

The logo of the Ohio Department of Health is a large, light blue circular emblem. It features the text "OHIO DEPARTMENT OF HEALTH" around the top edge and "To protect and improve the health of all Ohioans" around the bottom edge. In the center, there is a stylized map of Ohio with a caduceus (a staff with two snakes) overlaid on it.

**Ohio Department of Health (ODH)
Division of Family and Community Health Services (DFCHS)
Bureau of Child and Family Health Services (BCFHS)
Child and Family Health Services Program (CFHS)
Program Standards
2014**

Administrative Standards

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Program and Quality Assurance

Program Assurances

CFHS Program Assurances is a requirement of the grant application process and occurs annually. For a CFHS application to be considered eligible for review the applicant agency must submit a completed and signed CFHS Program Assurances (refer to the current Request for Proposal) agreeing to have the components and/or statement of assurance in place by July 1 of the grant funding cycle. A CFHS agency must provide assurances that they and all subcontractors and vendors will comply with the ODH CFHS standards and will utilize practice guidelines and recommendations developed by recognized professional organizations and other federal agencies.

Quality Assurance

Quality Assurance (QA) is any evaluation of services provided and the results achieved, as compared with accepted standards. There must be an ongoing quality assurance plan designed to objectively and systematically monitor and evaluate the quality, appropriateness, and impact of care and services provided to the community, and to pursue opportunities for improvement. A quality assurance plan must be in place for each service provided and should include a mechanism for identifying both deficits and the steps to be followed to determine and implement corrective action. Quality assurance is essential because a quality service is not being provided unless the health of the population is improved. External evaluation will be conducted by ODH and internal evaluation will be conducted by the grantee. Internal evaluation is conducted to assure quality service or care is being provided to the community or clients and that compliance with regulatory agencies is being met. (Adapted from the California Department of Human Services, Comprehensive Perinatal Services Program Provider Handbook.)

The QA plan must be reviewed annually. “Measuring Up: Quality Assurance for MCH Populations” is available online at: http://mchb.hrsa.gov/training/product_detail.asp?id=58

- Staff competency and credentials: Skills must be evaluated annually and documented in the personnel file. Clinical skills to be evaluated should include, but are not limited to, laboratory, OSHA, immunizations, audiometry and vision screening. Annual policy updates, including confidentiality and cultural sensitivity, should be provided at this time. Credentials of all professional staff must be verified annually.

- Access and availability of services: Includes review of transportation issues, provision of outreach and case finding, availability of appointments, hours of operation and assistance in completing the Combined Program Application (CPA).
- Patient education: Includes annual review of patient education materials to ensure adherence to ODH and program policies as well as the appropriateness and accuracy of materials.
- Facility review: Includes but is not limited to, review of location, handicap accessibility, fire escape plan, extinguishers, marked exits, evacuation drills, CLIA and OSHA.
- Audits of medical records: Chart audits must be conducted twice yearly. Sample size should be 5% of each service areas charts or 25 charts, whichever is larger. Audits should be conducted by a multidisciplinary team when possible. Medical record reviews should include reviews of specific measures and outcomes such as immunization status, entry into prenatal care and infant mortality and morbidity.
- Client satisfaction surveys: Surveys are to be completed on an annual basis and should be kept on file. In addition, a mechanism for reviewing, analyzing and reporting on client satisfaction survey results must be present. Surveys should collect information about the provision of culturally sensitive care; verification of clients' understanding of explanations, instructions and educational materials; clients' perception of whether all their concerns were addressed; and family's perception of whether they were a part of decision making related to their child's care.
- Complaint and grievance resolution process: A process for accepting, addressing and responding to complaints and grievances (both from consumers and staff) must be in place.
- Protocol review and updates: Protocols are to be updated annually and signed by the appropriate health professionals. The physician must sign the medical protocols for all direct health care services areas.
- Reporting to ODH as required: Budget reports, MATCH and IPHIS data and performance reports must be submitted according to established timelines.
- Monitoring of waiting time: Waiting time for direct health care services is to be monitored twice yearly to evaluate a) the time between when a client calls for an appointment and when he/she is actually seen in the clinic, and b) the time a client spends in the clinic waiting for and receiving services.
- Equipment: Medical equipment must be inspected and calibrated (if applicable) on an annual basis. A record of the inspection and calibration must be maintained.
- Staff orientation: Includes a written, comprehensive orientation program for each new employee, including review of policies and procedures.
- Appropriateness of Care: Includes assuring whether the care rendered to a client was necessary and that when a client presents with a particular condition, the necessary care was provided.
- Utilization: Includes a mechanism for reviewing and analyzing cost patterns and referral patterns.

- Data Collections Accuracy/Validity: A mechanism must be in place for monitoring the accuracy and validity of all data collection, including MATCH and IPHIS.
- Cultural Competency: Includes assuring that providers are sensitive to culture and able to serve women and children from diverse backgrounds and having a plan for review of this cultural competency.

Patient Flow

Both direct and enabling services should be offered in a manner that is respectful of the time of both provider and patient. For assistance in patient flow analysis, the Centers for Disease Control (CDC) offer Patient Flow Analysis (PFA) software and supporting documentation at http://www.cdc.gov/reproductivehealth/ProductsPubs/PFA_support/. This software offers the means to establish a database for self-designed and self-implemented patient flow studies. All patient contact must adhere to HIPAA regulations.

Comprehensive Site Visits and Desk Audits

The Ohio CFHS program conducts comprehensive site visit every three years to monitor and evaluate local CFHS projects' provision of services according to the standards outlined in the Comprehensive Site Visit Monitoring Tool Review Guide.

The purpose of the CFHS comprehensive site visit is to ensure that federal and state regulations and policies are followed and to improve CFHS services by identifying program strengths and weakness in relation to established standards. In addition, the comprehensive site visit serves to correct identified weaknesses through the implementation of a locally developed and State agency approved corrective action plan that includes time frames and responsible parties. Comprehensive site visits are also used to make recommendations for more effective program functioning and to identify needed changes in State operations (i.e., policy and procedures). Serving as a communication, information, and compliance tool, the comprehensive site visit can be used to demonstrate progress local projects have made and provide State staff another method of updating and training local project staff.

During the evaluation, local project staff will be expected to meet and discuss standards with State staff, as well as demonstrate compliance with standards through use of appropriate reports, files, and actual observance of clinic operations. Specific details of the site visit are jointly agreed upon and documented in the previsit letter and discussed at the entrance conference.

The comprehensive site visit includes all aspects of the local project operations that correspond to the Comprehensive Site Visit Monitoring Tool Review Guide. Evaluations generally cover a one day period and a minimum of 20% of the project clinics must be reviewed or at least one clinic.

The comprehensive site visit consists of the following components:

- Entrance conference: Review of the previsit letter and the expectations of the visit and time frame are addressed.
- Review of clinic procedures (if applicable).
- General Administration: Examples include record retention procedures, quality assurance system, community health assessment development, outreach and referral mechanisms, staffing and clinic operations, program evaluation, assurances and National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.
- Financial Management: Fiscal procedures, reports, documentation and inventory
- System Administration: MATCH/IPHIS system operations
- Review by funded components.
- Exit conference: State staff will review the comprehensive site visit evaluation with agency staff.

The State CFHS office will issue a written letter to the local project containing the corrective actions and recommendations cited in the Comprehensive Site Visit Monitoring Tool Review Guide within 45 days. An electronic letter citing out of compliance items and recommendations will be sent to the local project after the comprehensive site visit. The local project is required to provide a written response from the local project addressing all the corrective actions and recommendations within 30 days of receipt.

An email stating acceptance of the local agency response to the comprehensive site visit letter will be sent from State CFHS office within 15 days of receipt.

Should the State CFHS office disapprove any corrective actions taken or time frames implemented, State staff will contact the project and discuss needed changes. A letter will be sent to the local agency recording these concerns. The local agency will again be required to submit a written response to these concerns within 15 days. Upon State CFHS approval of the resubmitted action plan, an approval letter will be issued and the monitoring evaluation process will be considered completed.

Desk audits are performed if indicated. The audit includes a review of: available data for the county, history with CFHS, other grants the county receives from ODH and the last comprehensive site visit report. At each desk audit, CFHS Consultants review and discuss: past grant applications for concerns, accomplishments, cost analysis, and core public health activities; program data such as MATCH and/or IPHIS for health outcomes, demographics, and insurance mix; and other programmatic data (e.g., OIMRI, Mid-year Progress Report, CHA).

Medicaid

Per an Inter-agency agreement, CFHS is required to identify and refer women, infants and children served by CFHS that may be potentially eligible for Medicaid and Job and Family Services (JFS), to Medicaid and Job and Family Services. Healthchek and JFS posters should be posted in the facility.

Confidentiality

Confidentiality of client records and of information passed between client and health care practitioner are vital in order for the client to receive the most effective health care. Unless both client and practitioner can be assured that the medical chart and conversations between them will remain confidential, they may withhold information, thereby diminishing the quality of care.

To assure high standards of confidentiality, CFHS agencies must develop written policies and operating procedures regarding confidentiality. These written policies must address:

1. Data collection
2. Storage and security of records (including transfer of records)
3. Record retention
4. Client access to records
5. Release of health information
6. Re-disclosure
7. Employee responsibility in confidentiality
8. Responsibility to the public
9. Data corrections, deletions, destruction

All employees must be trained and provided with an annual review of confidentiality policies and operation procedures. Training must address:

1. Securing files, records and computerized data.
2. Ensuring that only authorized persons have access to confidential materials.
3. Treating other confidential information such as lists of names, sign in sheets, and phone numbers on file cards as confidential.
4. Documenting clients' consent for release of confidential materials.
5. Conducting all interviews/counseling sessions with auditory and visual privacy.
6. Avoiding unauthorized conversations.
7. Preventing harm to third parties (duty to warn).

The primary purposes of the client chart are to document the course of a client's health care and to provide a medium of communication among the health care providers for current and future care of the client. Any services provided by the CFHS agencies clinic(s) or its contractors must be recorded in the client's chart. ODH recommends that:

1. Entries must be dated and signed by all clinic personnel who provide services.
2. Client data must be recorded and include labeling of subjective data, objective data, the assessment, and the plan.
3. Each chart must contain a signed and dated consent form allowing project personnel to treat the client.
4. Each chart must contain documentation that clients/parents were made aware of the range of uses of their health care information and of the policies governing the release of that information. This may be part of the local Notice of Privacy Practices (NPP) document.)
5. Each chart must contain copies of the completed Combined Programs Application.
6. Each chart which has been copied for referral must be signed, include a dated and time-limited release of information form.

Highly confidential information on subjects such as child abuse, domestic violence, and alcohol and drug abuse is protected information and can be filed separately within the medical record folder and released only with proper authorization. CFHS agencies must follow federal and state reporting regulations and statutes relative to reporting confidential information that is sensitive.

Federal Law Source: The source for HIPAA is 42 USC 1320d-7[b] [42 USC 1178{b}] and 45 CFR 164.512[c]. Amendments to SS527 and 523 of the Public Health Services Act (42.U.S.C. 290-ee-3 and 42.U.S.C. 290-dd-31) permit reporting of suspected child abuse and neglect. Reporting must be done to appropriate state and local authorities in accordance with State law.

State Reporting Statutes Source: Confidentiality of Medical Records in Ohio, 1991-1992 editions, Medical Educational Services, Inc.

- Child abuse ORC 2151.421
- Adult abuse ORC 5101.61
- Poison and industrial accidents ORC 3701.25
- Abortion ORC 3701.79
- Cancer ORC 3701.261
- Communicable diseases ORC 3701.24

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Please consult the State of Ohio HIPAA toolkit for more information on HIPAA requirements and implementation. This toolkit can be found at <http://www.dw.ohio.gov/hipaa/toolkit.htm>.

Informed consent

CFHS clients have a right to know about their health, to know about available treatment options and their risks and benefits, and to choose from among the alternatives. When the client is a child, these rights extend to the child's parents or legal guardians.

Health care providers should engage in the process of informed consent with clients before undertaking any medical intervention, keeping in mind that clients generally have a right to refuse any proposed treatment. Decision-making involving the health care of children should be shared by the health care practitioner and the child's parents or guardians, and the practitioner should seek the informed permission of the parents before beginning medical intervention. Informed consent includes at least the following elements:

1. Client/parent information should be provided in understandable language; include the nature of the condition; proposed diagnostic steps and/or treatment; potential risk and benefits; and alternative treatments.

2. Practitioners assessment of the client/parent's understanding of this information.
3. Practitioners assessment of the client/parent's capacity to make the necessary decisions (clients/parents should have the freedom to choose among the alternatives without coercion or manipulation).

In addition to providing informed consent for medical intervention, clients/parents also should be made aware of the range of uses of their health care information and of the policies governing the release of that information. This may be part of the local Notice of Privacy Practices (NPP) document. Practitioners should educate the client/parent about their right to:

1. Confidentiality (including the client's right to restrict or limit dissemination of identifiable medical information)
2. Access to their medical information.
3. Awareness of the agency's policies and procedures regarding disclosure, access and amendments.

All consents must be in writing. Verbal consents for treatment, follow-up and referrals must be documented in the medical record and followed-up in writing with the client/parent's signature and date. All agency staff must be informed of the agency's policies regarding informed consent and should be encouraged to educate the client/parent about his/her rights to privacy and limiting access to his/her health information.

The ODH Office of Legal Services recommends CFHS clinics inform clients of their rights regarding the disclosure of personally identifying information via the local Notice of Privacy Practices (NPP) document. Local agencies are encouraged to work with their own legal counsel to draft a form.

The consent form should include three points regarding personally identifying information that ODH Office of Legal Services recommended should be covered:

1. Consent must be knowing and voluntary.
2. Authority to collect the Social Security number must be provided.
3. Client information to be used must be identified.

Other information that could be included is clarification of ODH involvement with the local clinic; specification of personally identifying information, i.e., names and Social Security numbers (note that birth date is not included); assurance that services will be provided even if the name/social security are not given; and the manner in which the information could be used.

Sources:

Policy Statement: Informed Consent, Parental Permission, and Assent in Pediatric Practice. Pediatrics. 1995;95(2):314-317. Reaffirmed 2011.

Confidentiality of Medical Records in Ohio, 1991-1992 ed, Medical Educational Services, Inc.

Confidentiality of Patient Health Information, A Position Statement of the American Medical Records Association, page E-10.

Documentation

Any services, assessments or interventions provided to a client must be clearly documented in that client's clinical chart. This includes, but is not limited to, medical history; clinical services; screening services and assessments required by the CFHS Program Standards; and health education topics reviewed at each visit.

Appropriate documentation of client care:

- Facilitates communication and continuity of care among all the health care professionals involved in the client's care.
- Serves as a legal document to verify the care provided.
- Facilitates appropriate quality assurance evaluations.
- Provides data that may be useful for research and education.

Missing or incomplete documentation can lead to duplication or omission of certain services, and therefore can negatively impact the care a client receives. Thorough and comprehensive charting gives staff a more complete picture of the client's health status and allows them to make informed decisions about the appropriate interventions to provide.

Documentation, whether it is on specific assessment forms or in progress notes, should include problems identified, intervention performed, referrals made and any follow-up conducted. Each form or note should be initialed/signed and dated by the professional who completes it.

Ownership/copyright

Any work produced under the CFHS grant will be the property of the Ohio Department of Health and the federal government. The ownership includes copyright. The content of any material developed under the CFHS grant must be approved in advance by the ODH CFHS program. All material(s) must clearly state: *Funded by Ohio Department of Health/Federal Government, Bureau of Child and Family Health Services, Child and Family Health Services Program.*

Human Resources and Partnership Requirements

A CFHS agency must determine and manage the personnel resources needed to plan, implement and evaluate CFHS programs and services. Each CFHS staff position must have a job description specifying the qualifications required and how the position is supervised. Personnel files must contain evidence of the qualifications of the staff members and the project must verify the current licensure of professional staff for each fiscal year. Each grantee must also have a written policy for staff development that includes provisions for staff training to meet emergency situations; skill upgrades through workshops and conferences; appropriate training in cultural competency; training to attain competency in the use of new equipment; and training to maintain professional licensure and certification and documentation to assure annual review of policy updates and annual skill competency check.

Consortium

The subgrantee agency must establish and maintain a formal structure of shared governance through a CFHS consortium. The CFHS consortium members participate in policy making and in other decisions about the program. The CFHS consortium must meet at least four times a year. Minutes of such meetings must be kept on file.

The CFHS consortium does not have to be a unique organization, but may function as part of a larger or more comprehensive consortium. However, meeting minutes must show that the consortium actively participates in the duties listed below for all aspects of the CFHS program including direct health care, enabling services, population based services, including care coordination, and infrastructure services. Minutes must also show that maternal and child health issues are included in significant discussions a minimum of four times a year.

The consortium must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of services to children and families. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships. Subgrantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community health care providers and organizations to promote the access of women, children and families to health care and community services that are responsive to their needs, and to ensure that the CFHS program responds to community needs. Subgrantees must inform the CFHS consortium of any compliance issues identified in an ODH monitoring or technical assistance visit.

Consortium responsibilities may include data collection and analysis; program development, implementation and evaluation; and decision making regarding resource allocation. Some examples include but are not limited to:

- Development of the CFHS Program Plan and annual review of such a plan.
- Development of the program vision, mission, long- and short-term program goals and objectives.
- Active participation in the community health assessment process and program planning including collecting and reviewing data on an ongoing basis.
- Assurance that financial and program objectives address the findings of the community health assessment and are consistent with the goals and objectives of CFHS Program.
- Assist with the selection of subcontractors and their service areas.
- Assist with the composition of the consortium and the procedures by which consortium members are chosen.
- Establish and maintain procedures for working with the subgrantee or subcontractor agency to resolve community complaints about the program.

Representatives must be drawn from a variety of local health care and social service representatives who can provide input into the planning, implementation and evaluation of the local CFHS program. Membership may be drawn from local health and social service agencies; businesses; public or private community, civic, and professional organizations; and others who are familiar with resources and services for low-income children and families. Membership must not consist solely of those funded through the CFHS grant. Suggested members may be representatives of:

- Care coordination programs
- Child Fatality Review Boards
- Cooperative Extension Service
- Developmental Disabilities

- Individuals and agencies that provide services to children with disabilities and their families, including programs funded through the ODH Bureau for Children with Developmental and Special Health Needs (includes the Help Me Grow and BCMH programs)
- Faith community
- Family and Children First Councils
- Health care providers (e.g., physicians, dentists, and other health professionals)
- Help Me Grow programs
- Hospitals
- Jobs and Family Services
- Ohio Department of Medicaid (e.g., Healthchek & Perinatal Services coordinators)
- Law enforcement
- Local health districts
- Mental health providers
- Nutritional service providers, including WIC
- Schools and universities

Project Director

All CFHS staff must comply with all state and federal laws and operate within their scope of practice. A CFHS agency must have a designated project director. The project director acts as the single point of contact for the CFHS agency and ODH. The CFHS project director's role and responsibilities include but are not limited to: communication; community health assessment and planning; grant administration; quality assurance; data collection and analysis; evaluation; and monitoring. A CFHS agency will need to determine and manage personnel-staffing which may include full-time or part-time staff and volunteers.

Contracts

Based on a community health assessment the CFHS consortium may determine that some programs and services would be better provided by an agency other than the CFHS applicant agency. In that circumstance, the CFHS agency may subcontract for a particular program or service. All CFHS contractors must comply with all state and federal laws and operate within their scope of practice. The entire program (CFHS agency and subcontractors) must be in compliance with applicable CFHS Program Standards. It is the CFHS agency's responsibility to assure the subcontractor's compliance with grants requirements, CFHS standards and data collection. Where appropriate, a CFHS agency should retain all contracts on file. The contracts should not be sent to ODH.

Financial Requirements

A CFHS agency must determine and manage the financial resources needed to plan, implement and evaluate CFHS programs and services. A CFHS agency must be accountable for the use of public monies; provide assurance of quality in the provision of programs and services; and ensure the measurement of the effectiveness of those programs and services. A CFHS agency must improve the quality of services by integrating evidence-based programs and interventions leading to better health outcomes. Any award made through the CFHS grant program is contingent upon the availability of funds. In view of this, the CFHS agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.

CFHS Facilities

All facilities that provide services to CFHS clients must be clean and safe. Facilities must meet all local, state, and federal regulations and standards. Facilities must be lead safe environments and must provide privacy as appropriate.

Equipment Purchases

To purchase equipment, as an item costing \$300.00 or more per unit, the local CFHS project must have a line item in the Equipment section of an approved budget and prior written approval from the State CFHS office. The request must include information regarding the agency's purchasing policy or three price quotations for the applicable equipment. The project must provide written justification for the purchase. Additional justification is required if the project does not intend to accept the lowest price. Only the grantee agency may send approval requests to the State CFHS office; subcontracting projects must submit the request to the subgrantee agency.

CFHS Cost Analysis

It is essential for income to equal or exceed expenses. In the health care industry for many years the only measure of cost has been to total the cost of operating a program. It is critical that a manager understand and be able to clearly define the services provided to the consumer, as well as identify the costs of providing those services. A method of cost analysis assists providers in:

- Establishing a baseline for changes in volume and efficiency for future comparison, both with others and themselves.
- Developing an estimate of cost of services in all layers of the public health pyramid, not just direct health care services.
- Developing an estimate of the cost of core public health services provided to the community that are unlikely to be included in Medicaid reimbursement or Medicaid managed care rates.
- Preparing for negotiations with managed care organizations by developing an accurate understanding of the cost of services provided as well as the parameters for negotiation.
- Clarifying how Maternal and Child Health Block Grant funds and state funds are used along with Title X, Women’s Health Services funds, Medicaid revenue and other sources, to finance services for low income families in Ohio.

The Bureau of Child and Family Health Services does not require a specific methodology for cost analysis. However, local subgrantees should review cost analysis information on a regular basis to assure the cost effectiveness of services.

Third Party Reimbursement

CFHS funds must be used as a payment of last resort. Subgrantees must seek payment for direct or enabling services from all possible third party payers including Medicaid.

The *Medicaid Provider Handbook* offers detailed information on the provision and reimbursement of Medicaid covered services. The handbook can be found at <http://medicaid.ohio.gov/providers.aspx> or may be ordered in hard copy from Ohio Health Plans.

Multiple Resources are available to educate staff concerning billing third parties. Ohio Health Plans regularly offers training on billing for Medicaid covered services. See <http://medicaid.ohio.gov/providers.aspx> for a training schedule and registration materials.

Medicaid offers information on third party reimbursement on their web site <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/TPL-COB-Page.html>.

Professional Organizations such as the American College or Congress of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) regularly offer coding and billing workshops. Refer to the ACOG web site <http://www.acog.org> or <http://www.aap.org> for more information.

Sliding Fee Scale

The Title V Maternal and Child Health Block Grant requires that an individual or family with a low income not be charged a fee for services supported in part or whole under the CFHS Program. A sliding fee schedule (SFS) determines, based on gross family income, the percentage or portion of billed charges that the uninsured client will be responsible for. Low income is defined as income which is at or below the official poverty line as defined by the Office of Management and Budget, and is revised annually. The fee schedule for a CFHS agency must follow these guidelines. A CFHS agency may use a different sliding fee schedule, however, all sliding fee schedules must be approved by ODH. Projects must have policies and procedures in place to notify clients of the sliding fee scale.

Schedule of Charges

A CFHS agency must develop and utilize a schedule of charges in assessing fees of clients and other appropriate payers (e.g., Medicaid or private insurers) for every service or procedure they provide. All clients, regardless of payment source, must be charged according to the same fee schedule. ODH personnel will review the methodology and results of the cost analysis, and the agency's schedule of charges.

Project Income

Project income is required to be reported and includes all sources of income, excluding Medicaid and Medicare. Project income includes client donations; client fees; State CHIP; and private health insurance. Project income is the gross income earned by the grant recipient during the grant period that is directly generated by a supported activity or earned as a result of the award. Project income is formally defined in 45 CFR 74.2(ag) and 92.25(b). Grantees are encouraged to earn income to defray program costs. Project income definitions are listed below:

- **Total Client Fees Collected/Self-Pay:** Report the amount collected directly from clients during the reporting period for services rendered within the scope of the subgrantee's CFHS project.
- **Client Donations:** Donations made by clients for a service that has been provided through the CFHS project.
- **Private Health Insurance:** Refers to health insurance provided by commercial and non-profit companies. Individuals may obtain health insurance through employers, unions, or on their own.

- Other, (please specify): Enter the amount of funds received in the reporting period from other federal, state, and/or local government health insurance programs for services rendered within the scope of the subgrantee's project. Examples of other public third party insurance programs include health insurance for military personnel and their dependents (e.g. TRICARE, CHAMPVA).

Medicaid Administrative Claiming (MAC)

Through MAC a local health department can be reimbursed, in part, for their efforts that assist low income Ohioans in enrolling in Medicaid and accessing appropriate Medicaid covered services. The programs and services provided through a CFHS agency such as Medicaid outreach, Combined Programs Application (CPA); program planning and development; and interagency coordination of Medicaid services would qualify the agency to participate.

Gift Cards and Incentives

The use of educational materials, promotional materials, enablers and incentives may be necessary to ensure that the program goals are met. The CFHS program is funded by Maternal and Child Health Block Grant funds and General Revenue Funds. CFHS Program definitions are provided below. Some items, such as books, could be educational items or promotional items depending on the intent. Some items, such as onesies, could be educational items, promotional items or enablers depending on the intent.

An incentive is an item (good or service) that motivates or encourages one to do something and is awarded when it is completed. An incentive is payment or concession to stimulate greater output or investment. Examples include: providing diapers to a parent for bringing their infant to well-visits and whose infant is up-to-date for immunizations or giving an iPod to someone completing an YRBS survey.

An enabler is someone or something that enables another to achieve an end; a person or thing that makes something possible. Examples include: bus tickets to health or social services visits; cribs; pacifiers; sleep sacks; diapers; or vitamins.

A promotional item is an article of merchandise (often branded with a logo or message) used in marketing and communication programs. They are given away to promote a program or event. These items are given away at health fairs or other community events. Examples include: cups; pens; pads; sleep sacks; billboards; or magnets.

Educational Materials/Supplies are items that are used and/or required to conduct lessons, classes, or activities. Examples include: books; pens; pencils; exercise supplies; nutritional materials; magnets; handouts/brochures; or billboards.

The CFHS Program allows the utilization of incentives for specific purposes. Incentives are based upon the needs of the targeted population and no specific amount or specific form of incentive is prescribed by ODH. Subgrantee agencies submit the specific incentive item and define the amount per recipient within the subgrantee budget justification. Program has created a form for subgrantees to use to track the incentives. The incentive amounts vary depending upon the focus of the programming that is being incentivized for the grant year. All incentives and incentive amounts are subject to Program approval. If gift cards are used as an incentive, the procedure and form must be used. Subgrantees do not need to submit the gift card form to Program; however, the subgrantee must make them available in the case of an audit.

The CFHS Program allows the utilization of enablers for specific purposes. Enablers are based upon the needs of the targeted population and no specific amount or specific form of enabler is prescribed by ODH. Subgrantee agencies submit the specific enabler item and define the amount per recipient within the subgrantee budget justification. The enabler amounts vary depending upon the focus of the programming for the grant year. All enablers and enabler amounts are subject to Program approval. If gift cards are used as enablers, the procedure and form must be used. Subgrantees do not need to submit the gift card form to Program; however, the subgrantee must make them available in the case of an audit.

Monitoring: Subgrantee agencies submit the specific incentive or enabler item and define the amount per recipient within the subgrantee budget justification. The incentive or enabler amounts vary depending upon the focus of the programming for the grant year. All enablers and enabler amounts are subject to Program approval. If gift cards are used as an incentive, the procedure and form must be used.

Refer to the Appendices for the instructions and form.

Appendix: Instructions for the purchase, maintenance and distribution of Gift Cards awarded as CFHS Program incentives or enablers.

Appendix: CFHS Program Gift Card Purchases and Distribution Form

Data Systems, Reporting and Record Retention

Information Systems

Information systems assist in preparing and reporting on the health status and health services within the MCH population by using descriptive statistics and trend analysis. This information should be used in a community health assessment for planning and policy development (including standard setting and intervention strategy design).

The data collection system gathers information about all clients who receive CFHS direct and/or enabling services. The data are used for reporting on performance and outcome measures for the federal Maternal and Child Health Block Grant; providing local CFHS agencies and the Ohio Department of Health program planning and evaluation information; and reporting information to the state legislature and CFHS stakeholders. MATCH and IPHIS are managed by ODH. Each local CFHS agency is responsible for:

- Purchasing and maintaining a computer and printer.
- Providing MATCH and IPHIS data for all clients who receive CFHS direct care and/or enabling services. This includes those whose care is paid by Medicaid or covered by any third-party payer.
- Providing MATCH or IPHIS demographic and clinical data in its entirety. This includes entering complete names, social security numbers, income information, etc. This information is critical and it will be used by the CFHS Program to determine the number of clients serviced with CFHS and other funds.
- Providing MATCH information even if a CFHS agency is only providing a portion of a service (e.g., school-based/school-linked services).
- Notifying ODH staff immediately of new data entry personnel for training purposes.
- Ensuring that all local CFHS agency staff is properly trained to use the MATCH or IPHIS data collection system including forms completion, data entry, and accessing data for reports.
- Advising CFHS of plans to open new clinic location in order that site letter can be assigned.
- MATCH and IPHIS forms may be obtained from ODH by downloading the forms or by submitting a literature request form (HEA 6403).
http://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/datasystems/match.aspx
http://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/datasystems/iphis.aspx
<http://www.odh.ohio.gov/pdf/forms/hea6403.pdf>

Reporting

Client and Visit Data: Maternal Child Health (MATCH) Reports – A CFHS agency funded for child and adolescent enabling and direct care must document client and visit data in the MATCH system including basic demographic, household size, income and referral sources. The MATCH system also collects information for each visit with the client including the type and purpose of the visit, who provided the service, risk factors and actions resulting from screenings. The data for the MATCH system are collected through the MATCH application installed on computers at local health departments and organizations. The agencies submit their data quarterly to the Ohio Department of Health. The data are verified and added to a master MATCH data system at ODH. Please see the most current/recent CFHS RFP for specifics on required submission date and format. Data submission is ongoing and must be entered within 14 days of the child client visit.

Client and Visit Data: Integrated Perinatal Health Information System (IPHIS) Reports – A CFHS agency funded for perinatal enabling and direct care must document client and visit data in the IPHIS web-based system. The IPHIS system collects client level data, including basic demographic, household size, income and referral sources. The IPHIS system also collects information for each visit with the perinatal client including the type and purpose of the visit, who provided the service, risk factors, actions resulting from screenings, specific pregnancy related information and birth outcome information. The data for the IPHIS system are collected through web based data entry by local health departments and organizations. The data are instantly available to the Ohio Department of Health. Data submission is ongoing and must be entered within 14 days of the perinatal client visit.

Client Data: Ohio Infant Mortality Reduction Initiative (OIMRI) Reports – Agencies funded for OIMRI must document client data. The OIMRI system collects: 1) client intake data, including basic demographic, pregnancy status, risk factors and referral sources; 2) birth outcome data including basic demographic, prenatal care information and birth outcome information; 3) client exit data including basic demographic, risk factors and well child health care information; and 4) caseload analysis data including staff and home visit information and data on terminated clients. The data for the OIMRI system are collected through hard copy forms or electronic forms. The agencies submit their collected data quarterly to ODH. The data are verified and added to a master OIMRI data system at ODH.

Fiscal Expenditure Reports – A CFHS agency must complete and submit via GMIS 2.0 by the due dates. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

Mid-Year and Annual Project Income Report – A CFHS agency must submit program income reports with the mid-year report and annual report. Program income is required to be reported and includes all sources of income client donations, client fees, State CHIP and private health insurance.

Mid-year and Annual Program Report – A CFHS agency must submit Mid-year (MYR) and Annual (APR) Program Reports describing the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subgrantees ability to meet the program's objectives or time schedules. Funded agencies must submit progress reports midyear (February 1st) and annually (30 days after the close of the grant year) using the CFHS Program Plan. Untimely submission of program reports may result in withholding of funds. An update regarding the community health assessment must be included in the mid-year and annual report.

Annual Culturally and Linguistically Appropriate Services in Health Care (CLAS) Report – A CFHS agency must complete and submit a CFHS CLAS Strategic Plan by the required due date. The CLAS Report should describe the overall progress toward cultural competency, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that will affect the CFHS agencies ability to meet the program's objectives or time schedules. Untimely submission of program reports may result in withholding of funds.

Record Retention Requirements

Records shall be retained in accordance with the GAPP Manual. Local projects must maintain CFHS records so that auditors, state and federal evaluators, and participants can have access to them when necessary. The records and documents listed below must be retained for the specified time period following the end of the fiscal year in which the item pertains, unless otherwise noted.

If any litigation, claim, negotiation, audit, or other action involving CFHS records or documents has begun before the end of the retention period, the records must be kept until all issues are resolved or until the end of the retention period, whichever is later.

General Administration Records – The following records must be maintained for three years from the date of the submission of the “Final” close out report for the fiscal year to which the item pertains:

- Grant application and conditions
- Consortium committee files (minutes and membership)
- Staff meetings

Financial Records – The following records must be maintained for three years from the date of the submission of the “Final” close out report for the fiscal year to which the item pertains:

- Certified Expenditure Reports
- Approved Project Budgets, Project Budget Revisions, and all supporting documentations (cancelled checks, contract copies, insurance policies, purchase orders, equipment inventory and equipment request forms.
- General Ledgers
- Personnel and Payroll Records
- Travel Vouchers

Computer Records – These reports need to be maintained nine months from the original date of issuance.

- MATCH Reports
- IPHIS Reports

Community Health Assessment Records – Community Health Assessment records must be maintained for five years from the date of the submission of the “Final” close out report for the fiscal year to which the item pertains.

Client Records – It is advised by ODH Legal Counsel that all patient records must be kept at the facility of care until one year following the patient’s eighteenth birthday. Adult patient records must be kept at the facility of care for three years from the date of the submission of the “Final” close out report for the fiscal year.

Source:

Consolidated Federal Regulations, Title 45: Public Welfare, Part 92-Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments, Subpart C-Post-Award Requirements, 92.42 Retention and access requirements for records.
<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=0879fc1cd45368c41e86b91bd1d0d9e2&rgn=div8&view=text&node=45:1.0.1.1.49.3.18.18&idno=45>

Health Equity and Cultural Competency

Statement of Intent to Pursue Health Equity Strategies

The ODH is committed to the elimination of health inequities. As stated in the Introduction Section, the goals of CFHS are to eliminate health disparities, improve birth outcomes, and improve the health status of women, infants and children in Ohio. The Statement of Intent to Pursue Health Equity Strategies is a part of the grant application process and is required for the competitive cycle only. All CFHS applicant agencies must submit a statement which outlines the intent of the CFHS application to address health disparities. For the continuation cycle, provide an update about activities to help reduce health disparities. See the most recent Request for Proposal for instructions on how to meet this requirement.

Cultural and Linguistic Appropriate Services (CLAS)

“The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations.”

The principal standard is to “provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.” (Retrieved November 2013, from <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>.)

All staff funded through CFHS must receive appropriate and ongoing training in cultural competency. Cultural competency is building the knowledge and interpersonal skills that allow providers to understand, appreciate and work with individuals from other cultures. Cultural differences are not solely racial and ethnic differences. The role of culture and its effect on the needs of patients in healthcare has become increasingly important. CFHS personnel must have a heightened understanding of how beliefs and traditions related to culture or ethnic identity can affect a patient’s attitude toward healthcare. Cultural beliefs and traditions can affect thoughts about food, gender roles, folk healing methods, appropriate methods of disciplining children, and the definition of family.

A CFHS agency must have mechanisms in place to review and address cultural competency issues that arise while working with clients. These should include resolving barriers to care, identifying and resolving conflicts in health practices, and identifying and resolving barriers to understanding health education, among others. These issues may be addressed through discussion during staff meetings, case reviews, and/or additional training of staff on providing culturally competent care.

The CFHS program does not discriminate in the provision of services based on an individual’s religion, race, national origin, handicapping condition, age, sex, number of pregnancies or marital status. Local agencies should have the capacity to provide services to persons with Limited English Proficiency (LEP).

The CFHS agency must complete and submit a Cultural and Linguistic Appropriate Service (CLAS) Strategic Plan. This plan must be submitted in the manner prescribed in the current Request for Proposal and must be implemented for services provided with CFHS funds in the grantee agency as well as any subcontracting agencies.

Each year with the Annual Progress Report, the local agency should describe the overall progress toward cultural competency, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subgrantee agency's ability to meet the program's objectives or time schedules. Untimely submission of program reports may result in withholding of funds.

The following links should assist with CLAS plan development, education and training:

<https://www.thinkculturalhealth.hhs.gov/>
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3>
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=12>
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=107>
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=17>
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=16>
<http://1.usa.gov/1df7jxb>
<http://nccc.georgetown.edu/>

Infant Feeding and Infant Safe Sleep Policies

ODH is committed to promoting optimal health and safety for all Ohio infants and to reducing infant mortality. ODH recognizes its leadership role in establishing standards for policies and practices that promote healthy behaviors among its employees, programs, subgrantees, and other state agencies for what ODH believes to be in the best interest of Ohio citizens. The purpose of these policies is to establish a consistent infant feeding and infant safe sleep messages across all department programs and activities that work in Maternal and Infant Health Programs. The policies and fact sheets are posted on the ODH web site. All CFHS subgrantee and subcontracting agencies must assure that all activities and publications adhere to the ODH Infant Feeding and Infant Safe Sleep policies. All CFHS funded staff must view the ODH Infant Feeding and Infant Safe Sleep Policies video available via Ohio Train.

ODH Infant Feeding Policy

<http://bit.ly/odhinfantfeedingpolicy>

ODH Infant Feeding Policy Fact Sheet

<http://bit.ly/odhinfantfeedingpolicyfactsheet>

ODH Infant Safe Sleep Policy

<http://bit.ly/odhinfantsafesleppolicy>

ODH Infant Safe Sleep Policy Fact Sheet

<http://bit.ly/odhinfantsafesleppolicyfactsheet>

Appendix A: Instructions for the purchase, maintenance and distribution of Gift Cards awarded as CFHS Program incentives or enablers.

Listed below (**in Bold Letters**) is the information GSU will be requesting for review if an Agency has an incentive line item that contains gift cards. The instruction for meeting the requirement is below the GSU requirement:

- 1. Are incentives included in any of the grant applications with this agency?**
(The follow restrictions apply: Gift cards may not be in the form of prepaid credit cards i.e., VISA, MasterCard, American Express, etc. Recipients of gift card incentives must sign a statement acknowledging and agreeing to the purpose(s) of and restrictions on the incentive; Unallowable uses include but are not limited to purchases of alcohol, tobacco, illegal drugs or firearms; and Gift cards may not be redeemed for cash.)
 - a. List the grant program(s) that include an incentive line item.**
This should be listed in in your budget under **other costs** as incentives.
 - b. List all gift cards being purchased?**
Use the Gift Card Purchases Form for this purpose.
 - c. Is the agency maintaining a list of the gift cards purchased? Explain how?**
The Gift Card Purchases Form also serves this purpose.
 - d. Does agency maintain a statement acknowledging and agreeing to the purpose(s) signed by each client that received a gift card? Obtain copies of each statement.**
The Sub-Grantee agency representative should complete a Gift Card Distribution Form (this form was created by Program for tracking purposes). If a child is the gift card recipient, an ID number will be assigned to the child, no name shall be collected (names are not permitted to be recorded due to the minors' status to ensure confidentiality) that the Sub-Grantee agency representative signs.
 - e. Does the agency maintain a log that shows which client received which gift card? Explain how this is done and obtain a copy. (This should contain some type of number that identifies the card and signature of who the card was given to.)**
The Gift Card Purchases Form should be used for this.
 - f. Verify any undistributed cards are being maintained at the agency. Explain how this is being done.**
Gift Cards should only be distributed to agencies (providers and focus groups) only at the point they have earned it. All cards that have not been directly distributed to the end recipient must stay in possession of the Sub-Grantee and be listed on the Distribution Form (without a recipient listed).

At the end of the grant period, any gift cards that are unused must be returned to ODH or the equivalent dollars must be reimbursed to ODH. It is appropriate to purchase the cards on an as-needed basis so you do not have any excess at the end of the grant year.

