

Chapter 1

General Information

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I. MATERNAL AND CHILD HEALTH PROGRAMS

INTRODUCTION

The Maternal and Child Health (MCH) Section is located in the Division of Public Health, Wyoming Department of Health. The MCH Section consists of several key programs: Help Me Grow Safe Kids Campaign, Perinatal Systems (Best Beginnings), Adolescent Systems (Home Visiting for Pregnant and Parenting Families), State Systems Development Initiative, and Children with Special Healthcare Needs (CSHCN) known as CSH. Funding is provided by the Maternal and Child Health Block Grant (Title V of the Social Security Act) and the State General Fund. The general purpose of the MCH Section is to enable our state to:

- Assure mothers and children have access to quality maternal and child health services;
- Reduce infant mortality and the incidence of preventable diseases, injuries and disabling conditions among children;

- Provide rehabilitation services to the extent such services are not provided under Supplemental Security Income (SSI) and Medicaid;
- Provide and promote family-centered, culturally appropriate, coordinated care for all mothers, infants, children, and adolescents including children with special healthcare needs.
- To facilitate the development of community-based services for these populations.

II. DEFINITIONS

The Maternal Child Health Section has adopted the elements of family-centered, community-based, culturally appropriate, coordinated care as our philosophy. This is reflected in our assessment, policy development, and assurance activities. The elements of family-centered care provide a framework and common language for program planning and implementation. The definitions of these guiding tenets are:

A. Family-Centered Services

- Recognize the family as the constant in the child's life
- Promote parent-professional collaboration at all levels
- Share complete and unbiased information with parents in a consistent and supportive manner
- Recognize family strengths and individuality, and respect different methods of coping.
- Recognize services that are flexible, accessible and responsive to family needs
- Address developmental concerns as the child grows to adulthood
- Facilitate family-to-family support and networking

B. Community-Based Services

- Provide services within or near the child's home community
- Promote continuity of care and follow-up
- Support families so they can care for their children at home whenever possible
- Promote normal patterns of living for the child and family
- Provide referral outside the community as needed and sharing of information with local community and primary provider
- Assure that services are developed and supported by the community

C. Coordinated Care Services

- Provide multiple services from different providers in a complementary, consistent and timely manner
- Allow for efficient use of limited resources
- Prevent delays, overlaps and gaps in services
- Require teamwork between providers

D. Culturally Appropriate Services

- Recognize the cultural diversity of families who have children with special healthcare needs
- Acknowledge and honor the cultural traditions, values and diversity of families
- Recognize that perceptions about chronic illness, disability, health, and ability are influenced by culture
- Adapt practice skills to fit the family's cultural context

III. GENERAL INFORMATION ABOUT CHILDREN'S SPECIAL HEALTH

Wyoming's Maternal and Child Health Program for children with special healthcare needs is known as Children's Special Health or CSH. Children's Special Health provides limited payment for selected medical services for eligible mothers and children through Consultec (Medicaid's fiscal intermediary) and Care Coordination Services through local public health nursing offices.

Children's Special Health role is to provide assessment, policy development, and assurance of services based on the needs of the CSHCN population. The MCH Title V mandate requires CSH to take a leadership role in assuring family-centered, community-based, coordinated systems of care in Wyoming. Accountability is assured by national and state performance measures. These performance measures can only be met when CSH helps communities assess the health status and health service needs of children with special healthcare needs and assures services for those families who may be under-served or at risk for public health problems.

In 1997, the passage of the Government Performance and Results Act (GPRA) required each state to submit performance information that would be evaluated and form a basis of the granting of MCH Block Grant funds. From that information there are 18 established National Performance Measures and 10 State Negotiated Performance Measures based on the state needs assessment. The National Performance Measures (NPM) and State Negotiated Performance Measure (SNPM) that pertain to children with special healthcare needs are:

- A.** The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the state CSH Program.
- B.** The degree to which the CSH Program provides or pays for specialty and subspecialty services, including care coordination, not otherwise accessible or affordable to its clients.

C. The percent of children with special healthcare needs in the state that has a “medical/health home.”

D. Percent of children with special healthcare needs in the CSH Program with a source of insurance for primary and specialty care.

E. Percentage of children without health insurance.

F. The degree to which the state assures parent participation in program and policy activities in the CSH Program.

The State Performance Measure which is directed at CSH is:

A. The number of specialty clinics offered throughout the state.

CSH is establishing data collection systems to allow for program evaluation and outcome measures for the mothers, infants, children and adolescents served. This data will help communities plan for future service system changes.

IV. STAFFING OF CHILDREN’S SPECIAL HEALTH

Children’s Special Health Staff at the State level is the MCH Unit Manager/CSH Program Manager, the Benefits and Eligibility Specialists (refer to the regional map for county designee) and the PHN/CSH Nurse Consultant.

TABLE A

TITLE	INDIVIDUAL	DUTIES
MCH Unit Manager/CSH Program Manager	Danielle Marks 777-6326	<p>Plans, implements, and evaluates CSH program goals and objectives for federal block grant and Wyoming Department of Health Strategic Plan</p> <p>Represents CSH and functions as a liaison in workgroups, committees, and task forces</p> <p>Monitors and evaluates quality assurance on clients who are eligible for the various programs listed on the organization chart</p> <p>Collaborates with pediatricians and nurse consultant to develop, revise, and implement changes in CSH policies</p> <p>Is the lead person on special projects and provides oversight</p> <p>Assures training and implementation are within the MCH standards</p>
Benefits and Eligibility Specialists (refer to map Regional Benefits and Eligibility Specialist)	<p>Vicky Garcia 777-6296</p> <p>Sheli Gonzales 777-7943</p> <p>Paula Ray 777-6379</p>	<p>Accepts, compiles and analyzes client applications to determine initial medical and financial eligibility using federal and state agency policies.</p> <p>Enters client information into computer.</p> <p>Reviews medical records and maintains database to assist the PHN in implementing appropriate medical care coordination and monitors medical treatment plan.</p> <p>Generates letters regarding eligibility status and need for follow-up appointments to the client/parent, providers and PHN.</p> <p>Assists families, providers and PHNs in resolving questions regarding services and payment.</p> <p>Reviews claim data from payment agent.</p>

TITLE	INDIVIDUAL	DUTIES
PHN/CSH Nurse Consultant		

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