Maternal and Child Health (MCH)
Program Details
Application Guidance

General Information:

- The KDHE MCH Manual must be used in the development of the MCH grantee’s policy manual.
- Healthy Start Home Visitor (HSHV) and Home visiting services provided locally must follow KDHE program and training requirements.
- The local grantee must use evidence-based practices in their work.
- The local grantee must engage in public awareness activities and develop a referral network.
- The local grantee will develop a program evaluation process that uses client satisfaction survey and community needs assessment information to assess their program and make changes to services based on responses.
  - The local grantee may use the current MCH Survey card or develop another survey form.
    - These will be used internally to enhance or improve services and inform future activities.
    - These surveys will not be sent to KDHE. Client satisfaction will be assessed as part of the site visit monitoring process.
- For multi county/agency grantees only, the designated lead organization must maintain the letters of commitment from participating organizations.
- At least one person from your agency is required to attend technical assistance calls and webinars provided by KDHE.
- All new MCH program staff and administrators are required to complete MCH training.
- The MCH Program Manager from your agency will participate in any scheduled site visits provided by KDHE.
- The local grantees must submit client encounter data using electronic means at least once a month. Paper Client Visit Record (CVR) will be accepted only if electronic means are not available.
- Income and family size of all MCH clients must be determined and documented at least annually
- A sliding fee scale with a minimum of four increments must be established and implemented for all MCH services provided. This program does not require the fee scale to slide to zero.
- A penalty will be assessed for delinquent reports.

Attachments:

- A.1 - Attach an Organizational Chart
  - Name the attachment [Applicant Agency Name] Organizational Chart
- D.2 - Attach a Summary of your Community Needs Assessment
  - Name the attachment [Applicant Agency Name] Summary of Community Needs Assessment
- D.7 - Attach a Healthy Start Home Visitor Services Work Plan
  - Name the attachment [Applicant Agency Name] Work Plan

Program Contacts:

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