

Agencies Assuring Maternal Health Care (AAMHC) Audit Tool 2017–2018

Health Department: _____

Date: _____

Reviewers: _____

Local Health Departments (LHD) who do not provide prenatal care (PNC) must submit an assurance plan that clearly outlines how women who reside in its respective county shall receive services. This plan must be included with the signed Maternal Health Agreement Addenda and will be reviewed by the Women's Health Branch (WHB) staff. All LHD shall ensure the following:

A. General Services

- A3 The Local Health Department that provides childbirth education to Medicaid enrollees and billed to Medicaid or provided to non-Medicaid patients as part of their use of Healthy Mothers, Healthy Children funding must provide these services in accordance with the DMA Clinical Coverage Policies. (*DMA Clinical Coverage Policy 1M-2, Childbirth Education*)

Yes (appropriate certification on file) **No** (appropriate cert. not on file) **N/A**

Childbirth education activities not being billed to Medicaid or funded through Healthy Mothers, Healthy Children funding, such as those supported by funders such as Smart Start, are not subject to these requirements, and may follow the standards agreed upon between the funder and the Health Department.

Yes (Eligible to bill for service and complies with DMA Policies)

No (Eligible to bill for services but does not comply with DMA Policies)

Funded by another source and not subject to DMA Policy requirements

N/A (Does not offer this service)

- A4 The Local Health Department may provide Maternal Care Skilled Nurse Home Visits (MCSNHV). They will be made upon the request of the prenatal care provider to those patients who experience medical high-risk condition(s) during their pregnancy. MCSNHV requires a registered nurse who is skilled in the care of high risk pregnancy and cannot be provided in the clinic. The request must be made in the form of a written medical order with the specific risk condition(s) identified and requested skilled nursing interventions per patient plan of care and as indicated per established MCSNHV protocol. (*DMA Clinical Coverage Policy No.:1m-6*)

Yes **No** **N/A** (Service not provided)

B. Quality Assurance

- B1 Conduct annual quality assurance review to assure policies and procedures are implemented.

Yes **No**

- B2 Interruption of services or inability to meet quality assurance deliverables will be reported within 14 days to the WHB Regional Nurse Consultant.
 Yes No
- B3 Use of interpreter services for all maternal health programs.
 Yes No
- B4 Promoting customer friendly services that meet the needs of populations that are underserved.
 Yes No
- B5 Increasing staff awareness of disparities in health status and service delivery, especially disparities related to race, ethnicity, disability, education, and socioeconomic status.
 Yes No

C. Policies/Procedures

The Local Health Department shall develop and follow policies or procedures for facilitating early entry into prenatal care for the following:

- C1 Follow-up of positive pregnancy test to assure patient has access to healthcare provider.
 Yes No
- C3 Referral to Women, Infants and Children (WIC) upon making contact with a pregnant patient. (*Federal WIC Regulations, 246.4*)
 Yes No
- C4 Completion of presumptive eligibility determination and referral for Medicaid eligibility determination for all pregnant patients, not just those who will remain in the Local Health Department for prenatal care services.
 Yes No
- C8 Provision of community and patient maternal health education services within the jurisdiction of the Local Health Department. Education services shall promote healthy lifestyles for positive pregnancy outcome. (*10A NCAC 46.0205(3)(b)*)
 Yes No

D. Prenatal and Postpartum Services

Postpartum Clinic Visit:

Monitoring for these items currently takes place with Family Planning domain.

E. The Local Health Department (LHD) shall ensure the provision of the following, whether they provide prenatal care (PNC) or not:

- E1 Provide pregnancy testing, examination and referral as appropriate.
 Yes No

F. If the Local Health Department is not providing routine periodic prenatal care as evidenced in Health Information System (HIS) data and program review audit, but is instead assuring these services, the LHD shall submit the following documents:

- F1 Health Director provides a statement describing how the LHD assures traditional scheduled prenatal care as defined in 10A NCAC 46
 Yes No
- F2 Provides a Memorandum of Understanding (MOU) with local health care providers(s) documenting how these services are provided.
 Yes No
- F3 The MOU with the assurance provider must contain information that stipulates that patients at or below 100% of the Federal Poverty Level will not be charged for prenatal services by the assurance provider. There should also be a sliding scale fee schedule or other fee schedule included in or attached to the MOU to show how other uninsured patients will be charged for services by the assurance provider. If a health department has a current MOU that they plan to continue in FY 17–18 and it contains all the required information, then they must submit a letter stating that their MOU is still current with a copy of the previously signed MOU.
 Yes No

J. Staff Requirements and Training

Agencies providing or assuring prenatal services must meet the following requirements or have the following policies:

- J1 At least one staff person (or subcontractor's staff person) shall attend the required Women's Health Branch Sudden Infant Death Syndrome (SIDS) Basic Training, Annual Update or online update (www.nichd.nih.gov/SIDS/Pages/sidsnursesce.aspx), and provide appropriate grief counseling for bereaved families in the county. Each county or district is also required to have a backup SIDS Counselor for their primary Counselor. This back-up does not have to reside in the county, but should be available in cases when the primary Counselor is unavailable to provide services for prolonged periods of time.
 Yes No
- J2 The maternity nurse supervisor, Pregnancy Care Managers and Supervisors, Health and Behavior Intervention Supervisor, Clinical Social Workers and SIDS Counselors shall have active electronic mail membership and direct access to the Internet. HMHC funds can be used to finance and maintain hardware, software and subscription linkage to current local market values. The Internet connection enables participation in Women's Health Branch list serves, use of the Community Care of North Carolina (CCNC) Case Management Information System (CMIS) and Informatics Center (IC), access to other technical resources and to maternal health materials.
 Yes No
 Yes No (At this point not following recommendation)