

Exhibit 4c

MSP Budget/Expenditure Report Review

Exhibit 5

**Standards for Provision of Services:
Maternal and Child Health Block Grant**

STANDARDS FOR THE PROVISION OF SERVICES

1. General Standards

- a. The Contractor shall promote and utilize applicable state regulations, guidelines and other standards relating to the provision of maternal and child health services to individuals, including the content, periodicity, service linkages, and follow-up of those services, as well as any standards relating to conduct of systems operations. The Department draws the Contractor's attention to the following laws and regulations, without in any way diminishing the importance of those laws and regulations not specifically mentioned:
 - i. The Communicable Disease and Prevention Law, 35 P.S. §521.1 et seq., and the regulations promulgated thereunder, set out at 28 Pa. Code §27.1 et seq.
 - ii. Commonwealth regulations governing birth centers, set out at 28 Pa. Code §501.1 et seq.
 - iii. The Newborn Child Testing Law, 35 P.S. §621 et seq., and the regulations promulgated thereunder, set out at 28 Pa. Code §28.1 et seq.
 - iv. The regulations governing confidentiality of maternal and child health information, set out at 28 Pa. Code §29.1 et seq.
- b. Special Provisions

The Contractor shall comply with the following:

- i. The Contractor shall document how residents have telephone access to service providers and information about local health care providers who provide health care services under Titles V and XIX (42 U.S.C. Sections 701 et seq. and 1396 et seq.
- i. The Contractor shall provide services, both directly and through sub-contractors, to identify pregnant women and infants who are eligible for the Medical Assistance program, and, once identified, take action to assist the mothers and infants in applying for Medical Assistance. The Contractor shall document those actions in its reports to the Department as set out in Paragraph XV ("Reports") to this Agreement.
- c. The Contractor shall maintain documented policies and procedure guidelines that are consistent with the laws and regulations set out in subparagraphs IX (C) (a) and (b) above.

2. Standards For Component C: Childhood Lead Poisoning Prevention Services

- a. The Contractor shall provide the childhood lead poisoning prevention and control services set out in this Agreement in accordance with the following:
 - i. The Center for Disease Control and Prevention's current statement entitled, "Preventing Lead Poisoning in Young Children, " which is incorporated by reference into and made a part of this Agreement. The Contractor acknowledges having a copy of the statement;
 - i. Title 28 Pa. Code Chapter 101 et seq. "Regulations in General and Specific Hospitals."
 - iii. The Disease Prevention and Control Law, 35 P.S. §521.1 et seq., particularly section 15, which deals with confidentiality of lead reports and actions taken based upon lead reports, see 35 P.S. §521.15.
 - iv. Any applicable local ordinances and codes for abatement or reduction of lead hazards.
- b. The Contractor shall utilize the Department's Bureau of Laboratories for all determinations of lead in blood and lead content of environmental samples performed with funds provided through this Agreement. Testing will be done at no charge to the Contractor.

Exhibit 6

PDPH/MCH Site Visit Report Form

Philadelphia Department of Public Health
Office of Maternal and Child Health
Site Visit Report Form (rev 4/97)

Part A: Cover Sheet

| | |
|--|-------------------------------------|
| Agency: _____ | File Copies: |
| Program: _____ | ____ Contract file |
| Contract#: _____ | ____ Susan Lieberman dup file (all) |
| MCH Reviewer: _____ | ____ James Paullman (all) |
| & HS) | ____ Deborah Roebuck (HS & Title V) |
| | ____ Evaluation (HS & Title V) |
| | ____ Adina M. Ekwerike (Title V |
| | ____ Program Analyst Supervisor |
| | ____ Program Analyst |
| Date Site Visit: _____ | ____ Agency |
| | ____ Other |
| Fiscal Year: ____ (____ (____ Fed ____ City) | _____ |
| Fed _City] | |

1. What types of MCH funded program activities were observed today (check all that apply)?

- _____ a. medical services (type: _____ PN ____ FP ____ PED)
 - _____ b. casefinding or community canvassing
 - _____ c. structured outreach (community presentation or event)
 - _____ d. home visit to client for casefinding follow-up
 - _____ e. home visit to client for ongoing support
 - _____ f. group education or support activity at clinical site
 - _____ g. group education or support activity at other site
 - _____ h. social work services
 - _____ i. peer accompanying client to clinic
 - _____ j. supervised play program at clinical site
 - _____ k. other
- (describe _____)

2. Are staff responsible for the program familiar with the workplan?

Yes No

_____ _____ Person providing day-to-day program oversight (position)

_____ _____ Person providing direct service (position)

_____ _____ Person providing direct service (position)

Part B: Review of Services and Staff to Comply with Contract Workplan

Services and staff reviewed are those necessary to meet the goals and objectives of the contract workplan and thus are considered **required services**. The MCH staff uses the contract workplan to prepare a list of services in **advance** of the site visit and reviews the staff and service list with the agency.

1. **MCH reviewer completed a tour of the program site with a staff member knowledgeable about the program:**

_____ yes _____ no (explain)

Comments: _____

2. **MCH reviewer was able to observe interactions between clients and program staff:**

_____ yes _____ no (explain)

Comments: _____

3. **Check required staff present and number if more than one-**

| | |
|------------------------------|-------------------------------|
| _____ Clerical | _____ nurse |
| _____ resident | _____ nurse practitioner |
| _____ physician | _____ certified nurse midwife |
| _____ social worker | _____ health education |
| _____ care coordinator | _____ nutritionist |
| _____ peer support | _____ interpreter |
| _____ other (describe _____) | |
| _____ other (describe _____) | |

4. **Are all staff required by this contract on-site today?**

_____ yes _____ no (explain)

Comments: _____

5. Are all services required by this contract on-site today?

Service _____ yes no (explain)

Comments:

Service _____ yes no (explain)

Comments:

Service _____ yes no (explain)

Comments:

Service _____ yes no (explain)

Comments:

Service _____ yes no (explain)

Comments:

Service _____ yes _____ no (explain)

Comments:

Service _____ yes _____ no (explain)

Comments:

Service _____ yes _____ no (explain)

Comments:

Service _____ yes _____ no (explain)

Comments:

6. Client participation today:

| number expected | type of activity | number participating |
|--------------------|---------------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments:

Part C: General Assessment

Items reviewed in the general assessment are not required by the contract workplan, but are factors that contribute to overall program quality. The general assessment may raise provider awareness of strengths or the need for general improvements.

1. Rate the availability and adequacy of the facility:

| | Availability | | | Adequacy | | |
|---|---------------------|-------------|----------------------|-----------------|-----|-----|
| | yes | no | not apply | If yes: | | |
| | good | fair | poor | | | |
| <u>a.</u> teaching room available | ___ | ___ | ___ | ___ | ___ | ___ |
| <u>b.</u> play space available for children | ___ | ___ | ___ | ___ | ___ | ___ |
| <u>c.</u> directional signs in English | ___ | ___ | ___ | ___ | ___ | ___ |
| <u>d.</u> directional signs in other language | ___ | ___ | ___ | ___ | ___ | ___ |
| <u>e.</u> food policy posted | ___ | ___ | ___ | ___ | ___ | ___ |
| <u>f.</u> trained interpreters, as needed | ___ | ___ | ___ | ___ | ___ | ___ |
| <u>g.</u> educational material in English | ___ | ___ | ___ | ___ | ___ | ___ |
| <u>h.</u> educational material in other languages | ___ | ___ | ___ | ___ | ___ | ___ |

Check which languages:

- | | |
|---------------|----------------|
| ___ Cambodian | ___ Laotian |
| ___ Chinese | ___ Russian |
| ___ French | ___ Spanish |
| ___ Hmong | ___ Vietnamese |
| ___ Other | |

Comments: _____

2. Rate the physical environment of the site for activities conducted. (Do not rate the environment for a home visit.)

| | good | fair | poor | not apply | comments |
|---|-------------|-------------|-------------|----------------------|-----------------|
| a. enough seating for clients | ___ | ___ | ___ | ___ | _____ |
| b. service areas are clean | ___ | ___ | ___ | ___ | _____ |
| c. appealing appearance | ___ | ___ | ___ | ___ | _____ |
| d. general comfort | ___ | ___ | ___ | ___ | _____ |
| e. privacy for client/provider conversation | ___ | ___ | ___ | ___ | _____ |
| f. amount space for activity | ___ | ___ | ___ | ___ | _____ |

3. Rate the interaction of staff with clients:

| | <u>Quality</u> | <u>Amount</u> | <u>Comments</u> |
|---|--|--|-------------------------|
| a. clerical or reception staff with clients | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ |
| b. clerical or reception staff with clients | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ |
| c. peer program staff with clients (type staff _____) | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ |
| d. peer program staff with clients (type staff _____) | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ |
| e. program staff with clients (type staff _____) | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ |
| f. program staff with clients (type staff _____) | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ |
| g. program staff with clients (type staff _____) | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ |
| h. program staff with clients (type staff _____) | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ |

| | <u>Quality</u> | <u>Amount</u> | <u>Comments</u> |
|--|--|--|----------------------------------|
| i. program staff with clients (type staff _____) | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ _____ |
| j. program staff with clients (type staff _____) | _____ warm _____ neutral _____ negative _____ unable to observe | _____ much _____ little _____ none | _____ _____ _____ _____ |

3. Summary of observation noting factors that contribute to overall program quality.

Overall Summary of Observation-

Strengths-

Area (s) of Concern-

5. Program Analyst completed oral debriefing with agency staff?

_____ Yes (name _____) _____ no (explain)

Comments: _____

D. Record Review

The Record Review is used to determine whether records used are **informative to staff to highlight problems, to provide coordinated care, and to share necessary information** among program staff members. Forms mentioned are not required by MCH, but may be helpful for conducting and documenting services of the program. Records are reviewed for any services funded by MCH (Title V or Health Start). An Agency may also provide services that are not funded by MCH and therefore those records are not reviewed by MCH.

1. General Records

- a. Appointment book- organized, complete name, type visit, time (block or individual appointment)

Comments: _____

- b. Today's client list- complete name, type visit, noted whether client came or was a no show.

Comments: _____

- c. Appointment routing slip or other method track events during an appointment (did client receive all services indicated for that visit)

Comments: _____

2. Client Medical Chart

Select the medical chart review applicable to the type of site or service you are reviewing. **Randomly select six charts for review. Review of medical charts is not a medical audit or a clinical judgement of the appropriateness of medical care provided, and thus is not a quality assurance audit.** The review is conducted to determine whether the record is informative to staff to highlight problems, to provide coordinated care, and to share necessary information among staff .

- a **.Medical chart (Hospital held prenatal chart):** progress notes by medical provider, nursing, social worker, nutritionist, health educator; results from laboratory test, special testing, notes of referrals made and follow-up, missed appointments; notes of vital signs, updates of gestation and maternal weight gain.

Progress Notes:

Chart 1 Chart 2 Chart 3 Chart 4 Chart 5 Chart 6

Clinician

Nursing

Social Worker

Nutritionist

Health Educator

Care Coordinator

Other

Comments:

Other Services:

Chart 1 Chart 2 Chart 3 Chart 4 Chart 5 Chart 6

Lab results

Special tests

Referral followup

Missed appt followup

PN and CB education

Dental health info

WIC info and referral

Weight gain and gestation

Comments:

b. **Medical chart (Health Center held prenatal chart):** progress notes by provider staff of the health center; tests and results noted, vital signs, fetal growth and maternal weight gain. (NOTE- this chart supplements the hospital chart of prenatal patients. **Not all of the components listed below will be noted in the Health Center held prenatal chart.**

Progress Notes:

Chart 1 Chart 2 Chart 3 Chart 4 Chart 5 Chart 6

Clinician

Nursing

Social Worker

Nutritionist

Health Educator

Care Coordinator

Other

Comments:

Other Services:

Chart 1 Chart 2 Chart 3 Chart 4 Chart 5 Chart 6

Lab results

Special tests

Referral followup

Missed appt followup

PN and CB education

Dental health info

WIC info and referral

Weight gain and gestation

Comments:

- c. **Medical chart (pediatric):** progress notes by medical provider, nursing, social worker, nutritionist, health educator- results from laboratory test, special testing notes of referrals made and follow-up, missed appointments; notes of vital signs, and note of growth, weight gain and development. **NOTE: Not all of the components listed below will be noted in the chart. Indicate the types of information that are included.**

Progress Notes:

Chart 1 Chart 2 Chart 3 Chart 4 Chart 5 Chart 6

Clinician

Nursing

Social Worker

Nutritionist

Health Educator

Other

Comments:.

Other Services:

Chart 1 Chart 2 Chart 3 Chart 4 Chart 5 Chart 6

Lab results

Special tests

Referral followup

Missed appt followup

Health education

WIC info and referral

Child weight and growth

Child development assess

Comments:

- d. **Medical chart (family planning):** progress notes by medical provider, nursing, social worker, nutritionist, health educator results from laboratory test, special testing-, notes of referrals made and follow-up, missed appointments- notes of vital signs.

NOTE:

Not all of the components listed below will be noted in the chart. Indicate the types of information that are included in the record.

Progress Notes:

Chart 1 Chart 2 Chart 3 Chart 4 Chart 5 Chart 6

Clinician

Nursing

Social Worker

Nutritionist

Health Educator

Other

Other

Comments:

Other Services:

Chart 1 Chart 2 Chart 3 Chart 4 Chart 5 Chart 6

Lab results

Special tests

Referral followup

Missed appt followup

Health education

Other

3. Client Chart for Non-Clinical Services-. **Randomly select six charts for review.**

a. check whether any of the following standard chart forms are used by the agency.
(These forms are not required but are generally recommended.)

- enrollment or program registration
- gusset needs assessment and care plan
- updated needs assessment and updated care plan
- record of client contacts by phone, letter, on-site, at home
- record of referrals made and follow-up
- program completion summary
- lost to follow-up summary
- health service utilization summary (mother and infant)
- pregnancy outcome (mother and infant)

b. review chart for progress notes, referrals made and follow-up, missed appointments with program, attendance at activities. **Randomly select six charts for review.**

Chart1

Chart2

Chart3

Chart4

Chart5

Chart6

Comments:

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Exhibit 7

**Maternity Services Program
Quarterly Report Form**