

## **Program Element #42: Maternal and Child Health (MCH) Services**

### **1. Purpose of MCH Services**

Funding provided under the current Public Health Financial Assistance Agreement (the “Agreement”) for this Program Element shall only be used in accordance with and subject to the restrictions and limitations set forth below to provide the following Maternal and Child Health (MCH) services:

- Maternal and Child Health (MCH) Services (or “MCH Service(s)”);
- Oregon Mothers Care (OMC) Services;
- Maternity Case Management (MCM) Services;
- Clinical Prenatal Care (CPC) Services; and
- Babies First! (B1st!) High Risk Infant (HRI) Services.

If funds awarded to Grantee for MCH Services, in the Financial Assistance Award located at Exhibit B to the Agreement, are restricted to a particular MCH Service, those funds shall only be used by Grantee to support delivery of that specific service.

### **2. General Requirements**

- Data Collection:** Grantee must provide MCH client data, in accordance with Title V Section 506 [42 USC 706], to the Department with respect to each individual receiving any MCH Service supported in whole or in part with MCH Service funds provided under this Agreement.
- Administration:** Grantee shall not use more than 10% of the Federal Title V funds awarded for a particular MCH Service on indirect costs. For purposes of this Agreement, indirect costs are defined as “costs incurred by an organization that are not readily identifiable but are nevertheless necessary to the operation of the organization and the performance of its programs.” These costs include, but are not limited to, “costs of operating and maintaining facilities, for administrative salaries, equipment, depreciation, etc.” in accordance with Title V, Section 504 [42 USC 704(d)].
- Sliding Fee Scale:** If any charges are imposed upon a client for the provision of health services assisted by the State under this Program Element, such charges: (1) will be pursuant to a public sliding fee schedule of charges, (2) will not be imposed with respect to services provided to low-income mothers and children, and (3) will be adjusted to reflect the income, resources, and family size of the client provided the services, in accordance with Title V, Section 505 [42 USC 705 (5) (D)].

- d. **Sanctioned Care Providers:** If Department notifies Grantee that a Provider has been sanctioned under Public Law 100-93, Grantee shall, consistent with Title V Section 504 [42 USC 704(b)(6)] , no longer pay or reimburse such Provider with MCH Services funds provided to Grantee under this Agreement
- e. **Fees:** Use of any fees collected for these services shall be dedicated to such services.
- f. **Medicaid Application:** Title V of the Social Security Act mandates that all maternal and child health-related programs identify and provide application assistance for pregnant women and children potentially eligible for Medicaid services. Grantee must collaborate with Department to develop the specific procedures that Grantee will implement to provide Medicaid application assistance to pregnant women and children who receive MCH Services supported in whole or in part with funds provided under this Agreement and who are potentially eligible for Medicaid services, according to Title V Section 505 [42 USC 705(a)(5)(F)(iv)] .
- g. **MCH Funds**
  - i. MCH funds shall be used for any service or activity described in this Program Element according to the following limitations:
    - (A.) **MCH/Title V Child and Adolescent Health Funds:** A minimum of thirty percent (30%) of the total Grantee Federal Title V Funds are designated for services for infants, children, and adolescents (Title V, Section 505 [42 USC 705(a)(3)(A)]).
    - (B.) **MCH/Title V Flexible Funds:** The remainder of the total Grantee Federal Title V Funds are designated for program or services for women, infants, children and adolescents.
    - (C.) **MCH/Perinatal Health State General Funds:** Perinatal Health State General Funds shall be used by Grantee for public health services for women during the perinatal period (one year prior to conception through one year postpartum).
    - (D.) **MCH/Child and Adolescent Health State General Funds:** Child and Adolescent Health State General Funds shall be used by Grantee for public health services for infants, children and adolescents.
    - (E.) **Federal Title V Funds:** Federal Title V Funds shall not be used as match for any federal funding source.
  - ii. **High Risk Infant HRI Services.** State General Funds for HRI Services shall be limited to expenditures for that service. MCH Flexible Funds may also be used for activities connected with the HRI Services within the limitations described in subsection 2.g.i., above.
  - iii. **School-Based Health Centers.** MCH Flexible Funds may also be used for School-Based Health Centers within limitations of subsection 2.g.i. above.

### 3. MCH Services Supported by MCH Flexible Funds

#### a. Definitions Specific to this Section.

- i. **MCH Services:** Activities, functions, or services that support the optimal health outcomes for women during the perinatal time period, infants, children and adolescents.
- ii. **MCH Flexible Funds:** Federal Title V and State General Funds that can be used for any MCH Service within the scope of the limitations in 2.g.i. above.

#### b. Procedural and Operational Requirements

All MCH Services supported in whole or in part with MCH Flexible Funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:

- i. Grantee shall submit a Triennial MCH Plan of the public health goals and services appropriate for the MCH population within the jurisdiction of the county. A Triennial MCH Plan shall include:
  - (A.) Assessment of the health needs of the MCH population
  - (B.) Goals, objectives, activities, and timelines
  - (C.) Evaluation plan to measure progress and outcomes of the Plan.
  - (D.) Projected use of MCH Flexible Funds and other funds supporting Plan activities and goals
- ii. Grantee shall provide MCH Services administered or approved by the Department that support optimal health outcomes for women, infants, children, and adolescents.
  - (A.) Services administered by the Department include (but are not limited to):
    - (I.) Perinatal health services: OMC Services, MCM Services, CPC Services;
    - (II.) Infant and child health services: HRI Services, Child Care Consultation, Sudden Infant Death Syndrome/Sudden Unexplained Infant Death Follow-up, Oral Health including dental sealant services; and
    - (III.) Adolescent health services: School-Based Health Centers; Coordinated School Health; and other adolescent preventive health services or programs.
  - (B.) Grantee may provide other MCH services identified through the Triennial MCH Plan and local public health assessment, and approved by the Department.

**c. Reporting Obligations and Periodic Reporting Requirements**

In addition to the reporting requirements set forth in section 8 of Exhibit E of this Agreement, Grantee shall submit Annual Reports for the Triennial MCH Plan and collect and submit data for clients receiving MCH Services supported with funds from the Department under this Agreement...

- i.** By May 1<sup>st</sup> of each year, a progress report on the goals and activities of Triennial MCH Plan.
- ii.** By May 1<sup>st</sup> of each year, projected use of MCH Funds for the following state fiscal year (July 1 – June 30).
- iii.** By April 1<sup>st</sup> of each year, all client visit data for the previous calendar year must be entered into the Oregon Child Health Information Data System (ORCHIDS), if applicable or submitted in a format acceptable to Department, If Grantee pays Providers for Services, Grantee shall include client data from those Providers. At a minimum, client data shall include: the number of clients served, the demographic profile of clients, number of visits or encounters, the types of services provided, and source of payment for services.

**4. Oregon MothersCare (“OMC”) Services**

**a. General Description**

OMC Services are referral services to prenatal care and related services provided to pregnant women as early as possible in their pregnancies, with the goal of improving access to early prenatal care services in Oregon. OMC Services shall provide an ongoing outreach campaign, utilize the statewide toll-free SafeNet (211 Info) telephone hotline system, and provide local access sites to assist women to obtain prenatal care services.

**b. Procedural and Operational Requirements for OMC Services**

All OMC Services supported in whole or in part with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:

- i.** Grantee must designate a staff member as its Oregon MothersCare Coordinator to work with Department on developing a local delivery system for OMC Services. Grantee’s Oregon MothersCare Coordinator must work closely with Department to promote consistency around the state in the delivery of OMC Services.
- ii.** Grantee must follow the Oregon MothersCare Protocols, as described in the Department’s Oregon MothersCare Manual April, 2005, provided to Grantee and its locations at which OMC Services are available, when providing OMC Services such as outreach and public education about the need for and availability of first trimester prenatal care, maternity case management, prenatal care, including dental care, and other services as needed by pregnant women.

- iii. As part of its OMC Services, Grantee must develop and maintain an outreach and referral system and partnerships for local prenatal care and related services.
- iv. Grantee or its OMC site designee must assist all women seeking OMC Services in accessing prenatal services as follows:
  - (A.) Grantee must provide follow up services to clients and women referred to Grantee by the SafeNet (211 Info) and other referral sources; inform these individuals of the link to the local prenatal care provider system; and provide advocacy and support to individuals in accessing prenatal and related services.
  - (B.) Grantee must provide facilitated and coordinated intake services and referral to the following services: CPC Services (such as pregnancy testing, counseling, Oregon Health Plan (“OHP”) application assistance, first prenatal care appointment); MCM Services (such as initial care needs assessment and home visiting services); WIC Services; health risk screening; other pregnancy support programs; and other prenatal services as needed.
- v. Grantee shall make available OMC Services to all pregnant women within the county. Special outreach shall be directed to Low-Income women and women who are members of racial and ethnic minorities or who receive assistance in finding and initiating CPC. Outreach includes activities such as talks at meetings of local minority groups, exhibits at community functions to inform the target populations, and public health education with a focus on the target minorities. “Low-Income” means having an annual household income which is 185% or less of the federal poverty level (“FPL”) for an individual or family.
- vi. Grantee shall make available to all Low-Income pregnant women within the county assistance in applying for OHP coverage.
- vii. Grantee shall make available to all Low-Income pregnant women within the county and all pregnant women within the county who are members of racial and ethnic minorities referrals to additional perinatal health services.
- viii. Grantee shall designate a representative who shall attend OMC site meetings conducted by Department.
- ix. Except as specified below, Grantee shall deliver directly all OMC Services supported in whole or in part with financial assistance provided to Grantee under this Agreement. With the prior written approval of Department, Grantee may contract with one or more Providers for the delivery of OMC Services.

**c. Reporting Obligations and Periodic Reporting Requirements**

In addition to the reporting requirements set forth in section 8 of Exhibit E of this Agreement, Grantee must collect and submit client encounter data quarterly on individuals who receive OMC Services supported in whole or in part with fund provided under this Agreement. Grantee shall submit the quarterly data to Department using OMC client tracking forms approved by Department for this purpose.

## **5. Maternity Case Management (“MCM”) Services**

### **a. General Description**

Maternity Case Management (“MCM”), a component of perinatal services, includes assistance with health, economic, social and nutritional factors of clients which can negatively impact birth outcomes.

### **b. Definitions Specific to MCM Services.**

Case Management, Case Management Visit, Client Service Plan, High Risk Case Management, High Risk Client, Home/Environmental Assessment, Initial Assessment, Nutritional Counseling, Prenatal/Perinatal Care Provider, and Telephone Case Management Visit have the meanings set forth in OAR 410-130-0595.

### **c. Procedural and Operational Requirements for MCM Services.**

All MCM Services provided with funds under this Program Element as well as those provided through the Oregon Health Plan must be delivered in accordance with the Maternity Case Management Program requirements set forth in OAR 410-130-0595.

### **d. Reporting Obligations and Periodic Reporting Requirements**

In addition to the reporting obligations set forth in Section 8 of Exhibit E, of this Agreement, Grantee shall collect and submit client data for all clients and visits occurring during the calendar year on to the Department, regardless of whether an individual receiving services has delivered her baby.

- i.** By April 1<sup>st</sup> of each year, all client visit data for the previous calendar year must be entered into the Department’s electronic database for MCH services, using the Oregon Child Health Information Data System (ORCHIDS), or submitted in a format acceptable to the Department. If Grantee pays Providers for MCM Services, Grantee shall include client data from those Providers.
- ii.** Client data reports shall include: the number of clients served, the demographic profile of clients, number of visits or encounters, the types of services provided, source of payment for services, trimester at first prenatal visit, infant gestational age at delivery, infant birth weight, and infant feeding method.
- iii.** All data must be collected when MCM funds made available under this Agreement are used to provide or pay for (in whole or in part) an MCM service.

## **6. Clinical Prenatal Care (“CPC”) Services**

### **a. General Description.**

CPC Services are comprehensive obstetric care services that begin as early as possible in the first trimester of pregnancy and up to the first two months of the postpartum period.

**b. Procedural and Operational Requirements.**

All CPC Services supported in whole or in part with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:

- i.** CPC Services shall be provided only to Low-Income uninsured or OHP insured women either by contracted Providers or directly by Grantee. If Grantee implements CPC Services in whole or in part through contracted Providers, Grantee shall not pay these Providers for any CPC Service in excess of the applicable Medicaid rate.
- ii.** Grantee shall not impose any fees or charges upon clients who receive CPC Services supported in whole or in part with funds provided under this Agreement.
- iii.** Grantee shall collect and forward to Department, data for each client service, in a format approved by the Department.
- iv.** CPC Services must be directed and/or provided by a physician, certified nurse midwife, or a nurse practitioner. Other providers may include registered nurses and other nursing personnel, physician assistants, social workers, and nutritionists.

**c. Reporting Obligations and Periodic Reporting Requirements.**

In addition to the reporting obligations set forth in section 8 of Exhibit E, of this Agreement, Grantee shall collect and report data to the Department, in a format acceptable to Department, all clients and visits occurring during the fiscal year, regardless of whether an individual receiving services has delivered her baby.,

- i.** Client and visit annual data reports shall be submitted to the Department no later than April 1<sup>st</sup> of each year for the previous calendar year . If Grantee pays Providers for CPC Services, Grantee shall include client data from those Providers.
- ii.** Client data reports shall include: the number of clients served, the demographic profile of clients, number of visits or encounters, the types of services provided, source of payment for services, trimester of pregnancy at first visit, infant gestational age at delivery, infant birth weight, and infant feeding method.
- iii.** All data elements must be collected when funds provided under this Agreement for CPC Services are used to pay for (in whole or in part) a CPC Service.

**7. Babies First! High Risk Infant (“HRI”) Services**

**a. General Description.**

The primary goal of HRI Services is to prevent poor health and early childhood development delay in infants and children who are at risk. HRI Services are delivered or directed by Public Health Nurses (PHNs) and are provided during home visits. PHNs conduct assessment, screening, case management, and health education to improve

outcomes for high-risk children. The definition of “Public Health Nurses” and client eligibility criteria are provided in OAR 410-138-0040.

**b. Procedural and Operational Requirements.**

All HRI Services supported in whole or in part with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:

**i. Staffing Requirements and Staff Qualifications.**

Grantee must designate a staff member as its HRI Coordinator

**ii. Home Visits.**

(A.) HRI Services must be delivered by or under the direction of a PHN. A PHN must complete assessments and screenings at 0-6 weeks and 4, 8, 12, 18, 24, 36, 48, and 60 months. These activities should occur during home visits. Home visits may also occur to carry out a nursing care plan. Screening and assessment include, but are not limited to, the following activities:

- (I.) An assessment of the child’s growth.
- (II.) A developmental screening.
- (III.) A hearing, vision and dental screening.
- (IV.) An assessment of parent/child interactions.
- (V.) An assessment of environmental learning opportunities and safety.
- (VI.) An assessment of the child’s immunization status.
- (VII.) Referral for medical and other care when assessments indicate that care is needed.

(B.) HRI Services must be delivered in accordance with OAR 410-138-0040

(C.) HRI Services must include follow up on referrals made by the Department for Early Hearing Detection and Intervention, described in ORS 433.321 and 433.323.

**iii. Targeted Case Management.**

Grantee, as a provider of Medicaid services, shall comply with the billing policy and codes in OAR 410-138-0080 and 410-120-1400 through 410-120-1685.

**c. Reporting Obligations and Periodic Reporting Requirements**

In addition to the reporting requirements set forth in section 8 of Exhibit E of this Agreement, Grantee shall collect and report to the Department, in a format acceptable to Department, the following data on Grantee’s delivery of HRI Services:

- i. By April 1<sup>st</sup> of each year, all client visit data for the previous calendar year must be entered into the Department’s electronic database for MCH services, using the Oregon

Child Health Information Data System (ORCHIDS), or submitted in a format acceptable to the Department. .

- ii.** Client data reports shall include: the number of clients served, the demographic profile of clients, number of visits or encounters, the types of services provided, and source of payment for services. The HRI Client Data Form provided by the Department lists details of the required data elements.
- iii.** All data elements must be collected when funds provided under this Agreement for HRI Services are used to pay for (in whole or in part) a HRI Service.