Program Element #42: Maternal, Child and Adolescent Health (MCAH) Services

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Maternal, Child and Adolescent Health (MCAH) Services.

   **General Description.** Funding provided under this Agreement for this Program Element shall only be used in accordance with and subject to the restrictions and limitations set forth below and the Federal Title V Maternal and Child Health Services Block Grant Program (Title V) to provide the following services:
   
a. Maternal, Child and Adolescent Health (MCAH) Preventive Health Services (MCAH Services);
   b. Oregon Mothers Care (OMC) Services;
   c. Maternity Case Management (MCM) Services; and
   d. Babies First! (B1st!) and/or Nurse Family Partnership (NFP)

   If funds awarded for MCAH Services, in the Financial Assistance Award located in Exhibit C to this Agreement, are restricted to a particular MCAH Service, those funds shall only be used by LPHA to support delivery of that specific service. All performance by LPHA under this Program Element, including but not limited to reporting obligations, shall be to the satisfaction of OHA.

   All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Maternal, Child and Adolescent Health (MCAH) Services.**
   
a. **Definitions Specific to MCAH Preventive Health Services.**

   (1) **MCAH Services:** Activities, functions, or services that support the optimal health outcomes for women before and between pregnancies, during the perinatal time period, infants, children and adolescents.

   (2) **MCAH Flexible Funds:** Title V and state general funds that can be used for any MCAH Service within the scope of the limitations in Section 4 of this Program Element.

   b. **Definitions Specific to OMC Services.**

   OMC Services: 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 211 Info telephone hotline system, and provide local access sites to assist women to obtain prenatal care services.

   c. **Definitions Specific to MCM Services.**

   (1) **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.

   (2) **Care Plan, Case Management, and Prenatal/Perinatal Care Provider:** Have the meanings set forth in OAR 410-130-0595(5). Services provided during the perinatal period for clients enrolled in a Coordinated Care Organization (CCO) will depend on contractual obligations agreed upon by LPHA and the CCO.

   d. **Definitions Specific to Babies First! and Nurse Family Partnership (B1st!/NFP) Services.**

   B1st!/NFP Services: The primary goal of B1st!/NFP Services is to prevent poor health and early childhood development delay in infants and children who are at risk. B1st!/NFP 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. PHNs and client eligibility criteria are further described in OAR Chapter 410 Division 138.

3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

a. **Foundational Programs andCapabilities** (As specified in Public Health Modernization Manual)

<table>
<thead>
<tr>
<th>Program Components</th>
<th>Foundational Program</th>
<th>Foundational Capabilities</th>
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</thead>
<tbody>
<tr>
<td>Maternal, Child and Adolescent Health (MCAH) Preventive Health Services (or “MCAH Service(s)”)</td>
<td>*</td>
<td>X</td>
</tr>
<tr>
<td>Oregon Mothers Care (OMC) Services</td>
<td>*</td>
<td>X</td>
</tr>
<tr>
<td>Maternity Case Management (MCM) Services</td>
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<td>X</td>
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<tr>
<td>Babies First! (B1st!) and/or Nurse Family Partnership (NFP)</td>
<td>*</td>
<td>X</td>
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</tbody>
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Asterisk (*) = Primary foundational program that aligns with each component

X = Foundational capabilities that align with each component

X = Other applicable foundational programs

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric: Not Applicable
c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure: Not Applicable

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

a. General Requirements

(1) Data Collection. LPHA must provide MCAH client data, in accordance with Title V Section 506 [42 USC 706], defined by revised 2015 Federal Guidance, to OHA with respect to each individual receiving any MCAH Service supported in whole or in part with MCAH Service funds provided under this Agreement.

(2) Administration. LPHA shall not use more than 10% of the Title V funds awarded for a particular MCAH Service on indirect costs. For purposes of this Program Element, 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)].

(3) 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. LPHA must collaborate with OHA to develop the specific procedures that LPHA must implement to provide Medicaid application assistance to pregnant women and children who receive MCAH Services supported in whole or in part with funds provided under this Agreement for this Program Element and who are potentially eligible for Medicaid services, according to Title V Section 505 [42 USC 705].

(4) Funding Limitations. Funds awarded under this Agreement for this Program Element must be used for services or activities described in this Program Element according to the following limitations:

(a) Title V Funds. Title V funds shall not be used as match for any federal funding source. Title V funds must be used for services that support federal or state-identified Title V MCAH priorities. The following items are listed in the Exhibit C, Financial Assistance Award and have the following limitations:

i. MCAH Title V CAH Funds: A minimum of thirty percent (30%) of the total funds are designated for services for infants, children, and adolescents (Title V, Section 505 [42 USC 705(a)(3)(A)]). LPHA may only use these funds for services to infants, children and adolescents less than 21 years of age.

ii. MCAH Title V CAH: Funds may also be used for School-Based Health Centers within limitations of Subsection i. and ii. above and b.(2) below.

iii. MCAH Title V Flexible Funds: The remainder of the total Title V funds are designated for program services for women, infants, children and adolescents. LPHA may use these funds for services to women, infants, children and adolescents of any age population.

iv. MCAH Title V CAH: Funds may also be used for School-Based Health Centers within limitations of Subsection i. and ii. above and b.(2) below.

v. MCAH Oregon Mother’s Care Title V: Funds must be used for implementing Subsection 4.c. below.

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vi. MCAH Title V CAH: Funds may also be used for Subsection (4)(b) below, for activities connected with the B1st! and/or NFP Services within the limitations described in Subsection i. and ii. above and b.(2) below.

(b) MCAH Perinatal General Funds and Title XIX: Funds must be used for public health services for women during the perinatal period (one year prior to conception through one year postpartum).

c) MCAH CAH General Funds and Title XIX: Funds must be used for public health services for infants, children and adolescents.

d) MCAH Babies First! General Funds. Funds are limited to expenditures for those services.

b. MCAH Services. All MCAH 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:

(1) LPHA must submit an annual plan for use of Title V funds demonstrating how Title V funds support activities directly related to Oregon’s Title V Priorities and Maternal Child and Adolescent Health Action Plan (Oregon’s Title V Action Plan), both located at https://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/MCHTitleV/Pages/index.aspx for OHA approval. The Title V Plan shall include:

(a) Assessment of the health needs of the MCAH population;
(b) Work plan including objectives, strategies, measures and timelines that coordinate with and support Oregon’s Title V Action Plan;
(c) Evaluation plan to measure progress and outcomes of the Title V annual plan;
(d) Prior year use of Title V funds; and
(e) Projected use of Title V funds and other funds supporting the Title V annual plan.

(2) LPHA must provide MCAH Services administered or approved by OHA that support optimal health outcomes for women, infants, children, adolescents, and families. Services administered by OHA include, but may not be limited to the following:

(a) Oregon’s Title V Priorities (based on findings of Oregon’s 5-year Title V Block Grant Needs Assessment) will drive state and local public health use of Title V funds. Services and activities funded by Title V must align with Oregon’s Title V Action Plan, state and national Title V priorities and performance measures, and state-selected evidence-based/informed strategies and measures. Title V services administered by OHA must be aligned with the following:

i. Oregon’s Title V Priorities

ii. National Title V Priorities as defined across six population domains: Maternal/Women’s health, Perinatal/Infant Health, Child Health, Children and Youth with Special Healthcare Needs, Adolescent Health, Cross-Cutting or Life Course.

iii. Oregon’s State Title V Performance Measures

iv. Oregon’s evidence-based/informed Title V strategic measures

(b) State MCAH Perinatal, Child and Adolescent Health General Fund funded work may be related to state-identified Title V Priorities, or address the following:

i. Preconception health services such as preventive health and health risk reduction services such as screening, counseling and referral for safe
relationships, domestic violence, alcohol, substance and tobacco use and cessation, and maternal depression and mental health. Preconception health is defined as interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman’s health or pregnancy outcome through prevention and management, emphasizing those factors which must be acted on before conception or early in pregnancy to have maximal impact.

ii. Perinatal health services such as Oregon MothersCare (OMC) Services, Oral Health; or other preventive health services that improve pregnancy outcomes and health.

iii. Infant and child health services such as B1st! and NFP Services, child care health consultation, Sudden Infant Death Syndrome/Sudden Unexplained Infant Death follow-up, oral health including dental sealant services; or other health services that improve health outcomes for infants and young children; and

iv. Adolescent health services such as School-Based Health Centers; teen pregnancy prevention; or other adolescent preventive health services that improve health outcomes for adolescents.

(c) LPHA may provide other MCAH Services identified through the annual plan or local public health assessment, and approved by OHA.

c. **OMC Services Procedural and Operational Requirements.** 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:

(1) LPHA must designate a staff member as its OMC Coordinator to work with OHA on developing a local delivery system for OMC Services. LPHA’s OMC Coordinator must work closely with OHA to promote consistency around the state in the delivery of OMC Services.

(2) LPHA must follow the OMC Protocols, as described in OHA’s Oregon MothersCare Manual provided to LPHA 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, home visiting, prenatal care, including dental care, and other services as needed by pregnant women.

(3) As part of its OMC Services, LPHA must develop and maintain an outreach and referral system and partnerships for local prenatal care and related services.

(4) LPHA or its OMC site designee must assist all women seeking OMC Services in accessing prenatal services as follows:

(a) Provide follow up services to clients and women referred to LPHA by the 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) Provide facilitated and coordinated intake services and referral to the following services: Clinical Prenatal Care (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.
LPHA must 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 is defined as having an annual household income which is 185% or less of the federal poverty level (“FPL”) for an individual or family.

LPHA must make available to all low-income pregnant women within the county assistance in applying for OHP coverage.

LPHA must 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.

LPHA must designate a representative who shall attend OMC site meetings conducted by OHA.

Except as specified below, LPHA must deliver directly all OMC Services supported in whole or in part with financial assistance provided under this Agreement for this Program Element. With the prior written approval of OHA, LPHA may Subcontract with one or more providers for the delivery of OMC Services.

**d. MCM Services Procedural and Operational Requirements.** For those clients not enrolled in a CCO, all MCM Services provided with funds under this Agreement for this Program Element as well as those provided through OHP must be delivered in accordance with the Maternity Case Management Program requirements set forth in OAR 410-130-0595. Services arranged through a Subcontract with a CCO may have a different definition; funds provided under this Program Element are available for use for these contracted perinatal activities, within the limitations described in Subsection 4.a. of this Program Element

**e. Babies First! and Nurse Family Partnership Services Procedural and Operational Requirements.** All B1st!/NFP Services supported in whole or in part with funds provided under this Agreement for this Program Element must be delivered in accordance with the following procedural and operational requirements.

**(1) Staffing Requirements and Staff Qualifications.** LPHA must designate a staff member as its B1st!/NFP Coordinator

**(2) Home Visits.**

**(a)** B1st!/NFP Services must be delivered by or under the direction of a PHN. B1st! services may be provided to eligible perinatal women, infants and children through four years of age who have one or more risk factors for poor health or growth and development outcomes. Services may also be provided to a parent or primary caregiver of an eligible child. A PHN must establish and support a care plan and must, at a minimum, complete assessments and screenings for children at 0-6 weeks and 4, 8, 12, 18, 24, 36, 48, and 60 months or by LPHA agreement with NFP National Service Office. These activities should occur during home visits. Screenings and assessments 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.

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vi. An assessment of environmental learning opportunities and safety.

vii. An assessment of the child’s immunization status.

viii. Referral for medical and other care when assessments indicate that care is needed.

(b) Targeted Case Management-billable B1st!/NFP Services must be delivered in accordance with OAR 410-138-0000 through OAR 410-138-0390. Nurse Family Partnership (NFP) protocols must also be delivered pursuant to guidelines in agreement with the LPHA and the Nurse Family Partnership Implementation Agreement. (http://www.nursefamilypartnership.org/assets/PDF/Policy/HV-Funding-Guidance/NFP_Implement_Agreement)

(c) B1st!/NFP Services must include follow up on referrals made by OHA for Early Hearing Detection and Intervention, described in ORS 433.321 and 433.323.

(3) **Targeted Case Management.** If the LPHA, as a provider of Medicaid services, chooses to bill for Targeted Case Management-eligible services, the LPHA must comply with the Targeted Case Management billing policy and codes in OAR 410-138-0000 through 410-138-0390. Services arranged through Subcontract with a CCO are not subject to the Targeted Case Management billing policy and codes in OAR 410-138-0000 through 410-138-0390.

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter, by the 25th of the month following the end of the first, second and third quarters, and no later than 50 calendar days following the end of the fourth quarter (or 12 month period).

6. **Reporting Requirements.**

a. **Reporting Obligations and Periodic Reporting Requirements for MCAH Services.** In addition to the reporting requirements set forth in Exhibit E, Section 6 of this Agreement, LPHA must submit Annual Reports for the MCAH Plan and collect and submit data for clients receiving MCAH services supported with funds from OHA under this Agreement, satisfactory to OHA.

(1) Title V Funds

A report on the prior year annual plan must be submitted by September 30 of every year.

(2) State Perinatal and Child General Funds

If LHA provides direct client services using these funds:

(a) By September 30 of each year, all client visit data for the previous state fiscal year (July 1-June 30) must be entered into the Oregon Child Health Information Data System (ORCHIDS) or other state-designated data system.

(b) LPHA must transmit data in an electronic file structure defined by OHA. Electronic transmission of visit data files may be submitted quarterly; however, all client visit data from the previous state fiscal year must be complete and transmitted to OHA by September 30 of each year.

(c) If LPHA pays providers for services with MCAH funds, LPHA must include client data from those providers.

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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.

b. Reporting Obligations and Periodic Reporting Requirements for OMC Services. In addition
to the reporting requirements set forth in Exhibit E, Section 6 of this Agreement, LPHA 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. LPHA must submit the
quarterly data to OHA using OMC client tracking forms approved by OHA for this purpose.

c. Reporting Obligations and Periodic Reporting Requirements for MCM Services. In
addition to the reporting obligations set forth in Exhibit E, Section 6 “Reporting Requirements”
of this Agreement, LPHA must collect and submit client data for all clients and visits occurring
during the calendar year on to OHA, regardless of whether an individual receiving services has
delivered her baby, as follows:

(1) By September 30 each year, all client visit data for the previous state fiscal year (July 1-
June 30) must be entered into the Oregon Child Health Information Data System
(ORCHIDS) or other state-designated data system.

(2) The LPHA must transmit data in an electronic file structure defined by OHA. Electronic
transmission of visit data files may be submitted quarterly; however, all client visit data
from the previous state fiscal year must be complete and transmitted to OHA by
September 30 of each year.

(3) If LPHA pays providers for services with MCAH funds, LPHA must include client data
from those providers.

(4) Client data must 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.

(5) 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.

d. Reporting Obligations and Periodic Reporting Requirements for Babies First! and Nurse
Family Partnership (B1st!/NFP) Services. In addition to the reporting requirements set forth
in Exhibit E, Section 6 of this Agreement, LPHA must collect and report to OHA, in a format
acceptable to OHA, the following data on LPHA’s delivery of B1st/NFP Services:

(1) By September 30 each year, all client visit data for the previous state fiscal year (July 1-
June 30) must be entered into the Oregon Child Health Information Data System
(ORCHIDS) or other state-designated data system.

(a) The LPHA must transmit data in an electronic file structure defined by OHA. Electronic
transmission of visit data files may be submitted quarterly; however, all client visit data from the previous state fiscal year must be complete and
transmitted to OHA by September 30 of each year.

(b) If LPHA pays providers for services, LPHA must include client data from those
Providers.

(2) Client data reports must include, at a minimum: 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 B1st!/NFP Client Data Form provided
by OHA lists details of the required data elements.

Effective 7/1/2018
(3) All data elements must be collected when funds provided under this Agreement for B1st!/NFP Services are used to pay for (in whole or in part) a B1st!/NFP Service.

7. **Performance Measures.**

LPHA must operate the Title V funded work under this Program Element in a manner designed to make progress toward achieving Title V state and national performance measures as specified in Oregon’s MCH Title V Block Grant annual application/report to the DHHS Maternal and Child Health Bureau.

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