KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Division of Public Health

Bureau of Family Health

Senator Stan Clark

Pregnancy Maintenance Initiative

Grant Program Manual

January, 2015

TABLE OF CONTENTS

SECTION ONE - GENERAL INFORMATION
A. INTRODUCTION....3
B. BACKGROUND INFORMATION....3
C. FUNDING, MATCH AND GRANT PERIOD....3
D. ELIGIBLE APPLICANTS....4

SECTION TWO - PROGRAM REQUIREMENTS
A. GENERAL REQUIREMENTS....5
B. SPECIFIC REQUIREMENTS....5

SECTION THREE - REPORTING REQUIREMENTS
A. FISCAL AND PROGRAM REPORTS....8
B. PROGRAM NARRATIVE REPORTS....8

SECTION FOUR - CONTRACTUAL REQUIREMENTS
A. CONTRACTUAL PROVISIONS....9

SECTION FIVE - APPLICATION AND REVIEW PROCESS
B. APPLICATION SUBMISSION....9
C. APPLICATION REVIEW....9
D. GRANT AWARD NOTIFICATION....9

APPENDICES
APPENDIX A: INTAKE AND NEEDS ASSESMENT....10
APPENDIX B: LIFE DOMAINS GOAL PLANNING....14
APPENDIX C: CLIENT GOAL TRACKING....16
APPENDIX D: CLIENT SATISFACTION SURVEY....18

SECTION ONE
GENERAL INFORMATION

A. INTRODUCTION

The purpose of the Application and Program Procedures is to assure consistency and uniformity in the implementation of the Senator Stan Clark Pregnancy Maintenance Initiative (PMI) grant program. This document defines program and service requirements, reporting requirements, contractual requirements, and competitive application and award processes. State general funds to support this initiative are appropriated for the state fiscal year to the Kansas Department of Health and Environment (KDHE).

B. BACKGROUND INFORMATION

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 program is to award grants to not-for-profit organizations for services to enable pregnant women to carry their pregnancies to term. Proof of not-for-profit status is required as part of the applications for funds process. Key elements of the PMI statute are as follows:

1. Subject to available appropriations, KDHE creates, develops and administers the PMI initiative.
2. Annual grants shall be awarded to not-for-profit organizations using guidelines and criteria prescribed through rules and regulations.
3. A dollar for dollar match shall be provided by grantee organizations.
4. Services may include an array of social services related to pregnancy maintenance with
   a. No individual denied services when unable to pay
   b. Inclusion of adoption services, education or information
5. Organizations performing, promoting, referring for or educating in favor of abortion are ineligible for grants.
6. No funds can be used for political purposes.
7. KDHE submits an annual report to the legislature on results and outcomes.
8. Specifies use of standard reporting forms to collect information on number of women served, percent of funds used for prenatal and for post-birth services, and number of women choosing adoption.
9. Funds appropriated for the PMI initiative shall be awarded annually on a competitive basis and contracted to successful applicants for provision of PMI services.

C. FUNDING, MATCH AND GRANT PERIOD

1. The grant period conforms to the state fiscal year: July 1 through June 30.
2. The number of grants awarded in any one state fiscal year will be contingent upon the amount of funding available.
3. Pending the availability of legislative appropriations, highest priority is to continue funding of local agencies that consistently meet program objectives, reporting requirements and participate in yearly updates.
4. There is a required match of one dollar for each state dollar awarded. 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 timesheets, documented donated office space).

5. Grant funds may not be used to engage in political activities or other fundraising activities.
6. Grant funds may not be used to purchase food or beverages.
7. No funds will be awarded to organizations outside Kansas or used to support PMI outside of Kansas.

D. ELIGIBLE APPLICANTS

1. This is a competitive grant application process. It is the intent of KDHE to award contracts so that services are available in all areas of the State with priority given to counties with highest rates of abortions and risk factors for poor pregnancy outcomes.
2. Organizations with documented experience and capacity to provide PMI services as described within this document are invited to submit applications.
3. Not eligible to apply:
    a. Organizations without not-for-profit status.
    b. Organizations that perform, promote, refer for, or educate in favor of abortion.

SECTION TWO
PROGRAM REQUIREMENTS

A. GENERAL REQUIREMENTS

1. PMI services, as described within this document, shall be provided for pregnant women.
2. Services may be provided for up to six months post-delivery based on individual client needs and attainment of client-set goals.
3. Protocols and services should be based on practices that are evidence-based/evidence-informed and implemented with quality assurance processes.
4. Grantee will have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented, to include, at a minimum: days of week/hours services are available; client confidentiality; eligibility criteria; staff responsibilities, 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; system for scheduling client appointments and follow-up of clients; plan and method for promoting services throughout the service area and determining need for service in the target area; outreach methods; and, procedure for evaluation of client satisfaction with services. These protocols must be consistent with the KDHE PMI Manual and readily accessible to KDHE staff and service providers.
5. Grantee will have in place formal procedures for determining client satisfaction with services and written documentation of results with subsequent actions.
6. Grantee will develop a program evaluation process that uses information from the client satisfaction survey process and community data to measure program impact.
7. Grantee will utilize, at a minimum, the following PMI forms: Demographic & Service Summary, Pregnancy Outcome Data, and Affidavit of Expenditures.
8. 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)
8. Grantee is required to attend annual meeting and/or technical assistance sessions provided by KDHE staff.
9. Grantee's PMI Program Manager and staff will participate in scheduled site visits conducted by KDHE.
10. Grantee must engage in public awareness activities and develop a referral network.
11. Grantee will create and maintain an advisory group.

B. SPECIFIC REQUIREMENTS

1. 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. This approach minimizes duplication or fragmentation of services. The service model should promote 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.

2 . Case management services are provided by the grantee and serve as the entry point into the system. The case manager will:
   a. Complete strengths and needs assessment for each client utilizing an intake and assessment form.
   b. Initiate and document referrals to providers or services based on the client needs and goal plan.
   c. Review and track goals, referrals, changes in needs and progress with each client

3 . Funds received by the grantee are to be utilized for case management as set forth in the grant agreement. Grant funds for the following services may be utilized after all other payment sources **have been exhausted**, including, but not limited to, insurance coverage, special sliding fee and discount options and/or government assistance programs:
   a. ***Prenatal medical care*:** Access to routine prenatal medical care by physicians, advanced registered nurse practitioners (includes certified nurse midwives). **Does not include payment for medical services.** Case managers will link clients to health care systems of care and healthcare coverage through Kancare and/or other affordable insurance coverage for these services.
   b. ***Linkage to Medical care (non-pregnancy related) for the woman and infant (up to six months of age):*** Services by a licensed medical provider (includes physicians and advanced registered nurse practitioners) for the routine health maintenance, prevention or treatment of non-pregnancy related illness, or injury.
   c. ***Housing:*** Support for housing, in extreme circumstances.
   d. ***Education:*** Activities that will facilitate the client's ability to advance toward a high school diploma, GED, or vocational training/college during the time the client is participating in the PMI case management services.
   e. ***Promotion of Paternal Involvement and Responsibility:*** Opportunities that will support interactions among the infant's mother and/or father including parenting education and assistance with the legal process for the establishment of paternity.
   f. ***Adoption Counseling and Referrals:*** Provision by the grantee or facilitation of access to services that will provide accurate information regarding the adoption process. Support services as needed for parent up to six months post-adoption.
   g. ***Drug and Alcohol Assessment and Treatment:*** Assistance to obtain substance use screening, assessment and treatment by licensed or certified substance abuse programs/providers
   h. ***Domestic Abuse Protection:*** Assistance to any service or facility that will assure physical and emotional security and safety for the client, infant and other children.

i. ***Child Care:*** Assistance to obtain child care while the client is participating in the pregnancy maintenance program and up to six months post-delivery when the parent or guardian is attaining education or employment; excluding in-home services.
j. ***Parenting Education/Support:*** Provision of parenting education to promote infant development and emotional support up to six months post-delivery.
k. ***Transportation:*** Provision of transportation, when not otherwise available in the service area, for the client to access program services.
l. ***Mental Health:*** Assist to obtain mental health screening, assessment and treatment by qualified mental health provider. Resources for this can be found at http://kansaskidlink.org/.

4 . Case Manager Qualifications:

a. Discipline and Education: The case manager shall be a registered nurse or licensed social worker.
b. Professional Experience: The case manager shall have a minimum of two years' experience working with pregnant women, beyond basic professional education. Preferred, but not required, the case manager shall have experience working with pregnant women in an out-patient clinic, office, or public health prenatal program.
c. 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.

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 to KDHE an Affidavit of Expenditures and Client Demographic Summary reports as follows:

Quarter	Grant Reporting Period	Due Date	Forms Due
1	7/1 to 9/30	October 15	Affidavit of Expenditures & Client Demographic Summary
2	10/1 to 12/31	January 15	Affidavit of Expenditures & Client Demographic Summary
	7/1 to 12/31	January 15	Narrative Report
3	1/1 to 3/31	April 15	Affidavit of Expenditures & Client Demographic Summary
4	4/1 to 6/30	July 15	Affidavit of Expenditures & Client Demographic Summary
	1/1 to 6/30	July 15	Narrative Report

B. PROGRAM NARRATIVE REPORTS

1. Grantee will submit to KDHE two program narrative 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. Community outreach activities including use of media to inform the community about the availability of services.
   b. The number of women who utilized the services and the services they received.
   c. Summary of Client Satisfaction Responses received during the report period.
   d. Local achievements; staff changes; pertinent client case examples.
   e. Percentage of funds used for pre-natal services and the percentage used for post-birth services.
   f. Number of women choosing adoption.
2. Any print materials developed for clients by the grantee should be appended to the end of year reports.

SECTION FOUR
CONTRACTUAL REQUIREMENTS

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

SECTION FIVE
APPLICATION AND REVIEW PROCESS

A. APPLICATION SUBMISSION Application posted online: ATL Library – 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?

_____

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?
    _____

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.

_____

_____

_____

_____

_____

_____

PREGNANCY MAINTENANCE INITIATIVE
LIFE DOMAINS GOAL PLANNING

CLIENT NAME: _____ CASE MANAGER: _____ DATE INITIATED: _____

GOAL CATEGORY	WHAT IS CURRENTLY HAPPENING?	WHAT DO I WANT?	WHAT HAVE I DONE IN THE PAST?
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?
   - □ Friend/Relative
   - □ Pregnancy Care Provider
   - □ Media (television, radio, newspaper)
   - □ Adoption Agency
   - □ School
   - □ Hospital
   - □ Brochure from agency listed above
   - □ Church
   - □ Health Department
   - □ Another agency: _____
   - □ Other, specify: _____

4. Check the services that you received as a result of your participation with the Pregnancy Maintenance Initiative/Case Management.
   - □ Prenatal Medical Care
   - □ Medical Care (non-pregnancy related)
     - □ Client □ Infant
   - □ Housing
   - □ Alternative Education
   - □ Paternal Involvement Support
   - □ Adoption Guidance
   - □ Drug/Alcohol Assessment/Treatment
   - □ Domestic Abuse Protection
   - □ Child Care
   - □ Parenting Education/Support
   - □ Transportation

5. How long did you wait for your first visit with the PMI case manager?
   - □ less than 1 week
   - □ 1 week
   - □ 2 weeks
   - □ 3 weeks
   - □ 4 weeks or more

6. Did you have problems getting to the services (e.g., transportation, appointments conflicted with work schedule or school, child care)?
   □ No □ Yes Describe the problem: _____

   _____

7. Were the days and times for services good for you?
   □ No □ 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:
   - □ less than 15 minutes
   - □ 15-30 minutes
   - □ 31-45 minutes
   - □ 46 minutes - 1 hour
   - □ 1-2 hours
   - □ more than 2 hours
   - □ not applicable

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