

# PART ONE: BACKGROUND AND ADMINISTRATIVE INFORMATION

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## I. PURPOSE OF THE MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT PROGRAM

As defined in section 501(a)(1) of the Title V legislation, the purpose of the MCH Services Block Grant Program is to enable each state:

- (A) To provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services;
- (B) To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services, and otherwise to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women, and to promote the health of children by providing preventive and primary care services for low income children;
- (C) To provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services is not provided under title XIX; and
- (D) To provide and to promote family-centered, community-based, coordinated care (including care coordination services, as defined in subsection (b)(3)) for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families.

## II. BACKGROUND AND BRIEF HISTORY

Since its original authorization in 1935, Title V of the Social Security Act has been amended several times to reflect an ongoing commitment to improving the health and well-being of our Nation's mothers, children and their families. Block-granted in 1981, with new accountability requirements added in 1989, Title V has remained a vitally important public health program specifically targeted to the MCH population. A more complete history of Title V can be found in Appendix A of the *Supporting Documents to the Title V MCH Block Grant Application/Annual Report Guidance*.

Changes in the nation's public health care systems, population demographics, health care financing systems and information technology have created new opportunities for improving access to health care and delivering quality public health

services to the nation's MCH population (which includes women, mothers, infants, children, adolescents, CSHCN and their families). This Guidance document for the state Title V MCH Block Grant programs capitalizes on the emerging opportunities and reflects a major **transformative** effort within the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), in conjunction with its partners and stakeholders, to restructure the Application and Annual Reporting process. The **transformative** changes that have been made are intended to facilitate an increased alignment of State Title V program efforts with other MCHB investments and to demonstrate the vital leadership role that state Title V programs provide in assuring and advancing public health systems that continually assess and readily respond to changing MCH population needs. Relative to the state's submission of a yearly Application, Annual Report and Five-year Needs Assessment, the aims of the MCH Block Grant to States program **transformation-changes** are threefold: (1) reduce burden to states; (2) maintain state flexibility; and (3) improve accountability.

In addition to changes that will impact the preparation and submission of the state MCH Block Grant Application/Annual Report and Five-year Needs Assessment report, the **transformation** process called for redefining the working framework for MCH services. Figure 1 depicts the interim framework that was developed.

Relative to the changes occurring in public health systems and the delivery of health care, the Title V MCH Services Block Grant program will continue to provide critical support to assure the health of mothers, infants, children, including CSHCN, and their families. The services of the Title V MCH Block Grant program serve to complement **changes inservices funded through the expanded** health insurance coverage ~~being provided through the Patient Protection and Affordable Care Act (ACA)~~. Specifically, the Title V program will continue to serve as a safety-net provider for the MCH population by providing gap-filling health care services, as well as essential public health services, to the MCH population. ~~These functions will lend valuable support to the successful implementation of the ACA.~~ Without Title V, the public health system responsible for serving some of the nation's most vulnerable populations would be seriously jeopardized.

### **III. ~~MCH TRANSFORMATION AND~~ REVISION OF MCH BLOCK GRANT APPLICATION/ANNUAL REPORT GUIDANCE**

#### **A. Vision and Mission**

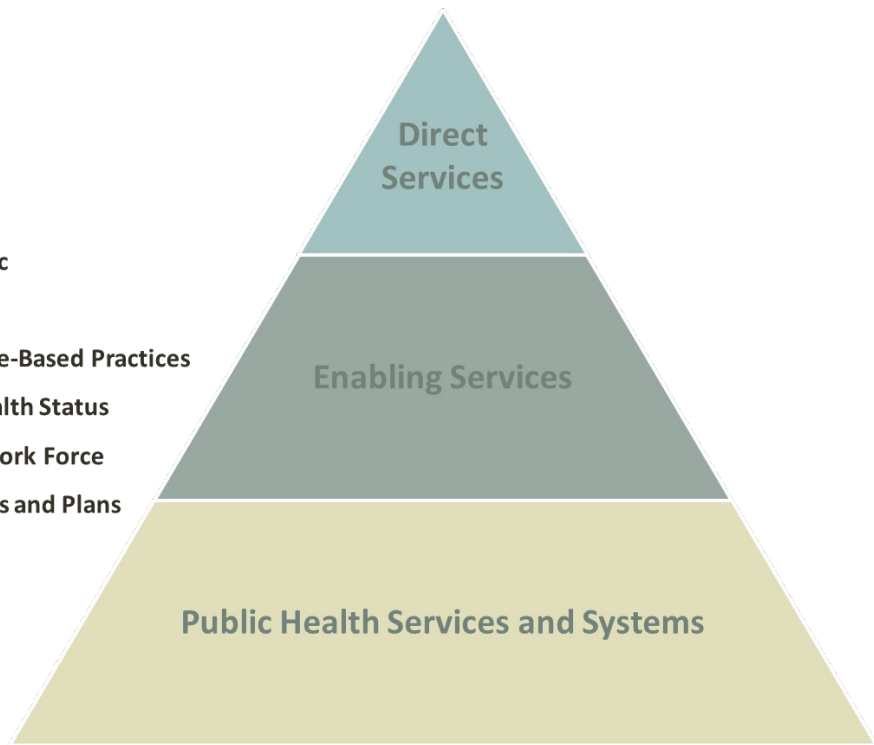
While the purpose and goals of the Title V MCH Block Grant program are specified in the Title V legislation, as indicated above, clearly articulated Vision and Mission statements serve a useful role in helping to guide priority setting within the federal and state MCH programs. The following Vision/Mission statements were developed as part of the MCH Block Grant **transformation-process** program revisions.

#### **Figure 1**

## Public Health Services for MCH Populations: The Title V MCH Services Block Grant

### MCH ESSENTIAL SERVICES

1. Provide Access to Care
2. Investigate Health Problems
3. Inform and Educate the Public
4. Engage Community Partners
5. Promote/Implement Evidence-Based Practices
6. Assess and Monitor MCH Health Status
7. Maintain the Public Health Work Force
8. Develop Public Health Policies and Plans
9. Enforce Public Health Laws
10. Ensure Quality Improvement



### Vision of Title V

Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

### Mission of Title V

The Mission of Title V is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

A 1988 Institute of Medicine (IOM) Report<sup>1</sup> defined the core functions of public health as assessment, policy development and assurance. In operationalizing the core public health functions and in ensuring that the unique needs of mothers and children were adequately addressed, the MCH community worked with the Public Health Service and the IOM to identify 10 "Essential Public Health Services"<sup>2</sup> in 1994. Since that time, the 10 Essential Public Health Services have provided a framework for the delivery of MCH services, as reflected in Figure 1.

<sup>1</sup> Institute of Medicine. (1988). *The Future of Public Health*. Washington, D.C.: National Academy Press.

<sup>2</sup> *Public Health in America*. (1994). Washington, D.C.: U.S. Public Health Service. Essential Public Health Services Working Group of the Core Public Health Functions Steering Committee.

In considering potential strategies for implementing the new vision and mission statements, the 10 Essential Public Health Services were cross walked with the purpose of the MCH Block Grant to States Program, as defined in Section 501(a)(1) of Title V of the Social Security Act. The strategies could include:

- Mobilize partners, including families, at the federal, state and community levels in promoting shared vision for leveraging resources, integrating and improving MCH systems of care, promoting quality public health services and developing supportive policies;
- Integrate systems of public health, health care and related community services to ensure access and coordination to assure maximum impact;
- Conduct ongoing assessment of the changing health needs of the MCH population (as impacted by cultural, linguistic, demographic characteristics) to drive priorities for achieving equity in access and positive health outcomes;
- Educate the MCH workforce to build the capacity to ensure innovative, effective programs and services and efficient use of resources;
- Inform and educate the public and families about the unique needs of the MCH population;
- Promote applied research resulting in evidence-based policies and programs;
- Promote rapid innovation and dissemination of effective practices through quality improvement and other emerging methods; and
- Provide services to address unmet needs in healthcare and public health systems for the MCH population (i.e. gap-filling services for individuals.)

## **B. National Performance Measurement Framework**

With the MCH ~~Block Grant's transformation and its~~ emphasis on performance and accountability at both the state and national levels, this Guidance includes a ~~transformed~~ national performance measurement system that is intended to show more clearly the contributions of Title V programs in impacting health outcomes while still maintaining flexibility for the states. The national performance measurement system adopted in this Guidance is a three-tiered framework, which includes the following measure categories: National Outcome Measures (NOMs), National Performance Measures (NPMs) and State-initiated Evidence-based or -informed Strategy Measures (ESMs).

In the revised national performance measure framework, the focus is on the establishment of a set of population-based measures (i.e., NPMs) which utilize state-level data derived from national data sources and for which state Title V programs will track prevalence rates and work towards demonstrated impact. The NPMs are intended to drive improved outcomes relative to one or more indicators of health status (i.e., NOMs) for the MCH population, so states will track the NOMs to monitor impact by the NPMs. ESMs are the final tier of the national performance measurement framework, and they are the measures by which states will directly measure their impact on the NPMs. State-specific and actionable, the ESMs seek to track a state Title V program's strategies and activities and to measure evidenced-based or evidenced-informed practices that will impact individual population-based NPMs. The ESMs are developed by the state, and they provide accountability for improving quality and performance related to the NPMs and to the MCH public health issues for which they are intended. While not part of the national performance measurement framework, states will also develop State Performance Measures (SPMs), in addition to the ESMs, to address the priorities they have identified based on the findings of their Five-year Needs Assessments and to the extent that a priority need has not been fully addressed through the selected NPMs and ESMs.

The 15 NPMs address key national MCH priority areas. Collectively, they represent six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross-cutting or Life Course. The six population health domains are contained within the three legislatively-defined MCH populations [Section 505(a)(1).] For example, the first two domains are included under "preventive and primary care services for pregnant women, mothers and infants up to age one," which is the first of the three defined MCH populations. Child health is included in the second defined MCH population, specifically "preventive and primary care services for children." Services for CSHCN is the third legislatively-defined MCH population. Cross-Cutting or Life Course refers to public health issues that impact multiple MCH population groups.

The national MCH priority areas incorporate two significant concepts: first, Title V is responsible for promoting the health of all mothers and children, which includes an emphasis on CSHCN and their families; and second, the development of life course theory has indicated that there are critical stages, beginning before a child is born and continuing throughout life, which can influence lifelong health and wellbeing.

States should work closely with family/consumer partnerships as they develop the ESMs for their selected NPMs. For purposes of the Title V MCH Services Block Grant program and this Guidance, family/consumer partnership is defined as: "*The intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course.*" Family engagement

reflects a belief in the value of the family leadership at all levels from an individual, community and policy level.” Relevant resources include the *National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs*, which were released in March 2014. The report is available on the Lucille Packard Foundation for Children’s Health website at <http://lpfch-cshcn.org/publications/research-reports/developing-structure-and-process-standards-for-systems-of-care-serving-children-and-youth-with-special-health-care-needs>. Examples of family/consumer partnership for Title V organizations are highlighted on the Family Voices website at: [http://www.familyvoices.org/work/title\\_v?id=0012](http://www.familyvoices.org/work/title_v?id=0012).

### **C. Changes to the Application/Annual Report Guidance**

This Guidance is intended to enable states to tell a more cohesive and comprehensive Title V story, while reducing the reporting burden and duplication across sections of the Application/Annual Report. In addition, the revised narrative will allow state Title V programs to better reflect on their leadership role within the state and to demonstrate the program’s contributions to the state’s public health system in building improved and expanded systems of care for the MCH population.

Historically, the narrative reporting on state Title V activities has been organized by performance measure rather than by population group. The organizing framework for this guidance is based on six identified population health domains (i.e., Women/Maternal Health; Perinatal/Infant Health; Child Health; CSHCN; Adolescent Health; and Cross-cutting or Life Course.) More specifically, throughout the course of the Application/Annual Report/Needs Assessment Summary, states will organize the discussion of their Title V program activities for each of the three legislatively-defined MCH populations (i.e., preventive and primary care services for pregnant women, mothers and infants up to age one; preventive and primary care services for children; and services for CSHCN) in the context of these six identified MCH population health domains.

In reporting on their Five-year Needs Assessments, a Needs Assessment Summary will replace the more comprehensive, standalone document previously submitted by states. The Needs Assessment Summary will be integrated into the yearly MCH Block Grant Applications/Annual Reports. This integration will serve to reduce the duplication in reporting that has traditionally occurred between the Five-year Needs Assessment document and the first year Application/Annual Report. In the first year Application/Annual Report, states will now provide a summary report of their Five-year Needs Assessment process and findings. Based on their ongoing needs assessment efforts, states will provide an update to the Needs Assessment Summary in each of the four interim year Applications/Annual Reports.

For the first time, states will be required to include an Executive Summary for each Application/Annual Report that they submit during the five-year reporting cycle. The Executive Summary shall briefly describe the key points presented in the state's Application/Annual Report and include, at a minimum, a brief summary of the following discussion points:

- Emergent needs based on the Five-year/ongoing Needs Assessment efforts and linked with the Title V program priorities and development of a five-year State Action Plan;
- Highest ranked priority needs for the state Title V program, including a discussion of key SPMs and ESMs which the state developed to address, respectively, the identified priority needs and selected NPMs; and
- Accomplishments relative to addressing the identified needs and a plan for the coming year that assures continued progress in achieving the desired health status and performance outcomes.

In addition to providing a summary overview of the state Title V program and the gains that have been realized relative to the state priority needs, the Executive Summary can serve as a standalone document for the state in marketing its Title V program's achievements to other state, community and family agencies and in soliciting programmatic input from families and other MCH stakeholders.

Revisions to the organizational framework of the state Applications/Annual Reports are intended to position the state and national MCH priorities, and the related Title V program activities, as the centerpiece of the narrative reporting. The revised instructions for the state Title V MCH Block Grant Application and reporting process are built on the premise that state priority needs and national MCH priority areas will serve as the "drivers" for state reporting on the Five-year (and ongoing) Needs Assessment findings, the selection of NPMs to address state-identified priorities, the development of evidence-based or –informed strategies with ESMs to address state and national priority areas (as reflected in the NPMs selected for programmatic focus) and the establishment of SPMs to address the state's unique needs.

As part of their first-year Application/Annual Report and in follow-up to the Five-year Needs Assessment, states will be required to develop an interim Five-year Action Plan Table. A sample table is provided, for the state's consideration, in Part Two, Section IIF.1.a of this Application/Annual Report Guidance and in Appendix B of the Supporting Documents. This Table is intended to serve as a planning tool and organizational framework for states in developing a five-year Action Plan that aligns their planned Title V program strategies and activities with the identified priority needs and selected NPMs/SPMs. In the Year 02 Application/Annual Report (i.e., FY 2017/FY 2015), States will refine the objectives and strategies they identified in their interim Five-year Action Plan

Table. The identified strategies should guide states in developing ESMs that address their selected NPMs. In addition to refining their program objectives and strategies, States will insert the ESMs and the SPMs they develop in the Five-year State Action Plan Table that will be included in the second year (i.e., FY 2017/FY 2015) Application/Annual Report.

As described above, the Five-year Action Plan Table is a tool for states to use in developing the five-year Action Plan. States will report on their five-year Action Plan in the narrative Applications/Annual Reports. In addition to providing updates to the five-year Action Plan for the Application year, States will report annually on their progress towards the implementation and achievement of the strategies/activities outlined in the State Action Plan and their success in meeting the established performance objectives for each of the NPMs, ESMs and SPMs. Specifically, states will provide a narrative discussion on the development of the five-year Action Plan in the initial Application year (i.e., FY 2016). The discussion should build on the summary information presented in the interim Five-year Action Plan Table. For the first two Annual Report years (i.e., FY 2014 and FY 2015), states will report out on the previous five-year cycle. In the following three interim year Applications/Annual Reports, states will refine their Title V program plan for the coming year (i.e., Application year) and report on the progress that has been achieved in implementing the five-year Action Plan (i.e., Annual Report.)

States will report annual performance indicators for the previous reporting cycle's 18 NPMs and 7-10 SPMs on Form 10D for FY 2014 and FY 2015. Using Form 10A, states will begin to report on the selected 8 NPMs, ESMs and SPMs for this five-year reporting cycle (i.e., FY 2016-FY 2020) in the FY 2016 Annual Report. While data reporting in the FY 2014 and the FY 2015 Annual Reports will focus on the previous reporting cycle's national and state performance measures, the state's narrative reporting will be incorporated into the five-year Action Plan. Rather than providing a description of Last Year/Current Year/Future Year program activities for each specific measure as required in previous Annual Reports, performance measure trends for the FY 2014 and FY 2015 Annual Report years will be analyzed and summarized as part of the discussion for the relevant population health domain(s).

Two additional changes to the Application/Annual Report Guidance for this five-year reporting cycle are the elimination of the Health System Capacity Indicators and the incorporation of some of the Health Status Indicators (HSIs) into the NOMs. Along with the other state data (OSD) reported on Form 11, the NOMs will serve as the monitoring tool for states in assessing their progress towards achieving the desired health outcomes. Effective with this Guidance, data for the NOMs and OSD, as available, will be collected and provided to the state by MCHB.

#### **IV. LEGISLATIVE REQUIREMENTS**



The federal MCH Block Grant to States is authorized under Title V of the Social Security Act, which is the longest-standing public health legislation in American history. More than 75 years later, the law continues to support efforts to improve the health of the nation's women and children. The law can be viewed at: [http://www.ssa.gov/OP\\_Home/ssact/title05/0500.htm](http://www.ssa.gov/OP_Home/ssact/title05/0500.htm).

#### **A. Who Can Apply for Funds [Section 505(a)]**

The Application/Annual Report shall be developed by, or in consultation with, the state MCH agency and shall be made public within the state in such manner as to facilitate comment from any person (including any federal or other public agency) during its development and after its transmittal.

#### **B. Use of Allotment Funds [Section 504]**

The state may use its Title V MCH Services Block Grant funds for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its Application. In addition, the state may request supplemental funds from the Bureau to support identified technical assistance needs. Related to technical assistance, the state should plan for and allot funds for the MCH and CSHCN Directors to attend the required Block Grant Application/Annual Report review that is held at a site designated annually by the Division of State and Community Health (DSCH) in HRSA's MCHB. Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment. Other restrictions apply, as specified in Section 504(b).

#### **C. Application for Block Grant Funds [Section 505]**

Each state is required to conduct a statewide Needs Assessment every five years. Beginning in 2015, the result of that Needs Assessment will be integrated into the Application/Annual Report for that reporting year, and any updates will be provided in the Applications/Annual Reports that states submit in the interim years. By law, the Application/Annual Report will contain information that is consistent with the health status goals and national health objectives regarding the need for:

- Preventive and primary care services for all pregnant women, mothers, and infants up to age one;
- Preventive and primary care services for children; and
- Services for CSHCN [as specified in section 501(a)(1)(D) "family-centered, community-based, coordinated care (including care

coordination services) for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families"].

The state will organize its reporting on the three legislatively-defined MCH populations in the context of six population health domains:

1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross-cutting or Life Course. In the Five-year Needs Assessment Application year (i.e., FY 2016), the state's Application shall include an interim Five-year Action Plan Table which serves as an organizing framework for the development of the five-year Action Plan.

In addition, states shall provide an expanded narrative description on the development of the five-year Action Plan and the identification of Title V program strategies/activities for addressing the priority needs that were identified by the statewide assessment in the narrative Action Plan section of their FY 2016 Application. The eight NPMs selected by the state should be addressed in this discussion and a clear plan presented for how the state plans to move forward in addressing each of the measures. Updates to the planned program strategies and activities for addressing the priority needs and improving performance around each of the performance measures will be discussed in the Action Plan narrative that is submitted by states in the subsequent four interim year Applications (i.e., FY 2017 - FY 2020.) Beginning with the second year Application (i.e., FY 2017), this discussion should include the ESMs developed for each of the selected NPMs and the three to five SPMs established by the state to respond to priority needs that are not adequately addressed by the NPMs and ESMs.

Each year, at least thirty percent (30%) of federal Title V funds must be used for preventive and primary care services for children and at least thirty percent (30%) for services for CSHCN, as specified in Section 501(a)(1)(D). Such services include providing and promoting family-centered, community-based, coordinated care (including care coordination services) for CSHCN and facilitating the development of community-based systems of services for such children and their families. The thirty percent (30%) requirement may be waived as specified in Section 505(b)(1-2). A request for waiver must be included in the Application letter of transmittal. In addition, of the amount paid to a state under Section 503 from an allotment for a fiscal year under Section 502(c), not more than ten percent (10%) may be used for administering the funds paid under this section.

The state must maintain the level of funds being provided solely by such state's MCH programs at the level provided in fiscal year 1989. [Section 505(a)(4)].

Other requirements for allocation of funds, charging for services, maintenance of a toll-free hotline (and other appropriate methods) and coordination of services with other programs are found in Section 505.

#### **D. Annual Report [Section 506]**

An Annual Report must be submitted to the MCHB each year in order to evaluate and compare the performance of different states assisted under this Title and to assure the proper expenditure of funds. The Annual Report will include a description of program activities, a complete record of the purposes for which funds were spent, the extent to which the state has met the goals and the performance objectives it set forth, as well as the national health objectives, and the extent to which funds were expended consistent with the state's Application. For this five-year reporting cycle, the Action Plan will serve as the Annual Report narrative on the state's Title V program strategies and activities. As described in Part One, Section III.C., states will develop and submit an interim Five-year Action Plan Table as part of the first-year Application/Annual Report and in follow-up to the Five-year Needs Assessment. The Action Plan will identify program goals, objectives, key strategies and performance measures related to each of the six population health domains. In the four interim year Application/Annual Reports, States will utilize the Action Plan section of the Application/Annual Report to provide narrative discussion on the progress (by population health domain) achieved during the reporting year relative to the implementation of planned Title V program activities and gains in meeting the established performance measure targets. The standardized format of the Annual Report, as described, will allow for consistency in reporting and will facilitate the preparation of a report to Congress [Section 506(a)(3).] It should be noted that for the first two Annual Report years (i.e., FY 2014 and FY 2015) states will report on the national and state performance measures and Title V program activities that were implemented in the previous five-year cycle. As described in Part One, Section IIIC, states will report their FY 2014 and FY 2015 annual performance indicator data for the previous reporting cycle's NPMs and SPMs on Form 10D, while their narrative reporting will be incorporated into the State Action Plan.

As required in Section 509(a)(5), the MCHB has made a substantial effort to not duplicate other federal data collection efforts. This edition of the Application/Annual Report Guidance goes beyond previous editions in reducing duplication of federal and state data collection, maintenance and reporting efforts relating to the health status and health service needs of mothers and children in the United States. Effective with this five-year reporting cycle, the MCHB will collect and provide national outcome and performance measure data, as well as available OSD, for the individual states. Data are not available from the National Center for Health Statistics (NCHS) or other Federal sources for Puerto Rico, Guam and the Marshall

Islands, Federated States of Micronesia, Republic of Palau, Commonwealth of the Northern Mariana Islands, American Samoa and Virgin Islands. These jurisdictions must report their own vital statistics and health data.

#### **E. Administration of Federal and State Programs [Section 509]**

The MCHB in HRSA is the organizational unit responsible for the administration of Title V. Within the Bureau, DSCH has responsibility for the day-to-day operation of the Title V MCH Services Block Grant to States Program. Applicants may obtain additional information regarding administrative, technical and program issues concerning the Block Grant Application/Annual Report by contacting:

Division of State and Community Health  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 5C-26  
Rockville, Maryland 20857  
Telephone: (301) 443-2204  
Fax: (301) 443-9354

Within each state, the state health agency is responsible for the administration (or supervision of the administration) of programs carried out with Title V allotments.

# PART TWO: APPLICATION/ANNUAL REPORT INSTRUCTIONS

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## I. GENERAL REQUIREMENTS

### A. Letter of Transmittal

An electronic letter of transmittal from the responsible state health agency official must be the first page of the Title V MCH Block Grant Application/Annual Report. The letter must also contain the documentation for waiver of a 30 percent allotment, if the state is so requesting. The letter of transmittal is attached to Section I.A. of the Application/Annual Report.

### B. Face Sheet

Each section of the Application Face Sheet (Standard Form 424) must be completed and submitted electronically along with the rest of the Application/Annual Report.

### C. Assurances and Certifications

The appropriate Assurances and Certifications for the state MCH Block Grant programs, which include Application Form Standard Form (SF)-424B, Assurances for Non-Construction Programs and Certifications for debarment and suspension, drug free work place, lobbying, program fraud and tobacco smoke are included in Appendix C. States do not have to submit these forms as part of the Application/Annual Report, but they must be maintained on file in the state's MCH program's central office. The assurance and certification forms may be attached to this section, but such an attachment is not required. Instead, the state can provide either the URL to access the assurances/certifications, or they can provide information on how the Assurances and Certifications can be made available.

### D. Table of Contents

The Table of Contents is automatically generated by the system, and conforms to the headings in the different Parts/Sections of this Guidance.

### E. Application/Annual Report Executive Summary

As discussed in Part One, Section III.C., states will submit an Executive Summary with each Application/Annual Report. For each of the six identified population health domains, the Executive Summary shall present a brief description of the Title V program's major accomplishments and significant challenges relative to the cited priority and other emergent needs and the state's annual performance on the NOMs, NPMs, SPMs and ESMs that are specific to

that population health domain. In addition to the three required discussion points listed in Part One, Section III.C, the state should provide a statement for each population health domain which summarizes its progress on “moving the needle” around key MCH priority areas and national and state performance measures. The Executive Summary can be up to five pages in length, or 15,000 characters, including charts and graphs. This Summary should reflect only the key points that are presented in the state’s Application/Annual Report.

## **II. COMPONENTS OF THE APPLICATION/ANNUAL REPORT**

On July 15 of each year, states and jurisdictions are required to submit an Application/Annual Report for the federal funds they receive through the Title V MCH Services to States Program. In addition, states are required to conduct and report on a comprehensive, statewide Needs Assessment every five years. The findings of this Need Assessment and the priority needs identified as a result of this process provide the basis for the development of a five-year Action Plan for the state Title V program. As new findings become available through ongoing needs assessment efforts and the analyses of annual performance data, a state may refine its Action Plan in interim years to achieve targeted progress (i.e., performance objectives) related to the state and national MCH priority areas. These changes may include the substitution of new or revision of existing program strategies, ESMs linked to the selected NPMs and/or SPMs. States are encouraged not to change the selected NPMs during the five-year reporting cycle. If a state determines that a NPM needs to be changed, clear justification must be provided.

The state’s narrative Application/Annual Report shall include the following sections:

- Descriptive overview of the state;
- Summary of the Five-year (and ongoing) Needs Assessment process and findings that speaks to the strengths/needs of the state’s MCH population (as discussed by each of the six identified population health domains), Title V program capacity and established partnerships/collaborations, which should include a discussion on ongoing opportunities provided by the state for engaging families and other stakeholders in programming efforts (e.g., advisory councils, family/consumer partnerships, etc.)
- Listing of seven to ten priority needs for the state Title V program and rationale that links the identified priorities to the five-year Needs Assessment findings;
- Discussion on how the selected NPMs link with the identified state MCH priorities and rationale to demonstrate how the ESMs developed by the state will impact the selected NPMs.

- Discussion on how the SPMs (and state outcome measures (SOMs), if applicable) developed by a state address the identified state priority needs and/or the national MCH priority areas.
- Development and annual reporting on a Five-year State Action Plan.

States shall structure the narrative discussion in this segment of the Application to include the six sections cited above. A detailed explanation of the specific discussion points that the state should address is provided in Sections A-F of this Guidance.

For the first year's Application (i.e., FY 2016) of the five-year reporting cycle, states shall summarize the process that was used in conducting the Five-year Needs Assessments and their overall findings relative to the specific strengths/needs that were identified for the state's MCH population, Title V program capacity and partnerships/collaborations. States shall present their Needs Assessment findings by each of the six population health domains. In addition, states should address how their identified MCH strengths/needs link with the national MCH priority areas, as reflected in the federal Title V program's NOMs and NPMs.

In the four subsequent interim years of the five-year reporting cycle (i.e., FY 2017-FY 2020 Applications/FY 2015-FY 2018 Annual Reports), states shall update the needs assessment information presented in the FY 2016 Application/FY 2014 Annual Report, as appropriate, to reflect improvements and/or changes in such areas as:

- State's health care delivery environment (e.g., [changes to health insurance coverage](#)) ~~implementation of the ACA~~;
- Identified strengths/needs of the state's MCH population and its Title V and other MCH program capacity;
- Level of commitment to consistently engaging family/consumer partnerships in Title V MCH and CSHCN programmatic and decision-making efforts; and
- Approaches to building and/or expanding the reach and effectiveness of the state's Title V partnerships and its collaborations with other federal, tribal, state and local entities that serve the MCH population.

## A. Overview of the State

The introductory section of the Application narrative shall put into context the Title V program within the state's health care delivery environment. Applicants should discuss the principal characteristics that are important to understanding the health status and needs of the entire state's MCH population. The state health agency's current priorities or initiatives and the resulting Title V program's

roles and responsibilities should also be described. States may address how health care reform efforts and ACA implementation are impacting the health status of its MCH and CSHCN populations and the delivery of Title V-supported services.

Included in the state overview should be a description of the process used by the Title V administrator to determine the importance, magnitude, value, and priority of competing factors which impact health services delivery in the state. Current and emerging issues should be identified and discussed in terms of the other identified MCH issues.

This overview should also address the extent to which poverty, racial and ethnic disparities in health status, geography, urbanization, and the private sector create unique challenges for the delivery of Title V services in the state. Specific state statutes and other regulations that have relevance to Title V program authority should be discussed and examined in terms of their impact on the state's Title V MCH and CSHCN programs.

## **B. Five-Year Needs Assessment Summary**

The Title V legislation (Section 505(a)(1)) requires the state, as part of the Application, to prepare and transmit a statewide Needs Assessment every five years that identifies (consistent with the health status goals and national health objectives) the need for:

- (1) Preventive and primary care services for pregnant women, mothers and infants up to age one;
- (2) Preventive and primary care services for children; and
- (3) Services for children with special health care needs.

The conceptual framework presented in Figure 2 depicts how the findings of the State Five-year Needs Assessment are expected to serve as the “drivers” in determining state Title V program priority needs and in developing a five-year Action Plan to address them.

Findings from the Five-year Needs Assessment serve as a cornerstone for the development of a five-year Action Plan for the state Title V program. The Needs Assessment findings should inform the selection of the state's seven to ten highest priority needs for its MCH and CSHCN populations. Selected priority needs should reflect the work of the state's Title V program and address areas in which the supported services can have direct impact on the state and federal MCH priorities. Based on its priority needs, as identified in the Five-year Needs Assessment, the State will select eight of 15 possible NPMs for programmatic emphasis over the five-year reporting period.





**Figure 2. TITLE V MCH BLOCK GRANT NEEDS ASSESSMENT FRAMEWORK  
LOGIC MODEL**



The five-year Action Plan to be developed by the state in the first Application/Annual Report year (i.e., FY 2016/FY 2014) of the five-year reporting cycle will speak to the state's priority needs, the identified national MCH priority areas and the state-selected NPMs. Preliminary goals, objectives and strategies for achieving targeted progress in the specified priority areas should be clearly outlined in the state's Action Plan. In the second Application/Annual Report year (i.e., FY 2017/FY 2015), the State shall refine its goals, objectives and strategies in addition to developing ESMs for implementing the identified strategies to address the eight selected NPMs. The purpose of the ESMs is to identify state Title V program efforts which can contribute to improved performance relative to the selected NPMs. Most issues in MCH are multifactorial; therefore, while states are strongly encouraged to develop multiple strategies with a related ESM for each strategy to impact a selected NPM, states are required to submit at least one ESM for each of the NPMs selected. In addition, states will develop between three and five SPMs to address its unique needs to the extent that they are not addressed by the selected NPMs and ESMs. States will report annually on the progress that has been achieved relative to the ESMs and the SPMs. This framework is intended to more clearly reflect the work of the state Title V programs in addressing state and national MCH priority areas.

A more detailed overview of the MCH Five-year Needs Assessment process and its relationship to the planning and monitoring functions in Title V programs is presented in Appendix D.

In this section of the Application narrative, states shall present a concise summary of the Five-year Needs Assessment process and findings, as described below, with annual updates provided in the four interim year Applications/Annual Reports. The Needs Assessment Summary that is to be included in the Application/Annual Report is intended to emphasize only the key findings of the state's Five-year Needs Assessment as they relate to the state MCH priority needs and link with the national MCH priority areas. It is recognized that states engage in a thorough and comprehensive Five-year Needs Assessment process, with rich findings that go beyond the required content for the first year Application/Annual Report. In addition to the required Needs Assessment Summary, states may choose to develop a more detailed and complete Five-year Needs Assessment document that is tailored to meet their individual program needs, and they are encouraged to include links to state websites where such documents are posted in the Application/Annual Report. States may also choose to submit more detailed documentation on their Five-year Needs Assessment findings as an attachment to this section. The total length of the Needs Assessment Summary that is to be included in the first year Application/Annual Report (i.e., FY 2016/FY 2014) shall not exceed 60,000 characters (or 20 pages).

## **1. Process**

In this section, states shall summarize the overall process that was used to conduct the Title V comprehensive Needs Assessment. States should describe the (1) goals, framework and methodology which guided the Needs Assessment process; (2) the level and extent of stakeholder involvement; (3) quantitative and qualitative methods that were used to assess the strengths and needs of each of the six identified population health domains, MCH program capacity and partnerships/collaborations; (4) data sources that were utilized to inform the Needs Assessment process; and (5) interface between the collection of Needs Assessment data, the finalization of the state's Title V priority needs and the development of the state's Action Plan.

In interim year Applications/Annual Reports, states should describe what actions are being taken to ensure that Needs Assessment is an ongoing process. These updates should include a brief description of ongoing needs assessment activities, such as data collection and analysis, program evaluations, focus groups, surveys and other selected approaches that enable the State to continue to monitor and assess, on an ongoing basis, the successes and continuing needs that have resulted from the implementation of the state's five-year Action Plan to address the national and state MCH priority needs.

## **2. Findings**

In the first year Application/Annual Report (i.e., FY 2016/FY 2014), states shall present a focused Summary of the findings of its Five-year Needs Assessment. Highlighted in this Summary should be the health status of the MCH population relative to the state's noted MCH strengths/needs and the identified national MCH priority areas, with the discussion organized and presented by each of the six population health domains. In addition, the state shall summarize the adequacy and limitations of its Title V program capacity and partnership building efforts relative to addressing the identified MCH population groups and program needs. Specific partnership and collaborative efforts may include, but are not limited to, promotion of family/consumer engagement and leadership, coordination with other MCHB and federal, state and local MCH investments and established relationships with Tribes, Tribal Organizations and Urban Indian Organizations who reside within the state's geographic boundaries.

In the interim year Applications/Annual Reports (i.e., FY 2017-FY 2020/ FY 2015-FY 2018), States shall provide annual updates to the findings they presented in the Needs Assessment Application year (FY 2016 Application/ FY 2014 Annual Report.) These updates should clearly reflect ongoing needs assessment efforts and address changes in the state's MCH population, Title V program capacity and level of partnerships/collaborations. Such

updates may include, but are not limited to, a discussion of the following items.

- Changes in the strengths and needs of the MCH population, Title V program capacity and established program collaborations/partnerships since the last MCH Block Grant Application/Annual Report was submitted.
- Activities undertaken to operationalize the findings of the Five-year Needs Assessment, such as the establishment of an advisory group to monitor state progress in addressing a targeted priority need.

**a. MCH Population Needs**

Using both quantitative and qualitative methods, states shall present:

- i. An overview of the health status of the state's MCH population for each of the six identified population health domains (i.e., Women/Maternal Health, Perinatal/Infant Health, Child Health, CSHCN, Adolescent Health and Cross-cutting or Life Course) within the three legislatively-defined state MCH population groups (i.e., (a) pregnant women, mothers, and infants up to age 1; (b) children; and (c) children with special health care needs.)
- ii. A summary of population-specific strengths/needs as well as strengths/needs that cross all three of the legislatively-defined population groups.
- iii. A concise description of the state's successes, challenges, gaps and areas of disparity related to major morbidity, mortality, risk reduction or maintenance of health/wellness for each of the six population health domains. At a minimum, the discussion should include major health issues addressed in the state's priority needs and the national MCH priority areas within the MCH population as a whole and for significant sub-populations (e.g., racial, ethnic, age, income, geographic, frontier/rural/urban, or other relevant characteristics.)
- iv. An analysis of Title V-specific programmatic approaches to determine areas where current efforts work well and should be continued and areas in which new or enhanced strategies/program efforts are needed.

The discussion in this section should be organized by the six population health domains and address the state-identified priority needs and national MCH priority areas. For each population health domain, the state

should clearly discuss its strengths/needs relative to the state-specific MCH priority needs (identified through the Five-year Needs Assessment process) and the pertinent OSD, NOMs and NPMs. In the narrative discussion, states may include other identified strengths and needs for its MCH population (based on the findings of the Five-year Needs Assessment,) which are unique to the state and go beyond the national MCH priority areas. Detailed information on the performance measure framework is presented in Appendix E. Detail sheets for the NOMs and NPMs are included in Appendix F.

In the four interim year Applications/Annual Reports, states shall report by population health domain on any changes in the health status of its MCH populations, the identified strengths/needs and noted Title V program successes/issues/ gaps/disparities that have impacted MCH morbidity, mortality, risk reduction and/or health maintenance/wellness, based on the findings of its ongoing needs assessment efforts.

**b. Title V Program Capacity**

Based on the Five-year Needs Assessment findings, states shall structure the discussion of their Title V program capacity to include the sections outlined below. The findings presented in the Five-year Needs Assessment Application/Annual Report year should be updated annually in the state's four interim year Applications/Annual Reports, based on the findings of their ongoing needs assessment efforts and noted changes in the state's organizational structure and program capacity.

**i. Organizational Structure**

In reporting on the organizational structure of the Title V program, the state should:

- (a) Describe the organizational structure and placement of the Governor, state health agency and the Title V MCH and CSHCN programs in the state government.
- (b) Clarify how the state health agency is "responsible for the administration (or supervision of the administration) of programs carried out with allotments under Title V" [Section 509(b)]. This description should include all of the programs funded by the federal-state Title V MCH Block Grant.
- (c) Include an organizational chart as an attachment to this section.

ii. **Agency Capacity**

In reporting on Title V program capacity, the state should:

- (a) Describe the state Title V agency's capacity to promote and protect the health of all mothers and children, including CSHCN. Included in this description should be a discussion of the state's capacity for providing Title V services by each of the six population health domains. In describing the state's capacity for providing services to CSHCN, the state should address its ability to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI (the Supplemental Security Income Program), to the extent medical assistance for such services is not provided under Title XIX (Medicaid).
- (b) Describe the steps that state MCH and CSHCN programs have taken to ensure a statewide system of services, which reflect the principles of comprehensive, community-based, coordinated, family-centered care. Highlighted in this description is the extent to which the state effectively uses its Title V funds to support:
  - (1) State program collaboration with other state agencies and private organizations;
  - (2) State support for communities;
  - (3) Coordination with health components of community-based systems; and
  - (4) Coordination of health services with other services at the community level.

iii. **MCH Workforce Development and Capacity**

- (a) Describe the strengths and needs of the state MCH and CSHCN workforce, including the number, location and full-time equivalents of state and local staff who work on behalf of the state Title V programs. Included in this description should be the names and qualifications (briefly described) of senior level management employees who serve in lead MCH-related positions and program staff who contribute to the state's planning, evaluation, and data analysis capabilities. States should also report on the number of parent and family members, including CSHCN and their families, who are on the

state Title V program staff and their roles (e.g., paid consultant or volunteer.) In addition, states are encouraged to provide additional MCH workforce information which may be available, such as the tenure of the state MCH workforce and projected shifts in the MCH and CSHCN workforce over the five-year reporting period.

(b) Provide examples of the mechanisms that the state has developed and utilized to promote and provide culturally competent approaches in its services delivery. Examples of such activities may include:

- (1) Collect and analyze data according to different cultural groups (e.g. race, ethnicity, language) and use the data to inform program development and service delivery.
- (2) Ensure the provision of training, both in orientation and ongoing professional development, for staff, family leaders, volunteers, contractors and subcontractors in the area of cultural and linguistic competence.
- (3) Collaborate with informal community leaders/groups (e.g. natural networks, informal leaders, spiritual leaders, ethnic media and family advocacy groups) and families of culturally diverse groups in needs/assets assessments, program planning, service delivery and evaluation/monitoring/quality improvement activities.
- (4) Secure allocation of resources to adequately meet the unique access, informational and service needs of culturally diverse groups.
- (5) Develop and implement performance standards for staff and contractors that incorporate cultural competence practices and policies.
- (6) Provide policies and guidelines that support the above identified items and approaches.

### **c. Partnerships, Collaboration, and Coordination**

Based on the Five-year Needs Assessment findings, states shall describe relevant organizational relationships which serve the legislatively-defined MCH populations and contribute to, or expand, the capacity and reach of the state Title V MCH and CSHCN programs. Specifically, the discussion in this section should focus on partnerships, collaborations, and



cross-program coordination established by the state Title V program with public and private sector entities; federal, state and local government programs; Tribes, Tribal Organizations and Urban Indian Organizations; families/consumers; primary care associations; tertiary care facilities; academia; and other primary and public health organizations across the state that address the priority needs of the MCH population but are not funded by the state Title V program.

The findings presented in the Five-year Needs Assessment Application/Annual Report year should be updated annually in the state's subsequent four interim year Applications/Annual Reports, based on the findings of ongoing needs assessment efforts and noted changes in the state's partnership, collaboration, and coordination efforts.

In reporting on the Title V program's ongoing commitment and efforts to build, sustain and expand partnerships, to work collaboratively and to coordinate with other MCH-serving organizations, the state should describe its relationships with such programs as:

- i. Other MCHB investments (e.g., State System Development Initiative (SSDI) Grants, CSHCN State Implementation Grants, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grants, Healthy Start Grants, Early Childhood Systems of Care (ECCS) Grants, MCH Training programs and other MCHB efforts relating to injury prevention, autism, developmental disabilities, adolescent health, workforce development, oral health, bullying and emergency medical services for children);
- ii. Other Federal investments (e.g., ACF, CDC and USDA-funded programs, such as the Personal Responsibility Education Program (PREP) teen pregnancy grants, family planning, immunizations, infant and child death reviews and WIC);
- iii. Other HRSA programs (e.g., federally qualified health centers and HIV/AIDS);
- iv. State and local MCH programs (e.g., local health departments and urban MCH programs);
- v. Other programs within the State Department of Health (e.g., chronic disease, prevention and health promotion, immunization, vital records and health statistics, injury prevention, behavioral and mental health and substance abuse);

- vi. Other governmental agencies (e.g., Medicaid, CHIP, Education, Social Services/Child Welfare, Corrections and Rehabilitation Services);
- vii. Tribes, Tribal Organizations and Urban Indian Organizations;
- viii. Public health and health professional educational programs and universities;
- ix. Family/consumer partnership and leadership programs; and
- x. Other State and local public and private organizations that serve the state's MCH population.

States must include, as an attachment to this section, a current copy of the Inter-Agency Agreement (IAA) that was developed between the state's Medicaid agency and the Title V agency, as cited in Section 509(a)(2) of Title V and referenced in Section 1902(a)(11)(b) of Title XIX of the Social Security Act.

**In their Five-year Needs Assessment Summary, states should include qualitative and quantitative information on their established family/consumer partnerships.** This description should include, but is not limited to, the following discussion points:

- i. Nature and substance of the established family/consumer partnership;
- ii. Diversity of members engaged in the family/consumer partnership;
- iii. Number of families/consumers engaged in the family/consumer partnership, the degree of their engagement, the compensation that is provided to them and the number of families/consumers that were trained on MCH core competencies;
- iv. Evidence and range of issues being addressed through the family/consumer partnership;
- v. Impact of family/consumer partnership on programs and policies, including the development of promising practices; and
- vi. Description of the state's efforts to build and strengthen family consumer partnerships for all MCH populations, including CYSHCN.

### **C. State Selected Priorities**

In this section, states shall list the seven to ten highest priority needs they identified based on the findings of the Five-Year Needs Assessment. The priority needs selected by a state for its Title V program during the five-year reporting period should be determined by a thorough examination of the findings from the state's Five-year Needs Assessment, as highlighted in the Needs Assessment Summary of the first year Application/Annual Report. States must assure that the selected priorities address the defined MCH population groups that were discussed in the Needs Assessment Summary.

In addition to listing the seven to ten selected priority needs on Form 9, states should provide a rationale for how these priority needs were determined. This rationale should include pertinent discussions on other priority needs that were strongly considered by the state and its stakeholders and why these needs were not included among the final priority list. In addition, states should describe the methodologies that were used for ranking the broad set of identified needs and the process for selecting its final seven to ten priorities. States should also discuss factors that have contributed to changes in the priority needs since the previous five-year reporting cycle and note if: (1) Priorities were continued; (2) Priorities were replaced; or (3) Priorities were added. For each priority need, the state should discuss why a priority need was continued, replaced, or added.

Updates relative to the selected priority needs should be provided by the state in the subsequent four interim year narrative Applications/Annual Reports.

### **D. Linkage of State Selected Priorities with National Performance and Outcome Measures**

The priority needs identified by the state based on the findings of its Five-year Needs Assessment shall inform the state's selection of the national performance and outcome measures for programmatic focus by its Title V program. In partnership with the state Title V program leadership and other MCH stakeholders, the MCHB identified 15 national priority areas for the Title V MCH program. Detail sheets for each of the 15 national performance measures are provided in Appendix F. Based on the identified state priority needs, states shall select eight of the 15 national measures to be addressed over the five-year period in their Title V program.

In this section of the Five-year Needs Assessment Application/Annual Report year (i.e., FY 2016/FY 2014), states should list the selected eight national performance measures with a rationale for why these measures were selected. The discussion should clearly link the selected national measures with the state's identified priorities. In the second year Application/Annual Report year (i.e., FY 2017/FY 2015), states will develop and submit ESMs to address each of the selected national measures. States can replace or revise one or more of the

ESMs developed in the subsequent interim year Applications/Annual Reports (i.e., FY 2018-FY 2020/FY 2016-FY 2018) based on its effectiveness in achieving the targeted progress for the corresponding national measure(s). With justification, the state can change the NPM that it selected based on the Five-year Needs Assessment findings during the five-year reporting cycle.

In addition to developing their strategy measures, states will establish a performance objective for each ESM as part of the second year Application/Annual Report (i.e., FY 2017/FY 2015). States will begin reporting on the strategy measure in the Year 03 through 05 interim Applications/Annual Reports (i.e., FY 2018-FY 2020/FY 2016-FY 2018). Annual performance data for the NPMs, the NOMs, and the OSD will be pre-populated, as available, for the state in the Title V information System (TVIS.)

#### **E. Linkage of State Selected Priorities with State Performance and Outcome Measures**

In addition to the NPMs selected by the state, the state shall develop between three and five SPMs to address its unique MCH needs to the extent that these needs are not addressed by the national measures and ESMs. Determination of the SPMs should be based on the findings of the Five-year Needs Assessment. States should develop a detail sheet on Form 10b, similar to the detail sheets provided for the national measures, for each SPM.

States will identify the established three to five SPMs on Form 10B as part of the second year Application/Annual Report (i.e., FY 2017/2015.) In addition, they will establish performance objectives for each of the SPMs. Annual reporting of performance data for the SPMs will begin with the submission of the FY 2016 Annual Report. While not encouraged for reporting purposes, states may change or revise a SPM during one of the interim reporting years in the five-year cycle.

A state may also develop (but is not required to develop) one or more SOMs based on the MCH priorities determined as a result of the Five-year Needs Assessment, provided that none of the NOMs address the same priority area for the state. A SOM should be linked with a performance measure to show the impact of performance on the intended outcome. For any SOMs developed by the state, five-year performance objectives should be established for each of the reporting years.

States will develop a detail sheet for any identified SOMs. On the detail sheets, States shall define the measures; goal; the indicator, numerator, and denominators; data source; and significance. The SOM detail sheets will be submitted by the state as part of the second year Application/Annual Report (i.e., FY 2017/FY 2015.) A state will track a SOM during the five-year reporting cycle, and the state can retire an SOM if it chooses. Data for the SOMs (indicator/numerator/denominator) will be entered annually by the state.

A timeline and the required components of the three Applications/Annual Reports (i.e., FY 2016/FY 2014 through FY 2018/FY 2016) that are due to be submitted under this Guidance instruction are presented in Appendix G.

## **F. Five-Year State Action Plan**

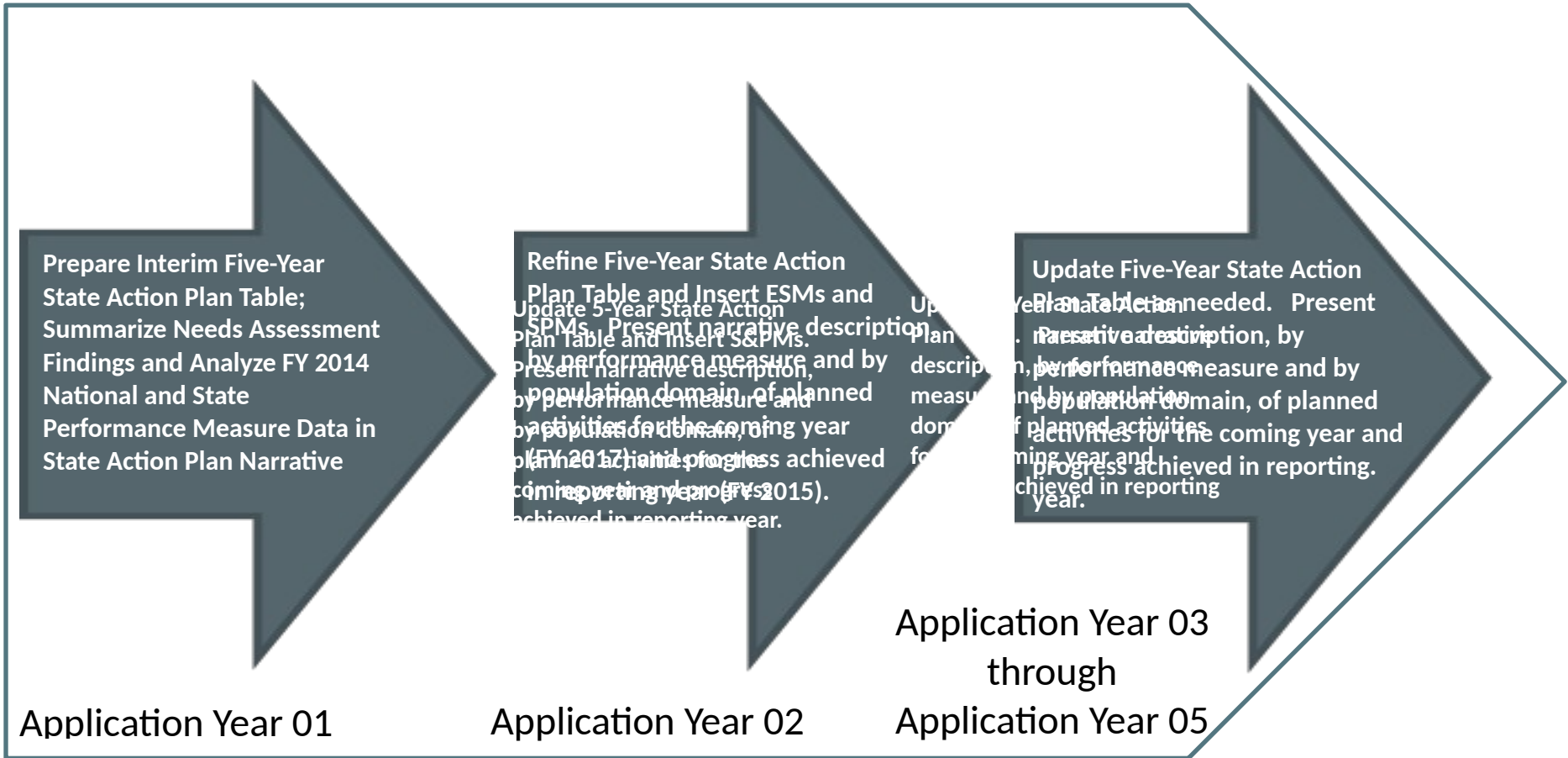
States shall develop a five-year State Action Plan in follow-up to the Five-year Needs Assessment. This Action Plan will serve as the Application/Annual Report narrative discussion for the state on their planned activities for the Application year and the activities that were implemented in the Annual Report year. Activities should be discussed in terms of the state's targeted performance and its achievements around the NOMs, NPMs, ESMs and SPMs. The State Action Plan shall include a robust discussion of the health status/outcome and performance measures for each of the six population health domains.

In developing the Action Plan, the state shall complete an interim Five-year State Action Plan Table (see sample on page 31 (Figure 4) of this Guidance and in Appendix B) as part of the first year Application/ Annual Report (i.e., FY 2016/ FY 2014). This Table is a tool to assist states in aligning their program strategies, NPMs, ESMs and SPMs with the priority needs that were identified in the Five-year Needs Assessment. States will refine the objectives and strategies, insert the ESMs for the selected NPMs and add the SPMs to the Five-year Action Plan Table in the second year Application/Annual Report (i.e., FY 2017/FY 2015). Updates to the strategies and activities will be provided by the state, as needed, in subsequent interim year Applications/Annual Reports. Figure 3 depicts the steps involved in the development of and the annual reporting on the implementation of the five-year State Action Plan.

### **1. State Action Plan and Strategies by MCH Population**

**This section will serve as the state's narrative plan for the Application year and as the Annual Report for the reporting year.** States should describe their planned activities for the Application year and summarize the programmatic efforts that have been undertaken for the Annual Report year, with primary emphasis placed on the performance impacts that have been achieved. The discussion should be specific to how priorities identified in the Needs Assessment Summary are being addressed through the strategies and activities that were described in the Five-year Action Plan Table. The narrative discussion shall be organized in the following order and grouped by the listed population health domains:

- Women/Maternal Health
- Perinatal/Infant Health



## Figure 3. Development and Implementation of Five-Year State Action Plan

- Child Health
- CSHCN
- Adolescent Health
- Cross-cutting or Life Course

Within the description of each population domain, states shall include the following sections:

**a. Five-year State Action Plan Table**

In accordance with the relevant priorities identified through the Five-year Needs Assessment process for each of the six population health domains, the state shall complete a State Action Plan Table. This Table should be considered a planning tool for states to use in developing a five-year Action Plan that aligns the identified priority needs with the program strategies and performance measures. It is recognized that the Five-year Action Plan Table submitted by the state in the first Application/Annual Report year (i.e., FY 2016/FY 2014) should be considered as an interim plan, which will be further refined and completed in the second Application/Annual Report year (i.e., FY 2017/FY 2015.)

The Five-year Action Plan Table should include priority needs as the starting point with objectives, key strategies and relevant performance measures selected for each of the six population health domains to address the identified needs. While states are not required to use the sample format that is presented in Figure 4 on page 31 and also in Appendix B for their State Action Plan Table, similar information must be provided in tabular form. A description or definition of each of the categories to be included in the State Action Plan Table is provided below.

- i Priority Needs – Title V legislation directs states to conduct a state-wide MCH Needs Assessment every 5 years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and CSHCN. From this assessment, states select seven to ten priorities for focused programmatic efforts over the five-year reporting cycle.
- ii Objectives – A statement of intention with which actual achievement and results can be measured and compared. SMART objectives are specific, measurable, achievable, relevant and time-phased.



- iii Key Strategies – Strategies are the general approaches taken to achieve the objectives; activities are specific actions to implement the strategies. Strategies are defined as part of the interim Five-year State Action Plan Table and further refined in the second Application/Annual Report year. Program activities for implementing the identified program strategies will be discussed and updated annually as part of the State Action Plan narrative.
- iv Performance Measures – List the NPMs, ESMs and SPMs (beginning in interim year 02) that align to the identified strategies, and to the NOMs.

States should update the Five-year State Action Plan Table as needed in the interim year Applications/Annual Reports.

**Figure 4. Five-Year State Action Plan Table – SAMPLE**

<u>Domains</u>	<u>State Priority Needs</u>	<u>Objectives</u>	<u>Strategies</u>	<u>National Outcome Measures*</u>	<u>National Performance Measures*</u>	<u>Evidence-Based or –Informed Strategy Measures</u>	<u>State Performance Measures</u>
Women/ Maternal Health							
Perinatal/ Infant Health							
Child Health							
CSHCN							
Adolescent Health							
Cross- Cutting or Life Course							
Other							

\* Data to be provided by MCHB

**b. State Action Plan**

The State Action Plan will serve as the narrative reporting for each year’s Application/Annual Report. For each population health domain, states will complete each of the sections outlined below.

**i. Plan for the Application Year and Annual Report**

In the State Action Plan narrative, states should include a Plan for the coming year (i.e., Application year) and an Annual Report that provides greater detail on the information that is presented in the Five-year State Action Plan Table. For each population domain, states should provide necessary narrative about the previous year's activities, accomplishments, challenges and revisions as well as a plan for the coming year. States should primarily describe activities for which the Title V program provides primary leadership in administering the activity. Activities for which the state Title V program has a partnership role, but does not have the primary responsibility for implementing the activity, should be discussed in Section II.F.1.b.ii, Other Programmatic Activities.

The State Action Plan narrative should include an analysis of factors contributing to progress made, challenges that have impeded progress, and a description of the plan for the coming year in response to both the successes and the challenges. The narrative discussion should focus on the six identified population domains and be organized around the planned activities for the Application year, interpretation of the performance data provided on Form 10D for reporting years FY 2014 and FY 2015 and on Form 10A for reporting years FY 2016-FY 2020, analyses of the effectiveness of the current program activities and strategies and initiation of new efforts if adequate progress has not been achieved. In years that states are reporting on ESMS, the Action Plan should address how the established ESMS have contributed to progress in achieving the performance targets that were set for the NPMS.

For each population health domain, states will discuss how they are addressing the related legislative requirements outlined in Sections 501(a)(1) and 505. States should describe critical partnerships with other MCHB-supported programs, such as the MIECHV, Training Programs and Healthy Start programs.

**ii. Other Programmatic Activities**

If there are investments of federal MCH Block Grant funds for a population health domain that do not directly align with the State priorities that were identified through the Five-year Needs Assessment, these investments should be described in this section. The state should provide a rationale for these investments, including an explanation of their role in supporting the state's overall system of care for the MCH population. For example, if the

state uses MCH Block Grant funds to support newborn screening, but newborn screening does not fit within the state priorities for perinatal/infant health that were identified through the Five-year Needs Assessment, the newborn screening investment should be described in this section. The state should provide an explanation for the role and importance of this work to the system of care provided by Title V in supporting perinatal/infant health.

If applicable, states should describe in this section Title V program activities that are included in the State Plan but do not fall directly within any of the population domains (e.g., development and/or enhancement of MCH data infrastructure; and priorities related to underserved areas/workforce shortages.) States should also describe critical partnerships to advance maternal and child health, including partnerships with other MCHB-supported programs (e.g., MIECHV, MCH Training Programs, Healthy Start programs and MCHB-supported Collaborative for Innovation and Improvement Networks (CollINs) in which the State has been involved.)

## **2. MCH Workforce Development and Capacity**

States should use this section to describe actions taken to improve the capacity of the MCH workforce in the state, including changes in noted strengths and needs. The state's description of the MCH workforce should identify any changes to the workforce funded by Title V, as well as the current capacity of the workforce within the state to address the needs of the MCH population. States should also describe critical workforce development and training needs of state Title V staff.

## **3. Family/Consumer Partnership**

Building the capacity of women, children and youth, including those with special health care needs, and families to partner in decision making with Title V programs at the federal, state and community levels is a critical strategy in helping states to achieve national outcomes. States should include a description of the state's efforts and initiatives to build and strengthen family/consumer partnerships for all MCH populations, to assure cultural and linguistic competence and to promote health equity in the work of the state Title V program. For purposes of the Title V MCH Services Block Grant program and this guidance, as previously noted, family/consumer partnership is defined as: "The intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course. Family engagement reflects a belief in the value of the family leadership at all levels from an individual, community and policy level." States will describe efforts to support Family/Consumer Partnerships, including family/consumer engagement in the following strategies and activities:

- Advisory Committees;
- Strategic and Program Planning;
- Quality Improvement;
- Workforce Development;
- Block Grant Development and Review;
- Materials Development; and
- Advocacy.

#### 4. Health Reform

States ~~should~~ may describe the actions taken and the evolving role that state Title V agencies have in supporting efforts to change health care delivery system. ~~In addition, states should describe ways in which the Title V MCH Services Block Grant Program is providing services that help to advance the implementation of the ACA, as appropriate.~~ For example, states may discuss roles in supporting access to health coverage, the health insurance marketplace and consumer assistance, collaboration with accountable care organizations (ACOs) or other alternate payment methodologies similar entities, or any roles in working with hospital organizations on community health needs assessments. If relevant, states ~~should~~ may also describe ways in which the Title V MCH Block Grant Program is providing gap-filling health care services to MCH populations, as noted on Form 3b. Efforts to assure cultural and linguistic competence and to promote health equity through the state's health care delivery reform efforts ~~should~~ may also be discussed, if relevant. If a state opts not to provide information, please include the following text: "Information is not provided for this optional section."

#### 5. Emerging Issues

States should describe any emerging issues that were not addressed as part of the State Action Plan narrative, but they are significant for understanding current or projected strengths and needs of the MCH population.

#### 6. Public Input [Section 505a]

In its Application/Annual Report, the state shall describe its process for making the Application/Annual Report available to the public for comment during its development and after its transmittal. This discussion should include efforts by the state to solicit public comments during the development

of the Application/Annual Report. The number and nature of the comments received and how they were addressed in the final Application/Annual Report should be noted for each year.

The state should clearly identify specific activities for engaging families and other stakeholders prior to, during and after the Application process. Such activities may include:

- Public Hearings
- Advisory Council Review
- Web Posting
- Social Media
- Public Notices
- Other Use of Media
- Outreach to Specific Stakeholders (e.g., MCH Training Grantees)

Further information regarding public input can be found by opening the section titled “Technical Assistance to States” on the MCHB website, <http://www.mchb.hrsa.gov>. See the resource document entitled “Facilitating Public Comment on the Title V MCH Block Grant.”

## **7. Technical Assistance**

States should give consideration to potential areas of needed technical assistance as they complete their five-year Action Plan. In accordance with the responsibilities prescribed in Section 509 of the Title V legislation, the MCHB works with the states and jurisdictions to identify the types of technical support and resources that are needed. To receive MCHB-supported technical assistance, the state must complete and submit a Technical Assistance Request Form. This form is available upon request from the MCHB Project Officer.

## **III. BUDGET NARRATIVE**

### **A. Expenditures**

The state should maintain budget documentation for Block Grant funding/ expenditures for reporting, consistent with Section 505(a), and consistent with Section 506(a)(1) for audit. Significant variations (i.e., greater than 10%) in the expenditure data that are reported by the state on Forms 2 and 3, as compared

to previous years' reporting, should be discussed. In this five-year reporting cycle, states will report federal and non-federal MCH Block Grant expenditures separately. Expenditures for Direct Services, as defined in the Glossary in Appendix H, should be broken out by each of the three legislatively-defined MCH populations on Form 3b. Such Direct Service expenditures should be further clarified by listing the amount expended for each specific service type that is listed in Section 4 on Form 3b. It should be noted that Title V is the payer of last resort, by legislation, and the services listed by the state reflect services that were not covered or reimbursed through another provider.

## **B. Budget**

The budget narrative is intended to reflect how federal support complements the State's total effort and what amounts will be spent in compliance with the 30% - 30% requirements. It should further describe how other spending categories (administration and maintenance of effort) of Title V funds, as shown on Form 2, are maintained. The state should describe how satisfaction of the required match is achieved. Adequate discussion should be provided for significant year-to-year variations in budget or expenditures. In this five-year reporting cycle, the state will submit separate budget estimates for federal and non-federal MCH Block Grant funds.

In this section, the state shall also briefly describe the maintenance of effort from 1989 [Section 505(a)(4)]; any continuation funding for special projects [Section 505(a)(5)(C)(i)]; or special consolidated projects noted in Section 501(b)(1) [Section 505(a)(5)(B)].

The budget justification should further describe sources of other federal MCH dollars, state matching funds, including non-federal dollars that meet at least the legislatively-required minimum match for Title V, and other state funds used by the agency in its Title V program. Significant variations in the budgeted amounts reported by the state on Forms 2 and 3, as compared to previous years' reporting, should be discussed.

States are reminded that any amount payable to a state under this title from allotments for a fiscal year, which remains unobligated at the end of such year, shall remain available to such state for obligation during the next fiscal year. No payment may be made to a state under this title from allotments for a fiscal year for expenditures made after the following fiscal year [Section 503(b)].