

Maternal & Child Health (MCH) Program Details & Application Guidance

Program Mission and Purpose:

The Maternal and Child Health (MCH) Program serves a key role in the provision of maternal and child health services in Kansas. The program's mission is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

MCH programs promote the development of local systems of health care and target six population health domains:

1. Women/Maternal health (women 18 to 44 years and pregnant women)
2. Perinatal/Infant health (birth to 1 year of age)
3. Child health¹ through (11 years of age)
4. Adolescent health (12 to 22 years of age)
5. Children and Youth with Special Health Care Needs (CYSHCN) (birth to 22 years of age)
6. Crosscutting or Life Course (issues impacting multiple MCH population domains)

Local MCH agencies implement work plans that align with needs of the target area/community and the most current MCH State Plan priorities and performance measures. Programs may facilitate or provide access to:

- preconception health services including annual well visits and individualized health plans including goals for behaviors promoting optimal health;
- prenatal care services, with a focus on increasing access and utilization of services and first trimester enrollments in prenatal services (care, education, other services needed based on screening and assessment);
- comprehensive prenatal and postnatal health care including home visiting services;
- follow-up services for the mother and infant up to one year post-delivery;
- pediatric health services, including well-child visits and immunizations, reduction of unintentional and intentional injuries in children, high-risk infant follow-up, smoking cessation efforts, perinatal mood disorders and identification and referral for substance abuse;
- reproductive health services including contraception and family planning counseling, screening, and STI testing and treatment;
- health, psychosocial and nutrition assessments through a collaborative effort between public health and private medical providers; and
- multidisciplinary health professional teams, on site and/or through referral to the appropriate professional(s) within the community or grantee's service area, including but not limited to: a physician; registered nurse, including clinicians, practitioners and/or midwives; registered dietitian; and licensed social worker.

State MCH Priorities (2016-2020):

1. Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.
2. Services and supports promote healthy family functioning.
3. Developmentally appropriate care and services are provided across the lifespan.
4. Families are empowered to make educated choices about infant health and well-being.
5. Communities and providers support physical, social, and emotional health.
6. Professionals have the knowledge and skills to address the needs of maternal and child health populations.
7. Services are comprehensive and coordinated across systems and providers.
8. Information is available to support informed health decisions and choices.

Find more information about the MCH Block Grant Program and review the full MCH State Action plan at www.kdheks.gov/bfh.

Specific Program Information (including but not limited to):

- Programs, services, and activities conducted at the local level must be in accordance with the [Kansas MCH Service Manual](#) (revised January 2017), Universal Contract, and Contract Attachment. Change in scope of work or services after the time of application must be submitted in writing to KDHE for approval.
- The [Kansas MCH Service Manual](#) must be used in the development of the grantee's local policy and

procedure manual, including orienting and training staff.

- All local MCH program staff, including home visitors, and supervisors must complete orientation, initial, and/or annual training requirements that apply within required timeframes. Documentation must be maintained on file. Refer to the [Kansas MCH Service Manual](#) Section 107 for detailed information.
- All local agencies must submit a signed DAISEY Terms of Use Agreement each fiscal year.
- All required client and visit data must be collected and entered into the web-based shared measurement system, [DAISEY](#), by the 10th of each month. Access to necessary equipment and secure internet is required.
- The local grantee must implement or demonstrate efforts toward implementation of evidence-based practices.
- The local grantee must engage in public awareness activities and develop a community referral network for services and supports. A process for referral follow-up must be in place.
- The local grantee must develop a method to receive input on client satisfaction. Input should not be sent to KDHE, rather used internally at the local level to enhance or improve services and inform future activities. Client satisfaction is assessed by KDHE as part of the monitoring process.
- The local grantee must develop and implement a program evaluation process that utilizes client satisfaction responses and community needs assessment information to assess the program and results in improvements or changes to services based on input.
- The local grantee must use the Federal Poverty Guidelines to develop a schedule of fees/sliding fee scale with a minimum of four increments and implement for all MCH services provided. The MCH program does not require the fee scale to slide to zero.
- Prior approval from KDHE must be obtained to subcontract any required program services.

Eligible Applicants:

- Organizations with the capacity to provide essential, quality services to Kansas women, children, and families. Single or multi county/agency applications will be accepted.
- Applicants must be eligible to receive reimbursement from third party payers such as Medicaid or private insurance for qualifying services.
- Applicants should thoroughly review the [Kansas MCH Service Manual](#), consider community and local needs for the legislatively mandated MCH populations, and develop a work plan and budget that aligns with the MCH priorities and measures.
- Priority for services should be given to those with low income or limited access to health services. MCH services complement KanCare (Medicaid) medical assistance programs and serve as a safety net for the MCH populations by providing gap-filling health services.
- Preference will be given to high-need areas/communities and applications which indicate a collective impact approach and coordination with other programs, including WIC, early intervention, early childhood/education, developmental/children and family services, family planning, behavioral health, and other health and community service programs.
- Multi county/agency applicants must designate a lead organization for application. The lead organization will serve as the fiscal agent and grant management entity. Multi-county applicants must submit a Memorandum of Agreement/Understanding signed by all participating entities.

Funding Information

- Local matching funds must be equal to or greater than 40% of the grant funds requested and awarded. Local program revenues may be utilized to meet the match requirements. Federal funds may not be used for match.
- Grants will be awarded annually on a competitive basis.
 - Base funding awards will be calculated using a formula that includes the population of children 0-22 years and Females 23-44 in the county according to the most current US Census Bureau statistics and number of children under 18 years in poverty according to the most current American Community Survey (ACS).
 - Additional funds will be awarded for applicants providing MCH programming and services in other counties (when not already available or provided).
 - Additional funds will be awarded to applicants demonstrating coordinated efforts, strong community collaboration, and use of evidence-based practices and/or models and interventions.
 - Funds will be used to maintain and improve the MCH programming at the local level. Priority should be given to advancing shared areas of work/issues identified in the community needs assessment and most current MCH state needs assessment and action plan for the following populations: women, pregnant women, infants, children, adolescents, and children and youth with special health care needs.
- Grant awards and payments are subject to availability of state and federal funds.

- Payment may be held for failure to meet contract requirements and/or submit timely reports.

Use of MCH Grant Funds*:

MCH grant funds may be used for the following activities:

- Provision of health services (including planning, administration, education/training, and evaluation) as outlined in the approved application and budget
- Salaries for local program staff included in the application budget
- Education and counseling (including current written materials from credible sources)
- Program/service assessment, including technical assistance
- MCH funds for direct medical services and non-major medical equipment supplies only if identified as a need/gap and as a last resort, if not reimbursed by third party payer or no other local funds are available

MCH grant funds may **not** be used for:

- Inpatient services
- Political purposes
- Food or entertainment
- Cash payments to participants/patients
- Land or buildings
- Major medical equipment
- Research or training to any entity other than a public or nonprofit private entity

*Local agency must recover, to the maximum extent feasible, third party revenues to which it is entitled for MCH services provided regardless of county of residence; garner all other available Federal, state, local, and private funds; and charge beneficiaries according to their ability to pay for services without creating a barrier to those services. Where third party payers, including Government agencies, are authorized or are under legal obligation to pay all or a portion of charges for services, all such sources must be billed for covered services, and every effort must be made to obtain payment. Each service provider receiving Federal funds, either directly or indirectly, must have a procedure to identify all persons served who are eligible for third party reimbursement.

Reporting Requirements:

Quarterly – Submit in Catalyst by October 15, January 15, April 15 and July 15:

- Financial Status Report (FSR)
- Quarterly Progress Report

MCH Reporting Schedule			
Quarters	Grant Reporting Period	Due Date	Forms Due
1	7/1 to 9/30	October 15	<ul style="list-style-type: none"> • Financial Status Report (FSR) • MCH Quarterly Progress Report
2	10/1 to 12/31	January 15	<ul style="list-style-type: none"> • Financial Status Report (FSR) • MCH Quarterly Progress Report
3	1/1 to 3/31	April 15	<ul style="list-style-type: none"> • Financial Status Report (FSR) • MCH Quarterly Progress Report
4	4/1 to 6/30	July 15	<ul style="list-style-type: none"> • Financial Status Report (FSR) • MCH Quarterly Progress Report

Request Funds/Apply:

To apply for funding, fill out an application in Catalyst (www.catalystserver.com). New applicants can request to be set up in Catalyst and receive a username and password by contacting: support@shpr.org. Applications are available on January 15, 2017, and are due on March 15, 2017.

Before starting the application, please complete the following training courses on Kansas TRAIN (ks.train.org):

- Catalyst Training 1: Catalyst Navigation (Course #1054439)
- Catalyst Training 2: Application Process Overview in Catalyst (Course #1054483)

- Catalyst Training 3: Application Management in Catalyst (Course #1054567)
- Catalyst Training 4: Applying for Funding Announcement(s) in Catalyst (Course #1054672)

Required Application Attachments:

- A.1 - Attach an Agency Organizational Chart
 - Name the attachment [Applicant Agency Name] Agency Organizational Chart
- A.4.2 - Attach an Agency Schedule of Fees/Sliding Fee Scale
 - Name the attachment [Applicant Agency Name] Schedule of Fees/Sliding Fee Scale
- B.2.1 - DAISEY Terms of Use Agreement for SFY 2018
 - Name the attachment [Applicant Agency Name] DAISEY Terms of Use Agreement

Program Details & Guidance:

[Kansas MCH Service Manual](#)

KDHE [MCH Block Grant Website](#)

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