Kansas Maternal & Child Health

SFY2016 Funding Request Process

Aid to Local Timeline

Program Guidance/Requirements

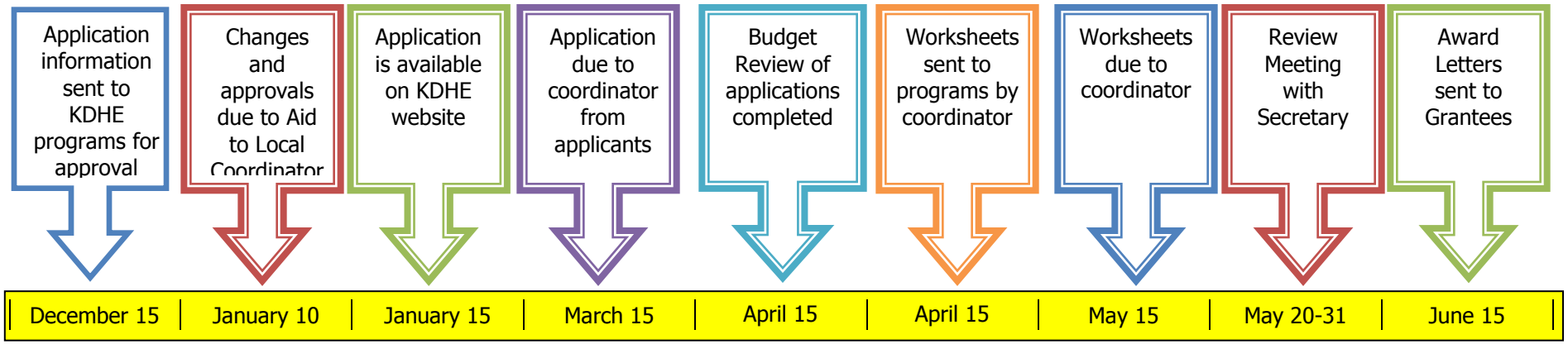
Universal Contract

Contract Attachment

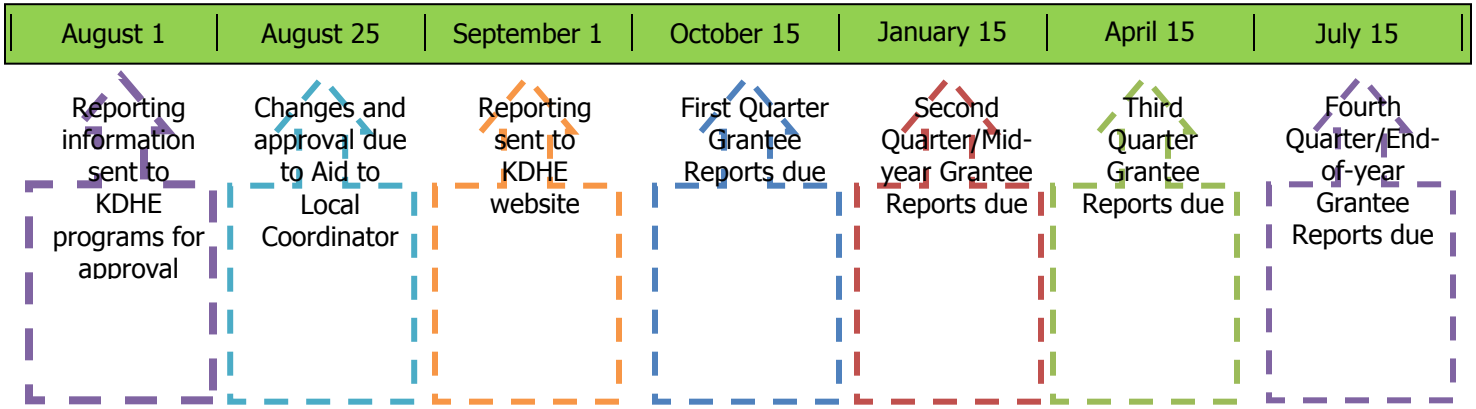
Aid to Local Awards/Grantee List

Aid to Local Timeline

Application



Reporting



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SFY 2016 MATERNAL & CHILD HEALTH AID TO LOCAL PROGRAM

(Source: http://www.kdheks.gov/doc_lib/MaternalAndChildHealthServices.html)

Program Purpose

To improve the health and well-being of the State's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

- To provide and assure mothers and children, in particular those with low income or with limited availability of health services, access to quality MCH services
- To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children
- To reduce the need for inpatient and long term care services
- To increase the number of children, especially preschool children, appropriately immunized against disease
- To increase the number of low income children receiving health assessments and follow-up diagnostic and treatment services
- To promote the health of mothers and infants by providing prenatal, delivery and postpartum care for low income, at-risk pregnant women
- To promote the health of children by providing preventative and primary care services for low income children
- To provide and promote family-centered, community-based, coordinated care for women, children and families.

Maternal and Child Health (MCH) programs promote the development of local systems of health care and target six identified population health domains:

1. Maternal/women's health
2. Perinatal/infant health
3. Child health
4. Children with Special Health Care Needs (CSHCN)
5. Adolescent/young adult health
6. Crosscutting or life course (public health issues that impact multiple MCH population groups)

Priority Areas (to be updated upon finalizing MCH2020:

- All women receive early and comprehensive health care before, during and after pregnancy
- Improve mental health and behavioral health of pregnant women and new mothers
- Reduce preterm and low birth weight births, and infant mortality
- Increase initiation, duration and exclusivity of breastfeeding
- All children and youth receive health care through medical homes
- Reduce child and adolescent risk behaviors relating to alcohol, tobacco, and other drugs
- All children and youth achieve and maintain healthy weight

The MCH program has identified 10 essential services that serve as the guide for services to families:

1. Assessment and monitoring of maternal and child health status to identify and address problems
2. Diagnosis and investigation of health problems and health hazards affecting women, children and youth
3. Information and education to the public and families about maternal and child health issues
4. Mobilizing community partnerships between policy makers, health care providers, families, the general public and others to identify and solve maternal and child health problems
5. Providing leadership for priority setting, planning and policy development to support community efforts to assure the health of women, children, youth and their families
6. Promotion and enforcement of legal requirements that protect the health and safety of women, children and youth and ensuring public accountability for their well-being
7. Linking women, children and youth to health and other community and family services and assure quality systems of care
8. Assuring the capacity and competency of the public health and personal health work force to effectively address maternal and child health needs
9. Evaluation of the effectiveness, accessibility and quality of personal health and population-based maternal and child health services
10. Support for research and demonstrations to gain new insights and innovative solutions to maternal and child health related problems

MCH program activities are provided in community, clinic, school and family home settings. Healthy Start Home Visiting (HSHV) for pregnant women, mothers, and infants up to one year of age to provide education and promote healthy/safe decisions is one example of service provision in the home. MCH services complement KanCare medical assistance programs. MCH programs serve as a safety-net provider for the MCH population by providing gap-filling health care services.

Eligible Applicants

Organizations with the capacity to provide quality services to Kansas families are eligible to apply. Single or multi county/agency applications will be accepted.

Multi county/agency applicants must designate a lead organization for application. The lead organization will serve as the fiscal agent and grant management entity. Each participating county/agency must provide a letter of commitment that includes agreement with designation of the lead organization.
Applicants should thoroughly review the 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. Generally, preference will be given to applications which indicate a collective impact approach and coordination with other programs, including food and nutrition, education, developmental/children and family services, family planning and other health and community service programs.

Funding Information
Grants will be awarded annually on a competitive basis. Priority for services should be given to those with low income or limited availability to health services. Grants are subject to availability of funds. No part of the grant money shall be used for any political purposes. Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment.
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.

Program Details (For application guidance)
For more information on program goals, guidance, reporting requirements, refer to the following documents, attached:
MCH Manual
Maternal and Child Health (MCH) Program Guidance

To Request Funds/Apply
To apply for funding, fill out an application in Catalyst (www.catalystserver.com). For grantees receiving funding in SFY15, the program administrator will receive a Catalyst user name and password in advance. If the program administrator has not yet received a username and password, contact the Catalyst Operations Support Team (support@shpr.com).
New applicants can request to be set up in Catalyst and receive a username and password by contacting: support@shpr.org
Before starting your 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)

Applications are available on January 15, 2015 and are due on March 16, 2015.

Reporting Requirements

Report Type	Due
Affidavit of Revenues and Expenditures	Quarterly
Aggregate Client Data	Quarterly
Narrative Progress Report	Quarterly

Program Contacts
Carrie Akin
MCH Administrative and Program Consultant
785-296-1234
cakin@kdheks.gov

Barbara Kramer
Maternal/Family and Early Childhood Health Consultant
785-296-1308
bkramer@kdheks.gov

KDHE AID TO LOCAL PROGRAM
UNIVERSAL CONTRACT
Effective Date July 1, 2015

1. Parties to Contract

   1.1. Kansas Department of Health and Environment [KDHE]

   1.2. **«AgencyName»** [LOCAL AGENCY]

IN CONSIDERATION OF THE PROMISES CONTAINED IN THIS CONTRACT THE PARTIES AGREE AS FOLLOWS:

2. Term of the Contract

   2.1. The initial term of this Contract shall be from July 1, 2015, until July 1, 2016.

   2.2. The Contract will renew each July 1st for an additional one (1) year period under the terms and conditions in effect at the end of the prior period. Each Party shall notify the other Party in writing no later than July 1st of each year of its desire to renew the contract.

   2.3. There may be three (3) annual automatic renewals until July 1, 2019, unless sooner terminated.

   2.4. The Contract Attachments shall renew in the same manner except that the amount of money available in each Contract Attachment may vary from year to year. Therefore, the Parties agree that the amount of each grant for each fiscal year shall be determined by the KDHE. The KDHE shall, on or before July 1 of each year, notify the Local Agency of the amount of the grant for each Contract Attachment. The Local Agency may agree to renewal of the Contract Attachment at the funding level proposed by the KDHE by cashing the first warrant of the new grant year.

   2.5. The Contract may be sooner terminated by either Party upon providing the other Party with thirty (30) days written notice of termination. KDHE may suspend or terminate the Contract upon immediate notification upon a breach or suspected breach of any provision of the Contract or any attachments thereof.

3. KDHE shall make payments to the Local Agency as specified in the attachment(s), which are made a part of this Contract.

4. Local Agency shall:

   4.1. Establish and maintain accounting records that meet the requirements of generally accepted accounting principles.

   4.2. Submit to the KDHE the Certified Expenditure Affidavits and Program Progress Reports as outlined in the respective Contract Attachment, and to return to the KDHE within sixty (60) days of the end of the grant period all grant funds remaining unexpended at the end of the grant period. Any revisions to Certified Expenditure Affidavits must be submitted within sixty (60) days of the end of the grant period if any remaining grant funds are to be received. The Local Agency shall keep copies of invoices to support their expenses.

   4.3. Maintain time and attendance records that are sufficient to support salary expenditures for individual employees charged to each program. Such records must support salary distributions of employees chargeable to more than one program or cost objective to ensure that no more than 100% of an employee's time is charged to all programs combined.

4.4. Obtain an audit in accordance with the Federal Single Audit Act of 1984, as amended, and OMB Uniform Guidance: Cost Principles, Audit, and Administrative Requirements for Federal Awards [2 C.F.R. Part 200], and to submit one complete copy of the single agency audit report to the KDHE within twelve (12) months after the end of the Local Agency's fiscal year.

4.5. Afford access, upon written request, to the Secretary of KDHE or Kansas Legislative Post Audit, to any Local Agency documents and other records necessary to certify compliance with KDHE Grant Awards, Kansas Legislative Appropriations, Kansas Statutes, and Federal Grant Acts and Regulations.

4.6. Hold as confidential all personal client information obtained or received from recipients of services under this Contract and not to disclose client information except in statistical, summary or other forms that do not identify individual clients, except upon request of the Secretary of KDHE, Kansas Legislative Division of Post Audit, U.S. Secretary of Health and Human Services, Comptroller General or any of their duly authorized representatives, or as otherwise provided by law.

4.7. Disclose personal health information (PHI) to the KDHE as requested pursuant to the Health Insurance Portability and Accountability Act (HIPAA) [*See* 45 C.F.R §165.512(b)], or as required by law.

4.8. Comply with all relevant federal requirements, including, but not limited to: the Age Discrimination Act of 1975 [42 U.S.C.§6101 *et. seq.*], Section 504 of the Rehabilitation Act of 1973 [29 U.S.C. §791 *et seq*.], Title IX of the Education Amendments of 1972 [20 U.S.C. § 1681 *et seq*.], Title VI of the Civil Rights Act of 1964 [42 U.S.C.§ 2000d *et seq*.], The Drug Free Workplace Act of 1988 [41 U.S.C. §701 *et seq*.], The Federal Anti-Lobbying Act of 1990 [31 U.S.C. §1352 *et seq*.], and The Federal Pro-Children Act of 1994 [20 U.S.C. §6081 *et. seq*.], which are incorporated by reference into this Contract.

4.9. Comply with statutes, rules and regulations pertaining to public health, including, but not exclusively K.S.A. 65-101 *et seq*.

4.10. Ensure that grant funds will not be used to supplant other Local Agency funds.

4.11. Ensure that any print or on-line publication produced in full or in part by a grant/contract with KDHE shall include an acknowledgement as follows: "Produced through the full or partial support of the Kansas Department of Health and Environment (KDHE). The content of this publication may not necessarily reflect the views of KDHE." Any conference supported by KDHE in full or in part shall include an acknowledgement: "Support for this conference is provided in full or in part by the Kansas Department of Health and Environment."

4.12. Obtain prior written approval from the KDHE before purchasing any item of equipment from grant funds that costs in excess of $500.

4.13. Participate fully in any required evaluation study and/or on site inspection arranged within normal working hours.

4.14. Develop a fee for service system and a schedule of fees for personal health services in accordance with the provisions of K.S.A. 65-220 to 65-225.

4.15. Obtain the written approval of the KDHE before entering into any subcontract related to this Contract and/or any of the Contract Attachment(s).

4.16. Provide services which have meaningful access to persons with Limited English Proficiency (LEP) pursuant to Title VI of the Civil Rights Act [(42 U.S.C. §2000d *et seq*.) and 45 C.F.R. §80.3(b)]. Meaningful access is to ensure that the Provider, its agents or subcontractors, and LEP person(s) can communicate effectively when services are being provided to LEP persons.

5. The Parties acknowledge and agree that:

5.1. The Provisions found in Contractual Provisions Attachment (Form DA-146a), which is attached hereto, are hereby incorporated in this Contract and made a part thereof.

5.2. Payment(s) may be withheld by the KDHE if any required Program/Fiscal Reports and/or refunds for any previous period have not been received, or if program requirements/objectives are not met as specified in the Contract Attachment(s).

5.3. All revenues received from the delivery of services related to KDHE grant awards shall be identified and reported. Such program income shall be retained by the Local Agency to further the objectives of the grant awards.

5.4. KDHE may cancel this Contract upon thirty (30) days written notice if the Local Agency fails to submit reports as required in this Contract or in the Contract Attachment(s).

5.5. Indirect costs and contributions will be accepted as part of the matching funds after the Local Agency has submitted an annual indirect cost proposal which meets the KDHE requirements.

5.6. This Contract is contingent upon the availability of State or Federal funds. In the event that such funds are exhausted or no longer available, this Contract may be unilaterally terminated without penalty by the KDHE upon thirty (30) days written notice.

5.7. Adjustments in the Contract amount may occur within a grant year as additional funds become available, as funding levels are reduced or in the event that the Local Agency is unable to spend the funds allocated. In such cases the amount of any grant award attachment may be amended as follows:

5.7.1. In the event that additional funds become available, the KDHE shall notify the Local Agency of the availability of additional funds. Acceptance of those funds by the Local Agency shall constitute an agreement to amend the Contract amount, and to expend the funds as specified in the Contract; or

5.7.2. In the event that the Local Agency is unable to expend all of the funds allocated, the Local Agency shall notify the KDHE in writing of the amount of funds to be returned. KDHE may accept this as an amendment of the Contract by returning to the Local Agency a revised List of Grant Awards (LGA). The Local Agency's written notification, together with an amended LGA, shall constitute amendment of the identified Contract Attachment.

5.8. This Contract may be otherwise amended as necessary by a formally executed written amendment agreed to by the Parties.

6. The Local Agency acknowledges and warrants that it is independently familiar with the conditions of participation required of it by the funding source to receive moneys hereunder, and further agrees to be bound by those conditions, and that it is not relying on any representations made about the conditions of participation by KDHE or its employees.

7. Compliance with the PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER PROTECTIONS.

7.1. Congress has enacted a law, found at 41 U.S.C. 4712, that encourage employees to report fraud, waste, and abuse. This law applies to **all** employees working for contractors, grantees, subcontractors and subgrantees on federal grants and contracts [for the purpose of this document, "Recipient of Funds"]. The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled, "PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER PROTECTIONS", which requires all grantees, their subgrantees and subcontractors to:

7.1.1. Inform their employees working on any Federal award they are subject to the whistleblower rights and remedies of the pilot program;

7.1.2. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and,

7.1.3. Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

7.2. Employees of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by any agreement, policy, form or condition of employment.

7.3. Whistleblowing is defined as making a disclosure "that the employee reasonably believes is evidence of any of the following:

7.3.1. Gross mismanagement of a federal contract or grant;

7.3.2. A gross waste of federal funds;

7.3.3. An abuse of authority relating to a federal contract or grant;

7.3.4. A substantial and specific danger to public health or safety; or,

7.3.5. A violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant).

7.4. To qualify under the statute, the employee's disclosure must be made to:

7.4.1. A Member of Congress or a representative of a Congressional committee;

7.4.2. An Inspector General;

7.4.3. The Government Accountability Office;

7.4.4. A federal employee responsible for contract or grant oversight or management at the relevant agency;

7.4.5. An official from the Department of Justice, or other law enforcement agency;

7.4.6. A court or grand jury; or,

7.4.7. A management official or other employee of the contractor, subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

7.5. The requirement to comply with, and inform all employees of, the "Pilot Program for Enhancement

of Contractor Employee Whistleblower Protections" is in effect for all grants contracts, subgrants, and subcontracts through January 1, 2017.

7.6. The Local Agency acknowledges that as a condition of receiving funds, it has complied with the terms of the "PILOT PROGRAM FOR ENHANCEMENT OF CONTRACTOR EMPLOYEE WHISTLEBLOWER PROTECTIONS", and has informed its employees in writing and in the predominant native language of the workforce, that by working on any Federal award, the employees are subject to the whistleblower rights and remedies of the pilot program.

8. Non-Debarment Certification and Warranty.

8.1. The Local Agency acknowledges that KDHE is required to verify that the Recipient of Funds has not been suspended, debarred or otherwise excluded from receiving federal funds. Verification may be accomplished by 1) checking the Excluded Parties List System (EPLS) maintained by the General Services Administration; 2) obtaining a certification from the entity; or 3) by adding a clause or condition to the transaction.

8.2. The Local Agency, as a condition of receiving funds, certifies and warrants that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency, or by any department or agency of the State of Kansas.

9. This Contract supersedes the prior Universal Contract. The prior Universal Contract is hereby rescinded.

The Parties, through duly authorized representatives, agree to the terms and conditions of this Contract and have executed it as of the date shown below.

Kansas Department of Health and Environment	«AgencyName»
By:	By:
_____	_____
Susan Mosier, MD Secretary	Signature
	_____
_____	Name
Date	
	_____
	Title
	_____
	Date

State of Kansas
Department of Administration
DA-146a (Rev. 06-12)

CONTRACTUAL PROVISIONS ATTACHMENT

Important: This form contains mandatory contract provisions and must be attached to or incorporated in all copies of any contractual agreement. If it is attached to the vendor/contractor's standard contract form, then that form must be altered to contain the following provision:

"The Provisions found in Contractual Provisions Attachment (Form DA-146a, Rev. 06-12), which is attached hereto, are hereby incorporated in this contract and made a part thereof."

The parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being the 1st day of July, 2015.

1. **Terms Herein Controlling Provisions**: It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated. Any terms that conflict or could be interpreted to conflict with this attachment are nullified.

2. **Kansas Law and Venue**: This contract shall be subject to, governed by, and construed according to the laws of the State of Kansas, and jurisdiction and venue of any suit in connection with this contract shall reside only in courts located in the State of Kansas.

3. **Termination Due To Lack Of Funding Appropriation**: If, in the judgment of the Director of Accounts and Reports, Department of Administration, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, State may terminate this agreement at the end of its current fiscal year. State agrees to give written notice of termination to contractor at least 30 days prior to the end of its current fiscal year, and shall give such notice for a greater period prior to the end of such fiscal year as may be provided in this contract, except that such notice shall not be required prior to 90 days before the end of such fiscal year. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided State under the contract. State will pay to the contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any such equipment. Upon termination of the agreement by State, title to any such equipment shall revert to contractor at the end of the State's current fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.

4. **Disclaimer Of Liability**: No provision of this contract will be given effect that attempts to require the State of Kansas or its agencies to defend, hold harmless, or indemnify any contractor or third party for any acts or omissions. The liability of the State of Kansas is defined under the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.).

5. **Anti-Discrimination Clause**: The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111 et seq.) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 et seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

   Contractor agrees to comply with all applicable state and federal anti-discrimination laws.

   The provisions of this paragraph number 5 (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting State agency cumulatively total $5,000 or less during the fiscal year of such agency.

6. **Acceptance Of Contract**: This contract shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.

7. **Arbitration, Damages, Warranties**: Notwithstanding any language to the contrary, no interpretation of this contract shall find that the State or its agencies have agreed to binding arbitration, or the payment of damages or penalties. Further, the State of Kansas and its agencies do not agree to pay attorney fees, costs, or late payment charges beyond those available under the Kansas Prompt Payment Act (K.S.A. 75-6403), and no provision will be given effect that attempts to exclude, modify, disclaim or otherwise attempt to limit any damages available to the State of Kansas or its agencies at law, including but not limited to the implied warranties of merchantability and fitness for a particular purpose.

8. **Representative's Authority To Contract**: By signing this contract, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this contract on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.

9. **Responsibility For Taxes**: The State of Kansas and its agencies shall not be responsible for, nor indemnify a contractor for, any federal, state or local taxes which may be imposed or levied upon the subject matter of this contract.

10. **Insurance**: The State of Kansas and its agencies shall not be required to purchase any insurance against loss or damage to property or any other subject matter relating to this contract, nor shall this contract require them to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.), the contractor shall bear the risk of any loss or damage to any property in which the contractor holds title.

11. **Information**: **No provision of this contract shall be construed as limiting the Legislative Division of Post Audit from having access to information pursuant to K.S.A. 46-1101 et seq.**

12. **The Eleventh Amendment**: "The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment."

13. **Campaign Contributions / Lobbying:** Funds provided through a grant award or contract shall not be given or received in exchange for the making of a campaign contribution. No part of the funds provided through this contract shall be used to influence or attempt to influence an officer or employee of any State of Kansas agency or a member of the Legislature regarding any pending legislation or the awarding, extension, continuation, renewal, amendment or modification of any government contract, grant, loan, or cooperative agreement.

Contract Attachment No. __17__

LOCAL AGENCY: **«AgencyName»**

PROGRAM: Maternal and Child Health

TERM: Until Rescinded

AMOUNT: Per List of Grant Awards

The undersigned parties agree that the following provisions of Contract Attachment No. 17 are hereby incorporated into the KDHE Aid To Local Universal Contract (Universal Contract) and made a part thereof.

STATE AGENCY AGREES TO:

1. Make payments for Maternal and Child Health (MCH) services to the Local Agency as follows:
    a. Pay 25% of the fiscal year grant amount as first quarter funding on or about July 1, or upon processing of this Contract Attachment if later than July 1 of each year. If the total award amount for the program period is $2,000 or less, the entire amount will be paid on or about July 1 of each year.

    b. Pay 12.5% of the fiscal year grant amount on or about October 1 of each year.

    c. Pay 12.5% of the fiscal year grant amount, less any unexpended grant funds from prior quarters, on or about November 15; February 15; and May 15. Such payments will be made upon receipt and acceptance of quarterly Certified Expenditure Affidavit forms showing expenditures from grant and Local Agency funds and fees for services. Said payments may be increased upon receipt and acceptance of quarterly Certified Expenditure Affidavit forms showing additional approved expenditures from the grant funds. Total payments shall not exceed the Universal Contract amount.

    d. Pay 12.5% of the fiscal year grant amount on or about January 1 and April 1 of each year. Such payments will be made after an evaluation is made to determine if grant funds previously advanced have been expended in accordance with grant objectives.

2. Forward to the Local Agency on or about July 1 of each year a copy of the Notice of Grant Award Amount and Summary of Program Objectives that contains the State Fiscal Year objectives.

3. Provide onsite monitoring and technical assistance visits to the Local Agency. A written response of said visits will be provided to the Local Agency within thirty (30) days.

4. Provide MCH workforce development opportunities for local agency staff through the annual Governor's Public Health Conference held in the spring and other trainings as necessary, including online offerings via KS-TRAIN and the MCH Navigator.

5. Provide regional training for Healthy Start Home Visitors each fiscal year.

6. Review the Kansas Health Services Manual: Maternal and Child Health found at http://www.kdheks.gov/c-f/downloads/MCH_Manual.pdf and provide revisions/additions as indicated to reflect program and practice needs.

LOCAL AGENCY AND ITS AGENTS OR SUBCONTRACTORS AGREES TO:

7. Target efforts, coordination, and resources as necessary to address the priorities identified in the 5-year statewide needs assessment, MCH 2020, as well as community needs. Provide services within the following domains as indicated in the application for funding:
    a. Women's/Maternal Health
    b. Perinatal/Infant Health
    c. Child Health
    d. Adolescent Health
    e. Children With Special Health Care Needs
    f. Cross-cutting or Life Course

8. Develop and have on file written local program policies and procedures for MCH, based on the program details, funding requirements, and standards/guidelines contained in the Kansas Health Services Manual: Maternal and Child Health found at http://www.kdheks.gov/c-f/downloads/MCH_Manual.pdf**.** Local policies and procedures are to be reviewed and signed by the physician advisor/consultant on an annual basis.

9. Implement a process for determining client satisfaction with services and maintain written documentation of results with subsequent actions. Incorporate client satisfaction information into the process for evaluating program progress and effectiveness.

10. Submit to the State Agency in Catalyst the reports listed in the KDHE Grant Reporting Instructions and Grant Application Guidance. The State Agency reserves the right to modify in its sole discretion, the reporting requirements during the term of this agreement to meet applicable federal or state reporting requirements.
    a. Submit the Certified Affidavit of Revenues and Expenditures by the 15th of the month following the end of each quarter; October 15 for the 1st quarter, January 15 for the 2nd quarter, April 15 for the 3rd quarter, and July 15 for the 4th quarter.. The source and amount of funds received during the reporting period that support activities within the scope of the grantee's Title V MCH services grant shall be identified on the Certified Affidavit of Revenues and Expenditures.

    b. Submit Quarterly Progress Reports by the 15th of the month following the end of each quarter; October 15 for the 1st quarter, January 15 for the 2nd quarter, April 15 for the 3rd quarter, and July 15 for the 4th quarter.

    c. A 5% penalty of total grant award amount will be assessed for delinquent year-end (4th quarter) reports beyond August 15th.

d. Track real-time client demographics and service/encounter data via an approved web-based electronic data system as required and in accordance with the guidelines provided by the State Agency. This client-encounter data will be the source for required reports. All client encounter data shall be current and available to the State Agency within fifteen (15) days of the end of the calendar year and state fiscal year.

11. Provide Local Agency matching funds equal to or greater than 40% of grant funds expended per quarter.

12. Submit to the State Agency within sixty (60) days of the receipt of the response to the monitoring and technical assistance visits a corrective action plan for issues identified during the said visit.

13. Submit a budget on or about July 1 outlining projected expenditures for grant funds and Local Agency funds, which is to be approved by appropriate State Agency program staff, and is hereby incorporated in this Contract Attachment and made a part hereof. Failure to submit this budget may result in the withholding of future payments by the State Agency.

14. Establish and implement a sliding fee scale of discounted charges with sufficient proportional increments so that inability to pay is never a barrier to services. The scale must include at least four (4) levels of reduced billing using the Federal Poverty Guidelines.

15. Meet KDHE MCH training requirements for staff as follows:
    a. All new Healthy Start Home Visitors must complete the Basic Kansas Home Visitation training within six (6) months.

    b. All Healthy Start Home Visitors will attend the fall regional training provided by KDHE staff and one relevant, quality statewide conference as approved by KDHE.

    c. At least one member of the local agency professional staff will attend the annual Governor's Public Health Conference.

    d. At least one member of the local agency professional staff will participate in/attend quarterly technical assistance or training sessions as provided throughout the grant period. Sessions may be via telephone, webinar, or face to face.

16. Develop annual staff development plans that identify education needs of staff and plans for providing or obtaining the needed training. An Individual Professional Development Plan or other system of documenting educational updates will be maintained for each MCH staff member.

17. Participate with other community agencies and organizations in the coordination of essential services for Maternal and Child Health including outreach and referral.

18. For multi-county grants only, provide each subcontractor with a completed MCH grant application, contract and reporting requirements. Have on file a signed Memorandum of Agreement (MOA) with each subcontractor which includes provisions for record keeping, providing matching funds if required and submission of progress to the lead agency. The lead agency will be responsible to compile all subcontractor data and reporting information and incorporate it into comprehensive multi-agency reports to meet identified contract reporting requirements.

IT IS MUTUALLY AGREED THAT:

19. This Contract Attachment No. 17 supersedes any prior Contract Attachment No. 17.

20. Tender and acceptance of the first payment of the fiscal year shall constitute formal acceptance of the terms of the program objectives, which shall be incorporated by reference into the Universal Contract.

21. Failure to comply with this Contract Attachment No. 17 may result in reduction of funds or cancellation of the Contract Attachment No. 17.

Secretary: _____
Susan Mosier, MD
Kansas Department of Health & Environment

Date: _____

Authorized Signature: _____
«AgencyName»

Printed Name: _____

Title: _____

Date: _____

Aid To Local FY16 Grant Worksheet

Entity: Maternal & Child Health

Grant: Maternal & Child Health July 1, 2015 - June 30, 2016

Local Agency Name	Recommended Award
Barton County Health Department	$58,500.00
Butler County Health Department	$58,318.00
Chautauqua County Health Department	$8,358.00
Cherokee County Health Department	$30,907.00
Cheyenne County Health Department	$3,160.00
City-Cowley County Health Department	$47,160.00
Clay County Community Health Services	$39,352.00
Cloud County Health Department	$9,024.00
Coffey County Health Department	$9,963.00
Community Health Center of Southeast KS	$57,000.00
Crawford County Health Department	$38,348.00
Dickinson County Health Department	$36,241.00
Doniphan County Health Department	$10,232.00
Edwards County Health Department	$6,322.00
Ellsworth County Health Department	$3,271.00
Finney County Health Department	$110,309.00
Flint Hills Community Health Center Inc.	$70,204.00
Ford County	$66,187.00
Franklin County Health Department	$21,788.00
Geary County Health Department	$90,480.00
Gove County Health Department	$3,190.00
Grant County Health Department	$12,960.00
Gray County Health Department	$5,788.00
Greeley County Health Department	$5,730.00
Greenwood County Health Department	$10,328.00
Hamilton County Health Department	$6,724.00
Harper County Health Department	$5,784.00
Harvey County Health Department	$45,855.00
Haskell County Health Department	$7,483.00

Aid To Local FY16 Grant Worksheet

Entity: Maternal & Child Health

Grant: Maternal & Child Health July 1, 2015 - June 30, 2016

Local Agency Name	Recommended Award
Hays Area Children's Center Inc	$23,586.00
Hodgeman County Health Department	$3,445.00
Jefferson County Health Department	$18,037.00
Johnson County Department of Health and Environment	$213,077.00
Kearny County Health Department	$5,777.00
Kiowa County Health Department	$5,035.00
Lane County Health Department	$4,990.00
Lawrence-Douglas County Health Department	$115,599.00
Leavenworth County Health Department	$72,712.00
Lincoln County Health Department	$4,510.00
Linn County Health Department	$11,988.00
Marion County Health Department	$9,875.00
Marshall County Health Department	$13,041.00
McPherson County Health Department	$27,472.00
Meade County Health Department	$5,127.00
Mercy Kansas Communities Inc.	$60,083.00
Miami County Health Department	$22,774.00
Mitchell County Health Department	$12,466.00
Montgomery County Health Department	$45,032.00
Morris County Health Department	$5,224.00
Morton County Health Department	$3,677.00
Nemaha County Community Health Services Inc.	$12,248.00
Neosho County Health Department	$21,561.00
Northeast Kansas Multi-County Health Department	$79,212.00
Osage County Health Department	$12,709.00
Ottawa County Health Department	$9,090.00
Pawnee County Health Department	$10,279.00
Phillips County Health Department	$9,213.00
Pottawatomie County Health Department	$33,170.00

Aid To Local FY16 Grant Worksheet

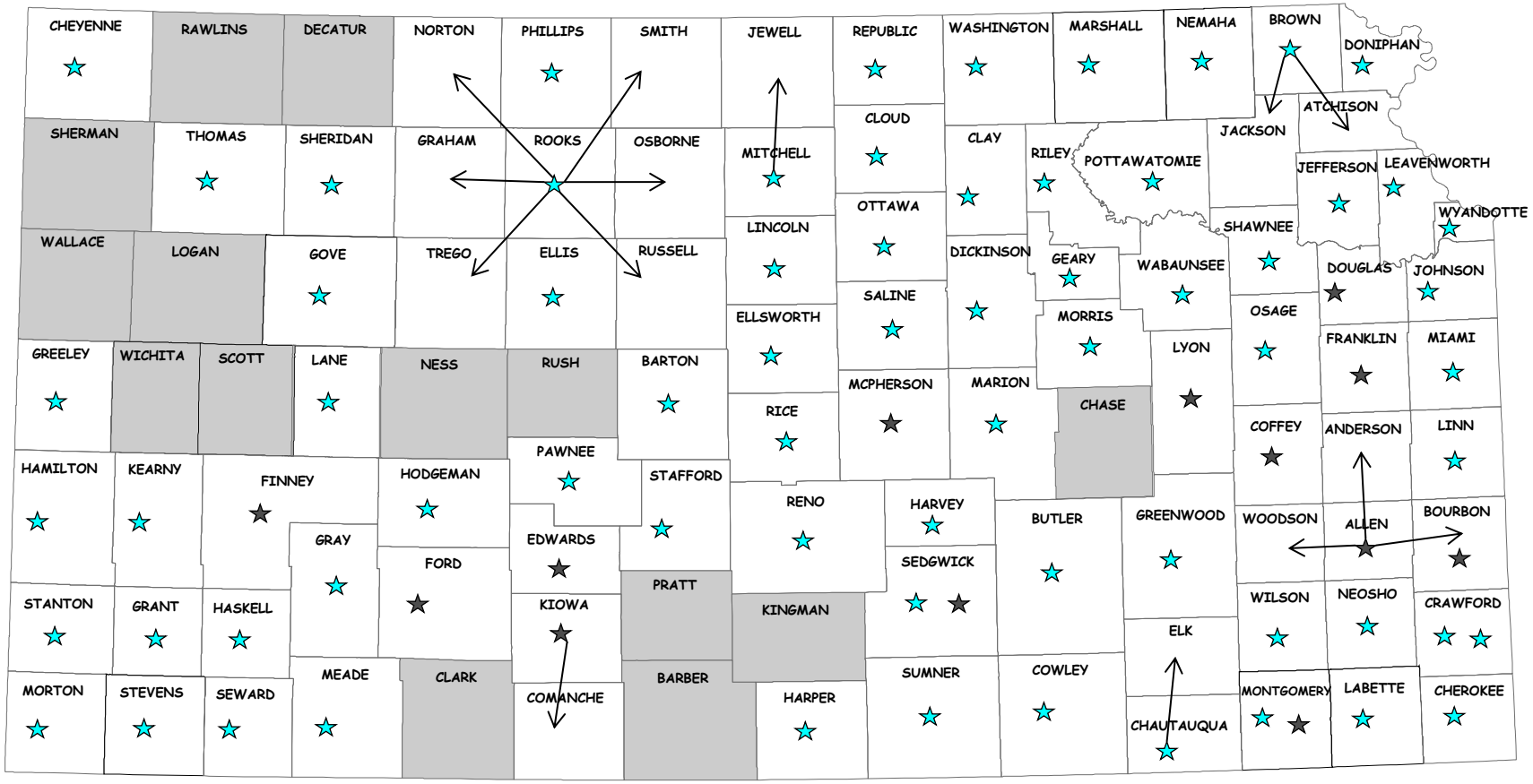
Entity: Maternal & Child Health

Grant: Maternal & Child Health July 1, 2015 - June 30, 2016

Local Agency Name	Recommended Award
Public Health of Labette County Kansas	$29,425.00
Reno County Health Department	$117,368.00
Republic County Health Department	$6,927.00
Rice County Health Department	$10,507.00
Riley County Health Department	$105,246.00
Rooks County Health Department	$49,932.00
Saline County Health Department	$91,694.00
Sedgwick County Health Department	$592,722.00
SEK Multi-County Health Department	$52,607.00
Seward County Health Department	$81,885.00
Shawnee County Health Agency	$416,634.00
Sheridan County Health Department	$4,653.00
Stafford County Health Department	$7,231.00
Stanton County Health Department	$3,998.00
Stevens County Health Department	$7,000.00
Sumner County Health Department	$30,895.00
Thomas County Health Department	$14,791.00
Unified Government of Wyandotte County	$641,854.00
University of KS School of Medicine	$342,615.00
Wabaunsee County Health Department	$7,109.00
Washington County Health Department	$9,233.00
Wilson County Health Department	$11,167.00
TOTALS	**$4,385,468.00**

Base Funding: Formula/Guide - American Community Survey 2009-2013 AVG # of Children under 18 in Poverty (75%); 2013 Census Children 0-11 and Females 23-44 (25%)

MCH Unit
Local Program Grantees - 2016



☆	Maternal Child Health (MCH)
★	Maternal Child Health (MCH) without HSHV
↖	Indicates other counties that are funding partners

ALLEN
Southeast Kansas Multi-County-Allen County Health Department- Iola
ANDERSON
Southeast Kansas Multi-County-Anderson County Health Department- Garnett
ATCHISON
Northeast Kansas Multi-County-Atchison County Health Department- Atchison
BARTON
Barton County Health Department- Great Bend
BOURBON
Southeast Kansas Multi-County-Bourbon County Health Department- Fort Scott
Mercy Kansas Communities- Fort Scott
BROWN
Northeast Kansas Multi-County-Brown County Health Department- Hiawatha
BUTLER
Butler County Health Department-El Dorado
CHASE
CHAUTAUQUA
Chautauqua County Health Department- Sedan
CHEROKEE
Cherokee County Health Department- Columbus
CHEYENNE
Cheyenne County Health Department- St. Francis
CLARK
CLAY
Clay County Health Department-Clay Center
CLOUD
Cloud County Health Department-Concordia
COFFEY
Coffey County Health Department- Burlington
COMANCHE
Partner with Kiowa County Health Department - Comanche County Health Department-Coldwater
COWLEY
City-Cowley County Health Department- Winfield
CRAWFORD
Crawford County Health Department- Pittsburg
Community Health Center of Southeast Kansas- Pittsburg
DECATUR
DICKINSON
Dickinson County Health Department- Abilene
DONIPHAN
Doniphan County Health Department- Troy
DOUGLAS
Lawrence-Douglas County Health Department- Lawrence
EDWARDS
Edwards County Health Department- Kinsley
ELK
Partner with Chautauqua County Health Department- Elk County Health Department- Howard
ELLIS
Hays Area Children's Center-Hays
ELLSWORTH
Ellsworth County Health Department- Ellsworth
FINNEY
Finney County Health Department- Garden City
FORD
Ford County Health Department-Dodge City
FRANKLIN
Franklin County Health Department- Ottawa
GEARY
Geary County Health Department-Junction City
GOVE
Gove County Health Department-Gove
GRAHAM
Partner with Rooks County Health Department - Graham County Health Department- Hill City
GRANT
Grant County Health Department-Ulysses
GRAY
Gray County Health Department-Cimarron
GREELEY
Greeley County Health Department- Tribune
GREENWOOD
Greenwood County Health Department- Eureka
HAMILTON
Hamilton County Health Department- Syracuse
HARPER
Harper County Health Department- Anthony
HARVEY
Harvey County Health Department- Newton
HASKELL
Haskell County Health Department- Sublette
HODGEMAN
Hodgeman County Health Department- Jetmore
JACKSON
Northeast Kansas Multi-County-Holton
JEFFERSON
Jefferson County Health Department- Oskaloosa
JEWELL
Partner with Mitchell County Health Department - Jewell County Health Department-Mankato
JOHNSON
Johnson County Department of Health & Environment-Olathe/Mission
KEARNY
Kearny County Health Department- Lakin
KINGMAN
KIOWA
Kiowa County Health Department-Greensburg
LABETTE
Public Health of Labette County Health Department- Parsons
LANE
Lane County Health Department-Dighton
LEAVENWORTH
Leavenworth County Health Department- Leavenworth
LINCOLN
Lincoln County Health Department- Lincoln
LINN
Linn County Health Department-Pleasanton
LOGAN
LYON
Flint Hills Community Health Center-Emporia
MARION
Marion County Health Department- Marion
MARSHALL
Marshall County Health Department- Marysville
McPHERSON
McPherson County Health Department- McPherson
MEADE
Meade County Health Department- Meade
MIAMI
Miami County Health Department-Paola
MITCHELL
Mitchell County Health Department- Beloit
MONTGOMERY
Montgomery County Health Department- Coffeyville
Coffeyville Regional Medical Center- Coffeyville
MORRIS
Morris County Health Department-Council Grove
MORTON
Morton County Health Department- Elkhart
NEMAHA
Nemaha County Community Health Center- Sabetha
NEOSHO
Neosho County Health Department- Chanute
NESS
NORTON
Partner with Rooks County Health Department - Norton County Health Department- Norton
OSAGE
Osage County Health Department- Lyndon
OSBORNE
Partner with Rooks County Health Department - Osborne County Health Department- Osborne
OTTAWA
Ottawa County Health Department- Minneapolis
PAWNEE
Pawnee County Health Department- Larned
PHILLIPS
Phillips County Health Department- Phillipsburg
POTTAWATOMIE
Pottawatomie County Health Department- Westmoreland
PRATT
RAWLINS
RENO
Reno County Health Department-Hutchinson
REPUBLIC
Republic County Health Department- Belleville
RICE
Rice County Health Department-Lyons
RILEY
Riley County Health Department-Manhattan
ROOKS
Rooks County Health Department- Stockton
RUSH
RUSSELL
Partner with Rooks County Health Department - Russell County Health Department- Russell
SALINE
Saline County Health Department-Salina
SCOTT
SEDGWICK
Sedgwick County Health Department- Wichita
University of Kansas Medical Center Research Institute, Inc.-Wichita
SEWARD
Seward County Health Department- Liberal
SHAWNEE
Shawnee County Health Agency-Topeka
SHERIDAN
Sheridan County Health Department- Hoxie
SHERMAN
Sherman County Health Department- Goodland
SMITH
Partner with Rooks County Health Department - Smith County Health Department- Smith Center
STAFFORD
Stafford County Health Department- St. John
STANTON
Stanton County Health Department- Johnson City
STEVENS
Stevens County Health Department- Hugoton
SUMNER
Sumner County Health Department- Wellington
THOMAS
Thomas County Health Department- Colby
TREGO
Partner with Rooks County Health Department - Trego County Health Department- WaKeeney
WABAUNSEE
Wabaunsee County Health Department- Alma
WALLACE
WASHINGTON
Washington County Health Department- Washington
WICHITA
WILSON
Wilson County Health Department- Fredonia
WOODSON
Southeast Kansas Multi-County - Woodson County Health Department - Yates Center
WYANDOTTE
Unified Government of Wyandotte County Public Health

Kansas Special Health Care Needs (KS-SHCN)

SFY2016 Funding Request Process

Funding Request Application

Funding Request Guidance

Accepted Proposals

KANSAS SPECIAL HEALTH CARE NEEDS (KS-SHCN)
SFY 2016 FUNDING REQUEST
SFY 2016 runs July 1, 2015 to June 30, 2016

Submitted By:			
Agency/Organization:			
Address:		**City:**	**Zip:**
Telephone:		**Email:**	
Project Name:			
Request Type:	☐ New Request ☐ Continuation Funding*		
*If continuation request, provide last three (3) prior year(s) and funding amounts of previous contracts.			

Total Funds Being Requested: (*Attach detailed budget and narrative; include other funding sources [state, federal, restricted, other] and dollar amount.)* **$**

Match Funding Source(s):
There is a 25% match requirement for all non-clinical costs associated with this request. This may include such things as: salaries and staff time, administration, supplies, rent/space, etc. See guidance for additional details.

IRB Approval: Does the project include research involving human subjects? ☐ No ☐ Yes
If yes, has IRB approval been obtained? ☐ No ☐ Yes [Approval # _____]

Scope of Work: (350 words or less)
Please provide a brief summary of the work to be provided within this request. Demonstrate how this will impact overall health outcomes of children and youth with special health care needs and your anticipated evaluation activities/methods, including data components you plan to share with KS-SHCN.

Type of Service:
Enter the percentage of funds that apply to each category of service. The total must equal 100%. Refer to the MCH Pyramid in Appendix B.

SERVICE	DESCRIPTION	PERCENT
Direct	*Direct Services* are directly provided to individuals, by state or local agency staff or by grantees or contractors. Title V programs commonly support prenatal care, well-child and school-based health services, and specialty services for children and youth with special health care needs.	
Enabling	*Enabling Services* are non-clinical services that enable individuals and families to access health services and improve health outcomes. These services are usually targeted to families that have special needs or face specific barriers.	
Public Health Services and Systems	*Public Health Services and Systems* include activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development and the 10 essential public health services. These generally encompass the functions that indirectly benefit families by laying the foundations for the policies and programs that can improve the health and well-being of the individuals and amilies.	
Total (100%)		**0%**

For additional information or assistance about this section, please refer to the guidance document.

KS-SHCN Priorities:

Enter the percentage of funds that apply to each SHCN priority. The total does not have to equal 100%.

SERVICE	DESCRIPTION	PERCENT
Cross-System Care Coordination	Projects addressing this priority must show evidence of existing partnerships or the capacity and plan to build new partnerships, in support of cross-system communication, collaboration, planning and information sharing, referrals, and patient navigation.	
Behavioral Health Integration	Projects addressing this priority must show evidence of collaborative services for the prevention and treatment of emotional disorders. Services must support the functioning of children, youth, or families.	
Family Caregiver Health	Projects addressing this priority must show evidence of capacity to address needs or provide support to family caregivers. Services must support the physical, emotional, social, or financial well-being of families.	
Direct Health Services and Supports	Projects addressing this priority must include services delivered one-on-one between a health professional and patient. This may include primary, specialty, or ancillary health services. This could also include the utilization of telehealth services. Only services that are not billable and/or reimbursable by private or public insurance are eligible for funding under this request. Sufficient evidence must be presented within the proposal that outlines the need for services, inability to bill/obtain reimbursement for services, and fill a specific gap in services for the KS-SHCN population.	
Training and Education	Projects addressing this priority must clearly outline a specific training need among one or more of the following: families, community members, medical and community providers, local and state service programs, or legislators. Training and education projects must support diversity in the provision of services for the KS-SHCN population, and include a written plan for the provision and evaluation of training/education activities.	
Total (100%)		**0%**

Type of Population:

Enter the percentage of funds that apply to each population. The total must equal 100%.

SPECIAL HEALTH CARE NEEDS (SHCN) POPULATION (%)								
Infants <1 year	Early Child 1 – 5 yrs	Childhood 6 – 12 yrs	Adolescence 13 – 17 yrs	Young Adult 18 – 26 yrs	**Total (100%)**	Non-US Citizens	US Citizens	**Total (100%)**
					0%			0%

DEMOGRAPHIC POPULATION OF THOSE TO BE SERVED (%)							
Medicaid (KanCare) Members	Uninsured	Private Insurance	**Total (100%)**	Urban	Rural	Frontier	**Total (100%)**
			0%				0%

For additional information or assistance about this section, please refer to the guidance document.

MCH Proposed National Performance Measures:

Please check all measures that relate to the work conducted through your agency/organization. Selecting related priorities allows the KS-SHCN Program to match your activities with other work at the state level and/or assure activities are reported on the annual MCHB Block Grant report. Selecting priorities here does not obligate you to any specific services or activities. Selected measures may not fully align with

National Performance Measures (NPMs) *Kansas will select, monitor, and report on 8 of 15*	
1.	Well Woman Care (Percent of women with a past year preventive medical visit)
2.	Low risk cesarean deliveries (Percent of cesarean deliveries among low-risk first births)
3.	Perinatal regionalization (Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU))
4.	Breastfeeding [(A) Percent of infants who are ever breastfed and (B) Percent of infants breastfed exclusively through 6 months]
5.	Safe Sleep (Percent of infants placed to sleep on their backs)
6.	Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)
7.	Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)
8.	Physical activity (Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day)
9.	Bullying (Percent of adolescents, ages 12 through 17, who are bullied or who bully others)
10.	Adolescent well visit (Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year)
11.	Medical home (Percent of children with and without special health care needs having a medical home)
12.	Transition (Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care)
13.	Oral Health [(A) Percent of women who had a dental visit during pregnancy and (B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year]
14.	Smoking during Pregnancy and Household Smoking [(A) Percent of women who smoke during pregnancy and (B) Percent of children who live in households where someone smokes]
15.	Adequate insurance coverage (Percent of children ages 0 through 17 who are adequately insured)

☐ NPM 1	☐ NPM 4a	☐ NPM 7	☐ NPM 11	☐ NPM 14a
☐ NPM 2	☐ NPM 4b	☐ NPM 8	☐ NPM 12	☐ NPM 14b
☐ NPM 3	☐ NPM 5	☐ NPM 9	☐ NPM 13a	☐ NPM 15
	☐ NPM 6	☐ NPM 10	☐ NPM 13b	

Notes:

Project Narrative: (Please include narrative with this submission document. Narrative should be in 12 point font and be **no more** than five (5) pages in length.)

- Purpose of Project: *Describe the major purposes of the project and the needs/problem it addresses.*
- Goals and Objectives: *What are you trying to accomplish?*
- Activities and Outcome Measures: *Please describe activities intended to reach goals. Please include what you plan to measure through this project to determine improved outcomes for the targeted population.*
- Coordination and Input: *Describe community input or current initiatives that led you to the proposed project.*
- Key Partners: *Please outline other partners you plan to work with on this project.*
- Evaluation/Assessment Plan: *Describe the evaluation methods to assess impact and effectiveness of project initiatives.*

Project Period:	
NOTE: Please provide a breakdown indicating the level of support needed for each quarter funds are being requested. Quarters are outlined as follows: (1) July 1 – September 30, (2) October 1 – December 31, (3) January 1 – March 31, (4) April 1 – June 30.	
Sustainability: (attached additional page(s) if necessary) *Explain how the project/program will be sustained if Title V funding is no longer available.*	
Preparer Signature: ☐ Budget and narrative are complete and attached; match requirement is met ☐ Reporting requirements (see guidance) are noted and agreed to	
Name:	Date:

PROJECT CONTACTS

Requesting Organization		**Funding Organization (KDHE, SHCN Program)**			
Primary Contact:		Primary Contact:	**Heather Smith**		
Email:	Phone:	Email:	hsmith@kdheks.gov	Phone:	785-296-4747
Financial Contact:		Financial Contact:	**Kelly Blake**		
Email:	Phone:	Email:	kblake@kdheks.gov	Phone:	785-296-1295
Administrative/Data Contact:		Administrative/Data Contact:	**Kayzy Bigler**		
Email:	Phone:	Email:	kbigler@kdheks.gov	Phone:	785-296-1316

List all individuals who must be included as a signatory on the final contract.
Please include name, credentials (if applicable), and official title.

AGENCY USE ONLY

Reviewed By: *(list names)*_____ **Date:** _____

€ **Incomplete/Information Requested:** € Budget € Narrative € Other _____
€ **Approved**
€ **Denied**

Rationale: _____
_____

Report Due Date(s): _____

Bureau of Family Health
Curtis State Office Building
1000 SW Jackson, Ste 220
Topeka, KS 66612

Kansas

Phone: 785-291-3368
Fax: 785-296-6553
www.kdheks.gov/bfh

Susan Mosier, MD, Interim Secretary | Department of Health & Environment | Sam Brownback, Governor

KANSAS SPECIAL HEALTH CARE NEEDS (KS-SHCN)
SFY 2016 FUNDING REQUEST GUIDANCE

INTRODUCTION

The Kansas Department of Health & Environment is responsible for administering the Title V Maternal and Child Health (MCH) Services Block Grant for the State of Kansas [funded through the U.S. Department of Health & Human Services (HHS), Human Resources & Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)]. The MCH Block Grant and affiliated programs are organized within the Division of Public Health, Bureau of Family Health.

The Title V MCH Block Grant plays a key role in the provision of maternal and child health services in Kansas, including the Kansas Special Health Care Needs (KS-SHCN) program. Service or programs funded with Title V funding through the KS-SHCN program must support program priorities, outcomes, and measures while furthering identified mutual objectives and supporting respective responsibilities.

The KS-SHCN program promotes the functional skills of persons, who have or are at-risk for a disability or chronic disease. The program is responsible for the planning, development, and promotion of the parameters and quality of specialty health care in Kansas in accordance with state and federal funding and direction. SHCN provides specialized medical services to infants, children and youth up to age 21 who have eligible medical conditions. Additionally, the program provides services to persons of all ages with metabolic or genetic conditions screened through the Newborn Screening.

LEGISLATION AND SCOPE

Enacted in 1935 as a part of the Social Security Act, the Title V MCH Program is the Nation's oldest Federal-State partnership. Specifically, the Title V program seeks to:

1. Assure access to quality care, especially for those with low-incomes or limited availability of care;
2. Reduce infant mortality;
3. Provide and ensure access to comprehensive prenatal and postnatal care to women (especially low-income and at-risk pregnant women);
4. Increase the number of children receiving health assessments and follow-up diagnostic and treatment services;
5. Provide and ensure access to preventive and child care services as well as rehabilitative services for certain children;
6. Implement family-centered, community-based systems of coordinated care for children with special health care needs (CYSHCN); and
7. Provide toll-free hotlines and assistance in applying for services to pregnant women with infants and children who are eligible for Title XIX (Medicaid).

The 2016 Title V MCH Block Grant Application Guidance outlines the constructs of a service system for children and youth with special health care needs (CYSHCN). These include state program collaboration with other state agencies and private organizations, state support for communities, coordination of health components of community-based systems, and coordination of health services with other services at the community level. Additional information regarding these constructs may be found in **Appendix A: Kansas Block Grant Basics**.

Kansas statutes, K.S.A. 65-5a01 through 65-5a16 and KSA 65-180, and regulations, K.A.R. 28-4-401 through 28-4-413 and 28-4-510 through 28-4-514, provide guidance to the program and services provided by the KS-SHCN program. Additionally, services provided through funding from the KS-SHCN program must align with state and federal program objectives and measures to be eligible for funding.

As a recipient of Title V Funding, the KS-SHCN program must adhere and comply with all requirements outlined in **Appendix A: Kansas Block Grant Basics**. The requirements for this funding opportunity are aligned with federal expectations and requirements and outlined throughout this document.

KS-SHCN FUNDING REQUEST PROCESS

Higher standards of accountability prevail for the MCH Block Grant due to scarcity of resources from State, Federal and other funding sources. Funding sources require regular, in-depth review of performance and outcome measures, as well as evidence of progress (through use of data) toward outcomes for MCH and SHCN populations. A shift from direct services to community-based, population-based, and infrastructure building services has been identified at the state and federal level. Definitions of these types of services can be found in **Appendix B: Title V 2016-2020 MCH Services Pyramid.**

Funding requests are reviewed through a healthy equity lens for alignment with the Bureau of Family Health/Title V and the Division of Public Health's core values of: health equity, social and environmental determinants of health, life course approach, and systems integration. The request for funds must clearly describe the activities and/or services to be provided and include required information on how the project aligns with one or more of the outlined priorities, performance measures, populations, and types of service, as well as how the project will be measured and evaluated. There is great interest in funding activities that will be implemented as part of a comprehensive approach with potential for improved population health.

It is important for requestors to indicate a direct tie to the SHCN priorities. Current KS-SHCN priorities, from the recent strategic planning and needs assessment are as follows:

- Cross-System Care Coordination: Projects addressing this priority must show evidence of existing partnerships or the capacity and plan to build new partnerships, in support of cross-system communication, collaboration, planning and information sharing, referrals, and patient navigation.

- Behavioral Health Integration: Projects addressing this priority must show evidence of collaborative services for the prevention and treatment of emotional disorders. Services must support the functioning of children, youth, or families.

- Family Caregiver Health: Projects addressing this priority must show evidence of capacity to address needs or provide support to family caregivers. Services must support the physical, emotional, social, or financial well-being of families.

- Direct Health Services and Supports: Projects addressing this priority must include services delivered one-on-one between a health professional and patient. This may include primary, specialty, or ancillary health services. This could also include the utilization of telehealth services. Only services that are not billable and/or reimbursable by private or public insurance are eligible for funding under this request. Sufficient evidence must be presented within the proposal that outlines the need for services, inability to bill/obtain reimbursement for services, and fill a specific gap in services for the KS-SHCN population.

- Training and Education: Projects addressing this priority must clearly outline a specific training need among one or more of the following: families, community members, medical and community providers, local and state service programs, or legislators. Training and education projects must support diversity in the provision of services for the KS-SHCN population, and include a written plan for the provision and evaluation of training/education activities.

The objective of the KS-SHCN program is to support a comprehensive, quality system of care for children and youth with special health care needs (CYSHCN). As such, Title V desires collaborative relationships with partners, such as private insurers, state Medicaid and CHIP agencies, pediatricians and family physicians, community providers and service organizations, and families. In March 2014, The Lucille Packard Foundation for Children's Health and the Association of Maternal and Child Health Programs (AMCHP) released the "Standards for Systems of Care for Children and Youth with Special Health Care Needs," a core set of structure and process standards for system of care for CYSHCN. This report can be found online at http://www.amchp.org/programsandtopics/CYSHCN/Documents/Standards%20Charts%20FINAL.pdf. Highlights of this publication can be found in **Appendix C: Highlights of the Standards for Systems of Care for CYSHCN.**

Preference will be given to applications which indicate:

- Coordination with other programs, including food and nutrition, education, developmental/children and family services, family planning, Medicaid, and other health and non-health programs;
- Capacity to support infrastructure and long-term sustainability for improved services within the state of Kansas for the SHCN population; and
- Ability to address activities within one or more of the core domains for system standards, as outlined in **Appendix C: Highlights of the Standards for Systems of Care for CYSHCN**, to meet the needs of children and youth with SHCN and their families through community and population based services;

All KS-SHCN Funding Requests must be submitted on forms provided, with required documents attached (personnel, budget, and other descriptions as required by the request). Budget forms can be found in **Appendix D**.

NOTE: A minimum of 25% of requested funding shall be matched by the submitting organization.

The request should be sent to, Attention: Heather Smith, Director
Special Health Services, Bureau of Family Health
Kansas Department of Health & Environment
1000 SW Jackson Street, Suite 220
Topeka, KS 66612

Allowable Expenses and Projects

The following are allowable under this funding proposal:

- Funds can be used for health services and related activities including planning, administration, education, and evaluation.

- No more than 10 percent of funds can be used for the administration of grant funds.

- Funds cannot be used for inpatient services; cash payments to intended service recipients; purchase or improvement of land, construction, or purchase of major medical equipment; meeting requirements for other federal programs; research or training from for-profit entities; or paying for services of providers excluded by the Department of Health and Human Services (HHS).

All clinical services provided by licensed professionals are expected and required to bill insurance and/or Medicaid for services, pursuant to K.A.R 28-4-405. In the event the clinical provider is not eligible to bill insurance and/or Medicaid, sufficient evidence outlining an exception to this requirement may be presented for consideration. It should not be expected that clinical services will be allowed in this manner, however it is understood there are system-wide barriers related to some needed services which may warrant an exception. A request for exception must include a description of services, justification for not billing third party payors, and a proposal of a flat rate honorarium per patient encounter. Provider honorariums will not be allowed if provider is eligible to bill for services and are subject to KS-SHCN review and approval.

All proposed activities must be classified within one of the three main categories of the MCH Pyramid (**Appendix B: Title V 2016-2020 MCH Services Pyramid**). Federal Title V requirements, including applications, annual reports and performance measures, are tied to this framework. The MCH Pyramid service categories include:

1. **Direct Services** in this framework are directly provided to individuals, by state or local agency staff or by grantees or contractors. Title V programs commonly support prenatal care, well-child and school-based health services, and specialty services for children and youth with special health care needs.
2. **Enabling Services** are non-clinical services that enable individuals and families to access health services and improve health outcomes. These services are usually targeted to families that have special needs or face specific barriers.
3. **Public Health Services and Systems** include activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development and the 10 essential public health services. These generally encompass the functions that indirectly benefit families by laying the foundations for the policies and programs that can improve the health and well-being of the individuals and theirs families.

Local Match Requirement

Non-clinical activities under this proposal must be equal to or greater than 25 percent of the grant funds requested and awarded. Sources that may be used for matching funds are reimbursement for

service from third parties such as insurance and Title XIX, client fees, local funds from non-federal sources or in-kind contributions. In-kind contributions must be documented in accordance with generally accepted accounting principles. Records for tracking match must be made available for review, upon request.

Non-cash contributions or in-kind donations may be used to meet the required match. In-kind or non-cash support may include:

- Personnel/staff time, space, commodities, or services
- Contributions at a fair market value and documented in the organization accounting records

IMPORTANT: Non-allowable match funds include those associated with inpatient care or other funds used to match other federal, state, or foundation grants.

Target Population for Services

Activities under this funding request must address needs of the KS-SHCN population. Special Health Care Needs (SHCN) is defined as children and youth, age birth through 21 years, "who have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally." Services may also be extended to adults over age 21 with genetic conditions screened through the Kansas Newborn Screening program. A complete list of these conditions can be found on the KS Newborn Screening website at www.kdheks.gov/newborn_screening/index.html.

Definitions for "Demographic Population of Those to be Served" section:

- **Medicaid (KanCare) Members**: Individuals enrolled in the Kansas Medicaid (KanCare) program as their primary insurance coverage.
- **Uninsured:** Individuals with no health insurance coverage. If the KS-SHCN provides payment for authorized services, but no other insurance is available to an individual they would be considered "uninsured" as the KS-SHCN program is not an insurance coverage provider.
- **Private Insurance:** Individuals that have health insurance coverage through a commercial or private insurance company. Examples include Blue Cross/Blue Shield, Coventry, TriCare, Cigna, etc.

NOTE: If individual served has multiple insurance carriers, please only count them in your total population one time, as their primary insurance coverage.

- **Frontier:** Communities with a population of less than six people per square mile.
- **Rural:** Communities with a population between six and 39.9 people per square mile.
- **Urban:** Communities with a population over 40 people per square mile.

Review and Award Timeline

All required information must be provided in order for the request to be reviewed, by April 30, 2015. The requestor will be notified regarding approval or denial by May 15, 2015. Further discussions may

be necessary to assure the needs and desired outcomes for both the requestor and KS-SHCN are addressed. Upon agreement of terms, a full executed contract or agreement will be developed and submitted for approval and signature.

Reporting Requirements

Reports of activities and invoices of services that address MCH/KS-SHCN priorities, measures, outcomes, and indicators shall be submitted on a quarterly basis. Reporting requirements will be determined based upon the funding request submitted and the KS-SHCN program needs. These details will be included in the contractual agreement. Reports and invoices shall be provided on the form(s) provided by the KS-SHCN program.

Kansas Title V MCH Block Grant Basics

The Kansas Department of Health & Environment is responsible for administering the Title V Maternal and Child Health (MCH) Services Block Grant for the State of Kansas. The MCH Block Grant and affiliated programs are located within the Division of Public Health, Bureau of Family Health.

The Title V MCH Block Grant plays a key role in the provision of maternal and child health services in Kansas. Funds from this grant are distributed among a number of programs which target the improvement of the health of all women, infants, children and adolescents, including children and youth with special health care needs (CYSHCN), and families.

As part of Kansas' Block Grant requirements, the Kansas Department of Health:

1) Submits an Application/Annual Report for Federal funds to the Federal Maternal and Child Health Bureau each year in July;
2) Adheres to the strict requirements concerning how Title V funds are spent:
   a) At least thirty percent (30%) for preventive and primary care services for children.
   b) At least thirty percent (30%) for services for CYSHCN. Funds are to be spent on:
      i) services described as "family-centered, community-based, coordinated care (including care coordination services); and
      ii) the development of community-based systems of services for CYSHCN and their families.
   c) Not more than ten percent (10%) for administering the funds.
   d) Funding is also to be spent on preventive and primary care services for pregnant women, mothers, and infants up to age one. However, there are no requirements regarding percentage to be spent.
   e) The State must match federal funds at $0.75 for every $1 of federal funding.
3) Conducts a statewide needs assessment every five years. The needs assessment identifies state maternal and child health priorities, goals, and performance measures that assess state progress and accountability for a five-year period. The 2016-2020 Needs Assessment is currently in progress and will be completed by June 2015.

As a recipient of Title V Funding, the KS-SHCN program must adhere and comply with all requirements listed above. The requirements for this funding opportunity are outlined throughout this document and may vary slightly from the above guidelines.

Maternal and Child Health Block Grant Transformation

The Federal Maternal and Child Health Bureau (MCHB) began a process to transform the Title V MCH Block Grant to reduce burden, maintain flexibility and improve accountability. By working in partnership with State Title V leaders, families and other stakeholders, they expect the transformation of the block grant to help achieve their mission to improve the health and well-being of all of America’s mothers, infants, children, and youth – including children and

youth with special health care needs (CYSHCN) and their families. The improvements will be phased in, beginning with the 2015 MCH Block Grant application.

Reduce Burden: Streamline the Annual Report and Application

- Require only a needs assessment summary and integrate into the application
- Pre-populate State data
- Eliminate Health Systems Capacity Indicator
- Reduce the number of forms from 21 to 11
- Simplify, clarify and reduce redundancies

Maintain Flexibility: Apply a Logic Model

- Continuously analyze performance and reassess performance measures and strategies
- Implement 3-tiered performance measurement with national outcome measures, national performance measures and structural-process measures
- Include measures for six domains: maternal and women's health, perinatal and infant health, child health, adolescent health, life course, and children with special healthcare needs

Improve Accountability: New Accountability Framework

- Develop a one-stop maternal and child health data center
- Support States in developing evidence-based and -informed structural process measures
- Realign Special Projects of Regional and National Significance (SPRANS) and other HRSA programs to "move the needle" on maternal and child health

Additionally, MCHB has amended the MCH Services Pyramid (Figure 1, next page). Previously, this pyramid included four types of services. This pyramid has been modified to include the following three services: (1) Direct Services; (2) Enabling Services; and (3) Public Health Services and Systems and are defined as outlined below:

1. *Direct Services* are directly provided to individuals, by state or local agency staff or by grantees or contractors. Title V programs commonly support prenatal care, well-child and school-based health services, and specialty services for children and youth with special health care needs.
2. *Enabling Services* are non-clinical services that enable individuals and families to access health services and improve health outcomes. These services are usually targeted to families that have special needs or face specific barriers.
3. *Public Health Services and Systems* include activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development and the 10 essential public health services. These generally encompass the functions that indirectly benefit families by laying the foundations for the policies and programs that can improve the health and well-being of the individuals and families.

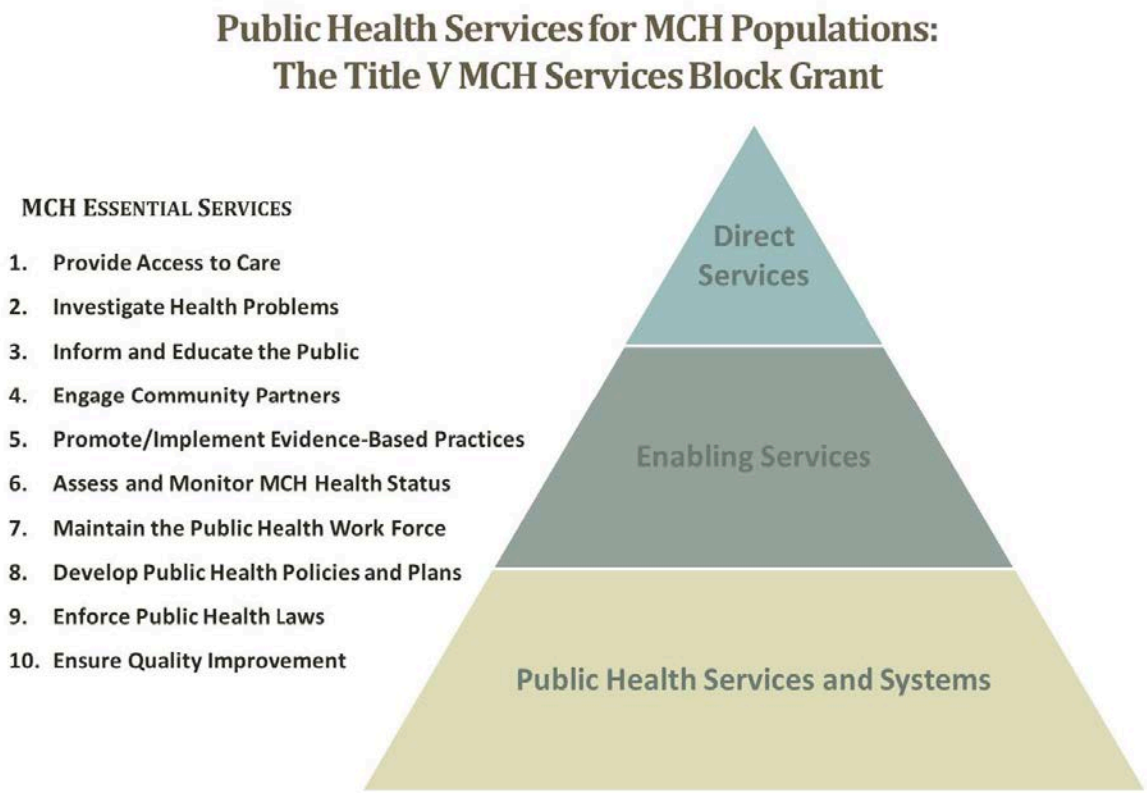


Figure 1: MCH Pyramid

Performance Measurement Process and Reporting Expectations

As indicated, MCHB has implemented a 3-tiered performance measurement process, including national outcome measures, national performance measure, and state-identified evidence-based or –informed strategy measures. In addition, States are expected to develop state performance measures to address the priorities identified through the five-year needs assessment. As part of the 2016-2020 Kansas Title V Needs Assessment, new state priorities will be selected and will inform the work related to this performance measurement process.

- The national outcome measures (NOMs) are the ultimate focus and desired results of any set of public health program activities and interventions. These are usually longer term and tied to the ultimate program goal. NOMs are provided by MCHB.

- The national performance measures (NPMs) are narrative statements that describe a specific population need that, when successfully addressed, will lead to a specific health outcome within a community or population. These generally have a specified time frame and include specific objectives. MCHB proposed 15 NPMs, allowing states to choose 8 NPMs based on their identified state priorities.

- The state-identified evidence-based or –informed strategy measures (ESMs) assess the impact of State Title V strategies and activities and directly measure the State's impact

on the selected national performance measures. States will develop ESMs based upon the selected NPMs.

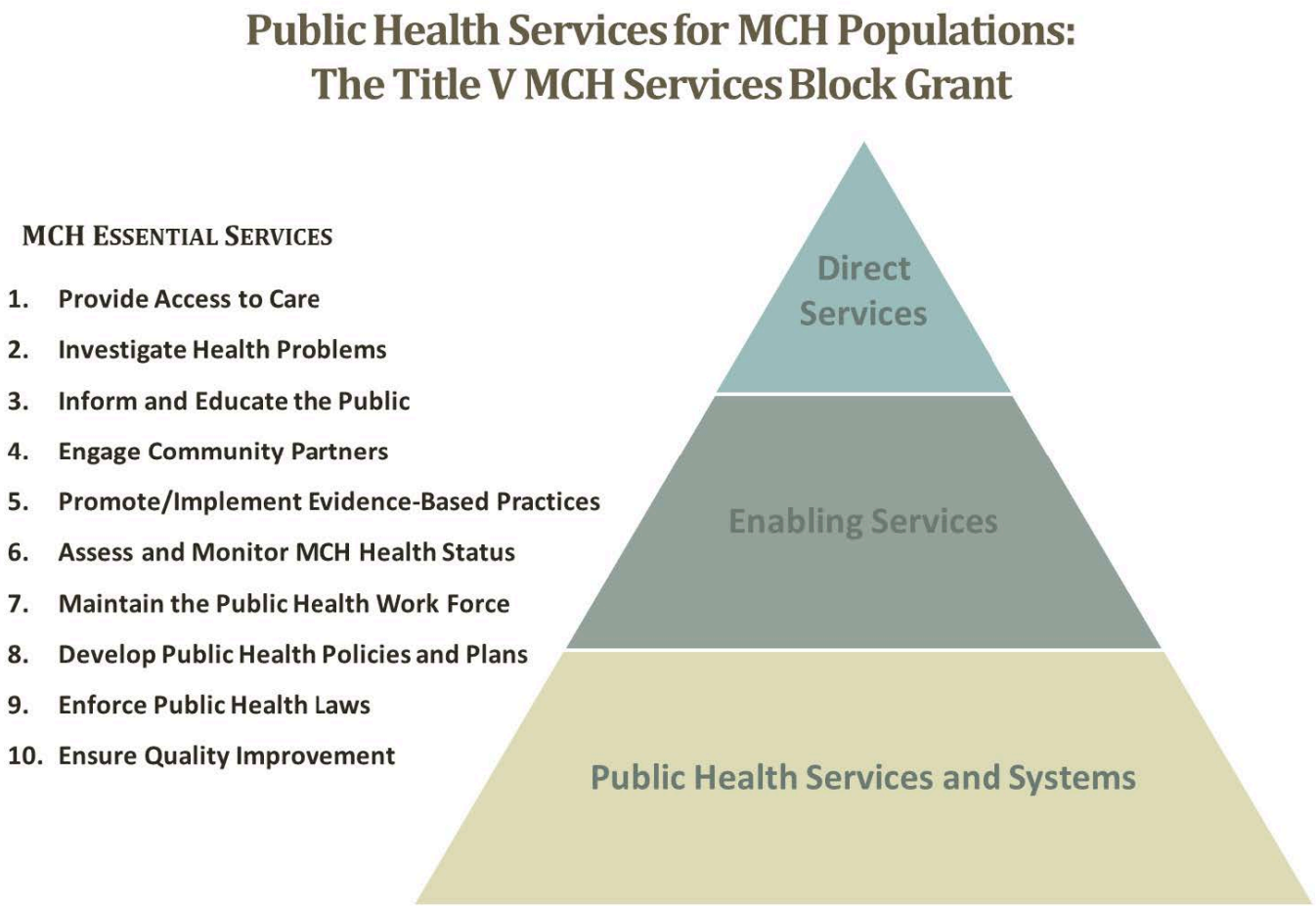
- The state performance measures (SPMs) are used to address priorities identified through the five-year needs assessment. State will develop these based on state priorities not fully addressed through the selected NPMs and developed ESMs.

As you may conclude, the State is expected to assure compliance with a fairly complicated performance measurement system, as well as hold partners in which funding is provided to accountable for these measurements as well. All work approved through this funding process must assist the state in moving towards identified objectives through this performance measurement system.

For information on Title V, the Bureau of Family Health, and the KS-SHCN program:

- KDHE Bureau of Family Health/MCH: www.kdheks.gov/bfh
- KDHE Kansas Special Health Care Needs Program: www.kdheks.gov/shcn
- KDHE Title V Block Grant Information and Resources: http://www.kdheks.gov/c-f/mch.htm
- Federal Maternal & Child Health Bureau: http://mchb.hrsa.gov/
- MCH 3.0 Block Grant Transformation: http://mchb.hrsa.gov/blockgrant/index.html

Appendix B: MCH Pyramid



Direct Services are directly provided to individuals, by state or local agency staff or by grantees or contractors. Title V programs commonly support prenatal care, well-child and school-based health services, and specialty services for children and youth with special health care needs.

Enabling Services are non-clinical services that enable individuals and families to access health services and improve health outcomes. These services are usually targeted to families that have special needs or face specific barriers.

Public Health Services and Systems include activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development and the 10 essential public health services. These generally encompass the functions that indirectly benefit families by laying the foundations for the policies and programs that can improve the health and well-being of the individuals and families.

Utilization of the Standards for Systems of Care for CYSHCN

The Title V Program strives to support a comprehensive, quality system of care for the children and youth with special health care needs (CYSHCN) population. In Kansas, this is the responsibility of the Kansas Special Health Care Needs program (KS-SHCN).

Historically, KS-SHCN has provided a variety of services under the Title V MCH Block Grant, as well as with the support of the State through State General Funds. While the vision and mission of the program has not changed, the national and state health care systems have evolved dramatically over the last two decades. Therefore, KS-SHCN has undergone an extensive strategic planning effort to assure program activities and initiatives are aligned with the needs of families in our State. Additionally, changes in the Title V MCH Block Grant are supporting the shift from direct health services to enabling and public health services and systems.

KS-SHCN is dedicated to meeting the needs of families, as defined in section 501(a)(1) of the Title V legislation, to enable each state:

- To provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services;
- To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services, and otherwise to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women, and to promote the health of children by providing preventive and primary care services for low income children;
- To provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services is not provided under title XIX; and
- To provide and promote family-centered, community-based, coordinated care (including care coordination services, as defined in subsection (b)(3)[*]) for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families.

[*]*The term "care coordination services" means services to promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families. ~ Section 501(b)(3) of Title V Legislation*

As part of the extensive strategic planning process, KS-SHCN has committed to utilizing the "Standards for Systems of Care for CYSHCN," published in March 2014 by the Lucille Packard Foundation and the Association of Maternal and Child Health Programs. This was a product of the National Consensus Framework for Systems of Care for CYSHCN Project. For many years,

the MCH field has called for structure and process standards for systems of care for CYSHCN, to support their work. These standards are intended to be used by a range of national, state and local stakeholder groups including state Title V CYSHCN programs, health plans, state Medicaid and CHIP agencies, pediatric provider organizations, children's hospitals, insurers, health services researchers, families/consumers, and others. The KS-SHCN program, as the Kansas Title V CYSHCN Program, is dedicated to working with partners to support stronger systems of care and acknowledge that these standards are in no way intended to be addressed independently or in a silo.

Overall System Outcomes for CYSHCN

The standards are grounded in the six core outcomes for systems of care for CYSHCN, developed by the federal Maternal and Child Health Bureau (MCHB), and an added outcome based on the collaborative work of stakeholders during development of the standards. These seven overall system outcomes for the CYSHCN population include:

1. **Family Professional Partnerships:** Families of CYSHCN will partner in decision making at all levels and will be satisfied with the services they receive.
2. **Medical Home:** CYSHCN will receive family-centered, coordinated, ongoing comprehensive care within a medical home.
3. **Insurance and Financing:** Families of CYSHCN have adequate private and/or public insurance and financing to pay for the services they need.
4. **Early and Continuous Screening and Referral:** Children are screened early and continuously for special health care needs.
5. **Easy to Use Services and Supports:** Services for CYSHCN and their families will be organized in ways that families can use them easily and include access to patient and family-centered care coordination.
6. **Transition to Adulthood:** Youth with special health care needs receive the services necessary to make transition to all aspects of adult life, including adult health care, work, and independence.
7. **Cultural Competence:** All CYSHCN and their families will receive care that is culturally and linguistically appropriate (attends to racial, ethnic, religious and language domains).

Core Domains for System Standards

In addition to the guiding principles outlined above with the system outcomes, the standards are broken down into 10 core domains. Throughout the publication, the system standards (structure and process) are outlined based on these core domains. Additionally, the existing national principles and frameworks, federal requirements of relevant federal laws, and the overall availability of relevant quality measures are cross-referenced for each core domain. A list of the core domains and overall system outcomes can be found on the next page.

Appendix C: Highlights of the Standards for Systems of Care for CYSHCN

Overall System Outcomes for CYSHCN:[3,4]

1. **Family Professional Partnerships:** Families of CYSHCN will partner in decision making at all levels and will be satisfied with the services they receive
2. **Medical Home:** CYSHCN will receive family-centered, coordinated, ongoing comprehensive care within a medical home
3. **Insurance and Financing:** Families of CYSHCN have adequate private and/or public insurance and financing to pay for the services they need
4. **Early and Continuous Screening and Referral:** Children are screened early and continuously for special health care needs
5. **Easy to Use Services and Supports:** Services for CYSHCN and their families will be organized in ways that families can use them easily and include access to patient and family-centered care coordination
6. **Transition to Adulthood:** Youth with special health care needs receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence
7. **Cultural Competence:** All CYSHCN and their families will receive care that is culturally and linguistically appropriate (attends to racial, ethnic, religious, and language domains)

Core Domains for System Standards

1. Screening, Assessment and Referral
2. Eligibility and Enrollment
3. Access to Care
4. Medical Home, including:
   - Pediatric Preventive and Primary Care
   - Care Coordination
   - Pediatric Specialty Care
5. Community-based Services and Supports, including:
   - Respite Care
   - Palliative and Hospice Care
   - Home-based Services
6. Family Professional Partnerships
7. Transition to Adulthood
8. Health Information Technology
9. Quality Assurance and Improvement
10. Insurance and Financing

~Table pulled from 2015 AMCHP Conference Presentation, "Translating the National Standards for CYSHCN – Application and Implementation at the State Level" by Treeby Brown, Meredith Pyle, and Karen VanLandeghem

Overview of Standards by Core Domain

This section will outline some general examples of standards

Screening, Assessment and Referral	- Early identification, including newborn screening - Needs identified by insurance plans - EPSDT (Early Periodic Screening, Diagnosis, and Treatment) and Bright Futures - Documented, transportable plans of care
Eligibility and Enrollment	- Outreach and coordination with community organizations - Policies for transition between plans and for gaps in coverage - Comprehensive member services with specialty staff
Access to Care	- Statewide access - Physical, mental health, dental, and specialty care – with provider choice - Transportation and interpreter supports
Medical Home *(including pediatric preventive and primary care, care coordination, and pediatric specialty care)*	- Medical team; care coordination - 24-7 access; additional time for visits - Prevention and Treatment - Routine, emergent and urgent needs are met

Appendix C: Highlights of the Standards for Systems of Care for CYSHCN

Community-Based Services and Supports	- Patient and family centered - Respite services; home-based services - Palliative and hospice care - Transportation and interpreter supports
Family Professional Partnerships	- Families are active members of the team - Connection with family organizations, peer support - Strength-based; Informed - Culturally and linguistically appropriate
Transition to Adulthood	- Youth engagement - Transition and transfer of care policies and processes - Transition assessment and plan in place and current - Coordination between pediatric and adult providers
Health Information Technology (HIT)	- Use of electronic health record systems; meaningful use - Families are partners in electronic health information (EHI) - HIT incorporates Medicaid health policy priorities - EHI is accessible and shared across care settings
Quality Assurance and Improvement	- Quality assurance and improvement processes for CYSHCN - Child medical record reviews include sample of CYSHCN - Utilization review/appeals for CYSHCN include integrated care team
Insurance and Financing	- Plans are affordable and no risk for loss of benefits - Coverage/payment facilitates access to needed providers - Comprehensive habilitative services coverage - Promote care coordination and medical homes

Other existing national principles and/or frameworks were identified for each of the ten domains. These other frameworks include:

- Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents
- Core Set of Children's Health Care Quality Measures for Medicaid and CHIP
- Joint Principles of the Patient Centered Medical Home
- National Quality Forum Framework for Care Coordination
- Key Elements of High-Performing Pediatric Care Coordination Framework
- The Functions of Care Coordination
- The Ten Steps for Plan of Care Development
- Ease of Use Framework
- National Respite Guidelines: Guiding Principles for Respite Models and Srevices
- Principles of Quality Respite Care
- NHPCO Guiding Principles for Pediatric Palliative Care and Hospice
- Six Core Elements of Health Care Transition
- National Associate of Insurance Commissioners

Appendix D: Proposed Measures

FFY2016 TITLE V MCH BLOCK GRANT TRANSFORMATION MEASURES

(organized by Title V MCH population health domain)

	National Performance Measures (NPMs) *Kansas will select, monitor, and report on 8 of 15*	Population Health Domain
1.	Well Woman Care (Percent of women with a past year preventive medical visit)	Women/Maternal Health
2.	Low risk cesarean deliveries (Percent of cesarean deliveries among low-risk first births)	Women/Maternal Health
3.	Perinatal regionalization (Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU))	Perinatal/Infant Health
4.	Breastfeeding [(A) Percent of infants who are ever breastfed and (B) Percent of infants breastfed exclusively through 6 months]	Perinatal/Infant Health
5.	Safe Sleep (Percent of infants placed to sleep on their backs)	Perinatal/Infant Health
6.	Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)	Child Health
7.	Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)	Child Health and/or Adolescent Health
8.	Physical activity (Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day)	Child Health and/or Adolescent Health
9.	Bullying (Percent of adolescents, ages 12 through 17, who are bullied or who bully others)	Adolescent Health
10.	Adolescent well visit (Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year)	Adolescent Health
11.	Medical home (Percent of children with and without special health care needs having a medical home)	Children w/Special Health Care Needs
12.	Transition (Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care)	Children w/Special Health Care Needs
13.	Oral Health [(A) Percent of women who had a dental visit during pregnancy and (B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year]	Cross-Cutting/Life Course
14.	Smoking during Pregnancy and Household Smoking [(A) Percent of women who smoke during pregnancy and (B) Percent of children who live in households where someone smokes]	Cross-Cutting/Life Course
15.	Adequate insurance coverage (Percent of children ages 0 through 17 who are adequately insured)	Cross-Cutting/Life Course

	National Outcome Measures	Population Health Domain
1.	Percent of pregnant women who receive prenatal care beginning in the first trimester	Women/Maternal Health
2.	Rate of severe maternal morbidity per 10,000 delivery hospitalizations	Women/Maternal Health
3.	Maternal mortality rate per 100,000 live births	Women/Maternal Health
4.1	Percent of low birth weight deliveries (<2,500 grams)	Perinatal/Infant Health
4.2	Percent of very low birth weight deliveries (<1,500 grams)	Perinatal/Infant Health
4.3	Percent of moderately low birth weight deliveries (1,500-2,499 grams)	Perinatal/Infant Health
5.1	Percent of preterm birth (<37 weeks gestation)	Perinatal/Infant Health
5.2	Percent of early preterm births (<34 weeks gestation)	Perinatal/Infant Health
5.3	Percent of late preterm births (34-36 weeks gestation)	Perinatal/Infant Health
6.	Percent of early term births (37, 38 weeks gestation)	Perinatal/Infant Health
7.	Percent of non-medically indicated early elective deliveries	Perinatal/Infant Health
8.	Perinatal mortality rate per 1,000 live births plus fetal deaths	Perinatal/Infant Health

Revised 2-23-2015

FFY2016 TITLE V MCH BLOCK GRANT TRANSFORMATION MEASURES

(organized by Title V MCH population health domain)

9.1	Infant mortality rate per 1,000 live births	Perinatal/Infant Health
9.2	Neonatal mortality rate per 1,000 live births	Perinatal/Infant Health
9.3	Postneonatal mortality rate per 1,000 live births	Perinatal/Infant Health
9.4	Preterm-related mortality rate per 100,000 live births	Perinatal/Infant Health
9.5	Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	Perinatal/Infant Health
10.	Percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy	Perinatal/Infant Health
11.	The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations	Perinatal/Infant Health
12.	Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner (DEVELOPMENTAL)	Perinatal/Infant Health
13.	Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)	Child Health
14.	Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months	Child Health
15.	Child mortality rates ages 1 through 9 per 100,000	Child Health
16.1	Adolescent mortality rate ages 10 through 19 per 100,000	Adolescent Health
16.2	Adolescent motor vehicle mortality rate ages 15 through 19 per 100,000	Adolescent Health
16.3	Adolescent suicide rate ages 15 through 19 per 100,000	Adolescent Health
17.1	Percent of children with special health care needs	Children w/Special Health Care Needs
17.2	Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system	Children w/Special Health Care Needs
17.3	Percent of children diagnosed with an autism spectrum disorder	Child Health and/or Children w/Special Health Care Needs
17.4	Percent of children diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity disorder (ADD/ADHD)	Child Health and/or Children w/Special Health Care Needs
18.	Percent of children with a mental/behavioral condition who receive treatment or counseling	Child Health and/or Adolescent Health
19.	Percent of children in excellent or very good health	Child Health
20.	Percent of children and adolescents (2-4; 10-17) who are overweight or obese (BMI at or above the 85th percentile)	Child Health and/or Adolescent Health
21.	Percent of children without health insurance	Child Health
22.1	Percent of children ages 19 through 35 months, who have received the 4:3:1:3(4):3:1:4 series of routine vaccinations	Child Health
22.2	Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza	Child and/or Adolescent Health
22.3	Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	Adolescent Health
22.4	Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	Adolescent Health
22.5	Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine	Adolescent Health

Note: The 15 NPMs address key national MCH priority areas. Collectively, they represent six MCH population health domains: 1) Women's/Maternal Health; 2) Perinatal/Infant's Health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross-cutting or Life Course. The six population health domains are contained within the three legislatively-defined MCH populations [Section 505(a)(1).] For example, the first two domains are included under "preventive and primary care services for pregnant women, mothers and infants up to age one," which is the first of the three defined MCH populations. Child health is included in the second defined MCH population, specifically "preventive and primary care services for children." Services for CSHCN is the third legislatively-defined MCH population. Cross-Cutting or Life Course refers to public health issues that impact multiple MCH population groups. [Source: HRSA MCH Bureau " TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO STATES PROGRAM GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT", November 2014]

KS-SHCN Funding Request Budget Form

Must accompany project and budget narratives.

Personnel *(only for non-billable providers and administrative supports)*	% FTE	KDHE TOTAL	MATCH
Total Salaries		$ -	$ -
Fringe Benefits (___%)		$ -	
Category Total		**$ -**	**$ -**
Travel		KDHE TOTAL	MATCH
Category Total		**$ -**	**$ -**
Equipment/Supplies		KDHE TOTAL	MATCH
Category Total		**$ -**	**$ -**
Contractual		KDHE TOTAL	MATCH
Category Total		**$ -**	**$ -**
Other		KDHE TOTAL	MATCH
Category Total		**$ -**	**$ -**
Clinical Services (non-billable)		KDHE TOTAL	MATCH
Category Total		**$ -**	**$ -**
Total Direct Charges		**$ -**	**$ -**
Indirect Costs (____%)		$ -	$ -
CONTRACT TOTAL		**$ -**	**$ -**
		KDHE TOTAL	**MATCH**

Accepted Proposals for SFY 2016

Project	Description	Amount Funded
Orthopedic Services	Consultation with a Pediatric Orthopedic Surgeon to host KS-SHCN Orthopedic Clinics in Wichita, and support for billing of clinic services.	$12,745
Wheelchair Seating Services	Funding provided for administrative support of Wheelchair Seating Clinic in Wichita and Outreach Seating Clinics in Hays, Liberal, and Garden City.	$161,696
Hospital to Home Transition Program	A community-based transition to home program, following a hospitalization for medically fragile patients. This pilot program will include the provision of increased education and coordination (both initially and ongoing) to caregivers and families, increased surveillance and support in the home following discharge, and increased coordination and partnership with the discharging institution and insurers. This is anticipated to decrease re-hospitalizations, expedite and streamline discharge planning, prevent post-hospitalization infections, lower transitional stress on child and family, and improve family caregiver health and well-being, among others. This program is new in SFY 2016.	$52,502
Youth Leadership Program	A seven-month leadership program for youth with disabilities that will foster attitudes of civic engagement and services through the development of leadership skills.	$55,000
Dental Hygienist Services	Integration of dental hygienist services into various multi-disciplinary clinics.	$3,700
Genetic Support Services	Collaboration with the Kansas University School of Medicine – Wichita to develop a genetics program to serve individuals with metabolic conditions. This includes the development of treatment protocols for metabolic conditions, in consultation with a Metabolic Specialist from Arkansas.	$59,000
Regional Offices	Northeast: Wyandotte County: *Provides oversight for multiple clinics, in addition to the Regional Office support. Provides case management support to those in clinics.* Southeast: Crawford County North Central: Saline County South Central: Sedgwick: *Provides oversight for multiple clinics, in addition to the Regional Office support. Provides case management support to those in clinics.* Northwest: Ellis County Southwest: Finney County	$170,227 $10,330 $17,038 $226,226 $5,000 TBD

Multi-Disciplinary Clinics	Cystic Fibrosis Clinic (Wichita) Specialty Team Clinics (Wichita) Cleft Lip/Cleft Palate Clinics (Wichita) PKU/Metabolic Clinics (Wichita) Cleft Lip/Cleft Palate Clinics (Kansas City) Cystic Fibrosis Clinics (Kansas City) Outreach Cardiology Clinics Outreach Rheumatology Clinics Outreach Seating Clinics	$53,050 $35,124 Administrative Support from RO $49,930 $9,832 $9,088 $7,889 $8,167 $6,506
Cystic Fibrosis Adherence Project	An innovative model aimed to improve adherence to medical treatment plans for patients with CF, through utilization of telehealth and tele-education. This includes the provision of an iPad for patients to use in telemonitoring and telemedicine services, ongoing care coordination, and the strategic planning for reducing barriers to adherence for patients in Southeast Kansas.	$14,025
Medicaid Collaboration for Early Detection of Developmental Delay	In partnership with the Medicaid Managed Care Organizations (MCO), KS-SHCN contracted with the University of Kansas to collaboratively identify children ages 0-5 who do not have a documented well-child visit, immunizations, or developmental screening with Medicaid. Once identified, KU will assist the patient to obtain follow-up services and referrals to community-based services and the KS-SHCN program for additional supports or services.	$2,765
Patient-Centered Medical Home Initiative	KS-SHCN is providing pilot funding to the University of Kansas in the establishment of their PCMH through the Department of Pediatrics for at risk families and families of CYSHCN. The medical home will address the needs of patients and families through team-based practice and case management. They will provide access to community supports, referrals to medical specialty services and mental health services. Additionally, they will provide access to free legal support for health or school/IEP related matters.	$65,937
Developmental Evaluation Clinics	In partnership with the University of Kansas Medical Center, Center for Child Health and Development, KS-SHCN will provide “special child clinics” where developmental assessment will be conducted in an outreach setting. Key partners include local school districts, infant-toddler programs, and others.	$30,564