

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DIVISION OF PUBLIC HEALTH

BUREAU OF FAMILY HEALTH



Teen Pregnancy Targeted Case Management

Manual

January 2015

TEEN PREGNANCY TARGETED CASE MANAGEMENT MANUAL

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SECTION ONE

GENERAL INFORMATION

INTRODUCTION

The purpose of the Teen Pregnancy Targeted Case Management (TPTCM) Manual is to assure consistency and uniformity in the implementation of all case management programs and provide information to local agency staff. The KDHE TPTCM manual must be used in the development of the TPTCM grantee's policy manual.

PHILOSOPHY

If a pregnant or parenting teen receives individualized, intensive case management services to assist them in the identification and utilization of personal, social and community resources, they will be better able to meet the challenges in their lives and achieve their goals.

BACKGROUND INFORMATION

The purpose of the TPTCM is to provide comprehensive case management services to KanCare eligible pregnant and/or parenting adolescents in Kansas communities, with priority given to communities with greater numbers of adolescent Medicaid recipients. The project's goals are: to reduce negative consequences of teenage pregnancy for KanCare-enrolled teens and their children; to increase levels of self-sufficiency and goal-directedness relating to their own futures and that of their children; and to delay subsequent childbearing until completion of goals related to basic education/training; or they reach 21 years of age.

Under this initiative, grants are awarded annually on a competitive basis for the purpose of providing services for teens enrolled in Medicaid. Pregnant or parenting females up to age 21 receive individualized, intensive case management services to assist them in the identification and utilization of personal, social and community resources so they will be better able to meet the challenges in their lives and achieve their goals. Services may include the following: an array of social services with no individual denied services when unable to pay, inclusion of adoption services, education or information.

GRANT OBJECTIVES

The grant objectives are:

- 100% of pregnant teens participating in the program will receive adequate prenatal care, as measured by the Kansas Prenatal Care Index, at entry into the program.
- Program participants will delay the birth of their second child until after completion of their basic education or vocational goals as measured by case management reports.
- 100% of program participants and their children will participate in well child (preventive) health programs as measured by immunization records and Kan-Be-Healthy/EPSTD schedules.
- 100% of teen parents will have demonstrated adequate parenting capacity at exit from the program as measured by case management reports of absence of substantiated incidents of child abuse and/or neglect as a result of the parent's action or inaction.
- Additional objectives may be added.

To achieve the grant objectives, case managers will:

- Be culturally competent
- Trained in area of targeted case management
- The case manager will be social worker or public health nurse
- Aggressively seek out eligible clients.
- In partnership with clients, develop a creative, clearly delineated and continuously monitored Targeted Case Management Client Goal Planning that serves as both a road map for work and a key evaluation tool for program success.

To achieve the grant objectives, programs will:

- Provide TPTCM services that link/provide comprehensive pregnancy support
- Develop community awareness and involvement with TPTCM services
- Integrate adoption information and services into the TPTCM services
- Actively recruit, select and train case managers
- Actively recruit teen participants
- Develop linkages with community education programs, engage in public awareness activities, and develop a referral network for related services.
- Develop a team approach with social worker/nurse/advocate/case manager
- Develop strong education programs with emphasis on the eight life domains (Daily Living, Education/Training, Employment, Financial, Health, Key Relationships, Parenting and Empowerment).
- Use evidenced-based practices in their work with pregnant and parenting teens.
- Incorporate teens into the decision-making and feedback on the project.
- Describe how an advisory group will be convened to reflect the community and will provide advice regarding program direction
- Have a teen representative on advisory board
- Use a Client Satisfaction Survey form when client leaves program; optional evaluation for participants who receive services for less than 6 months.
- Develop a program evaluation process that uses information from the Client Satisfaction Survey and community data to measure program impact.

METHODOLOGY

Personal Plans in eight (8) life domains (Living Situation, Family, Social Relationships, Leisure, Work/School, Safety, Finances and Health) will be initiated for each participant within one month of entry into program. A sample *TPTCM CLIENT GOAL PLANNING* is attached (Appendix A) Grantee's may use this sample form or develop a comparable one.

KANSAS PREGNANCY SUPPORT CLIENT GOAL PLANNING

The *TPTCM CLIENT GOAL PLANNING* (Appendix A) and *TPTCM CLIENT GOAL TRACKING* (Appendix B), or comparable forms developed by the grantee, will be part of each participant's file at the program site. Case managers will continuously monitor personal Goal Plans, progress and referral output reported quarterly.

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, especially in areas with greater numbers of adolescent Medicaid recipients.
2. Organizations with documented experience and capacity to provide *TPTCM* services are invited to submit applications. An organizational chart is required from potential grantees as part of the application process.
3. Organizations with nonprofit status are eligible to apply. Proof of nonprofit status is required as part of the application for grant funding.
4. Grants are subject to availability of funds. Priority is given to continue funding of local organizations that consistently meet program objectives, reporting requirements, and participate in yearly education updates.
5. Grant funds may not be used for political purposes.
6. Grant funds may not be sub-granted to other agencies or individuals.
7. Contractual provisions of the State and KDHE will apply to all Grantees.

SECTION TWO

SPECIFIC PROGRAM GUIDELINES

QUALIFICATIONS FOR ADMINISTRATORS, LOCAL COORDINATORS AND PREGNANCY CASE MANAGERS

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 local coordinator will be a nurse or social worker licensed by the State of Kansas. A written request to waive the educational requirements must be made to KDHE prior to hiring a project coordinator. The local coordinator will demonstrate the ability to integrate services with other community efforts directed towards this population such as schools, DCF, YWCA, etc. in order to develop a community-wide system of care.

The case manager can also be the local coordinator in an organization with limited funding. The case manager will be a registered nurse or social worker licensed by the State of Kansas. The TPTCM shall have a minimum of two years' experience working with pregnant teens, beyond basic professional education. Preferred, but not required, the case manager shall have experience working with pregnant teens in an outpatient clinic, office or public health prenatal program. The case manager should be knowledgeable about resources in the service area; experienced in establishing and maintaining communication linkages and agreements with community partners; able to assure the availability of and access to services and utilization of resources required by program.

RESPONSIBILITIES OF THE ADMINISTRATOR, LOCAL COORDINATOR AND CASE MANAGERS

The administrator is accountable for quality assurance and reporting of program activities. The program administrator will consult with the TPTCM state consultant if questions arise filling the TPTCM coordinator position. When a TPTCM coordinator is hired or replaced, the program administrator is responsible for notifying the TPTCM state consultant with the name and contact information for the local TPTCM coordinator. The administrator will ensure that all reports are accurately completed and submitted on time. The program administrator will ensure that at least one person from the local agency attends annual meetings and technical assistance sessions provided by KDHE. The administrator and coordinator of the local TPTCM program will participate in any scheduled site visits conducted by KDHE.

The case manager coordinator will be responsible for recruitment, screening, interviewing, selection, orientation and supervision of the TPTCM case manager. The local coordinator and/or case manager will be responsible for the development and maintenance of relationships with key community partners.

The TPTCM coordinator and/or case manager will be responsible for recruitment and enrollment of clients/participants and providing case management services at both the client and community level. The TPTCM case manager will be responsible for maintaining individual

client records consisting of (at a minimum):

- Current demographic information
- Tracking of client's goals and outcomes
- Program data forms
- Log of contacts that includes purpose, narrative assessment and process entries that report client strengths, challenges and life environment in a manner that assures continuity of services.

All records will be kept current and comply with Health Insurance Portability and Accountability Act (HIPAA) guidelines. TPTCM coordinator will complete and submit required reports in an accurate and timely manner.

PROGRAM EVALUATION AND MONITORING

On an annual basis each grant project will compile a master list of all client/participants in the TPTCM program. The list will include current participants and a list of participants that were in the program during the fiscal year. This list will be available on-site and will be reviewed as a quality assurance indicator of the information submitted by the grantee.

Reporting is outlined in Section Four of this document. Incomplete forms will be returned.

GRANT FUNDING USAGE

Funds received by the Grantee are to be utilized for targeted case management and other specific services provided for the client by the Grantee or by others. Payments from sources other than grant funds are documented in the individual client's file. 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:* Access to routine prenatal medical care can be provided by physicians or 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 Medicaid, KanCare and/or affordable insurance coverage for these services. Routine prenatal medical care includes laboratory tests and diagnostic ultrasound when the primary diagnosis supports the medical necessity for an OB sonogram.
- b. Linkage to Medical care (non-pregnancy related) for the woman and offspring:* Services by a licensed medical provider (includes physicians and advanced registered nurse practitioners) for the routine health maintenance, prevention/treatment of non-pregnancy related illness or injury.
- c. Housing:* Support for housing, excluding the client's usual residence.
- d. Education:* Activities that will facilitate the client's ability to advance toward a high school diploma, GED, vocational training or college education during the time the client is participating in the TPTCM services.
- e. 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.
- f. Adoption Counseling and Referrals:* Provision by the Grantee or facilitation of access to services that will provide accurate information regarding the adoption process.
- g. 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
- h. Domestic Abuse Protection:* Assistance by the case manager to any service or facility that will assure physical and emotional security and safety for the client, fetus, infant and other children.
- i. Child Care:* Assistance to obtain child care while the client is participating in the pregnancy support program and during post-delivery when the parent or guardian is absent, excluding in-home services.
- j. Parenting Education/Support:* Provision of parenting education to promote infant/child development and emotional support.
- k. Transportation:* Provision of transportation, when not otherwise available in the service area, for the client and child(ren) to access program services.

Grant funds may not be used to purchase food and beverages.

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 PARTICIPATION

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

SECTION THREE
REPORTING REQUIREMENTS

REPORTING REQUIREMENTS

Grantee will submit to KDHE an "Affidavit of Expenditures" and Program 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 |

PROGRAM NARRATIVE

1. Grantee will submit to KDHE two program narratives during the contract year: a report for the first 6 months covering July 1 - Dec 31, which is due Jan 15; and a report covering the second 6 months of Jan 1 - June 30, which is due July 15. The reports may include (but not limited to) the following information for the 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 teens who utilized the services and the services they received.
 - c. Summary of Client Satisfaction Responses received during the report period.
 - d. Why the objectives of this grant were or were not achieved.
 - e. Local achievements; staff changes; pertinent client case example (antidotal story); changes or additions to local TPTCM policies/procedures.
 - f. Percentage of funds used for pre-natal services and the percentage used for post-birth services.
 - g. Number of teens choosing adoption.
 - h. Progress toward meeting goals, identification of barriers and gaps in services and other pertinent issues including subjective information and case stories.
 - i. Report of the number of clients leaving program and why they left the program and what if anything can or should be done to keep them in the program.
 - j. Report on team meetings and/or advisor comments or recommendations.

SECTION FOUR

APPLICATION AND REVIEW PROCESS

APPLICATION SUBMISSION

Application are posted online: ATL Library – http://www.kdheks.gov/doc_lib/index.html

1. KDHE will conduct an annual competitive application and review process open to all potential applicants through The Aid-to-Local grant application process.
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.

APPLICATION REVIEW

1. Applications will be reviewed by individuals from KDHE.
2. The application will be reviewed for compliance to the Application and Program Procedures.
3. Reviewers will conduct a comparative assessment of the strengths and deficiencies of the applications, applicant experience with service provision, adequacy of service plans, budget and budget justification.
4. KDHE reserves the right to consider historic information and fact, whether gained from the local agency's application, question and answer conferences, references or any other source, in the application review process.

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, not all applicants may 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.

SECTION FIVE

OPERATIONAL DEFINITIONS

Adequate Prenatal Care

The Adequacy of Prenatal Care Utilization (APNCU) Index attempts to characterize prenatal care (PNC) utilization on two independent and distinctive dimensions – namely adequacy of initiation of PNC and adequacy of received services (once PNC has begun). The index uses information readily available on U.S. birth certificates (month of initial PNC visit, number of visits, and gestational age). This index does not assess quality of the prenatal care that is delivered, only its utilization. The assumption underlying this scale is that the earlier PNC begins the better. The American College of Obstetricians and Gynecologist (ACOG) recommends PNC begin in the first month of pregnancy; the Institute of Medicine now encourages pre-conceptual care.

Following the initial visit, the mother's visits should follow a schedule:

- Every 4 weeks for the first 28 weeks of pregnancy
- Every 2 to 3 weeks for the next 7 weeks (36 weeks)
- Weekly thereafter until delivery

http://www.mchlibrary.info/databases/HSNRCPDFs/Overview_APCUIndex.pdf

Adolescent/Teen

Ages 10 up to the age of 21.

Caseload

An average assignment of 40 pregnant and parenting participants is assumed to be the full-time equivalent per case manager. Caseloads will vary over time. Client targeted case management load varies due to clients achieving their personal goals in life domains or moving out of the geographical service area.

Case management Entry

The process to enter the TPTCM programs: A pregnant female, less than 21 years of age, through a request for service by the client, referral by social service, health care, education or other may enter the program as funding allows.

Verification of need will be determined by each grantee in compliance with the grant application guidelines.

Case Management Exit

The process where a pregnant or parenting teen leaves the program: The teen leaves the program when the following occur: completes goal plans, reaches age limit, client terminated participation, client leaves service area, client lost Medicaid eligibility or client cannot be located.

Full Term Birth

The American College of Obstetricians and Gynecologists and the Society for Maternal Fetal Medicine has issued a new opinion that defines the length of a full-term pregnancy. This includes the following definitions:

<http://newsmomsneed.marchofdimes.com/?tag=full-term>

- Early Term: Between 37 weeks 0 days and 38 weeks 6 days
- Full Term: Between 39 weeks 0 days and 40 weeks 6 days
- Late Term: Between 41 weeks 0 days and 41 weeks 6 days
- Postterm: Between 42 weeks 0 days and beyond

Pregnant

Containing a developing embryo, fetus or unborn offspring within the body.

Targeted

Provided to a priority population and/or provided in a priority geographic area. For purposes of TPTCM, the targeted population must be enrolled in Medicaid, less than 21 years of age and be pregnant and/or parenting. The priority geographic areas are counties with significant numbers of clients/participants in need of services.

TPTCM State Consultant

KDHE staff person responsible for administration and oversight the TPTCM grants. This person provides orientation and annual training for the grant recipient TPTCM. This person provides technical assistance, monitors project performance, approves all reports and recommends funding decisions in conjunction with KDHE Aid-to-Local funding process.

APPENDICE

TPTCM CLIENT GOAL PLANNING

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

| GOAL CATEGORY Eight Life Domains | WHAT IS CURRENTLY HAPPENING? | WHAT DO I WANT? | WHAT HAVE I DONE IN THE PAST? |
|---|---|------------------------|--|
| 1. Living Situation (housing) | | | |
| 2. Family (who in family unit, supportive) | | | |
| 3. Social Relationships (father involved, friends supportive) | | | |
| 4. Leisure (time for self, mental health) | | | |
| 5. Work/School (job, child care) | | | |
| 6. Safety (feel safe, domestic abuse) | | | |
| 7. Finances (housing, transportation) | | | |
| 8. Health (insurance, medical care) | | | |

TPTCM CLIENT GOAL TRACKING

APPENDIX B

CLIENT NAME:

CASE MANAGER: _____

| | |
|------------------|-------|
| Date Initiated | _____ |
| Date(s) Reviewed | _____ |
| | _____ |
| | _____ |

Targeted goals may include the following:

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

| I will complete this goal by doing the following goals in the listed categories. | Date Written | Responsible Party | Date to be Completed | Status Towards Achieving | Date Achieved | Comments |
|---|--------------|-------------------|----------------------|--------------------------|---------------|----------|
| 1. Living Situation (housing) Client's Initials ____ | | | | | | |
| 2. Family (who in family unit, supportive) Client's Initials ____ | | | | | | |
| 3. Social Relationships (father involved, friends supportive, need new relationships) Client's Initials ____ | | | | | | |

TPTCM CLIENT GOAL TRACKING

| | | | | | | |
|--|--|--|--|--|--|--|
| <p>4. Leisure (time for self, mental health) Client's Initials ____</p> | | | | | | |
| <p>5. Work/School (job, child care) Client's Initials ____</p> | | | | | | |
| <p>6. Safety (feel safe, physical or verbal abuse) Client's Initials ____</p> | | | | | | |
| <p>7. Finances (housing, transportation, income, balance checkbook, budget) Client's Initials ____</p> | | | | | | |
| <p>8. Health (insurance, medical care) Client's Initials ____</p> | | | | | | |

Bureau of Family Health, Kansas Department of Health & Environment, 2013