

**KANSAS**  
**DEPARTMENT OF HEALTH AND ENVIRONMENT**  
**Division of Public Health**  
**Bureau of Family Health**



**Senator Stan Clark**  
**Pregnancy Maintenance Initiative Manual**



**January, 2016**



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## INTRODUCTION

The Senator Stan Clark PMI program (K.S.A. 65-1, 159a) was first established in the 1999 Kansas legislative session. The purpose of the Pregnancy Maintenance Initiative (PMI) program is to provide services to pregnant women to enable them to carry their pregnancies to term.

PMI services are based on a case management model that incorporates an integrated, collaborative, and multi-disciplinary provider approach for the provision of a continuum of care during the pregnancy and for six months post-delivery. The service model promotes public/private partnerships to facilitate the availability and ready access to affordable and appropriate care, thus improving the potential for a positive pregnancy outcome for the childbearing woman and infant. A key component of the program includes the development of a birth plan that addresses adoption services through education or information.

Case management services may be provided for up to six months post-delivery based on individual client needs and attainment of client-set goals.

## PROGRAM OVERVIEW

The PMI program uses a team approach to service delivery which includes the pregnant woman, a case manager, and a network of related service providers within the local community. The primary goal of the program is to provide case management services for any pregnant woman that increase ready access to appropriate prenatal care, thus improving positive pregnancy outcomes for women and their babies. Services to participants may be provided directly by the grantee using appropriately trained professionals or through a community network of related service providers. Direct service models and practices must be evidence-based/evidence-informed and implemented with quality assurance processes.

**\*Women receiving services through this program may not also receive services through KDHE's Teen Pregnancy Targeted Case Management Program.**

Agencies with multiple funding sources often provide additional services to participants. KDHE supports the provision of evidenced-based practices in these circumstances. Agencies receiving funds under this grant are required to provide a **dollar for dollar match, which must be used solely for PMI activities**. The match may be from the applicants local budget, private or foundation dollars, or in-kind support (e.g. volunteer time, documented donated office space). Grantees are required to document all services provided to an individual client, and the funding source of those services.

Within one month of entry into program, case managers assist pregnant women in the development of a personal goal plan (also referred to as a birth plan) that addresses the 8 life domains of living situation, family, social relationships, leisure, work/school, safety, finances and health. The plan is continually updated as progress is made on each goal area. See Appendix A for a sample PMI *GOAL PLANNING* form. Use of the

sample form is optional; grantees implementing PMI services may develop their own form which must include goal planning within the 8 life domains.

Participants leave the program when any of the following occur: completes goal plans, reaches time limit, voluntarily terminates participation, leaves service area, or cannot be located.

## PROGRAM GUIDELINES

### SERVICES

Grant funds for the following services are to be utilized after all other payment sources, including, but not limited to insurance coverage, special sliding fee and discount options, and/or government assistance programs, have been exhausted:

- a. Prenatal medical care:** Case managers will link women to health care coverage and systems of care through Medicaid, KanCare and/or affordable insurance coverage for prenatal medical care. **Does not include payment for medical services.**
- b. Medical care (non-pregnancy related) for participants and their infant(s):** Case managers will link women to health care coverage and systems of care through Medicaid, KanCare and/or affordable insurance coverage for these services for routine health maintenance, prevention/treatment of non-pregnancy related illness or injury. **Does not include payment for medical services.**
- c. Mental Health:** Case Managers assist women to obtain mental health screening, assessment and treatment by qualified mental health provider. Resources for this can be found at <http://kansaskidlink.org/>.
- d. Housing:** Case managers will assist participants with housing needs by linking them with available community resources.
- e. Education:** Activities that will facilitate the woman's ability to advance toward a high school diploma, GED, vocational training or college education during the time she is participating in PMI services. Testing fees, tuition, costs of materials may be supported with grant funds after all other sources of funding have been denied.
- f. Promotion of Paternal Involvement and Responsibility:** Opportunities that will support interaction between the mother and the infant's father as appropriate; interaction by the infant's father; assistance with the legal process for the establishment of paternity and parenting education.

- g. Adoption Counseling and Referrals:** Grant funds may be used to provide or facilitate access to services that will provide accurate information regarding the adoption process. Support services as needed for a woman relinquishing parental rights to her baby for up to 6-months post-adoption.
- h. Drug and Alcohol Assessment and Treatment** Assistance by the case manager to obtain substance use screening, assessment and treatment by licensed or certified substance abuse programs/providers.
- i. Domestic Abuse Protection:** Assistance by the case manager to any service or facility that will assure physical and emotional security and safety for the participant, infant and/or other children.
- j. Child Care:** Case managers provide assistance and information to participants in need of on-going child care for their infants and other children while the woman is participating in the program. Grant funds for child care services can be provided for short periods of time.
- k. Parenting Education/Support:** Case managers will link participants to parent education programs within their local community. Case managers may provide limited counseling support to parents regarding parenting issues if they have the appropriate educational background and provide evidence based information. Grant funds may be used to provide parenting education by qualified professionals.
- l. Transportation:** Grant funds may be used for the provision of transportation, when not otherwise available in the service area, for the client and child(ren) to access program services. Gas cards and bus passes may also be purchased to use as incentives for participants.
- m. Food and Beverages:** Provision of food and beverage items with these State General Funds is not acceptable. Exceptions are made for crisis situations for individual participants.
- n. Addressing crisis situations:** One of the primary goals of the program is to teach participants to be self-reliant in their ability to obtain necessities such as food, clothing and shelter. PMI does not support participants with long term financial assistance for these necessities. However, in a crisis situation, funds may be used for a very limited time for these necessities. Use of funds in these situations, and the case manager's efforts to exhaust all other sources of funding must be clearly documented in the participant's file.

## ADMINISTRATIVE PROGRAM REQUIREMENTS

### **Funding information and requirements:**

- Grant period conforms to the state fiscal year: July 1 through June 30
- Grants, subject to available appropriations, will be awarded annually on a competitive basis and contracted by KDHE to successful applicants with highest priority given to counties with the highest abortion rates and risk factors for poor pregnancy outcomes, as well as, to continue funding local agencies that consistently meet program objectives, reporting requirements and participate in yearly updates.
- No pregnant woman will be denied services when unable to pay.
- Grantees are required to be non-profit organizations and provide proof of status as part of the application.
- Inclusion of adoption services, education or information is required.
- Organizations performing, promoting, referring for or educating in favor of abortion are ineligible for grant funding.
- No funds will be awarded to organizations outside of Kansas or used to support PMI initiatives outside of Kansas.
- **A dollar for dollar match must be provided by grantee organizations.** Local matching dollars must be used solely for PMI activities. The match may be from the applicants local budget, private or foundation dollars, or in-kind support (e.g. volunteer time, documented donated office space).
- No funds can be used for political purposes or other fundraising activities.
- Grant funds may NOT be used to purchase food or beverages.
- Grantee will utilize, at a minimum, the following PMI forms: Demographic & Service Summary, Pregnancy Outcome Data, and Financial Status Report.

### **Program activities will include:**

- Development of program policies and procedures will be based on evidence-based practices implemented with quality assurance processes. These protocols must be consistent with the KDHE PMI Manual and readily accessible to KDHE staff and service providers. Grantees must have processes for intake and assessment, goal planning, goal tracking and a client satisfaction survey. Programs may use the forms found in the appendices or develop comparable forms.
  - Appendix A - Client Intake and Needs Assessment (completed when client enters program)
  - Appendix B - Life Domains Goal Planning (bi-annually and as needed)
  - Appendix C - Client Goal Tracking (bi-annually and as needed)
  - Appendix D - Client Satisfaction Survey (completed when client leaves program)

- Grantee will have on file written protocols that clearly outline:
  - How the local pregnancy maintenance services are to be implemented
  - Days of week/hours services are available
  - System for scheduling client appointments and follow-up of clients
  - Client confidentiality
  - Eligibility criteria
  - Staff responsibilities, including qualifications and credentials
  - Process for client intake and needs assessment; goal planning and follow-up procedures
  - The inclusion of adoption services, education or information
  - Referral criteria and feedback process
  - Plan and method for promoting services throughout the service area and determining need for service in the target area; outreach methods
  - Procedure for evaluation of client satisfaction with services

Participation of all PMI staff in KDHE site visits and technical assistance activities.

- Development of program assessment to ensure services provided are those needed by the participants.
- The ability to gather and use data to track participant specific information and measure program impact on birth and adoption rates.
- Develop and/or maintain an advisory group that meets regularly reflective of the local community.
- Building and maintaining a network of related community providers; tracking referral processes and developing collaborative partnerships to maximize the effectiveness of the program.
- Development and use of a client satisfaction survey. See Appendix B for sample survey.
- Documentation of specific efforts to actively recruit participants.
- Detailed information regarding public awareness and outreach activities.

**Fiscal Management will include:**

- Written policies and procedures for fiscal management of the PMI program.
- Conducting an annual fiscal audit by a licensed CPA.
- Maintenance of nonprofit status. (Copy for KDHE records)
- Submission of Fiscal Status Reports in timely manner (quarterly), or project funds will be withheld.
- Tracking of client activities with funding source for each activity noted.

**Personnel policies will include:**

- Job descriptions for all positions in the PMI program.
- A method for recruiting, orienting and training new staff.
- A review and evaluation of job performance of all project personnel completed annually
- Each PMI staff member will have access to a program manual for review.

**Individual client/participant records will document:**

- Current demographic information
- Tracking of client's outcomes
- Log of contacts
- All records will be kept current and comply with Health Insurance Portability and Accountability Act (HIPAA) guidelines. PMI coordinator will complete and submit required reports in an accurate and timely manner.

**Release of client information:**

Information about clients receiving services may not be disclosed without the individual's written consent, except as provided by law. Information may be disclosed in summary, statistical or other form that does not identify the individual

**Non-discrimination:** Services are provided without regard to religion, race, color, national origin, physical limitations, sexual orientation or marital status.

**Voluntary involvement:**

Services are provided solely on a voluntary basis. Individuals are not subjected to coercion or mandated to receive services.

**STAFFING**

The grantee will identify an administrator, coordinator, and case manager(s) for the PMI program.

- The **administrator** will be an employee of the local agency receiving the grant. The administrator will demonstrate the ability to provide oversight of all program services.
- The **coordinator** will be responsible to manage the daily operations and activities of the PMI program.
- **Case managers** will interact directly with individual participants, will be culturally competent and trained in area of targeted case management.

Case Manager Qualifications:

- a. **Discipline and Education:** The case manager shall be a registered nurse or licensed social worker or have a highly related degree and experience in case management with related populations. Related degrees and experience must be reviewed and approved by the KDHE PMI Program Manager prior to hire.
- b. **Community Experience:** The case manager should be knowledgeable about resources in the service area; experienced in establishing and maintaining communication, linkages and agreements with community partners; verbalize methods professionally implemented to assure the availability of, and access to services and utilization of resources required by the PMI.

- **Direct Service Providers** may be employees or contracted personnel who provide a range of educational or other services to participants. The grantee will document direct service providers credentials to provide these services, maintaining copies of licenses and certifications for review by KDHE staff upon request. **Does not include case managers.**
- An individual staff person may assume one or more of these roles as long as they meet all of the qualifications of each role they assume.
- The grantee is responsible for maintaining current contact information for the administrator and program coordinator with KDHE.

**SECTION THREE  
REPORTING REQUIREMENTS**

Follow the KDHE Aid To Local (ATL) reporting process and utilize the required Affidavit.

A. FISCAL AND PROGRAM REPORTS

Grantee will submit reports to KDHE through CATALYST as follows:

Report Type	Due
Financial Status Report	Quarterly (October 15, January 15, April 15, July 15)
PMI Client Demographic Summary	Quarterly (October 15, January 15, April 15, July 15)
Quarterly Progress Report	Quarterly (October 15, January 15, April 15, July 15)

B. QUARTERLY PROGRESS REPORTS

- 1 . Grantee will submit to KDHE through CATALYST four progress reports during the contract year. The reports shall include but not be limited to the following information for the time period covered by the report:
  - a. Services provided and progress towards reaching identified program objectives.
  - b. Community outreach activities including use of media to inform the community about the availability of services.
  - c. The number of women who utilized the services and the services they received.
  - d. Summary of Client Satisfaction Responses received during the report period.
  - e. Amount of grant funds used for pre-natal services and or post-natal services.
  - f. Number of women choosing adoption.
  - g. Community referrals and services provided as a result of referrals.
- 2 . Any print materials developed for clients by the grantee should be available to KDHE upon request.

## **CONTRACTUAL REQUIREMENTS**

### **A. CONTRACTUAL PROVISIONS**

The PMI grantee will comply with contractual requirements of the State of Kansas and KDHE.

## **APPLICATION AND REVIEW PROCESS**

### **A. APPLICATION SUBMISSION** Application posted online: ATL Library – [http://www.kdheks.gov/doc\\_lib/index.html](http://www.kdheks.gov/doc_lib/index.html)

1. KDHE will conduct an annual competitive application and review process with public notice of the process as appropriate to notify all potential applicants.
2. Applicants must respond by submitting all information requested in the format prescribed by KDHE. Failure to submit all information requested shall be deemed sufficient cause for disqualification of the application from further consideration.
3. Designated staff from KDHE will provide technical assistance regarding the application process to potential applicants upon request.

### **B. APPLICATION REVIEW**

1. Applications will be reviewed by a panel of individuals from KDHE
2. The application will be reviewed for conformance to the Application and Program Procedures.
3. KDHE reserves the right to consider historic information and fact, whether gained from the local agency application, question and answer conferences, references, or any other source, in the application review process.

### **C. GRANT AWARD NOTIFICATION**

1. Any grant award announcement or contract offer will be in writing from KDHE.
2. KDHE reserves the right to allocate funds based on need in accordance with data and information available to the KDHE.
3. Applications are reviewed on a competitive basis, and, as a result, all applicants may not receive an award. KDHE reserves the right to accept any application, to reject any or all applications, in full or in part, and to waive irregularities and/or formalities as deemed appropriate.

**PREGNANCY MAINTENANCE INITIATIVE  
INTAKE AND NEEDS ASSESSMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ BIRTH  
DATE: \_\_\_\_\_

Do you consider yourself to be of Hispanic origin? Yes No

RACE (Circle): White Black or African American Am. Indian/Alaska Native Asian  
Native Hawaiian/ Other Pacific Islander

**PREGNANCY INFORMATION**

1. My due date is \_\_\_\_\_  
Month Day Year

2. I have been pregnant, including this pregnancy, times

**PRENATAL CARE AND OTHER MEDICAL CARE**

3. Who will be providing your prenatal care? \_\_\_\_\_

4. Who is your primary health care provider? \_\_\_\_\_

5. Who will be the baby's doctor? \_\_\_\_\_

**FEELINGS ABOUT THE PREGNANCY**

6. Thinking back to just before you became pregnant did you want to become pregnant at this time?

- Yes
- No
- I don't remember
- No answer

7. List any words that describe your feelings about this pregnancy.

\_\_\_\_\_

8. How does the father of the baby feel about you being pregnant?

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9. At the present time, I am planning:

- to continue the pregnancy
- to end the pregnancy
- to place the baby up for adoption
- unsure what I will do

## HOUSING

10. I need assistance to locate housing for myself (and children).

Yes  No

## PATERNAL AND FAMILY SUPPORT/INVOLVEMENT

11. Do you and the baby's father live together?

Yes  No

12. Do you anticipate that the baby's father will assist you with your financial needs while you are pregnant?

Yes  No

13. Do you need information about the father's legal responsibilities to provide for the support, educational, medical and other needs of the baby?

Yes  No

14. I will be receiving help or support from:

The Baby's Father  My Boy Friend (not the baby's father)   
My parents  Others (explain) \_\_\_\_\_

## FINANCES, TRANSPORTATION AND PERSONAL NEEDS

15. I am concerned about having money for:

Food  Clothing  Utility Bills  Medical Bills   
Rent  Child Care  Baby Items  Transportation   
Housing  Other, explain \_\_\_\_\_

16. I need the following baby items:

Baby Bed  Diapers  Baby Clothes  Baby Blankets   
Bottles/Nipples  Car Seat  Others, explain \_\_\_\_\_

17. I usually use the following method of transportation:  
Drive myself  Taxi  Bus  Family/Friend
18. My current household income per month is \$ \_\_\_\_ .
19. There are currently \_\_\_\_\_ (number) people in my household.

## RESOURCES

20. I have the following way to pay for my prenatal medical care:  
Private Insurance  Medical Card  Cash Savings
21. I am currently employed.  
Yes  Where: \_\_\_\_\_  
No  Why: \_\_\_\_\_
22. Do you anticipate that your pregnancy will cause you to change jobs or lose your job?  
Yes  No
23. I am enrolled in the WIC Program  
Yes  No
24. Last grade attended:
25. Attending school now?  
Yes  Where: \_\_\_\_\_  
No  Why: \_\_\_\_\_
26. I plan to:  
 Complete high school  
 Get a GED  
 Attend vocational school  
 Attend college

## CHILD CARE

27. I need assistance obtaining child care for my other children.  
Yes  No
28. I will need assistance obtaining child care for my newborn.  
Yes  No

**OTHER**

29. Do you have plans for the future? How would these be affected?

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30. I have been a victim of abuse (physical, rape, incest, verbal).

Yes  Explain. \_\_\_\_\_

No

31. Do you drink beer or alcohol or use drugs?

Yes  No

32. Have you ever participated in any counseling regarding your use of beer, alcohol or drugs?

Yes  No

33. Have you ever participated in any counseling regarding depression or mental illness?

Yes  No

**ADDITIONAL INFORMATION**

Feel free to add other concerns you have at this time.

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**PREGNANCY MAINTENANCE INITIATIVE  
LIFE DOMAINS GOAL PLANNING**

CLIENT NAME: \_\_\_\_\_ CASE MANAGER: \_\_\_\_\_ DATE INITIATED: \_\_\_\_\_

<b>GOAL CATEGORY</b>	<b>WHAT IS CURRENTLY HAPPENING?</b>	<b>WHAT DO I WANT?</b>	<b>WHAT HAVE I DONE IN THE PAST?</b>
PRENATAL MEDICAL CARE			
MEDICAL CARE (NON-PREG) (CLIENT & INFANT)			
HOUSING			
EDUCATION			
PATERNAL INVOLVEMENT			
ADOPTION GUIDANCE			
DRUG/ALCOHOL ASSESSMENT & TREATMENT			
DOMESTIC ABUSE PROTECTION			

GOAL CATEGORY	WHAT IS CURRENTLY HAPPENING?	WHAT DO I WANT?	WHAT HAVE I DONE IN THE PAST?
CHILD CARE			
PARENTING EDUCATION & SUPPORT			
TRANSPORTATION			
MENTAL HEALTH			

## PREGNANCY MAINTENANCE INITIATIVE CLIENT GOAL TRACKING

NOTE: UTILIZE A GOAL TRACKING FORM FOR EACH GOAL

CLIENT NAME: \_\_\_\_\_ CASE MANAGER: \_\_\_\_\_

Date Initiated _____
Date(s) Reviewed _____
_____
_____

**GOAL CATEGORY:** (Circle appropriate category)

Prenatal Medical Care; Medical Care (non-pregnancy); Housing; Education; Paternal Involvement; Adoption Guidance; Drug & Alcohol Assessment/Treatment; Domestic Abuse Protection; Child Care; Parenting Education/Support; Transportation; Other, specify

\_\_\_\_\_

**GOAL:** \_\_\_\_\_

I will complete this goal by doing the following	Date Written	Responsible Party	Date to be Completed	Status Toward Achieving Goal	Date Achieved	Comments
1.  Client's Initials _____						
2.  Client's Initials _____						
3.  Client's Initials _____						

I will complete this goal by doing the following	Date Written	Responsible Party	Date to be Completed	Status Toward Achieving Goal	Date Achieved	Comments
4.  Client's Initials _____						
5.  Client's Initials _____						
6.  Client's Initials _____						

**Pregnancy Maintenance Initiative  
Client Satisfaction Survey**

1. Agency Name: \_\_\_\_\_
2. Agency City: \_\_\_\_\_
3. How did you learn about these services?
 

<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Brochure from agency listed above
<input type="checkbox"/> Pregnancy Care Provider	<input type="checkbox"/> Church
<input type="checkbox"/> Media (television, radio, newspaper)	<input type="checkbox"/> Health Department
<input type="checkbox"/> Adoption Agency	<input type="checkbox"/> Another agency: _____
<input type="checkbox"/> School	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Hospital	
4. Check the services that you received as a result of your participation with the Pregnancy Maintenance Initiative/Case Management.
 

<input type="checkbox"/> Prenatal Medical Care	<input type="checkbox"/> Adoption Guidance
<input type="checkbox"/> Medical Care (non-pregnancy related)	<input type="checkbox"/> Drug/Alcohol Assessment/Treatment
<input type="checkbox"/> Client <input type="checkbox"/> Infant	<input type="checkbox"/> Domestic Abuse Protection
<input type="checkbox"/> Housing	<input type="checkbox"/> Child Care
<input type="checkbox"/> Alternative Education	<input type="checkbox"/> Parenting Education/Support
<input type="checkbox"/> Paternal Involvement Support	<input type="checkbox"/> Transportation
5. How long did you wait for your first visit with the PMI case manager?
 

<input type="checkbox"/> less than 1 week	<input type="checkbox"/> 3 weeks
<input type="checkbox"/> 1 week	<input type="checkbox"/> 4 weeks or more
<input type="checkbox"/> 2 weeks	
6. Did you have problems getting to the services (e.g., transportation, appointments conflicted with work schedule or school, child care)?
 

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Describe the problem: _____
_____		
7. Were the days and times for services good for you?
 

<input type="checkbox"/> No	<input type="checkbox"/> Yes	What days would have been better for you? _____
_____		
8. On the average, how long did you have to wait before you were seen by the case manager or other staff at this agency:
 

<input type="checkbox"/> less than 15 minutes	<input type="checkbox"/> 46 minutes - 1 hour	<input type="checkbox"/> not applicable
<input type="checkbox"/> 15-30 minutes	<input type="checkbox"/> 1-2 hours	
<input type="checkbox"/> 31-45 minutes	<input type="checkbox"/> more than 2 hours	

9. During your visits:
- Did the case manager carefully listen to you?  Yes  No
- Did service providers carefully listen to you?  Yes  No
- Do you feel you participated in the goal planning?  Yes  No
- Were things explained in a way you could understand?  Yes  No

If you checked "no" to any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_

10. Did you feel you were fully informed of:
- Available services to continue your pregnancy?  Yes  No
- Location of services?  Yes  No
- Requirements of services?  Yes  No
- Length of services during pregnancy and after?  Yes  No

11. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Would you recommend these services to a friend or relative?  Yes  No

13. How old are you?
- under 15  15-17  18-19  20-24  25-29
- 30-34  35-39  40-44  45-54  55 or older

14. What is your race?
- White  Black or African American  American Indian/Alaskan Native
- Asian  Native Hawaiian/Pacific Islander  Other

15. Do you consider yourself to be of Hispanic origin?  Yes  No