

**Exhibit 4c**

**MSP Budget/Expenditure Report Review**

**MSP BUDGET/EXPENDITURE REPORT REVIEW**

**Prenatal Provider** \_\_\_\_\_

**Date Invoice rec'd** \_\_\_\_\_

**Health Center** \_\_\_\_\_

**First Review By:** \_\_\_\_\_

**Billing Period Covered** \_\_\_\_\_

1. Have the correct invoice forms and documentation been submitted? \_\_\_\_\_No \_\_\_\_\_Yes
2. Indicate total # of uninsurable women and amount Number\_\_\_\_\_ Amount\_\_\_\_\_
3. Indicate total amount submitted for Specialized Testing Amount\_\_\_\_\_
4. Total amount of submitted invoice Amount\_\_\_\_\_
5. Total amount of contract Amount\_\_\_\_\_
6. Spent year to date (including this invoice) Amount\_\_\_\_\_
7. Has provider submitted signed Invoice Form certifying # of women served? \_\_\_\_\_No \_\_\_\_\_Yes
8. **COMMENTS:**

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THIS PORTION TO BE COMPLETED BY PROGRAM ANALYST

**FINAL REVIEW**

1. Has provider submitted all forms correctly? \_\_\_\_\_No \_\_\_\_\_Yes
2. Do you agree that payment should be processed for actual services rendered? \_\_\_\_\_No \_\_\_\_\_Yes
3. **Signature**\_\_\_\_\_ **Date**\_\_\_\_\_
4. **COMMENTS**

cc: James Paullman  
Mary Gustafson  
Deborah Roebuck  
Contract File (under provider's contract)

## **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.
  - ii. 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;
    - ii. 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]	

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**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)

1 (MCH 1997)

**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:

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**Service** \_\_\_\_\_  yes  no (explain)

Comments:

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**Service** \_\_\_\_\_  yes  no (explain)

Comments:

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**Service** \_\_\_\_\_  yes  no (explain)

Comments:

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**Service** \_\_\_\_\_  yes  no (explain)

Comments:

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Service \_\_\_\_\_ yes \_\_\_\_\_ no (explain)

Comments:

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Service \_\_\_\_\_ yes \_\_\_\_\_ no (explain)

Comments:

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Service \_\_\_\_\_ yes \_\_\_\_\_ no (explain)

Comments:

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Service \_\_\_\_\_ yes \_\_\_\_\_ no (explain)

Comments:

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**6. Client participation today:**

number expected	type of activity	number participating
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

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### 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:**

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

Check which languages:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian    |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> French    | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Hmong     | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other     |                                     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

		<b>good</b>	<b>fair</b>	<b>poor</b>	<b>not apply</b>	<b>comments</b>
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	<input type="checkbox"/> warm <input type="checkbox"/> neutral <input type="checkbox"/> negative <input type="checkbox"/> unable to observe	<input type="checkbox"/> much <input type="checkbox"/> little <input type="checkbox"/> none	<hr/> <hr/> <hr/>
b. clerical or reception staff with clients	<input type="checkbox"/> warm <input type="checkbox"/> neutral <input type="checkbox"/> negative <input type="checkbox"/> unable to observe	<input type="checkbox"/> much <input type="checkbox"/> little <input type="checkbox"/> none	<hr/> <hr/> <hr/>
c. peer program staff with clients (type staff _____)	<input type="checkbox"/> warm <input type="checkbox"/> neutral <input type="checkbox"/> negative <input type="checkbox"/> unable to observe	<input type="checkbox"/> much <input type="checkbox"/> little <input type="checkbox"/> none	<hr/> <hr/> <hr/>
d. peer program staff with clients (type staff _____)	<input type="checkbox"/> warm <input type="checkbox"/> neutral <input type="checkbox"/> negative <input type="checkbox"/> unable to observe	<input type="checkbox"/> much <input type="checkbox"/> little <input type="checkbox"/> none	<hr/> <hr/> <hr/>
e. program staff with clients (type staff _____)	<input type="checkbox"/> warm <input type="checkbox"/> neutral <input type="checkbox"/> negative <input type="checkbox"/> unable to observe	<input type="checkbox"/> much <input type="checkbox"/> little <input type="checkbox"/> none	<hr/> <hr/> <hr/>
f. program staff with clients (type staff _____)	<input type="checkbox"/> warm <input type="checkbox"/> neutral <input type="checkbox"/> negative <input type="checkbox"/> unable to observe	<input type="checkbox"/> much <input type="checkbox"/> little <input type="checkbox"/> none	<hr/> <hr/> <hr/>
g. program staff with clients (type staff _____)	<input type="checkbox"/> warm <input type="checkbox"/> neutral <input type="checkbox"/> negative <input type="checkbox"/> unable to observe	<input type="checkbox"/> much <input type="checkbox"/> little <input type="checkbox"/> none	<hr/> <hr/> <hr/>
h. program staff with clients (type staff _____)	<input type="checkbox"/> warm <input type="checkbox"/> neutral <input type="checkbox"/> negative <input type="checkbox"/> unable to observe	<input type="checkbox"/> much <input type="checkbox"/> little <input type="checkbox"/> none	<hr/> <hr/> <hr/>



**Quality                      Amount                      Comments**

i. program staff \_\_\_\_\_ warm                      \_\_\_\_\_ much \_\_\_\_\_  
 with clients \_\_\_\_\_ neutral                      \_\_\_\_\_ little \_\_\_\_\_  
 (type staff \_\_\_\_\_ negative                      \_\_\_\_\_ none \_\_\_\_\_  
 \_\_\_\_\_) \_\_\_\_\_ unable to observe \_\_\_\_\_

j. program staff \_\_\_\_\_ warm                      \_\_\_\_\_ much \_\_\_\_\_  
 with clients \_\_\_\_\_ neutral                      \_\_\_\_\_ little \_\_\_\_\_  
 (type staff \_\_\_\_\_ negative                      \_\_\_\_\_ none \_\_\_\_\_  
 \_\_\_\_\_) \_\_\_\_\_ unable to observe \_\_\_\_\_

4. 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

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Nursing

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Social Worker

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Nutritionist

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Health Educator

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Care Coordinator

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Other

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Comments:

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**Other Services:**

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

Lab results

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Special tests

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Referral followup

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Missed appt followup

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PN and CB education

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Dental health info

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WIC info and referral

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Weight gain and gestation

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Comments:

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- 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

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Nursing

---

Social Worker

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Nutritionist

---

Health Educator

---

Care Coordinator

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Other

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Comments:

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Other Services:

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

Lab results

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Special tests

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Referral followup

---

Missed appt followup

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PN and CB education

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Dental health info

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WIC info and referral

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Weight gain and gestation

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Comments:

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- 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

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Nursing

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Social Worker

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Nutritionist

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Health Educator

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Other

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Comments:.

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**Other Services:**

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

Lab results

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Special tests

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Referral followup

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Missed appt followup

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Health education

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WIC info and referral

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Child weight and growth

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Child development assess

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Comments:

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- 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

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Nursing

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Social Worker

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Nutritionist

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Health Educator

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Other

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Other

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Comments:

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**Other Services:**

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

Lab results

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Special tests

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Referral followup

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Missed appt followup

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Health education

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Other

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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

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Chart2

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Chart3

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Chart4

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Chart5

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Chart6

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Comments:

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16 (MCH 1997)

**Exhibit 7**

**Maternity Services Program  
Quarterly Report Form**