For clients 23 months or younger)
 - A. Currently Breastfed - The child receives any amount of breast milk for nourishment.
 - B. Ever Breastfed – length of time breastfed - The child was breastfed at any time since it was born. This includes any amount of breast milk, including colostrum, at any point. Provide the length of time in weeks that the child was breastfed. One is the minimum number of weeks that should be entered into the computer. Use one week if the time breastfed was one week or less.
 - C. Never Breastfed - The child has always had formula as the primary source of nourishment.

Complete Sections 3-12 as instructed on form.

3. Type of Encounter

Direct Care – Those services generally delivered one-on-one between a health professional and a patient in an office or clinic site (including satellite or school-based clinics). Health professionals may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, nurse practitioners, nurse midwives, medical social workers and/or speech and language pathologists. Basic services include office visits (minor acute and preventive), allied health services, laboratory testing and pharmaceutical products and services.

Enabling – Enabling services allow, or provide for access to and benefit from an array of basic health care services. Enabling services include, but are not limited to, in-depth assessment or counseling; education; care coordination; transportation assistance; CPA assistance; language translation; and community-based outreach.

Enabling services are supportive services provided to a client with more complex needs and exceed the routine screening, anticipatory guidance, patient instruction, and patient assistance

that occur in a typical medical service visit. Enabling services supplement direct health care and can be provided in conjunction with the direct health care visit, or during a separate encounter with the client. Such supportive services that are conducted during a typical direct health care encounter are not considered separate “Enabling Services” but rather part of a comprehensive direct health care visit.

Separate enabling services can be provided in the health care setting, on a home visit, or under certain circumstances, over the phone by one or more health care providers and or project staff/contractors. **Enabling services provided over the phone are only to be entered on a MATCH form if the provider documents the service in detail in the client’s chart. Complete Section 12 also.**

Direct Care and Enabling - Services provided include a direct care visit (comprehensive health visit, follow up or acute care) **and** at least one enabling service. Enabling service(s) are supportive services provided to a client with more complex needs that exceed the routine screening, anticipatory guidance, patient instruction, and patient assistance that occur in a typical medical service visit.

Enabling services supplement the direct health care and are provided in conjunction with the direct health care visit. Such supportive services conducted during a typical direct health care encounter are not considered separate “Enabling Services” but rather part of a comprehensive direct health care visit.

4. **Purpose of Direct Care Encounter** - Check one category that describes the primary reason the client has come to the clinic for direct care encounters only.

A. Comprehensive Health Visit - An age appropriate, comprehensive health care encounter which includes the following: physical examination; appropriate laboratory tests; developmental, vision, hearing, speech, oral, nutrition and social service screens; and health education per CFHS guidelines. During this encounter, an acute condition may be identified and treated. Must complete sections 3-5 and sections 6-11 if this box is checked.

If a clinic has a “split comprehensive visit” (when a client receives comprehensive health visits during two separate visits), the visit when the physical exam is performed is coded as “Comprehensive Health Visit” and the other visit when education/counseling are done is coded as a “direct care/enabling” and “follow-up”.

B. Acute Care - An infant, child and adolescent health encounter for the purpose of evaluation of signs, symptoms and/or identified problems, with the subsequent diagnosis, treatment and/or referral of the problem(s). Complete sections 6-12 if applicable to the current encounter.

C. Follow-up - An infant, child and adolescent health encounter for follow-up assessment of a problem or condition identified, diagnosed and/or treated at a previous encounter. Complete sections 6-12 if applicable to the current encounter.

5. **Professionals Providing Services** - Check all that apply. Indicate all personnel who provided services during the encounter. "Encounter" is defined as a one-on-one contact between the client and personnel providing a service. For a health service to be defined as an encounter, the provision of the service must also be recorded in the client's chart.

In order to exercise "independent judgment," a service provider must be acting independently and not assisting another provider. For example, a service provider who assists a physician during a physical exam by recording a history, taking vital signs, performing laboratory tests or issuing prescription supplies does not exercise independent judgment unless the service provider also makes some assessment of the client's health status while performing these tasks and provides other related services such as education or counseling.

- A. Registered Nurse (RN) - An individual who holds a current, valid license issued by the State of Ohio that authorizes the practice of nursing as a registered nurse.
- B. Licensed Practical Nurse (LPN) - An individual who holds a current, valid license issued by the State of Ohio that authorizes the practice of nursing as a licensed practical nurse.
- C. Nurse Practitioner - A registered nurse who holds a valid certificate of authority in the State of Ohio that authorizes the practice of certified nurse practitioner or advanced practice nurses accordance to ORC 4623.43.
- D. Nursing /Medical Assistant – An unlicensed assistive person who may be agency certified or who may have passed a state approved certification exam.
- E. Physician (M.D. or D.O.) - A person who holds a valid license to practice either medicine and surgery or osteopathic medicine and surgery in the State of Ohio.
- F. Licensed Speech/Language Pathologist - A licensed specialist in human communication who evaluates and treats individuals with communication problems.
- G. Licensed Social Worker/Counselor - Person certified by the Counselor and Social Worker Board of Ohio to practice in Ohio. They may be Independent Social Workers, Social Workers, Professional Counselors or Professional Clinical Counselors.
- H. Licensed/Registered Dietitian - An individual licensed to practice dietetics or nutrition in the State of Ohio.
- I. Health Educator - An individual with the appropriate education, training and other qualifications to provide health education services. This individual may be a Certified Health Education Specialist (CHES).
- J. Outreach Worker – An Outreach Worker is a trained advocate from the community who empowers individuals to access community resources through education, outreach, home visits and referrals. Can include indigenous workers, nurses and social workers who provide services outside of the clinic setting.

K. Other - Any health professional providing services at this encounter who is not listed above. Entering specific information about the "Other" provider is optional.

6. **Height and Weight** - Complete section A for all clients. Complete section B for clients ages 23 months or younger.

Section A:

Enter the actual height and weight for the client. Either English or Metric values can be entered.

If the client is being seen for an enabling only visit; a follow-up visit; or an acute care visit; check "Not Applicable" if this section does not apply.

Section B:

Underweight - Mark if child's Weight for Height is < 5th percentile.

Overweight - Mark if child's Weight for Height is >95th percentile.

Normal - Mark if child's weight is normal.

7. **Hemoglobin/Hematocrit Values**

Enter the actual Hemoglobin and Hematocrit value for the client. If a reading from a screen was done within eight (8) weeks of this visit (such as from WIC) and the reading is accepted by the CFHS agency, enter the values.

Not Tested - Hemoglobin/Hematocrit is not indicated at this encounter.

Hemoglobin/Hematocrit Cutoff Values (1998)

Age	Male	Female
6m - 24m	11.0/32.9	11.0/32.9
2y - 4y	11.1/33.0	11.1/33.0
5y - 7y	11.5/34.5	11.5/34.5
8y - 11y	11.9/35.4	11.9/35.4
12y - 14y	12.5/37.3	11.8/35.7
15y - 17y	13.3/39.7	12.0/35.9
≥ 18y	13.5/39.9	12.0/35.7

If the client is being seen for an enabling only visit; a follow-up visit; or an acute care visit; check "Not Applicable" if this section does not apply.

8. **Immunizations Given During Current Encounter** – Indicate whether any immunizations were given at this encounter or if the parent/guardian refused.

Yes - Immunizations were given during the current encounter.

No - Immunizations were not given during the current encounter. Reasons for not giving immunizations may include immunization doses not indicated or contraindications were present during encounter.

Refused - Parent/Guardian refused immunization doses.

Not Applicable - If the client is being seen for an enabling only visit; a follow-up visit; or an acute care visit; check "Not Applicable" if this section does not apply.

9. **Immunization Status** - At conclusion of current encounter, indicate whether client is:
- A. Complete for Age - Immunizations are complete for client's age based upon latest revised *Recommended Childhood Immunization Schedule* approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. This includes children who have completed the immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae, Hepatitis B (based upon MCHBG Core Performance Measure #5).
 - B. In Progress - Child is not up-to-date for age but is prevented from getting any further immunizations at the current encounter by the necessary minimum intervals.
 - C. Incomplete for Age - Immunizations are incomplete for client's age.
 - D. Unknown - Client's immunization status cannot be documented or no immunizations were given at this encounter.
10. **Risk Factors/Risk Behaviors** - Self-reported or suspected actions (i.e. by family member or health care professional) that a child or adolescent engages in or is exposed to, that may jeopardize physical, emotional, or psychological health. Also includes actions in client's home or in their environment. Referrals can only be saved to the record if one of the corresponding options (i.e., self, home, etc.) have been marked.

None Identified - No Risk Factors or Risk Behaviors were noted during screening at this encounter.

- A. Alcohol Use - The reported/suspected use ("tried" or ongoing) of alcohol (beer, wine, liquor).
 - Self - Self-reported/suspected use of alcohol.
 - Home - The reported use of alcohol by others where the child or adolescent lives.
 - Other - The reported use of alcohol by others with whom the child or adolescent associates.
 - Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.

B. Drug Use - The reported/suspected use ("tried" or ongoing) of any illegal drug and/or the inappropriate use of prescription and/or over-the-counter drugs.

Self – Self-reported/suspected use of drug (s).

Home - The reported use of drugs by others where the child or adolescent lives.

Other - The reported use of drugs by others with whom the child or adolescent associates.

Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.

C. Emotional/Behavior - Behavior disorders or emotional disturbances are used interchangeably to classify children and adolescents who exhibit extreme or unacceptable chronic behavior problems. This includes children and adolescents who lag behind their age mates in social development and are isolated from others either because they withdraw from social contact or because they behave in an aggressive, hostile manner. It also includes behavior disorders, which result from persistent negative social interactions between the child and the environment.

Self - Self-reported/suspected behavior disorders or emotional disturbances experienced by the client.

Home - Self-reported/suspected behavior disorders or emotional disturbances experienced by someone in the client's home.

Other - Self-reported/suspected behavior disorders or emotional disturbances experienced by others whom the child or adolescent associates.

Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.

D. Tobacco use - The use of cigarettes or smokeless tobacco. Smoking cigarettes is the entry drug for some youth.

Self – Self-reported/suspected use of tobacco products.

Home - Reported/suspected use of tobacco products by others where the child or adolescent lives.

Other - Reported/suspected use of tobacco products by others with whom the child or adolescent associates.

Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.

E. Neglect - To ignore or disregard; the lack of sufficient or proper care; by caregiver.

Includes

medical or social neglect.

Self – Self-reported/suspected experience of neglect.

Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.

- F. Sexually Active - Voluntary involvement in intercourse or a sexual act.
Self – Self-reported/suspected experience of sexual involvement.
Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.
- G. Physical Abuse - Any physical injury or maltreatment of a child under the age of eighteen by
a person who is responsible for the child's welfare under circumstances which would indicate that the child's health or welfare is harmed or threatened thereby.
Self – Reported/suspected experience of physical abuse.
Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.
- H. Sexual Abuse - All kinds of sexual acts that are harmful to a person, including unwanted sex acts such as touching without permission, obscene phone calls, and forced intercourse (rape).
Self – Self-reported/suspected experience of sexual abuse.
Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.
- I. Other - Any other risk factor or risk behavior not listed above. Entering specific information about the “Other” risk factor or risk behavior.
Self - Other self-reported/suspected risk factors were experienced by the client
Home - Other risk factors were experienced by someone in the client's home.
Other - Other risk factors were experienced by others whom the child or adolescent associates.
Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.
- J. Violence - Physical force used to injure, damage, or destroy; extreme roughness; unjust or callous use of force or power, as in violating another's rights, sensibilities, etc. and the harm done by this. It may include emotional mistreatment or domestic violence not directed at the client.
Home - The report of violence in the client's home.
Neighborhood - The report of violence in the client's neighborhood.
School - The report of violence in the client's school.
Other - The report of violence in a setting other than those listed above.
Referral Made - The client was referred for further assessment, evaluation or treatment of this risk factor/risk behavior.

Not Applicable – If the client is being seen for an enabling only visit; a follow-up visit; or an acute care visit; check "Not Applicable" if this section does not apply.

11. **Actions Resulting From Screenings** - Check all that apply.

Per the CFHS Program Standards, the emphasis of the Child and Adolescent Health Services "grid" is on screening, in contrast to the full assessment of each child in each area of growth and development. It is expected that all clients will be screened at every comprehensive health visit for each of the listed areas through a series of questions that "trigger" or "cue" the practitioner to existing or potential problems. Based on this screening, indicate in this section whether an assessment or referral was indicated based on a "failed" screening.

Assessment - Based on a "failed" screening as defined above, an in-depth assessment was completed at this encounter.

Referral - Based on a "failed" screening and/or assessment as defined above, a referral was made to an appropriate provider outside of this CFHS agency at this encounter.

None Indicated - Screenings were completed per CFHS Child and Adolescent Health Program Standards but further assessment or referrals were not indicated as a result of the screenings.

Other - Any other action taken but not listed above. Entering specific information about the action taken is optional.

***** **Lead** *****

Lead Screening

A "lead screening" means that a "paper questionnaire" screening was done. The risk assessment questions are as follows:

Does your child.....

1. Live in or regularly visit a house built before 1950? *This includes a day care center, preschool, or home of a babysitter, or relative.*
2. Live in a house that has peeling, chipping, dusting, chalking paint?
3. Live in or visit a house built before 1978 with recent, ongoing, or planned renovation/remodeling?
4. Have a sibling or playmate who has died or did have lead poisoning?
5. Frequently come in contact with an adult who has a hobby or works with lead? *Examples are construction, welding, pottery, painting, and casting ammunition.*

These questions are required to be asked during every Well Child visit.

When conducting a Child Health visit, if any of the answers to the above questions are "true", than a blood draw is required by law. A blood draw is considered a "**Lead Assessment**".

Lead Assessment

A “lead assessment” means that a blood draw was done. The “assessment” or “blood draw” can be conducted on site or the child can be referred to another site for the blood draw. **A “lead assessment” is required by Ohio Law and Federal Requirements if,**

1. If the child is a Medicaid, Healthy Families or Healthy Start consumer (all zip codes),
OR if
2. Lives in a High Risk Zip Codes (all children assessed twice between 9 and 36 months, with at least 12 months between tests. Any 3-6 year old who has not been assessed).

Lead Referral

A “lead referral” means that the child failed the “lead screening” and that your site referred the child to another site for the “blood draw”.

Not Applicable - If the client is being seen for an enabling only visit; a follow-up visit or an acute care visit; check "Not Applicable" if this section does not apply.

12. **Type of Enabling Services** - Check all that apply. Indicate the total amount of time used by one or more health care providers and/or project staff/contractors to complete each of the following enabling activities. If “Other” is checked, it is mandatory to specify the type. **Refer to page 4 for more details on Enabling.**

- A. Assessment/Counseling – Assessment or counseling provided to client during this encounter. A full assessment may be indicated by a “failed” screening or more involved client needs.
- B. Education – Health education for individuals or groups.
- C. Care coordination – Care coordination promotes the effective and efficient organization and utilization of resources to assure access to necessary health and social services. Care coordination may include, but is not limited to: assistance to the patient in the scheduling and coordination of services; necessary referrals for non-medical services such as transportation, food, clothing, shelter, etc.; and making telephone contact or providing a written reminder to the patient of all appointments.
- D. CPA Assistance – Assisting a client in completing the Combined Programs Application (CPA) used to apply for Medicaid (HS/HF), WIC and BCMH benefits and as a referral to CFHS services.
- E. Transportation Assistance – Arranging transportation for CFHS clients to services within a comprehensive health care system.
- F. Translation Services – Providing simultaneous language translation through a foreign language or American Sign Language interpreter, or TDD from phone service.

- G. Other – Any enabling service provided that is not identified above. Type of service provided **must** be entered.
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Local Use Only

Twenty-five (25) spaces are provided for entering/accessing data that does not appear on this form but are of importance to the local project.
