Pregnancy Maintenance Initiative Manual

Kansas Department of Health and Environment

Updated November 2020
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INTRODUCTION

The Pregnancy Maintenance Initiative (PMI) program is based on a case management model that incorporates an integrated, collaborative, and multi-disciplinary provider approach for the provision of a continuum of care/services during the pregnancy and for six months post-delivery, based on individual client needs and goals. The service model promotes public-private partnerships to facilitate the availability and ready access to affordable and appropriate care, thus improving the potential for a positive pregnancy outcome for the pregnant woman/mother and infant.

1. PROGRAM OVERVIEW

The Senator Stan Clark PMI program, authorized by K.S.A. 65-1,159a, was established in the 1999 Kansas legislative session. The primary goal of the program is to provide case management services for pregnant women to enable them to carry their pregnancies to term and increase ready access to appropriate prenatal care and support services, thus improving positive pregnancy outcomes for mothers and infants.

Key elements of the PMI program and authorizing statute include:

- Subject to available funding/appropriations, KDHE administers and oversees the PMI program.
- Annual grants shall be awarded to not-for-profit organizations using guidelines and criteria prescribed through rules and regulations and program guidelines.
- Organizations performing, promoting, referring for or educating in favor of abortion are ineligible for grants.
- A dollar for dollar match shall be provided by grantee organizations.
- Services may include an array of social services related to pregnancy maintenance (e.g. education on prenatal/postpartum care, breastfeeding, access to health care coverage, adoption counseling, etc.). The following also apply to service provision:
  - No individual is denied services when unable to pay.
  - Inclusion of adoption services, education, or information.
• No funds can be used for conception.
• No funds can be used for political purposes.

KDHE shall annually submit a report to the legislature on results and outcomes, including number of women utilizing pregnancy maintenance initiative services, percentage of funds used for pre-natal services and the percentage used for post-birth services, and number of women choosing adoption.

Services to participants may be provided directly by the grantee using appropriately trained professionals or through a community network of related service providers. Direct service models and practices must be evidence-based/evidence-informed and implemented with quality assurance processes.

**Note:** Women receiving services through this program may NOT also receive services through KDHE’s Teen Pregnancy Targeted Case Management Program (TPTCM).

## 2. ALLOWABLE GRANT EXPENDITURES

PMI funds received by the grantee are to be utilized for case management as set forth in the grant agreement. Grant funds may be utilized for the following services after all other payment sources (included, but not limited to insurance, sliding fee scale and discount options and/or government assistance programs) have been exhausted:

- **Linkage to Prenatal Medical Care:** Case managers link clients to health care systems to assure client receives early and adequate prenatal care. Routine prenatal medical care includes laboratory tests and diagnostic ultrasound when the primary diagnosis supports the medical necessity for an OB sonogram. **PMI funds cannot be used for payment for medical services.**


- **Domestic Abuse Protection:** Case managers assist with connecting to any service or facility that will assure physical and emotional security and safety for the client, infant, and other children in the home. Resources can be found at [https://www.kcsdv.org/](https://www.kcsdv.org/) and [http://www.ksready.gov/](http://www.ksready.gov/).

- **Housing:** Case managers assist participants with housing needs by linking them with available community resources. Resources can be found at [https://kshousingcorp.org/](https://kshousingcorp.org/).
• **Education:** Case managers participate in activities that facilitate the client’s ability to advance toward a high school diploma, GED, vocational training, or college education during the time the client is participating in the PMI program. Testing fees and costs of materials may be supported with grant funds after all other sources of funding have been explored and/or denied.

• **Parenting Education/Support:** Case managers link participants to parent education programs within their local community (e.g., home visiting). Case managers may provide limited counseling support to parents regarding parenting issues if they have the appropriate educational background and provide evidence-based information. Grant funds may be used to provide parenting education by qualified professionals.

• **Promotion of Paternal Involvement and Responsibility:** Case managers support opportunities that support interaction between the child’s mother and father, as appropriate; interaction with the child by the child’s father; assistance with the legal process for the establishment of paternity; and parenting education. Learn more about parenting resources and supports, including fatherhood involvement, a at [https://kcsl.org/](https://kcsl.org/).

• **Drug and Alcohol Assessment and Treatment:** Case managers assist clients, when necessary, to obtain substance use screening, assessment, and treatment by licensed or certified substance abuse programs/providers. SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a best practice process aiding in the early identification of substance use risk and connection to treatment services/supports. The SBIRT Toolkit is a resource for local programs to implement substance use screenings with perinatal women. KDHE’s recommended screening tool for substance use is the ASSIST, which is included in the toolkit. [https://www.kdheks.gov/c-f/SBIRT_Toolkit.htm](https://www.kdheks.gov/c-f/SBIRT_Toolkit.htm). For more resources on crisis services including substance use treatment, please visit: [http://www.ksready.gov](http://www.ksready.gov).

• **Child Care:** Case managers support parents with finding safe, healthy childcare that meets the needs of the child and family. Childcare searches may be supported while the client is participating in the program and during post-delivery periods when the parent or guardian is absent, excluding in-home services. Learn more about child care licensing and searching for child care at [https://www.kdheks.gov/bcclr/index.html](https://www.kdheks.gov/bcclr/index.html) and [https://ks.childcareaware.org/](https://ks.childcareaware.org/).
• **Transportation:** Grant funds may be used for the provision of transportation, when not otherwise available in the service area, for the client and child(ren) to access program services. Gas cards and bus passes may also be purchased for participants.

If a local agency is in doubt as to whether an expense is allowable, please contact the KDHE Program Manager for guidance.

## 3. ELIGIBLE APPLICANTS

PMI is an Aid-To-Local (ATL) grant and includes a competitive application process. It is the intent of KDHE to award contracts so that services are available in all areas of the State with priority given to counties with highest rates of abortions and risk factors for poor pregnancy outcomes. Non-profit organizations with documented experience and capacity to provide PMI services as described within this manual are invited to submit applications. Proof of non-profit status is required as part of the application for grant funding. An organizational chart is required from potential grantees as part of the application process.

## 4. FUNDING & GRANT APPLICATION

### PMI Funding

Grants are subject to availability of state funds and will be awarded annually on a competitive basis based on the following criteria:

- Base funding awards will be calculated using a formula that includes the county population for females 15-44 years, rate of uninsured females 18-44 years, and the Infant Mortality Rate according to the KDHE Bureau of Epidemiology and Public Health Informatics and the most current US Census Bureau statistics.

- Additional funds will be awarded for applicants providing PMI programming and services in other counties (when not already available or provided). This will be considered a multi-county contract.

- Additional funds will be awarded to applicants demonstrating coordinated efforts, strong community collaboration, use of evidence-based practices and/or models and interventions, and continuous quality improvement.

- Funds will be used to maintain and improve PMI programming at the local level. Priority should be given to advancing shared areas of work/issues identified in the local
community needs assessment and the most current Maternal & Child Health (MCH) state needs assessment and state action plan.

- No funds will be awarded to organizations outside Kansas or used to support PMI outside of Kansas.

- The grantee may subcontract a portion of the project activity to another entity. If the contractor exchanges personnel services with another entity, a written legal agreement describing the exchange is required. This agreement may be written as a memorandum of understanding (MOU) or a memorandum of agreement (MOA). At a minimum, the agreement should address the scope of work to be performed, assurance of qualified personnel, financial exchange, reporting requirements and time period. Both parties (contract agency and subcontractor) must review the subcontract annually. A copy of the MOU/MOA should be provided to KDHE at time of grant award notification.

- Grantees are required to be non-profit organizations, 501(c)(3), and provide proof of status as part of the application.

- No pregnant woman will be denied services based on their ability to pay.

- Contractual provisions of the State and KDHE will apply to all grantees.

- PMI grant funds may NOT be used for:
  - Inpatient services or medical services
  - Political activities or other fundraising activities
  - Food, beverages or entertainment
  - Cash payments to participants/patients
  - Land or buildings
  - Major medical equipment or furniture
  - Research or training to an entity other than a public or nonprofit private entity.

### Application

The PMI program grant application is part of the KDHE centralized ATL. In January of each year, the Grant Application Guidelines and Grant Reporting Requirements are released on the Kansas Grant Management System (KGMS) website [https://khap2.kdhe.state.ks.us/KGMS](https://khap2.kdhe.state.ks.us/KGMS).

Applications are available on **January 15** and are due on **March 15**.

**NOTE:** Existing/previous grantees have a KGMS username and password. New applicants should contact kdhe.atl@ks.gov.

Applicants should thoroughly review the PMI Service Manual, consider community and local needs for the PMI program, and develop a work plan and budget that aligns with PMI priorities and measures. Preference will be given to applications which reflect a collective impact approach (coordination and collaboration) with other programs and a strong referral network with partners including but not limited to primary care, education, children and family services, family planning, maternal and child health, WIC, and other health and community service programs.

The PMI program can fund two types of grants:
• **Continuation/Renewal Grants**: Highest priority is to continue funding of local agencies that demonstrate progress toward specific objectives, meet program requirements and participate in professional development opportunities.

• **New Grants**: Awards for new projects are subject to the availability of funds and community needs assessment findings.

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.

Applications are reviewed on a competitive basis and as a result, not all applicants may receive an award. KDHE reserves the right to accept or deny any application, in full or in part as deemed appropriate.

**Application Review**

- Applications will be reviewed for compliance with Application and Program Procedures.
- Applications will be reviewed by at least two internal KDHE staff members.
- Reviewers will conduct a comparative assessment of the strengths and deficiencies of the applications, applicant experience with service provision, adequacy of service plans, proposed budget to support the activities, and budget justification.
- KDHE reserves the right to consider historic information and facts in the application review process, whether gained from the local agency’s application or other sources, such as question and answer conferences, past progress reports, or references.

**Budget**

Plan to prepare two budgets. The first budget is the amount that the local agency proposes to implement the PMI program into the agency. The second budget is the “Final Budget” and will be completed after the Notice of Grant Award letter is received. The Notice of Grant Award letter will include the actual PMI grant amount to be awarded in the coming fiscal year. The “Final” budget will be based on the actual grant received and must be submitted to KDHE by **July 15**.

During the contract year, if the grantee is required or needs to update the original budget, a “Budget Maintenance” request needs to be submitted to KDHE through KGMS to edit original budget submitted. For more information, please check the **Budget Maintenance Guide** under the KGMS Documents & FAQs (you need to be logged in).
Local Match Requirement

Agencies with multiple funding sources often provide additional services to participants. KDHE supports the provision of evidenced-based practices in these circumstances. Agencies receiving funds under this grant are required to provide a dollar for dollar match, which must be used solely for PMI activities. If the budget application does not include a match, the proposal will not be scored.

Sources that may be used for matching funds include 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 noncash support may include:

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

All matching funding sources must be listed under budget section of application.
Progress Report

This report must be submitted twice during the contract year, January 15\textsuperscript{th} and July 15\textsuperscript{th}. The main purpose of the progress report is to provide detailed information about goals accomplished, including but not limited to challenges and solutions encountered during the past 6 months, collaborative partnerships, program data, and program promotion activities. The report template is incorporated in KGMS and, after its completion, the report will be submitted through KGMS.

KDHE ATL Universal Contract Requirements

1. Disclose personal health information (PHI) to the State Agency as requested or as required by law [45 C.F.R. 165.512(b)] unless disclosure is prohibited by the Health Insurance Portability and Accountability Act (HIPAA).
2. Comply with all relevant federal requirements.
3. Comply with statutes, rules and regulations pertaining to public health, including but not exclusively K.S.A. 65-101 et seq.
4. The Local Agency, its agents or subcontractors, shall 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)].

PMI Program Contract Attachment Requirements

Contracts are issued for one-year periods in line with the state fiscal year (July 1 – June 30) based on review of the application as well as contract agency performance and compliance with both general and special conditions of the contract. Additional details regarding contracts follow.

- The PMI grantee’s personnel specified by name and title are essential to the work or services being performed. If, for any reason, substitution or elimination of a specified individual becomes necessary, the PMI grantee shall provide written notification to KDHE. Such written notification shall include the successor’s name and title. The PMI grantee shall notify KDHE in writing within ten (10) working days of any change of key personnel.
- KDHE shall be notified of any change in office or service location from that shown in the application and/or contract at least ten (10) working days prior to such change.
- Changes in the services to be provided by the PMI grantee as outlined in the application and/or contract require prior written approval by KDHE. Discontinuation of any service requires an amended work plan and may result in a decrease in the contract amount or termination of the contract.
- A request for approval of budget adjustments must be submitted in writing to the KDHE PMI Program Manager by email. If the adjustment(s) is/are approved, the PMI grantee will submit a “Budget Maintenance” request through KGMS. Once that request is approved, the grantee will be given access in KGMS to make the adjustment in the actual budget.
Amendments: A contract amendment is in order when an actual increase or decrease to the grant award amount is made. These are typically initiated by KDHE. KDHE and local agencies monitor expenditures to assure budget allocations and expenditures adhere to contract requirements. If a contract agency provides personnel services in other counties, different than local (multi-county), a written legal agreement describing the services provided is required. This agreement may be written as a memorandum of understanding (MOU) or a memorandum of agreement (MOA). At a minimum, the agreement should address the scope of work to be performed, assurance of qualified personnel, reporting requirements, time period, and financial expenses (if applicable). Both parties (contract agency and another agency(ies)) must review the subcontract annually.

At any time, if a local agency is not in compliance with the grant requirements, the agency may be placed on provisional status and funds will be held until requirements are met. Reasons to withhold payments or funds include, but are not limited to, the following:

- Financial Status Report (FSR) is not received
- Semi-annual Progress Report is not received or has missing/incomplete sections
- Data is not current in DAISEY by the 10th of each month
- A response to a site visit is past due, corrective action plan was not received, or corrective action plan is not complete
- Any other requested information to determine compliance with contract requirements is not received

Temporary withholding of grant funds does not constitute just cause for the PMI grantee to interrupt services to clients. Additional payments may be held, and/or the contract may be terminated if services are not provided.

Suspension & Termination of Contract

When determined by KDHE that a PMI grantee has materially failed to comply with the terms and conditions of the contract, KDHE may suspend the contract, in whole or in part, upon written notice. The notice of suspension or termination shall state the reason(s) for the suspension or termination, any corrective action required, steps to close out the grant, and the effective date of suspension or termination.

A suspension shall be in effect until the PMI grantee has provided satisfactory evidence to KDHE that corrective action has been or will be taken or until the contract is terminated.
5. PMI PROGRAM GUIDELINES

PMI Program Guidelines support activities including, but not limited to:

- Providing comprehensive pregnancy support services and linkages to community resources for pregnancy and up to 6 months after delivery.

- Conducting community outreach and recruitment activities to increase awareness and participation in program services.

- Developing of program policies and procedures based on evidence-based/evidence-informed practices implemented with quality assurance processes. These protocols must be consistent with the KDHE PMI Manual and readily accessible to KDHE staff and service providers.

Grantees will have on file written policies/procedures that clearly outline:

- How the PMI services are to be implemented with fidelity
- Days of week/hours services are available
- System for scheduling client appointments and follow-up of clients
- Client confidentiality
- Eligibility criteria
- Staff responsibilities, including qualifications and credentials
- Process for client intake, needs assessment, goal planning and follow-up procedures
- The Inclusion of education and/or information on adoption services
- Plan and method for promoting services throughout the service area and determining need for service in the target area, as well as outreach methods
- Procedure for evaluation of client satisfaction

Note: These policies/procedures must be made available for review, upon request.

- Develop a method to receive input on client satisfaction. Input should be used internally at the local level to enhance or improve services and inform future activities. The grantee must develop and implement a program evaluation process. The process must utilize client satisfaction responses and community needs assessment information, to
evaluate the program, which should lead to improved results or changes to services based on input. See Attachment 1 for sample survey.

- Providing case management services and serving as the entry point into the system. The PMI case manager will:
  - Complete strengths and needs assessment for each client utilizing PMI DAISEY forms.
  - Initiate and document referrals to providers or services based on the client needs and goal plan.
  - Review and track goals, referrals, changes and progress with each client.
  - Conduct health screenings to all clients (including, but not limited to prenatal/postpartum depression, substance abuse, social determinants of health (SDOH), tobacco, well woman visit).

- Develop a program assessment tool to link families with available resources to address their identified needs (e.g. Parental Health Screener DAISEY form - [https://kdhe.daiseysolutions.org/articles/parental-health-screener-2/](https://kdhe.daiseysolutions.org/articles/parental-health-screener-2/)).

- Identify evidence-based resources including visit questionnaires, screening tools, documentation forms, patient/parent education/handouts (e.g. Edinburgh screening, Ages & Stages questionnaire, SCRIPT (Smoking Cessation and Reduction in Pregnancy Treatment) screening).

- Develop a referral system with an effective follow-up process for all screenings and referrals (e.g. IRIS (Integrated Referral and Information System)).

- All required client and visit data must be collected and entered into the web-based shared measurement system, **DAISEY** by the 10th of each month. Access to necessary equipment and secure internet service is required.

- Educate families about:
  - Depression; provide screening and referral to appropriate mental health providers. KDHE Bureau of Family Health recommends universal screening using the EPDS (Edinburgh Postnatal Depression Scale), which is validated for use with perinatal women for perinatal mood and anxiety disorders (PMADs). In addition, a Mental Health Integration Toolkit was developed to help local agencies implement screenings into their practice. The Toolkit includes a PMAD screening and a crisis intervention algorithm, screening tools, templates for local use, provider and patient resources. The toolkit is also available on the KDHE website at [https://www.kdheks.gov/c-f/mental_health_integration.htm](https://www.kdheks.gov/c-f/mental_health_integration.htm).
  - Health and safety in the home and community.
Interpersonal violence; provide screening and referral to community support and protective services.

- Educate parents and assess families for child abuse and neglect and report suspected child abuse and neglect to Department for Children and Families (DCF) appropriately.
- Incorporate DAISEY data to measure program impact on birth and adoption rates. Use data driven decisions to inform program improvements.
- Development of an advisory group that is reflective of the community to provide guidance and feedback regarding program services and direction. The advisory group shall include at least one current or former program participant and shall meet on at least a quarterly basis.
- Build and maintain a network of related community providers; tracking referral processes and developing collaborative partnerships to maximize the effectiveness of the program.
- Work with local prenatal medical care providers to assure early entry (first trimester) into early and adequate prenatal care.
- Assist clients in finding solutions to barriers in accessing services (e.g. skill in appointment scheduling, transportation, access to public transportation, completion of high school diploma or GED, etc.)
- Identify and problem-solve with the client any barriers to following provider recommendations.
- Support families in understanding how to navigate healthcare systems and use resources available to them, including how to make appointments, keep appointments, cancel appointments, and understand their fiscal responsibilities in order to maintain continued care.
- Develop an appropriate system of Time & Effort records. All PMI staff must document their daily portion of time and effort dedicated to the PMI program. This record should be made available upon request by KDHE PMI Program Manager.
- All PMI staff shall be present for or participate in KDHE site visits.
- At least one member of the local agency PMI Program will attend the Maternal and Child Health/Family Planning (MCH/FP) Pre-Conference and General Session at the Governor’s Public Health Conference and provide a summary of key information gained to other grant personnel that did not attend the conference.
- Complete and submit required data and reports in an accurate and timely manner.
6. PMI SERVICE TEAM

Local agencies must recruit and retain qualified public health professionals to assure a workforce that possesses the knowledge, skills and attitudes to meet unique PMI population needs. Credentials of licensure and certifications must be current and in good standing.

Performance appraisals/evaluations must be conducted annually. Supervisors are responsible for timely and equitable assessment of the performance and contribution to the PMI team. It is recommended that supervisors meet with their team members at least once per month to provide feedback and talk about their work and motivations.

Professional Development

**ORIENTATION for ALL PMI Program Staff:** Orientation of each new PMI staff member should be completed within 30 days of grant award or hire. Orientation includes the following:

2. Review of the PMI Aid to Local Grant/Contract Application and Reporting Guidelines with the supervisor;
3. Training and review of relevant state and local agency policies and procedures;
4. Orientation to referral resources in the local community, county, and service areas;
6. Confidentiality related to the [Health Insurance Portability and Accountability Act](www.hhs.gov/ocr/hipaa/).

**Initial/Foundational Training Requirements for ALL PMI Program Staff:**
All PMI program staff must complete training through the MCH Navigator ([www.mchnavigator.org/](http://www.mchnavigator.org/)). The MCH Navigator is an online learning portal for professionals funded by the Federal Maternal and Child Health Bureau that provides foundational and essential knowledge for those working to improve the health of women, children, adolescents, and families in an ever-changing environment.

Two online courses must be completed within 30 days of grant award or hire:
- MCH 101
- MCH Orientation

Complete the module from the course that best fits your role in the agency/program for each required course. Documentation of training completion must be maintained in the personnel file.
If the employees are not sure where to begin learning or would like to use a structured approach that ties training to personal and organizational goals, start by assessing their knowledge of and skills in addressing the MCH Leadership Competencies. The MCH Navigator Self-Assessment is a new online tool that employs an automated 3-step process that can be used individually or as part of a group to:

1. Identify their strengths and learning needs by asking them to rate their knowledge of and skills in the 12 MCH Leadership Competencies and to assess the current importance of each for their professional role.

2. Match their learning needs to appropriate trainings based on their current knowledge and skill level.

3. Receive a personalized learning plan that specifies their goals, specific training needs, learning opportunities that address their needs, potential mentors and resources for guidance, time frames, markers of success, and strategies to keep them motivated to learn more. Putting their goals, strategies, and time frame in writing will help them hold themselves accountable. The Learning Plan also can enrich the process of performance evaluation and demonstrate their commitment to building skills that help achieve organizational goals.

**NOTE:** The MCH Navigator does not provide certificates or records of completion, so it is important to document the course and date completed OR capture a screen shot of the completion page for each course.

**ANNUAL/ONGOING training requirements for ALL PMI Program Staff:**

- **Technical Assistance Calls/Webinars:** At least one person from the PMI program is required to attend technical assistance calls and webinars provided by KDHE. A summary of key information gained must be shared with other PMI staff who were unable to attend the call/webinar.

- **Professional Development Plan:** Local agencies must develop a professional development plan that identifies education needs and plans for providing or obtaining the needed training for staff annually.

- **Governor’s Public Health Conference:** At least one PMI staff will attend the annual Governor’s Public Health Conference and provide a summary of key information gained to other PMI staff that did not attend the conference.

- **Addressing Tobacco Use in Kansas: Brief Tobacco Intervention Online Training:**

  *Tobacco use is the leading cause of preventable death and disease in Kansas.*

  *You can help.*
All local PMI program staff are required to complete *Addressing Tobacco Use in Kansas: Brief Tobacco Intervention Online Training* (kstobacointervention.org), a free interactive, online course for health care providers demonstrating a "brief tobacco intervention" providers can use with patients who use tobacco products.

**Addressing Tobacco Use in Kansas: Brief Tobacco Intervention Online Training***
- Takes about 30 minutes to complete
- Based on national clinical guidelines
- Appropriate for any member of the health team including front office staff and clinical care staff
- Learn how to effectively talk to your patients about tobacco cessation in 3 minutes.

*Funded by the KDHE Bureau of Health Promotion

**Grant Administrator Responsibilities**

The grant administrator will be the Primary Contact and will:
- Demonstrate the ability to provide oversight of all program services.
- Provide staff with required training and opportunities to acquire professional competencies to meet the needs of their PMI clients.
- Be accountable for quality assurance and reporting of program activities.
- Notify the KDHE PMI Program manager of any changes within the PMI staff.

**Case Manager Qualifications and Responsibilities**

- Registered nurse or licensed social worker or have a highly related degree and at least two-years of experience in case management providing services to the target population (pregnant and post-partum adolescent and infants). A written request to waive the educational requirements must be made to KDHE prior to hiring.
- Knowledge about community resources.
- Experience in establishing and maintaining communication, linkages and agreements with community partners.
- Recruitment and enrollment of clients/participants and providing case management services at both the client and community level.
- Maintaining individual client records consisting of:
  - Current demographic information
  - Tracking of client’s goals and outcomes
  - Program data forms
d. Log of contacts that includes purpose, narrative assessment and process entries that report client strengths, challenges and life environment in a manner that assures continuity of services.

All records will be kept current and comply with Health Insurance Portability and Accountability Act (HIPAA) guidelines.

- Complete and submit required progress reports and DAISEY data in an accurate and timely manner.

### 7. DATA COLLECTION

Pursuant to K.S.A 65-101, KDHE is a public health agency that is authorized by state law to investigate the causes of disease and is charged with the general supervision of the health of the state. In order for KDHE to fulfill obligations under Kansas Public Health Law (K.S.A. 65-101) and meet state and federal reporting requirements, data elements must be collected and reported by each PMI provider agency. HIPAA further provides that a covered entity may disclose protected health information to a public health authority that is authorized by law to collect such information for the purpose of preventing or controlling disease, injury, or disability. (45 C.F.R. § 164.512(b)(1)(i)).

DAISEY – Shared Measurement System

DAISEY (Data Application and Integration Solutions for the Early Years) is a shared measurement system designed to help communities see the difference they are making in the lives of at-risk children, youth, and families.

DAISEY is the KDHE Bureau of Family Health data collection and reporting system that was developed in partnership with the University of Kansas Center for Public Partnerships to collect data on participants served by the PMI program. Implementation of this shared measurement system allows the Bureau and their grantees to improve data quality, track progress toward shared goals, and enhance communication and collaboration.

Local grantees are required to capture/store client demographics and visit/encounter data on a real-time basis in DAISEY. All required client and visit data must be collected and entered into DAISEY by the 10th of each month. Access to necessary equipment and secure internet service is required. **NOTE**: Real-time data captured in a system of record other than DAISEY (EHR for example) must be entered into DAISEY by the 10th of each month.


**Getting Started with DAISEY**

The KDHE DAISEY website provides all of information you need to get started.
1. Visit the “New to DAISEY” page: http://daiseysolution.com/kdhe and click “Get Started”
2. Watch the Getting Started in DAISEY webinar for an overview of DAISEY Implementation tools and resources.
3. Check out DAISEY Implementation at a Glance.
4. Request User Access

For more information regarding the DAISEY forms and the data to be collected during a visit, refer to the DAISEY Solutions for KDHE Website. http://daiseysolutions.org/kdhe.

Click on “Find Answers” → Pregnancy Maintenance Initiative (PMI)

Available Reports in DAISEY

DAISEY reports are available to grantees who enter client-level data. This allows PMI agencies to monitor progress related to our shared performance measures and priorities and demonstrate impact. The following reports are available in DAISEY:

1. Clients and Child Demographic Information (Count of new enrollees, Age of children in household of new enrollees, and County of clients served)
2. New Enrollee Demographic Information (New clients age, Race and Ethnicity)
3. All Clients Demographics (Age, Race and Ethnicity)
4. All Clients Demographics (Employment & Education)
5. All Clients Demographics (Marital Status and Primary Healthcare Coverage)
6. All Clients Demographics (Household Poverty Level)
7. All Clients County of Residence (County of residence)
8. Prenatal Care (Clients initiating PCN, and Clients compliance with prenatal care by trimester initiated)
9. **Type of Visits and Direct Services Provided** (Count of visits by type, and Count of direct services provided by type of service)

10. **Client Demographics by Birth Outcome** (Mother’s race by birth outcome, Mother’s Ethnicity by birth outcome, and Mother’s age by birth outcome)

11. **Gestational Age of Infant by Mother’s Race & Ethnicity** (Gestational age of infant by mother’s race, and gestational age of infant by mother’s ethnicity)

12. **Fetal/Infant Death by Mother’s Race & Ethnicity** (Fetal/Infant death by mother’s race, and Fetal/Infant death by mother’s ethnicity)

13. **Infants Placed for Adoption** (Adoption placements by age of mother at time of placement)

14. **Clients Who Have Exited the Program** (Reasons for clients exiting the program, and age of children in households of clients who exited program)

15. **PMI Referral Report** (Referrals made, and referrals completed).

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**8. DAISEY FORMS OVERVIEW**

DAISEY contains forms to capture information about clients and services provided (including profile, service, encounter and additional forms). All forms are available in English and Spanish. The fillable forms are available at each client’s portal. If you need to print any form, they are available at [https://kdhe.daiseysolutions.org/find-answers/#444](https://kdhe.daiseysolutions.org/find-answers/#444).
### Profile Forms (Required)

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver (Adult) Profile</td>
<td>Demographic information (not likely to change)</td>
</tr>
<tr>
<td>Child Profile</td>
<td>Demographic information (not likely to change)</td>
</tr>
</tbody>
</table>

### Encounter Forms (Required)

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>KDHE Program Visit Form Adult</td>
<td>Demographic information (must be verified/ updated at each contact.)</td>
</tr>
<tr>
<td>KDHE Program Visit Form Child</td>
<td>Demographic information (must be verified/ updated at each contact.)</td>
</tr>
<tr>
<td>KDHE Program Referral Form</td>
<td>Information about referrals made an appropriate follow-up.</td>
</tr>
</tbody>
</table>

### Service Form (Required)

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMI Service Form</td>
<td>Information about services delivered during the PMI visit.</td>
</tr>
</tbody>
</table>
Additional Forms (Optional)

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh Postnatal Depression Scale</td>
<td>Depression screening tool for pregnant and postpartum women</td>
</tr>
<tr>
<td>Tobacco Use Survey</td>
<td>Smoking history information for all program participants</td>
</tr>
<tr>
<td>PMI Birth Outcome Card</td>
<td>Birth outcome data for women in PMI program collected out of program visits</td>
</tr>
<tr>
<td>KDHE One Key Question Form</td>
<td>Pregnancy Intentions</td>
</tr>
<tr>
<td>Client Contact Form</td>
<td>Document contacts and notes</td>
</tr>
<tr>
<td>Parental Screener</td>
<td>Initial screening for parents</td>
</tr>
<tr>
<td>Client Goal Tracking</td>
<td>Tracks progress towards completion of identified goals</td>
</tr>
<tr>
<td>Client’s Notes</td>
<td>To keep additional client’s information</td>
</tr>
</tbody>
</table>

9. FINANCIAL ACCOUNTABILITY

Financial management and accounting procedures must be applied in order to prepare and submit required reports. In addition, the financial operations must be sound enough to trace revenue and expenditures to source documentation as part of a financial review or audit. The following financial accountability requirements apply to all grantees.

- All records and supporting documentation must be available for review.
- Accounting records must be supported by source documentation such as canceled checks, paid bills, payroll, time and attendance records and similar documents that would verify the nature of revenue and costs associated with the PMI grant-funded program.
- The accounting system must provide for:
  - Accurate, current and complete disclosure of expenditures
  - Accounting records that adequately identify source of funds (federal, cash match, in-kind) and the purpose of an expenditure
  - Internal control to safeguard all cash, real and personal property and other assets and assure that all such property is used for authorized purposes; and
  - Budget controls that compare budgeted amounts with actual revenues and expenditures.
Financial Status Report (FSR)

Follow the KDHE ATL reporting process and utilize the required FSR through KGMS.

1. The grant year begins on July 1 each year, in line with the State Fiscal Year (SFY).
2. One quarter or 25 percent of the total grant amount shall be paid to the local agency in advance/upon execution of the local contract for the period July 1 through September 30.
3. The local agency must spend all funds by the end of the SFY, June 30.
4. All personnel/salary expenses charged must be supported in local agency accounting records and by the individual employee timesheets.
5. Fringe benefits may only be requested on the portion of the employee’s salary supported by the PMI contract and must be based on the salary rate specified in the PMI application.
6. At least half (50 percent) of the grant award should be spent and reported by December 31 (spending should align with the quarters as much as possible to ensure all funds are expended by the end of the grant year). Notify the PMI Program Manager if there is potential for remaining/unspent funds.

Note: Payment may be held for failure to meet contract requirements and/or submit timely reports.

Reporting Schedule

FSR – Quarterly

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Grant Reporting Period</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>7/1 to 9/30</td>
<td>October 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>10/1 to 12/31</td>
<td>January 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>1/1 to 3/31</td>
<td>April 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>4/1 to 6/30</td>
<td>July 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Progress Report – Semiannual

<table>
<thead>
<tr>
<th>#</th>
<th>Grant Reporting Period</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>7/1 to 12/31</td>
<td>January 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>1/1 to 6/30</td>
<td>July 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
10. RECORD RETENTION

The KDHE Legal Department maintains the record retention schedule. Pursuant to the Retention Records Retention Schedules (RRS), retention of records could be between 5-15 years, depending on the type of record. If it is an “Aid to Counties Program Audit Reports,” the RRS requires that KDHE must retain the records for seven (7) years. After that time records can be destroyed. For “Federal Grant Programs Control and Reference Files,” the RRS requires fifteen (15) years and after that, they are sent to the archives. Find more about retention schedules at www.kshs.org/. The KDHE Division of Management and Budget keeps the audits, financial status reports, budgets and authorizations for the same five years then archives them.

Locate policies, programs, and information for records retention and historic preservation at the Kansas Historical Society. Records management for State, local and municipal government agencies can be found at www.kshs.org/p/local-government/19122.

SERIES ID 0001-111
TITLE Client Records
DESCRIPTION Medical records, including laboratory reports, of persons treated in local health care facilities. Includes adult and child health, family planning, maternal health, mental health and primary care.
RETENTION See Comments
COMMENTS Retain 10 years after last contact, and then destroy. (For juvenile records, retain 10 years after last contact or until 21st birthday, whichever is later, then destroy.)
DISPOSITION Destroy
RESTRICTIONS K.S.A. 45-221(a)(3)
APPROVED 2008-07-17
K.A.R. NUMBER 53-2-156
11. MONITORING/SITE VISITS

Site visits are conducted to evaluate the performance of local agencies. Site visits are also a mechanism for State staff to receive feedback from local agency staff as well as to provide technical assistance and training. Unless otherwise notified, all aspects (clinical, community outreach and information, fiscal and administrative) of the PMI program may be reviewed. Agencies will receive a 30-day notice before the scheduled site visit.

The following items should be available for review and provided to KDHE PMI staff upon request:

- Local protocols, policies and procedures
- Fiscal policies, including chart of accounts
- Personnel policies job descriptions, and performance appraisal documentation
- Staff files: all information related to required experience/credentials, orientation, training, professional development, and appraisals
- Referral forms
- Examples of local brochures or promotional materials which demonstrate outreach efforts
- Client charts
- Customer service reports, input, feedback, etc. (Ex: Client Survey Card data).
Attachment 1

Client Satisfaction Survey

1. Agency Name: ____________________________________________________
2. Agency City: _____________________________________________________
3. How did you learn about these services?
   □ Friend/Relative       □ Brochure from agency listed above
   □ Pregnancy Care Provider □ Church
   □ Media (television, radio, newspaper) □ Health Department
   □ Adoption Agency       □ Another agency: ______________________
   □ School               □ Other, specify: ______________________
   □ Hospital

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

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

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

7. Were the days and times for services good for you?
   □ No    □ Yes    What days would have been better for you? _______

8. On the average, how long did you have to wait before you were seen by the case manager or other staff at this agency:
   □ less than 15 minutes □ 46 minutes - 1 hour    □ not applicable
   □ 15-30 minutes       □ 1-2 hours
   □ 31-45 minutes       □ more than 2 hours

9. During your visits:
   Did the case manager carefully listen to you?    □ Yes    □ No
   Did service providers carefully listen to you?   □ Yes    □ No
   Do you feel you participated in the goal planning? □ Yes    □ No
   Were things explained in a way you could understand? □ Yes    □ No
   If you checked "no" to any of the above, please explain: ____________________________

10. Did you feel you were fully informed of?
    Available services to continue your pregnancy? □ Yes    □ No
Location of services? □ Yes □ No
Requirements of services? □ Yes □ No
Length of services during pregnancy and after? □ Yes □ No

11. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?
________________________________________________________________
________________________________________________________________
________________________________________________________________

12. Would you recommend these services to a friend or relative? □ Yes □ No

13. How old are you?
   □ under 15 □ 15-17 □ 18-19 □ 20-24 □ 25-29
   □ 30-34 □ 35-39 □ 40-44 □ 45-54 □ 55 or older

14. What is your race?
   □ White □ Black or African American □ American Indian/Alaskan Native
   □ Asian □ Native Hawaiian/Pacific Islander □ Other

15. Do you consider yourself to be of Hispanic origin? □ Yes □ No