

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
NOTICE OF GRANT AWARD AMOUNT & SUMMARY OF PROGRAM OBJECTIVES

PROGRAM NAME: Maternal & Child Health (#17)

LOCAL AGENCY NAME: Sedgwick County Health Department

PROGRAM PERIOD: July 1, 2024 - June 30, 2025

AMOUNT THIS PERIOD: \$ 500,000

This document is incorporated by reference into Contract Attachment No. 17. Acceptance of the first payment constitutes Local Agency's agreement to the amount of the grant, the program objectives set out below, and the terms of Contract Attachment No. 17. In addition to the general program provisions and objectives set forth in Contract Attachment No. 17, Local Agency agrees to the following Fiscal Year/Local Agency-specific requirements:

1. Target efforts, coordination, and resources as necessary to address the priorities identified in the 5-year statewide needs assessment, *MCH 2025*, as well as community needs.
Provide services within one or more of the following domains as indicated and detailed in the application for funding:
 - a. Women/Maternal Health
 - b. Perinatal/Infant Health
 - c. Child Health
 - d. Adolescent Health
 - e. Children and Youth with Special Health Care Needs
2. Serve the estimated number of MCH participants as indicated by domain in the application for funding:
Services will be provided for:

120	Perinatal Community Collaborative Prenatal Education (BaM)
162	Prenatal/Pregnant Women
40	Post-Partum Women (up to 60 days after delivery)
205	Home Visiting (pregnant, postpartum, infants)
200	Women (22 through 44 years)
115	Infants (<1 year)
290	Children (1 through 11 years)
280	Adolescents (12 through 21 years)
0	Children and Youth with Special Health Care Needs

3. Breakdown by Program of Award Amounts (*if applicable):

\$350122	Maternal and Child Health (MCH)
\$149878	Home Visiting*
\$0	SHCN - Satellite Office*
\$500000	TOTAL Award Amount

4. Submit to the State Agency in the Kansas Grants Management System (KGMS) the reports listed in the KDHE Grant Application Guidance and Grant Reporting Instructions. The State Agency reserves the right to modify in its sole discretion, the reporting requirements during the term of this agreement to meet applicable federal or state reporting requirements.

- a. Submit the Financial Status Report (FSR) by the 15th of the month following the end of each quarter. The source and amount of funds received during the reporting period that support activities within the scope of the grantee's approved application/plan shall be identified on the FSR.

Quarter	Reporting Period	Due Date
1	July 1 st - September 30 th	October 15 th
2	October 1 st - December 31 st	January 15 th
3	January 1 st - March 31 st	April 15 th
4	April 1 st - June 30 th	July 15 th

- b. Submit detailed Semi-Annual Progress Reports by the 15th of January and July.
- c. The entire amount of Program Revenue reported on FSRs during the contract period MUST be spent as Revenue Expense by the end of the contract period (June 30th). Program Revenue cannot be carried over from one contract period to the next.
- d. A 5% penalty of total grant award amount will be assessed for delinquent year-end (final) report beyond August 15th.
5. Track real-time client demographics and service/encounter data as required and in accordance with the guidelines provided by the State Agency.
- a. Utilize the Data Application and Integration Solutions for the Early Years (DAISEY) system to report client-encounter data. Data must be entered by the 10th of every month for services provided through the end of the preceding month. All encounter data shall be current and available to the State Agency within fifteen (15) days of the end of the calendar year and state fiscal year. This data will be the source for required reports. KDHE must be notified of plans to use an alternative system such as an Electronic Health Record (EHR) to collect client-level data. Entry in DAISEY will still be required. Additional information will be provided as applicable.
- b. Provide a signed DAISEY Terms of Use Agreement and comply with the terms outlined in the agreement.
6. No more than 25% of the total grant award shall be advanced/made available to the Local Grantee Agency for the period July 1 through September 30. Therefore, any expenses exceeding 25% of the total grant award should not be reported on the 1st quarter affidavit. Additional expenses must be reflected in the Match section.
7. Create annual staff development plans that identify education needs of staff and plans for providing or obtaining the needed training. An Individual Professional Development Plan or other system of documenting educational updates will be maintained for each staff member.
8. Meet KDHE MCH orientation, initial, and ongoing training requirements as outlined in the appendix of the most current [Kansas Maternal & Child Health Services Manual](#). Maintain a record of all training completed, including when it was completed. (Note: Quarterly payment(s) may be withheld if the State Agency determines the Local Agency does not meet requirements.)
- *Additional recommendations for training and professional development are outlined in the Kansas Maternal & Child Health Services Manual.
9. Local Agency is responsible to keep agency/program contact information updated in 1-800-CHILDREN. Visit <https://1800childrenks.org>, create a log-in to update and add to the agency's information.

10. Requirements for Special Health Care Needs (SHCN) Satellite Office grantees only.

- a. Assist in efforts to expand KS-SHCN community-based services within the assigned region by:
 - i. Monitoring client status and communicate needs to families, as applicable
 - ii. Inputting client notes into web-based data system regarding interactions and communications made with KS-SHCN families
 - iii. Running update reports monthly to identify families that require updated applications, information, or follow-up
 - iv. Participating in one virtual training. This training will cover basic satellite office work for SO staff to have the support they need to provide quality services to the children and families of the SHCN program.
 - v. Providing Care Coordination services for clients in your area as assigned by the Program Manager or Eligibility Specialist.
- b. Assist families with the application process who are interested in or needing KS-SHCN services by:
 - i. Assisting families in compiling necessary medical and financial information for KS-SHCN and other state and federal financial assistance programs; and
 - ii. Follow-up with families regarding referrals made to ensure support, collaboration and integrated service delivery across systems.
- c. Maintain proficiency in using the KS-SHCN web-based client monitoring system by:
 - i. Entering client applications and determining financial eligibility;
 - ii. Monitoring client status and communicate needs to families, as applicable; Inputting client notes into SHCN data system regarding interactions and communications made with SHCN families;
 - iii. Running update and reminder reports monthly to identify families that require updated applications, information or follow up;
 - iv. Developing and updating Action Plans for clients.
- d. Host KDHE for one (1) on-site visit during the contract period.
- e. Share information about the SHCN program with all agency staff to increase referral rates to the program.
- f. Make sure Decision Schemas and brochures are displayed throughout the agency for consumer viewing.
- g. Do outreach with partner agencies to let them know about the KS-SHCN program.
- h. Provide matching funds equal to or greater than 40% of grant funds expended per quarter.