

**Health Department
FY05 Special Provisions
MCH Block Grant**

A. Payments:

1. The DEPARTMENT agrees to reimburse the CONTRACTOR up to \$_____ for expenditures directly relating to this Section. Allowable expenditures will be determined as defined in Article XV, Section 4 of the General Provisions. Funds for the Maternal and Child Health Block Grant (2a1 below) shall be advanced to the CONTRACTOR quarterly and payments in the fourth quarter will be adjusted to reflect actual expenditures reported by the CONTRACTOR, up to the maximum amount for Maternal and Child Health Block Grant. The first quarter payment will be made on or after July 1, 2004. Payments for the second and third quarters shall be made upon receipt by the DEPARTMENT of the expenditure reports for the first and second months of the previous quarter.

2. REPORTING AND CONTRACT AMOUNTS:

a. Expenditures under this section must be reported under the following activities:

- 1. MCH Block Grant \$
- 2. Prenatal to 5 Home Visitation Program \$

3. This Section is funded with 100% Federal funds and 0% State funds. The Federal funds provided under this Section are from the following Federal program and award:

CFDA number:	93.994
CFDA title:MCH	Title V Grant
Award Name:	MCH Title V Block Grant
Federal Agency:	Department of Health and Human Services, Health Resources and Services Administration
Pass-through agency:	State of Utah, Utah Department of Health
Number assigned by pass-through agency:	State Contract Number, as reported on page 1 of the contract.

B. Reference to Attachments Referenced as Part of this Section but not Included:

- 1. Perinatal Program Qualified Providers' Manual
- 2. P-5 Nurse Visiting Program Guidelines Manual

C. Overview:

1. Maternal and Child Health Block Grant:

Maternal and child health block grant funding to local health departments is designed to support the ten essential public health services for maternal and child populations in local health districts.

a. Ten Essential Public Health Services to Promote Maternal and Child Health in Utah Local Health Departments

1. Assess the status of maternal and child health at the local level so local problems can be identified and addressed.
2. Diagnose and investigate the occurrence of health problems and health hazards at a community level that impact women, children, and youth in the local health district.
3. Inform, educate, and empower the public and families regarding maternal and child health in order to promote positive health beliefs, attitudes, and behaviors in the community.
4. Mobilize partnerships among policymakers, health care providers, the public, and others to identify and implement solutions to maternal and child health problems in the local health district.
5. Work with the community to assess the relative importance of MCH needs based on scientific, economic, and political factors, and provide leadership for planning and policy development to address priority needs in the local health district.
6. Promote and enforce laws, regulations, standards, and contracts that protect the health and safety of women, children, and youth and that assure public accountability for their well being.
7. Link women, children, youth, and families to needed population-based, personal health and other community and family support services; and assure availability, access, and acceptability by enhancing local system capacity, including directly supporting services when necessary.
8. Assure the capacity and competency of the public health and personal health work force to effectively address community MCH needs.
9. Evaluate the effectiveness, accessibility and quality of personal health and population-based maternal and child health needs.
10. Support research and demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.

b. Core Public Health Activities Not Direct Service refer to health system activities which are not attributable to services provided to individual clients. These include but are not limited to:

Assessment

Collect and analyze data on mothers and children and disseminate assessment results to the community, such as review of health status of MCH populations in district

Policy Development and Planning

Develop plans to address the needs identified in the assessment, such as a MCH action plan based on data and community input

Provide advocacy for policy development or program planning to ensure that needs are addressed in the community.

Establish guidelines for health care practice and standards that will result in improved services for mothers and children, such as promotion of medical homes

Assurance

Develop, implement, and support community health promotion programs that target specific needs of the local maternal and child populations, such as health promotion and prevention of risk

Develop, monitor and support standards for access to and quality health care among local health care systems

Implement and support targeted outreach and service coordination to assure that mothers and children have access to needed services, such as outreach to difficult-to-reach populations.

Collaborate/cooperate with other service providers to ensure non-duplication of services, promotion of the medical home concept, that resources are well utilized

- c. Enabling and Non-Health Support refers to services provided directly to the client to attain, access or use health services rather than to provide a service specifically aimed at improving health. The kinds of services include transportation to and from health services, translation of information into the client's first language, child care while receiving health care services, outreach to MCH populations, and assistance in seeking or attaining health services. These services are important in promoting a medical home for MCH populations in communities.

- d. Use of MCH Block Grant Funding by Local Health Departments:

Maternal and child health block grant funding may be used by local health departments to provide core public health activities not direct service that address the following areas in the local district based on assessment of maternal and child health population needs:

If MCH Block Grant funds are used for direct service provision to individuals, such as well child care, etc., then a narrative justification for the reasons that the services should be provided by the local health department versus other providers needs to be included in the local health department action plan. All services or activities need to support medical homes for mothers and children. The LHD should bill for direct

services on a sliding fee scale based on 0% pay for all families at or below 133% of the FPL. Collections should be returned to the MCH funding stream to increase the LHD capacity to provide public health services to maternal and child populations.

These special provisions apply to women of childbearing age, pregnant women, and infants, children and adolescents who receive services or are the recipients of activities provided to prevent or reduce illness, disability or death. The monies from the Maternal and Child Health Block Grant Funds (MCH) shall be used to provide or assure any or all of the following MCH services:

1. Pregnancy-related services, including preconceptional education
 2. Teen pregnancy prevention
 3. Family planning
 4. Health screenings, such as amblyopia
 5. Health promotion and prevention activities
 6. Immunizations
 7. Oral health
 8. School health
 9. Outreach to difficult-to-reach populations
 10. Early identification and referral of children with special health care needs
 11. Health consultation to child care and preschool providers
 12. Sudden infant death follow-up
2. Perinatal Presumptive Eligibility Qualified Provider
- In order to participate in perinatal presumptive eligibility each qualified provider (QP) must maintain eligibility for payment under the State's Medicaid Plan and agree to provide perinatal services by or under the direction of a physician without regard to whether the clinic itself is administered by a physician or provide outpatient hospital or clinic services or rural health clinic services. To qualify, the provider must also participate in or meet one of the following:
- a. Community Health Center (330) funds
 - b. Migrant Health Center (329) funds
 - c. Stewart McKinney Homeless Act (340) funds
 - d. Title V Maternal and Child Health Services Block Grant funds
 - e. Title V of the Indian Health Care Improvement Act funds
 - f. Programs established under the Special Supplemental Food Program for Women, Infants and Children (WIC)
 - g. Commodity Supplemental Food Program (Food Stamps)
 - h. Statewide perinatal program administered by the DEPARTMENT
 - i. A part of the Indian Health Service [A health program or facility operated by a tribe or tribal organization under the Indian Self-determination Act (PL 93-638)]

3. Prenatal to 5 Home Visitation Program

The Prenatal to 5 (P-5) Nurse Home Visitation Program is targeted toward at-risk pregnant women and at-risk children from birth to age 5 years, and their families. Home visits are conducted by public health nurses for the purposes of: 1) assessing child and family needs and strengths related to overall health and well-being; and 2) providing anticipatory guidance, information, assistance, and/or referral as appropriate to assist in meeting identified needs.

Also as part of this program, designated public health nurses conduct or assist in the teaching of health and safety training courses and serve as child care health consultants to local early childhood providers. Services provided through the program are coordinated at the local level with other community agencies and providers serving young children and families.

D. Goals

The following goals have been developed to reflect the three core public health functions of assessment, policy development and assurance.

1. Assessment
 - a. Investigate maternal and child health problems and hazards in the community
 - b. Monitor health status of mothers and children in the community
 - c. Develop new interventions and innovative solutions to address priority maternal and child health problems for the district
2. Policy development
 - a. Develop policies and plans that support maternal and child health improvement efforts
 - b. Mobilize community partnerships and action to solve maternal and child health problems
3. Assurance
 - a. Enforce laws and regulations that protect health and assure safety for mothers and their children
 - b. Link mothers and children to personal health services through promotion of a medical home
 - c. Evaluate quality and effectiveness of population-based services for mothers and children
 - d. Inform, educate and empower the community about relevant maternal and child health issues

- e. Assure a trained public health workforce

E. Long Term Goals

1. Maternal and Child Health Block Grant

a. Mothers and infants:

1. Increase the proportion of intended pregnancies
2. Increase pregnant women receiving prenatal care in first trimester
3. Increase pregnant women with adequate weight gain
4. Decrease smoking among pregnant women
5. Reduce neural tube birth defects
6. Decrease the birth rate for teenagers 15-17 years of age
7. Improved oral health among pregnant women
8. Increased recognition of pregnancy and postpartum depression
9. Decrease infant deaths, such as SIDS
10. Decrease very low birth weight live births
11. Increase very low birth weight infants delivered at facilities for high risk deliveries and neonates
12. Increase newborns who have hearing screening before hospital discharge
13. Increase mothers who breastfeed their infants at hospital discharge

b. Children:

1. Decrease children without health insurance
2. Increase Medicaid eligible children who receive a paid Medicaid service
3. Increase children receiving the complete schedule of age-appropriate immunizations by age 2
4. Increase kindergarten through twelfth grade students receiving two doses of Measles, Mumps and Rubella (MMR) vaccine
5. Increase Medicaid-enrolled children ages 6-9 who receive a dental visit during the year
6. Increase third graders who receive dental sealants on at least one permanent molar tooth
7. Reduce cigarette smoking among teenagers 12-17 years of age
8. Increase vehicle safety restraint use among occupants under 9 years of age
9. Increase bicycle helmet use among bicyclists 5-12 years of age
10. Decrease the death rate for children ages 1-14 caused by motor vehicles
11. Decrease the rate of suicides among youth 15-19 years of age
12. Increase newborns with at least one screening for PKU, hypothyroidism and galactosemia
13. Promote school nursing
14. Increase child care health consultation for child care and preschool providers

15. Reduction in amblyopia
 16. Improvement in recognition of mental health issues among the child population
 17. Increase in children with medical home
 18. Decrease in child deaths.
- c. Children with Special Health Care Needs (CSHCN):
1. Early identification and referral of children with special needs
 2. Increase in CSHCN with a medical home
2. Perinatal Presumptive Eligibility Qualified Provider
- a. Improve perinatal outcomes for Utah women through the provision of access to perinatal healthcare
3. Prenatal to 5 Nurse Home Visitation Program
- a. Enhance overall health status and well being of children and families
 - b. Foster healthy growth and development of children and families
 - c. Increase access to and appropriate utilization of preventive and primary health care services for children and families
 - d. Reduce the incidence of vaccine-preventable infections among children
 - e. Reduce the incidence of intentional and unintentional childhood injuries
 - f. Enhance the capacity of child care providers in ensuring a healthy and safe environment for children they serve

F. Current Year Goals

1. Maternal and Child Health Block Grant
 - a. Promote medical home for the three MCH populations and provide activities that may have an effect on the long term goals of improving the health of the three MCH populations
 - b. Conduct needs assessment of MCH populations in district and develop an action plan for the next year to address identified needs
 - c. Conduct agency capacity assessment to determine agency strengths and areas of needed improvement
2. Perinatal Presumptive Eligibility Qualified Provider
 - a. Promote early and uninterrupted prenatal care services for uninsured and underinsured low-income pregnant women by screening women requesting perinatal services for presumptive eligibility
3. Prenatal to 5 Nurse Home Visitation Program

- a. Provide at least one initial home visit, complete an Initial Home Visit assessment, and develop a family care plan for follow-up and referral jointly with the family.
- b. Facilitate a medical home for children served by the program. (see definition on Contract Report Form attached).
- c. Ensure that children served by the program have up-to-date immunization status.
- d. Facilitate enrollment of children into private insurance or in Medicaid and CHIP so that children served by the program have medical insurance.

G. Responsibilities of the Local Health Department

The local health department agrees to:

1. Maternal and Child Health Block Grant
 - a. Provide services to the MCH population as outlined in Section C.1.
 - b. conduct a district-specific needs assessment every five years that will be comprised of the following components:
 1. local health department agency MCH Capacity Assessment (Attachment B) and Community Profile (Attachment C)
 2. information on the availability and accessibility of services, including barriers to care using Current Service Form (Attachment D) and Ten Essential Functions (Attachment E).
 3. review LHD-specific MCH Performance and Outcome Measures and set annual local goals for each measure.
 4. review of other data sources for district-specific review of health status of MCH populations.
 5. develop other means of assessing health care needs, such as community surveys, community focus groups, client satisfaction surveys, etc.
 6. a mechanism for public participation to advise the LHD about local needs, priorities, and ways to maximize success of their efforts to improve maternal and child health services in the district, including the private provider community and citizens
 - c. develop an action plan (Attachment F) to address MCH needs that are specific to district including:
 1. 2 – 3 LHD-specific objectives for MCH populations that need to be addressed, including reporting on the current status, setting a local goal, and specific strategies or plan to address the local objectives.
 2. strategies and activities to address needs of MCH populations in district and that will lead to improved health status and health system development.
 3. specific plans for the upcoming year for improvement of measures, especially those which are moving away from the State data and in addressing needs identified in assessment.

4. community partnerships or coalitions to identify, coordinate and implement community based outreach and promotional activities to promote maternal and child health in the local health department jurisdictional area including, but not limited to, private health care providers, managed care organizations, community, rural or migrant health centers, community-based organizations or services, and special populations (ethnic and minority populations).
 5. budget for allocation of MCH block grant funding that reflects the local needs as determined by review of Performance and Outcome Measures, needs assessment, etc., including training for child care health consultation or other workforce development trainings (Attachment G).
2. Perinatal Presumptive Eligibility Qualified Provider
- a. Identify a specific individual to act as a contact person responsible for administration and communication for the Perinatal Program.
 - b. Screen women requesting perinatal services for Medicaid presumptive eligibility (PE) in a timely manner. If unable to do so, referrals of such women to another Qualified Provider (QP) site, to a Utah Department of Health, Division of Health Care Financing, Bureau of Eligibility Services (BES) worker, or a Department of Workforce Services office (DWS) will be made to complete a Medicaid application.
 - c. Provide Medicaid applications to pregnant women who are determined to be presumptively eligible or who wish to apply for Medicaid and assist PE pregnant women in completing and filing their applications for Medicaid.
 - d. File the appropriate Presumptive Eligibility Application with the Medicaid Claims within 5 working days after PE determination has been made.
 - e. Inform women screened for PE of WIC services and refer them to a local DWS or BES worker to apply for Medicaid and be assessed for eligibility for additional services prior to the woman's Presumptive Eligibility (Pink Card) expiration date.
 - f. Complete and process all forms required by the Presumptive Eligibility/Perinatal Program and abide by the policies and procedures outlined in the Perinatal Program Qualified Providers' Manual as it is currently written or as it may be updated.
 - g. Assign a specific Perinatal Care Coordinator or staff member oriented to the PE program and familiar with community resources to all Medicaid fee-for-service women enrolled for prenatal care. Women receiving care coordination shall have care documented in their charts.
 - h. Provide women on presumptive eligibility **outpatient, pregnancy related Medicaid covered services only**. No global fees are to be billed to Health Care Financing using the Pink Card.
 - i. Provide only those services which are defined in the QP Manual or those approved for payment under Medicaid. Services or referrals for services made in error of Medicaid policy shall be paid from the local health department's funds.

- j. Utilize a formal risk assessment tool for all Medicaid fee-for-service women receiving perinatal care coordination or on-site antenatal care. Such a form shall contain, at a minimum, the prenatal client's history and documentation of the woman's risk factors as determined through the risk assessment.
 - k. Provide the following services or refer women to appropriate providers of these services when they are not available on-site for fee-for-service women:
 - 1. Outpatient antenatal and postpartum care including risk identification and management
 - 2. Intrapartum (labor and delivery) services
 - 3. Pharmaceuticals for pregnancy-related conditions
 - 4. Out-patient laboratory testing for pregnancy-related conditions
 - 5. Pre and postnatal home visits
 - 6. Perinatal care coordination
 - 7. Pre and postnatal high risk nutritional counseling
 - 8. Pre and postnatal psychosocial counselingGroup pre and postnatal education
 - l. Bill Medicaid for services rendered to PE/Medicaid eligible women on forms approved by the Division of Health Care Financing. Reimbursement rates, rules, scope of services, service codes, diagnostic codes, and provider types and code numbers shall be those established and approved by the Division of Health Care Financing under Medicaid policy (refer to Medicaid Providers' Manual and Information Bulletins).
2. Prenatal to 5 Nurse Home Visitation Program
- a. The local health department will:
 - 1. Designate qualified public health nurses to provide services for this program.
 - 2. Facilitate the attendance of local public health nurses providing services through this program at training sessions and site visits provided by CFHS.
 - 3. Review and implement program guidelines as described in the Prenatal-5 Nurse Home Visiting Program Guidelines and Training Manual.
 - 4. Conduct outreach activities to their communities to find under-served, at-risk families in need of services. Outreach activities may include but not be limited to:
 - a) screening vital records reports
 - b) program promotion at health fairs, conferences, etc.
 - c) program networking with area health care providers, including obstetricians, pediatricians and family practitioners; community health centers, hospital discharge planners, and local agencies serving at-risk children.
 - 5. Coordinate services provided through this program with other programs, agencies and providers in the community, including referrals for services as needed.

6. Designate one or more public health nurse(s) with early childhood experience to teach or assist in teaching a minimum of two 10-hour *Utah Health and Safety Training for Early Childhood Providers* courses per year. The local health department will coordinate with the local child care resource and referral agency to assure delivery of this Health and Safety Training.
7. Develop and/or participate in community partnerships or coalitions to identify, coordinate and implement community based outreach and promotional activities to promote maternal and child health in the local health department jurisdictional area including, but not limited to, private medical providers, managed care organizations, community or migrant health centers, community-based organizations or services, and special populations (ethnic and minority populations)

H. Responsibilities of the Utah Department of Health, Division of Community and Family Health Services (CFHS)

CFHS agrees to:

1. Maternal and Child Health Block Grant
 - a. Provide a needs assessment tool, a capacity assessment tool, action plan outline, and report forms for the financial and service data reports
 - b. Provide technical assistance and consultation as needed or requested
 - c. Make available a copy of the MCH Title V Block Grant Application upon request of any local health department
2. Perinatal Presumptive Eligibility Qualified Provider
 - a. Provide inservices regarding the Presumptive Eligibility/Perinatal Program for local staff upon request
 - b. Provide and update the Perinatal Program Qualified Providers' Manual outlining policies and procedures
 - c. Provide other consultation and technical assistance as requested
3. Prenatal to 5 Nurse Home Visitation Program
 - a. Provide consultation and technical assistance to the local health departments related to carrying out contract requirements and program guidelines and activities
 - b. Provide training sessions for local health department nurses involved in providing Prenatal to 5 Home Visitation program services
 - c. Provide a statewide annual summary of data from the semi-annual Contract Report to local health departments

I. Reporting Requirements

1. Maternal and Child Health Block Grant
 - a. The local health department agrees to submit a needs assessment summary that will include summary of the needs assessment process and findings, capacity assessment, a review of the local health department's MCH Performance and Outcome measures summary by September 30, 2005 (Attachments B- E).
 - b. The local health department agrees to submit an action plan (Attachment F) to address identified needs of the maternal and child populations in the local district by September 30, 2005, including the MCH performance and outcome measures along with the 2 –3 measures selected by the local health department to address, and local goals for each measure. In future years, the local health department will report on the status of the action plan accomplishments or those that were planned but not implemented with an explanation, as well as adjustments to the action plan based on successes or needs for adjustment.
 - c. The local health department agrees to submit an annual Maternal and Child Health Service Report (Attachment H) for FY05 to Karen Zinner of the Maternal and Child Health Bureau by October 15, 2005.
 - d. The local health department agrees to submit an annual MCH Financial Report for FY05 (Attachment I) to Kim Romero of the Division of Community and Family Health by October 15, 2005.
 - e. The local health department will provide a written report (Activity Report - Attachment J) for FY05 outlining the activities performed during the previous year to individually address the long-term goals (as outlined in Section E 1) to Karen Zinner of the Maternal and Child Health Bureau by October 15, 2005 that will include activities that relate to all of the long-term goals. If narrative information has been submitted for activities to any other program within the Division of Community and Family Health Services, please indicate the program to which the information was supplied to meet the reporting requirements.
 - f. The local health department agrees to submit a budget for allocation of MCH block grant funding (Attachment G) reflecting findings of needs assessment and prioritization of health issues for the MCH populations in the health district.
2. Prenatal-5 Nurse Home Visiting Program
 - a. The local health department will complete and submit the Prenatal-5 Nurse Home Visiting Contract Report for FY05, which includes a narrative description component, on a semi-annual basis. (See Attachment K for Prenatal – 5 Home Visiting Contract Report Form.) This report form is due to Al Romeo of the Child, Adolescent and School Health Program, Utah Department of Health, by January 31, 2005 for the period of July 1, 2004 - December 31, 2004; and by July 31, 2005 for the period of January 1, 2005 - June 30, 2005.

- b. The local health department will submit documentation of outreach efforts for FY05 as part of the narrative component of the semi-annual reports submitted to CFHS.