



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

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MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

FFY2024 MCH Services Program Contract Opening Meeting

October 5, 2023

Sara Gorman MSN, RN
Program Manager, MCH Services Program

Discussion Topics

FFY2024 Contract Year (October 1 – September 30)

Contract Purpose and Funding Formula

Budget and Funding Provisions

Invoicing and Reimbursement

FFY2024 Deliverables

Contract Reports

MCH Services Program

Meet the Team



Sara Gorman
Program Manager



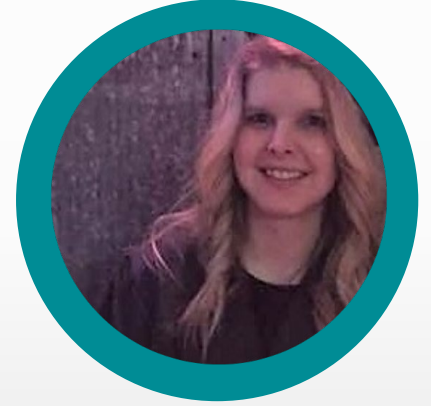
Amy Bradshaw
East/Southeast DNC



Lindsey Cobb
Southwest DNC



Macey Shinn
West Central DNC



Sara Heckman
Northern DNC



Doing the best at this moment
puts you in the best place for
the next moment.

-OPRAH WINFREY

History of Title V and MCH

In America

1912

The Children's Bureau was the first organized effort at the federal level to protect children. It was also the first national government office in the world that focused solely on the well-being of children.

1935

Title V of the Social Security Act – modern day Title V Program

1981

Title V Converted into a Block Grant under President Ronald Reagan – focused solely on improving the health of all mothers and children, including children and youth with special health care needs (CYSHCN).

2015

Block Grant Transformation

Increased emphasis from federal level on data, evaluation and reporting.

Scope of Work

- is part of the contract agreement where the work to be performed is described
- reviewed/updated each contract year, to include any changes in language, expectations and contractor award amount

Maternal Child Health Services (Contractor Name Here)

1. GENERAL

- 1.1 The contract amount shall not exceed \$X for the period of October 1, 2023 through September 30, 2024.
- 1.2 To the extent that this contract involves the use, in whole or in part, of federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A, which is attached hereto and is incorporated by reference as if fully set forth herein.
- 1.3 The Department has determined this contract is subrecipient in nature as defined in 2 CFR § 200.331. To the extent that this contract involves the use, in whole or in part, of federal funds, the Contractor shall comply with the special conditions contained in Attachment B, which is attached hereto and is incorporated by reference as if fully set forth herein.
- 1.4 This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number, title, and amount listed in the Contract Funding Source(s) enclosure provided with this contract and zero percentage is/was financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- 1.5 The Contractor must be in compliance with the laws regarding conducting business in the State of Missouri. The Contractor shall provide documentation of compliance upon request by the Department. The compliance to conduct business in the state shall include, but not necessarily be limited to:

MCH Services Contract

Purpose



State and Local partnership to support a leadership role for LPHAs at the local level



Build community-based systems and expand the resources those systems can use to respond to priority maternal child health issues



Provide and assure mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services; reduce health disparities for women, infants, and children, including those with special health care needs.



Promote the health of mothers and infants by assuring prenatal, delivery, and postpartum care for low income, at-risk pregnant women AND Promote the health of children by providing preventive and primary care services for low income children.

Contract Award Amounts

Funding Formula

1

- Combined Poverty Index Score determined for each county in Missouri by the Bureau of Vital Statistics
 - (1) Maternal-Infant Indicator (the unduplicated count of births to mothers younger than 18, infant and fetal deaths, and low birth weight births)
 - (2) Female/Child Poverty Proportions (estimated population of women of childbearing age (15-44), males under age 18, and females under age 15 at 185% of the federal poverty level)

2

- The base-funding amount of \$15,000 is multiplied by 111 (# of LPHAs accepting the contract) and subtracted from the total funding amount for the contract

3

- The difference is then multiplied by the Combined Poverty Index Score for each county and added to the base-funding

4

- Total FFY Contract Award for each LPHA is determined

MCH Services Contract

Budget and Funding Provisions

- Funding for this contract is provided by federal grant dollars from the Maternal and Child Health Services Title V Block Grant issued to the State of Missouri from the United States (U.S.) Health Resources and Services Administration (HRSA) and the U.S. Department of Health and Human Services (HHS).
- Funding for this contract is awarded annually for a one-year funding period only.
- Funding for this contract shall be expended during the applicable contract period (October 1-September 30).
- Funding for this contract shall be used to expand or enhance activities that improve the health of the maternal and child health population, and to address local maternal and child health issues.

MCH Services Contract

Budget and Funding Provisions

- The Contractor shall invoice and be reimbursed for actual and reasonable travel expenses either at the Contiguous US Per Diem Rates (CONUS) or the travel reimbursement rates set by the Contractor's internal policy, whichever is lower.
- The Contractor must have the prior written approval of the Department for any travel related expenses which may exceed the CONUS rates.
- The Contiguous US Per Diem Rates (CONUS) can be found by clicking on the link for "Per Diem Rates" at the following Internet address: <http://www.gsa.gov>.

MCH Services Contract

Budget and Funding Provisions

- Payor of last resort
- Cost-reimbursement contract NOT Fixed-Price Contract
- Funding for this contract shall **NOT** be used for:
 - Cash payments to intended recipients of MCH services (cash, check, gift cards, gift certificates, etc.)
 - Purchase of land, buildings, or major medical equipment
 - The purpose of performing, assisting, or encouraging abortion
 - To directly, or indirectly, subsidize abortion services

MCH Services Contract

Budget and Funding Provisions

- Funds must be used to expand or enhance activities that improve the health of the maternal and child health population, and to address local maternal and child health issues
 - a. A minimum of 60% of contract funding **MUST** be spent on implementing the approved FFY2022-2026 contract work plan to address the selected priority health issue(s); and
 - b. A maximum of 40% of contract funding may be spent to expand or enhance other specific MCH initiatives/activities that improve the health of the maternal and child health population and address local maternal and child health issues

[illegible]

EXAMPLE

[illegible]

Invoicing & Reimbursement

- The Contractor shall invoice the Department on the Vendor Request for Payment form and the Invoicing Tool (you will receive an Invoicing Tool from the MCH Services Program for FFY2024)
- The Contractor shall indicate the invoice number for each invoice submitted to the Department for payment in the following format: MCHmmyy. For example, an invoice submitted to the Department for the month of October 2023 should have the following invoice number: MCH1023.
- The Contractor shall submit a Vendor Request for Payment Form (DH-38) and the Invoicing Tool monthly. The Vendor Request for Payment Form (DH-38) and the Invoicing Too shall **be due by the fifteenth(15th) day of the month following the month in which the Contractor provided services** under the contract. The Contractor shall perform the services **prior** to invoicing the Department.
 - If you have funds remaining, but have \$0 to invoice, please send a DH-38 with \$0 amount requested.
 - If you have expended 100% of your funds, you do NOT need to continue to send a DH-38 with \$0.

Invoicing Tool

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1	DHSS MCH Invoicing Tool														
2	County														
3	Contract #														
4	Tax Payer Id#														
5	60% or more MCH Workplan Activities														
6															
7	Budget Category	Budget Amount	Invoice 1 (October)	Invoice 2 (November)	Invoice 3 (December)	Invoice 4 (January)	Invoice 5 (February)	Invoice 6 (March)	Invoice 7 (April)	Invoice 8 (May)	Invoice 9 (June)	Invoice 10 (July)	Invoice (August)	Invoice 12 (September)	T Inv
8	Personal Services														
9	Fringes														
10	Travel														
11	Supplies														
12	Other														
13	Equipment														
14	Rental/Lease														
15	Subcontract 1														
16	Subcontract 2														
17	Subcontract 3														
18	Subcontract 4														
19	Subcontract 5														
20	Indirect		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
22															
23															
24	Allowable indirect by invoice (DO NOT CHANGE FORMULAS)														
25	Indirect Rate	10%													
26															

MCH Workplan Activities

Other MCH Activities

MCH Summary

+

Vendor Request for Payment / DH-38



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES VENDOR REQUEST FOR PAYMENT

VENDOR USE			
VENDOR NAME LPHA Name		INVOICE NUMBER MCH1023	
VENDOR REMIT TO ADDRESS LPHA Remit to Address			
STATE VENDOR NUMBER Tax-Payer ID		BILLING PERIOD October 2023	
CONTRACT NAME / SERVICE MCH Services		CONTRACT NUMBER Your contract number will stay the same for all five years of the work plan	AMOUNT REQUESTED \$ Must match tab 3 of the invoicing tool
COMMENTS You may enter a comment here but not required.			
I CERTIFY THAT THIS REPORT IS TRUE AND THAT ALL PAYMENTS CLAIMED ARE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE CONTRACT.			
AUTHORIZED SIGNATURE Must be signed		TITLE	DATE

Invoicing & Reimbursement

- The Contractor shall submit the Vendor Request for Payment Form (DH-38) AND invoicing tool to one of the following (preferably by email if able):

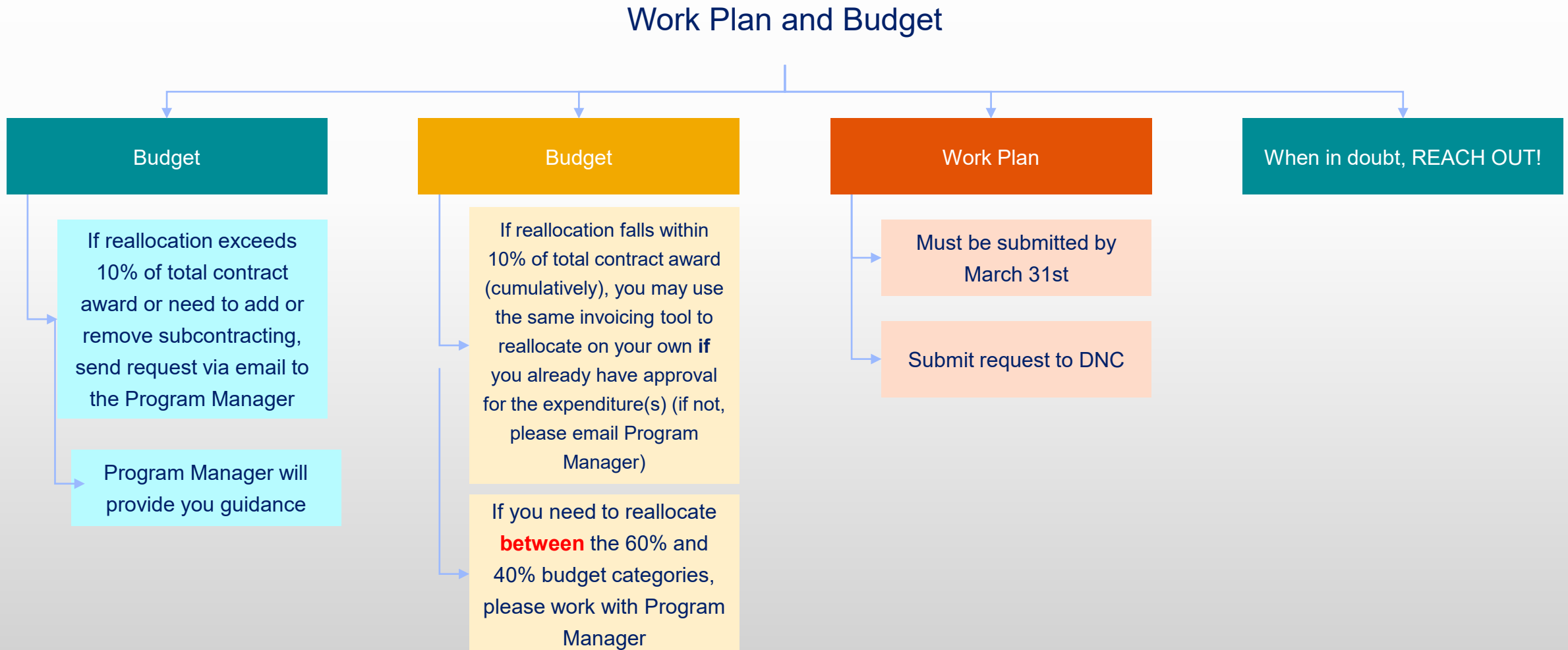


MCHServicesProgram@health.mo.gov



Fax 573-751-9800

Contract Amendments



Contract Amendments- Budgets

- May request to amend the current contract period's annual contract budget
- The proposed annual contract budget amendment request should be submitted to the MCH Services Program Manager via email and include the following:
- An amendment request letter (dated and on agency letterhead) stating the reason(s) for the proposed change(s) and an effective date for this change to begin - MUST include an original or legal electronic signature of authorization
- An attached revised annual contract budget using the MCH Services Contract Budget Worksheet
- Communicate with Program Manager in advance to confirm the need for a formal contract budget amendment

Budget Reallocations

- If the Contractor identifies specific needs within the Scope of Work, the Contractor may rebudget up to 10% of the total budget between object class categories of the budget for approved expenditures without obtaining prior written approval of the Department. Such rebudgeting by the Contractor shall not cause an increase in the indirect cost category.
- It is NOT allowable to reallocate contract funding into or out of subcontracts, equipment or Rentals/Leases on your own- you will need to work with the Program Manager.
- The Contractor and the Department must agree to a written contract amendment for an increase to the indirect cost category or any other rebudgeting. Communicate request in advance with Program Manager to confirm allowable expenditure(s) and determine need for formal contract budget amendment

Budget Reallocations

Budget reallocations

- DO NOT CHANGE amounts in the “Budgeted Amount” column – the MCH Program Associate or MCH Services Program Manager will send an updated Invoicing Tool if a budget amendment has been approved and Indirect is changed
- Reallocated amounts will be reflected in specific amounts invoiced for each budget category and the far right column total remaining balance amounts
- If an error is found after an invoice is paid, DO NOT CHANGE the information on the prior months of the Invoicing Tool
- Contact the MCH Services Program Manager to request permission to include the correction on the next month’s invoice submission

Contract Amendments – Work Plans

- The selected priority health issue(s) may NOT be amended
- May request to amend the FFY2024-2026 contract work plan activities and/or system outcome(s)
- Proposed work plan amendment requests must be submitted by March 31st
- The proposed amendment request should be submitted to your DNC via email and include the following:
 - An amendment request letter (dated and on agency letterhead) stating the reason(s) for the proposed change(s) and an effective date for this change to begin - MUST include an original or legal electronic signature of authorization
 - An attached revised work plan using the template for the Maternal Child Health Services Contract Work Plan (with completed Revision Date section)

Contract Deliverables and Outcomes

- The Contractor shall address at least one priority health issue(s) derived from the state's Title V Maternal and Child Health Services Block Grant priorities. The Contractor's selected Priority Health Issue(s) shall be identified in the FFY2022-2026 contract work plan.
- The Contractor shall work with the local community to maintain, develop, and enhance a community-based system to address the priority maternal child health issue(s) identified in the FFY2022-2026 contract work plan.
- The Contractor shall address risk and protective factors that influence health disparities within families and communities through the Life Course Perspective.
- The Contractor shall identify, track and monitor targeted national, state, and local outcome measure(s) and any additional performance indicator data/measures and analyze FFY2022-2026 contract work plan performance trends.



NEW Contract Deliverable

Scope of Work 5.7

The Contractor shall recruit and retain qualified public health professionals to assure a workforce that possesses the knowledge, skills and attitudes to meet unique MCH population needs. All Contractor employees, including subcontracted employees, supported with MCH Services contract funding shall complete designated MCH orientation and initial and ongoing MCH training requirements within required time frames as directed by the MCH Services Program Manager. Documentation of training completion shall be maintained on file and submitted as part of contract reporting.

Contract Reports

Mid-Year Progress Report Progress from beginning of contract year - February	End of Year Reports Progress for entire contract year-activities completed, outcomes achieved and total expenditures.
Due February 28 th	Due October 31 st

End of Year Reporting

THREE Reports Due by October 31st



End of Year Progress
Report



Subrecipient Annual
Financial Report (SAFR)



In-Kind Report

Contract Monitoring

- The Department reserves the right to monitor the Contractor during the contract period to ensure financial and contractual compliance.
- The Department reserves the right to monitor the Contractor through on-site visits during the contract period at a minimum of once per year to ensure contractual compliance.
- The focus of the on-site visit is consultation and technical assistance to assist the Contractor in acquiring the resources and expertise necessary to meet the contract deliverables and outcomes and implement the FFY 2022-2026 MCH Services contract work

Contract Monitoring

The on-site visit will include:

- Monitoring the Contractor's compliance with the terms of the contract;
- Verifying the Contractor's progress toward meeting the contract deliverables and outcomes and accomplishing the work plan activities and system outcomes;
- Monitoring the Contractor's evaluation component included in the progress report template, including the ongoing identification, tracking and monitoring of targeted national, state, and local outcome measure(s) and other performance indicator data/measures and analysis of FFY2022-2026 contract work plan performance trends; and
- Assessing local capacity to provide maternal, child and family foundational public health services.

Publicity Statement

- The publicity statement must be included when issuing statements, press releases, requests for proposals, bid solicitations, and other Health Resources and Services Administration (HRSA) supported publications (including audiovisual items) and forums describing projects or programs funded in whole or in part with HRSA funding, including websites
- Examples of HRSA-supported publications include, but are not limited to: manuals, toolkits, resource guides, case studies, issue briefs, etc.
- Complete Publicity Statement MUST be used
- Radio PSA is ONLY exception - Publicity Statement must be referenced by direct URL link
- Approval MUST be obtained from the MCH Services Program via an email to the MCH Program Manager PRIOR to the release or use of such items
- Reimbursement may not be approved for expenditures not pre-approved

Publicity Statement

- Anytime you create something, such as a flyer, brochure, or other promotional item, using Title V MCH Block Grant funding, for staff time spent creating, for printing or publishing, etc.
- If you purchase educational or promotional items OR are adding messaging to an existing item with Title V MCH Block Grant funding.
- If you host or attend an event, such as having a booth at a health fair, and you are utilizing any Title V MCH Block Grant funding for staff time you should have the MCH Publicity Statement visible (it does not have to be grandiose, it can be as simple as printing and displaying in a flyer holder or laminating and placing at your booth).

Subcontracting

- Must ensure the Department is indemnified
- Responsibility for all legal and financial obligations related to the execution of a subcontract rests solely with the Contractor
- Must ensure and maintain documentation that any and all subcontractors comply with all requirements of this contract
- Must ensure that any subcontractor(s) are appropriately qualified and licensed or certified and retain documentation appropriately
- The total funds utilized in the execution of a subcontract(s) cannot exceed 50% of the total contract budget

Frequently Asked Questions

FAQ

01

Does the MCH Coordinator have to be a registered nurse?

- ✓ NO.
- ✓ Scope of Work 16. AUTHORIZED PERSONNEL

02

Do you provide training for new MCH staff?

- ✓ YES.
- ✓ MCH Services Contract Orientation

03

How long do I need to keep MCH Services contract documents?

- ✓ 3 years past the last activity/audit- whichever is later.
- ✓ Scope of Work 12. DOCUMENT RETENTION

04

Why can't we use our funds to serve everyone in our community, regardless of age and gender?

- ✓ The MCH Services Program contract is 100% funded by the Title V MCH Block Grant. This block grant is currently set up to serve ONLY children (0-18) and women of childbearing age (15-44).



MISSOURI DEPARTMENT OF
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QUESTIONS?



sara.gorman@health.mo.gov



573-522-2731



<https://health.mo.gov/living/families/mch-services-program/>



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

PROTECTING HEALTH AND
KEEPING PEOPLE SAFE