Attachment **1A - Table of Proposed Changes**

Note: Text being deleted represented by ~~red strikethrough text~~, text being added represented by blue text**.**

Type of Change	Page(s)	Original Text	Requested Change
Editorial change: Revise contact information	i	Maternal and Child Health Bureau Division of State and Community Health 5600 Fishers Lane, Room 18N35 Rockville, MD 20857	Maternal and Child Health Bureau Division of State and Community Health 5600 Fishers Lane, Room ~~18~~11N35 Rockville, MD 20857
Revise sentence to comply with EO 14151	iii	Through the MCH Block Grant, each state and jurisdiction supports and promotes the development and coordination of systems of care for the MCH population, which are family-centered, community-based, and culturally appropriate.	Through the MCH Block Grant, each state and jurisdiction supports and promotes the development and coordination of systems of care ~~for the MCH population~~, which are family-centered, community-based, and meet the needs of the MCH population ~~culturally appropriate~~.
Editorial Change: Revise sentence	iv	The revised framework addresses social determinants of health, provides more choices for national performance measures (NPMs) for each domain, and introduces a standard set of measures that can be used as state performance measures, if the state so chooses.	The revised framework addresses community factors that influence health outcomes ~~social determinants of health~~, provides more choices for national performance measures (NPMs) for each domain, and introduces a standard set of measures that can be used as state performance measures, if the state so chooses.
Delete sentences to comply with EO 14151	iv	Greater Emphasis is placed on health equity as a guiding principle of the Guidance. This Guidance introduces concepts from the Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs to advance the vision that CSHCN enjoy a full life and thrive in systems that support families and their needs while ensuring dignity, autonomy, and active participation in communities.	Delete sentences

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Editorial change: Revise contact information	iv	Shirley Payne, PhD, MPH Director, Division of State and Community Health Maternal and Child Health Bureau Health Resources and Services Administration 5600 Fishers Lane Rockville, Maryland 20857 Telephone: (301) 443-2204 spayne@hrsa.gov	~~Shirley Payne, PhD, MPH~~ ~~Director, Division of State and Community Health~~ Maternal and Child Health Bureau Health Resources and Services Administration 5600 Fishers Lane Rockville, Maryland 20857 ~~Telephone: (301) 443-2204~~ ~~spayne@hrsa.gov~~ T5Guidance@hrsa.gov
Addition to reflect 2024 change in statute, Section 501(a)(1)(B)	1	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;	To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the incidence of stillbirth, 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;
Revise sentence to comply with EO 14151	2	These principles are: 1) delivery of Title V services within a public health service model; 2) data-driven programming and performance accountability; 3) partnerships with	These principles are: 1) delivery of Title V services within a public health service model; 2) data-driven programming and performance accountability; 3) partnerships with individuals/families/family-led organizations

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		individuals/families/family-led organizations (hereafter referred to as family partnership) to ensure systems and services that support the interests of all MCH populations; and 4) health equity and assurance that all MCH populations achieve their full health potential.	(hereafter referred to as family partnership) to ensure systems and services that support the interests of all MCH populations; and 4) ~~health equity and~~ assurance that all MCH populations achieve their full health potential.
Delete paragraph to comply with EO 14151	3	The Public Health National Center for Innovations (PHNCI) and the De Beaumont Foundation engaged the public health field in a 2020 review and update of the 10 Essential Public Health Services framework to better reflect current and emerging public health practice needs. The revised framework was released on September 9, 2020, as reflected in Figure 1. More information on this work can be found on the PHNCI website at https://phnci.org/national-framework/10-ephs.	Delete paragraph
Delete Figure 1 to comply with EO 14151	3	Figure 1	Delete Figure 1
Revise sentence to comply with EO 14151	3	(1) Conduct ongoing assessment of the changing health needs of the MCH population to drive priorities for achieving equal access and equity in access and positive health outcomes;	(1) Conduct ongoing assessment of the changing health needs of the MCH population to drive priorities for improving positive health outcomes and reducing disparities for MCH populations ~~achieving equal access and equity in access and positive health outcomes~~;
Revise sentence to comply with EO 14151	4	(6) Integrate systems of public health, health care and related community services to ensure equitable access and coordination to achieve maximum impact;	(6) Integrate systems of public health, health care and related community services to ensure ~~equitable~~ optimal access and coordination to achieve maximum impact;

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Revise sentence to comply with EO 14151	4	(8) Educate the MCH workforce to build the capacity to ensure innovative, effective programs and services and the efficient and equitable use of resources;	(8) Educate the MCH workforce to build the capacity to ensure innovative, effective programs and services and the efficient ~~and equitable~~ use of resources;
Editorial change: Revise item in list	6	(2) Social determinants of health	(2) ~~Social determinants of health~~ Community health factors
Revise list to comply with EO 14151	6	(3) Health Equity; (4) Organizational change; (5) Workforce development; and (6) Enhanced data infrastructure	~~(3) Health Equity;~~ ~~(4)~~(3) Organizational change; ~~(5)~~(4) Workforce development; and ~~(6)~~(5) Enhanced data infrastructure
Revise sentence to comply with EO 14151	6	CSHCN is the third legislatively defined MCH population. This latter population is inclusive of children and youth with special health care needs.	CSHCN is the third legislatively defined MCH population (and includes children and youth). ~~This latter population is inclusive of children and youth with special health care needs.~~
Editorial change: Revise sentence	6	The measure domains include: 1) clinical health systems; 2) health behaviors; and 3) social determinants of health	The measure domains include: 1) clinical health systems; 2) health behaviors; and 3) ~~social determinants of health~~ community health factors
Editorial change: delete sentence	6	Addressing the maternal health crisis is a HRSA priority, as well as a state-level priority more broadly; therefore, for this Guidance, Postpartum Visit is the first Universal NPM.	Delete sentence
Editorial change: Delete text for clarity	6	The second Universal NPM is Medical Home, selected in the CSHCN, Child, and Adolescent population health domains, which is intended to drive improvement in the core CSHCN outcome, Well-functioning system of care, as well as access to quality health care for all infants, children, and adolescents	The second Universal NPM is Medical Home, selected in the CSHCN~~,~~ and Child~~, and Adolescent~~ population health domains, which is intended to drive improvement in the core CSHCN outcome, Well-functioning system of care, as well as access to quality health care for all infants, children, and adolescents.
Delete sentence to comply with EO 14151	6-7	The American Academy of Pediatrics (AAP) specifics seven qualities essential to	Delete sentence

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		medical home care, which includes accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective.	
Editorial Change: Delete text for clarity	7	States have the flexibility to select as many NPMs and SPMs as necessary to address each of its priority needs including the other NPMs within the Women/Maternal Health, Child Health, Adolescent Health, and CSHCN domains	States have the flexibility to select as many NPMs and SPMs as necessary to address each of its priority needs including the other NPMs within the Women/Maternal Health, Child Health, ~~Adolescent Health~~, and CSHCN domains
Editorial change: Revise table	8	Social Determinants of Health	~~Social Determinants of Health~~ Community Health Factors
Editorial change: Revise table	8	Social Determinants of Health	~~Social Determinants of Health~~ Community Health Factors
Editorial change: Revise table	8	Social Determinants of Health	~~Social Determinants of Health~~ Community Health Factors
Editorial change: Revise table	8	Social Determinants of Health	~~Social Determinants of Health~~ Community Health Factors
Revise to clarify per EO 14187	9	Transition	Transition To Adult Health Care
Editorial change: Revise table	9	Social Determinants of Health	~~Social Determinants of Health~~ Community Health Factors
Revise to clarify and comply with EO 14187	9	The same measure can be selected in multiple domains (Perinatal Care Discrimination, Housing Instability, Preventive Dental Visit, Transition, and Bullying), but will only count once toward the requirement of a minimum of five NPMs and one per domain.	The same measure can be selected in multiple domains (Perinatal Care Discrimination, Housing Instability, Preventive Dental Visit, Transition To Adult Health Care, and Bullying), but will only count once toward the requirement of a minimum of five NPMs and one per domain.
Delete to comply with EO 14151	9	Expanding the capacity of both families and Title V is crucial to building family partnerships.	Expanding the capacity of both families and Title V is crucial to building ~~equitable~~ family partnerships.

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Editorial change: out-of-date references	10	Relevant resources include, but are not limited to, the National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs, authored by the Association of Maternal and Child Health Programs Version 2.0 (2017); a series of reports and case studies entitled, Sustaining and Diversifying Family Engagement in Title V MCH and CYSHCN Programs (AMCHP, 2016) and the Family Engagement in Systems Assessment Tool (FESAT) and Family Engagement in Systems (FES) Toolkit developed and released by Family Voices in 2019/2020.	Delete sentences
Delete to comply with EO 14151	10	The Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs outlines principles and strategies in four critical areas to advance the system of services. Specifically, the Family and Child Well-being and Quality of Life domain describes principles and strategies that prioritize quality of life and well-being for CSHCN and their families. See the Title V Block Grant Technical Assistance Resources at: https://mchb.tvisdata.hrsa.gov/Home/Resources for more information.	Delete sentences
Revise to comply with EO 14151	10	(1) Assure families and individuals are key partners in health care decision-making at all levels across the health care system and	(1) Assure families and individuals are key partners in health care decision-making at all levels across the health care system and the

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		the services that support them, especially those who are vulnerable and medically underserved, including efforts to engage diverse families and family-led organizations;	services that support them, especially those who are ~~vulnerable~~ at risk for poor health outcomes and who are medically underserved, including efforts to engage ~~diverse~~ families and family-led organizations;
Revise to comply with EO 14151	10	(2) Provide training, both in orientation and ongoing professional development, for program staff, family leaders, volunteers, contractors, and subcontractors; in the areas of addressing bias, discrimination, and cultural/linguistic competence;	(2) Provide training, both in orientation and ongoing professional development, for program staff, family leaders, volunteers, contractors, and subcontractors; ~~in the areas of addressing bias, discrimination, and cultural/linguistic competence~~;
Revise to comply with EO 14151	10	(3) Collaborate with community leaders/organizations and families of every background in needs/assets assessments, program planning, service delivery and valuation/monitoring/quality improvement activities. For more details on critical partnership, reference the Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs, which outlines principles and strategies to advance the system of services; and	(1) Collaborate with community leaders/organizations and families ~~of every background~~ in needs/assets assessments, program planning, service delivery and valuation/monitoring/quality improvement activities. ~~For more details on critical partnership, reference the Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs, which outlines principles and strategies to advance the system of services~~; and
Revise to comply with EO 14151	10	(4) Measure the engagement of families and communities. For more details on measurement, reference the Family Engagement in Systems Assessment Tool (FESAT) and the *Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs*, which outlines principles and strategies to advance the	(4) Measure the engagement of families and communities. ~~For more details on measurement, reference the Family Engagement in Systems Assessment Tool (FESAT) and the *Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs*, which outlines principles and strategies to advance the system of services~~.

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		system of services.	
Revise to comply with EO 14151	11	D. Health Equity Title V MCH programs support access to quality services and service delivery for all MCH populations to achieve their full health potential. The focus on advancing health equity is at the center of Title V's work and highlights efforts improving equity and promoting fairness of services for the MCH populations, as states address their health care priority needs. Advancing health equity requires valuing everyone equally; making meaningful progress on mitigating or eliminating systemic barriers, such as poverty, racism, ableism, gender discrimination, and geographic disparities; and aligning resources to eliminate health and health care inequities. Addressing health equity includes focusing on major upstream drivers of health for MCH populations and integrating and centering the lived experience of diverse individuals, families, and communities into policy and program planning, implementation, and monitoring. This Guidance communicates this principle throughout the sections of the document.	D. ~~Health Equity~~ Assurance That MCH Populations Achieve Their Full Health Potential Title V MCH programs support access to quality services and service delivery for all MCH populations to achieve their full health potential. The focus on ~~advancing health equity~~ assurance ~~is at the center of Title V's work and highlights efforts improving equity and~~ is intended to ~~promoting~~ promote fairness of services for the MCH populations, as states address their health care priority needs. ~~Advancing health equity requires valuing everyone equally; making meaningful progress on mitigating or eliminating systemic barriers, such as poverty, racism, ableism, gender discrimination, and geographic disparities; and aligning resources to eliminate health and health care inequities.~~ Addressing ~~health equity~~ assurance includes focusing on major ~~upstream~~ drivers of health for MCH populations and integrating ~~and centering the~~ ~~lived~~ experience of ~~diverse~~ individuals, families, and communities into policy and program planning, implementation, and monitoring. ~~This Guidance communicates this principle throughout the sections of the document.~~
Editorial Change: delete section	13	D. Nondiscrimination [Section 508] All Title V programs and activities funded in whole or in part are considered to be programs and activities receiving Federal financial assistance and subject to Federal	Delete section

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		nondiscrimination statutes. [Section 508(a)(1)]. These statutes include prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 [42 U.S.C. 6101 et seq.], on the basis of handicap under section 504 of the Rehabilitation Act of 1973 [29 U.S.C. 794], on the basis of sex under Title IX of the Education Amendments of 1972 [20 U.S.C. 1681 et seq.], or on the basis of race, color, or national origin under Title VI of the Civil Rights Act of 1964 [42 U.S.C. 2000d et seq.]. [Section 508(a)(1)]. No person shall on the ground of sex or religion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under this Title. [Section 508(a)(2)].	
Editorial change: Move to beginning of section for clarity	13	Within each state, the state health agency is responsible for the administration (or supervision of the administration) of programs carried out with allotments made to the State under Title V. [Section 509(b)].	Move sentence to beginning of document section
Editorial change: Change in contact information	14	Division of State and Community Health Maternal and Child Health Bureau Health Resources and Services Administration 5600 Fishers Lane, Room 18N33 Rockville, Maryland 20857	Division of State and Community Health Maternal and Child Health Bureau Health Resources and Services Administration 5600 Fishers Lane, Room 11N35 ~~Room 18N33~~ Rockville, Maryland 20857 T5Guidance@hrsa.gov ~~Telephone: (301) 443-~~

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		Telephone: (301) 443-2204	~~2204~~
Revise to comply with EO 14151	17	To help address health equity, states have the option to additionally select a demographic stratifier and priority population within the stratifier (i.e., stratifier sub-group) for each NPM that they can track over the five-year cycle.	~~To help address health equity, s~~States have the option to additionally select a demographic stratifier and priority population within the stratifier (i.e., stratifier sub-group) for each NPM that they can track over the five-year cycle.
Revise to comply with EO 14151	18	f. A synopsis of the state's approach to eliminating health inequities and advancing just and fair conditions, and a description of how the state integrates or centers the lived experience of individuals, communities, families, and caregivers in its work; and	f. A synopsis of the state's approach to assuring that MCH populations achieve their full health potential ~~eliminating health inequities and advancing just and fair conditions,~~ and a description of how the state integrates ~~or centers~~ the ~~lived~~ experience of individuals, communities, families, and caregivers in its work; and
Revise to comply with EO 14151	19	A state could consider stories of communities, individuals, and families of all structures including stories of fathers, grandparents, and diverse families. Stories of lived experience would demonstrate how Title V impacts the various communities and families in the state. For CSHCN, a state could consider plans for implementing strategies that address the four critical areas in the Blueprint for Change: health equity, family and child well-being and quality of life, access to services, and financing of services. This kind of success story would illustrate how any one of these critical areas enhances the quality of life and well-being for CSHCN and their families.	A state could consider stories of communities, individuals, and other family members ~~families of all structures~~ including stories of fathers, and grandparents~~, and diverse families~~. Stories of ~~lived experience~~ individuals' experiences would demonstrate how Title V impacts the various communities and families in the state. ~~For CSHCN, a state could consider plans for implementing strategies that address the four critical areas in the Blueprint for Change: health equity, family and child well-being and quality of life, access to services, and financing of services. This kind of success story would illustrate how any one of these critical areas enhances the quality of life and well-being for CSHCN and their families.~~

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Revise to comply with EO 14151	20	a. The state's demographics, geography, and urbanization;	a. The state's demographics, geography, and economy; ~~and urbanization;~~
Editorial change: Revise sentence	20	i. Serving as a convener, collaborator, and partner in addressing MCH issues, including supporting partnerships to address upstream social determinants of health community health factors;	i. Serving as a convener, collaborator, and partner in addressing MCH issues, including supporting partnerships to address ~~upstream social determinants of health~~ community health factors;
Revise to comply with EO 14151	20	ii. Supporting coordinated, comprehensive and family-centered systems of services at state and local levels, which may include the implementation of MCHB's Blueprint for Change: National Framework for a System of Services for Children and Youth with Special Health Care Needs or other population health strategies;	ii. Supporting coordinated, comprehensive and family-centered systems of services at state and local levels~~, which may include the implementation of MCHB's Blueprint for Change: National Framework for a System of Services for Children and Youth with Special Health Care Needs or other population health strategies~~;
Editorial edit: Revise sentence	21	iii. Developing and utilizing innovative and evidence-based or -informed approaches to address cross-cutting issues that impact the health status of specific MCH populations and sub-populations, such as social determinants of health; and	iii. Developing and utilizing innovative and evidence-based or -informed approaches to address cross-cutting issues that impact the health status of specific MCH populations and sub-populations, such as ~~social determinants of health~~ community health factors; and
Revise to comply with EO 14151	21	Efforts to provide fair and equitable access for health care should be described.	Efforts to provide fair and ~~equitable~~ optimal access for health care should be described.
Revise to comply with EO 14151	22	The capacity of the system to address the needs of underserved vulnerable populations should be described.	The capacity of the system to address the needs of medically underserved populations and those at greater risk for poor outcomes ~~and vulnerable populations~~ should be described.
Revise to comply with EO 14151	22	The capacity of the system to address the needs of underserved CSHCN and those at greater risk for poor outcome and vulnerable CSHCN should be described	The capacity of the system to address the needs of medically underserved CSHCN and those at greater risk for poor outcomes ~~and vulnerable CSHCN~~ should be described
Editorial change: Update	24	In working to strengthen their Title V –	In working to strengthen their Title V – Title

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out-of-date reference		Title XIX IAAs, states may wish to consider the strategies developed by the National Academy of State Health Policy (NASHP) under funding support provided by the HRSA/MCHB. engage with the HRSA-funded Center for MCH and Medicaid Partnerships.	XIX IAAs, states may wish to ~~consider the strategies developed by the National Academy of State Health Policy (NASHP) under funding support provided by the HRSA/MCHB.~~ engage with the HRSA-funded Center for MCH Medicaid Partnerships.
Update language to improve alignment with Title V statute, Section 501(a)(1)(A); Revise to comply with EO 14151	27	(ii) Engagement of stakeholders representing diverse communities, including those that face the greatest barriers to access and inequities in outcomes, for soliciting meaningful programmatic input; (iii) A structured priority-setting process that involves the diverse communities and families identified above; and	(ii) Engagement of stakeholders representing ~~diverse~~ families and communities, especially those with low income or with limited availability of health services, ~~including those that face the greatest barriers to access and inequities in outcomes,~~ for soliciting meaningful programmatic input; (iii) A structured ~~and inclusive~~ priority-setting process that involves the ~~diverse~~ communities and families identified above; and
Revise to comply with EO 14151	27	(i) Level and extent of stakeholder involvement, including families, individuals with lived experience, and family-led organizations (such as Family-to-Family Health Information Centers (F2Fs), which should include the different MCH populations in a state, such as the American Indian/Alaska Native population, if appropriate. This summary would include meaningful engagement of communities, persons with lived experience, individuals, and families, including those of CSHCN, representing the diverse populations in the state including those who face the greatest	(i) Level and extent of stakeholder involvement, including families, individuals, ~~individuals with lived experience,~~ and family-led organizations (such as Family-to-Family Health Information Centers (F2Fs), ~~which should include the different~~ representing MCH populations in a state~~, such as the American Indian/Alaska Native population, if appropriate~~. This summary would include meaningful engagement of communities, ~~persons with lived experience,~~ individuals, and families, including those of CSHCN~~, representing the diverse populations in the state including those who face the greatest barriers to access and the poorest outcomes~~, in the needs assessment and priority needs

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		barriers to access and the poorest outcomes, in the needs assessment and priority needs selection processes;	selection processes;
Revise to comply with EO 14151	29	(Page 29) (2) An expanded discussion on the state's capacity for serving CSHCN, which includes the Title V program's ability to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI (the Supplemental Security Income for the Aged, Blind, and Disabled Program), to the extent that medical assistance for such services is not provided under Title XIX (Medicaid). If applicable, states may describe their capacity to serve CSHCN and their families by referencing the Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs.	(2) An expanded discussion on the state's capacity for serving CSHCN, which includes the Title V program's ability to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI (the Supplemental Security Income for the Aged, Blind, and Disabled Program), to the extent that medical assistance for such services is not provided under Title XIX (Medicaid). ~~If applicable, states may describe their capacity to serve CSHCN and their families by referencing the Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs.~~
Revise to comply with EO 14151	30	(1) Strengths and needs of the Title V workforce (including the epidemiology workforce), including developing a diverse workforce that reflects the population served;	(1) Strengths and needs of the Title V workforce (including the epidemiology workforce)~~, including developing a diverse workforce that reflects the population served~~;
Revise to comply with EO 14151	30	(1) Recruitment and retention of a qualified Title V staff to meet the state's identified priorities, including those with lived experience;	(1) Recruitment and retention of a qualified Title V staff to meet the state's identified priorities, ~~including those with lived experience~~;
Revise to comply with EO 14151	30	SSDI funds support expansion of data linkages of key MCH datasets for analysis; improved access to and analysis of health	SSDI funds support expansion of data linkages of key MCH datasets for analysis; improved access to and analysis of ~~health equity~~ data; and

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		equity data; and translation of data into action at the state/jurisdictional level.	translation of data into action at the state/jurisdictional level.
Revise to comply with EO 14151; Editorial change: Revise sentence	31	(3) Enhance the development, integration, and tracking of health equity and social determinants of health (SDoH) metrics to inform Title V programming; and	(3) Enhance the development, integration, and tracking of ~~health equity and social determinants of health (SDoH) metrics~~ community health factors to inform Title V programming; and
Revise to comply with EO 14151	34	(5) The extent to which diverse stakeholders, including families and constituents, as well as family and constituent-led organizations, were involved in ranking the broad set of identified needs and selecting the state's final priorities.	(5) The extent to which ~~diverse~~ stakeholders, including families and ~~constituents, as well as~~ family ~~and constituent~~-led organizations, were involved in ranking the broad set of identified needs and selecting the state's final priorities.
Revise to comply with EO 14151	35	The state should describe the method by which funds are allocated among individuals, areas, and localities within the state for MCH services, particularly with support for specific populations in the state (e.g., Title V support for American Indian/Alaska Native populations). The state should highlight how funding supported family engagement in the Title V program, as well as how funding addressed health equity in services and program planning.	The state should describe the method by which funds are allocated among ~~individuals, areas, and localities~~ populations or geographic areas within the state for MCH services, ~~particularly with support for specific populations in the state (e.g., Title V support for American Indian/Alaska Native populations).~~ The state should highlight how funding supported family engagement in the Title V program, ~~as well as how funding addressed health equity in services and program planning~~.
Revise to comply with EO 14151	36	The state should describe the method by which funds are allocated among individuals, areas, and localities within the state for MCH services, particularly with support for specific populations in the state (e.g., Title V support for American Indian/Alaska Native populations). This	(Page 36) The state should describe the method by which funds are allocated among ~~individuals, areas, and localities~~ populations or geographic areas within the state for MCH services~~,~~ ~~particularly with support for specific populations in the state (e.g., Title V support for American Indian/Alaska Native populations)~~.

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		discussion should include how families are engaged and financially supported by the program, as well as how funding is used to support health equity.	This discussion should include how families are engaged and financially supported by the program~~, as well as how funding is used to support health equity~~.
Revise to comply with EO 14151	36	b. Five-year Objectives – Objectives are statements of intention with which actual achievement and results can be measured and compared. SMARTIE objectives are Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable.	b. Five-year Objectives – Objectives are statements of intention with which actual achievement and results can be measured and compared. SMART~~IE~~ objectives are Strategic, Measurable, Ambitious, Realistic, and Time-bound~~, Inclusive, and Equitable~~.
Editorial change: Revise sentence	38	This discussion will likely build on the high-level discussion in the Five-Year Needs Assessment Summary and include more detailed descriptions on how family partnerships, addressing social determinants of health, expanding MCH data capacity, enhancing public health surveillance/reporting systems, and securing a qualified and well-trained MCH workforce are being implemented in Title V program activities in each domain.	This discussion will likely build on the high-level discussion in the Five-Year Needs Assessment Summary and include more detailed descriptions on how family partnerships, addressing community health factors ~~social determinants of health~~, expanding MCH data capacity, enhancing public health surveillance/reporting systems, and securing a qualified and well-trained MCH workforce are being implemented in Title V program activities in each domain.
Editorial change: Revise sentence	39	6. Assess the overall effectiveness of the implemented program strategies and approaches in addressing the identified MCH population needs and in promoting continuous quality program improvement; 7. Demonstrate the value of family and community partnerships in improving health outcomes across all domains;	6. Assess the overall effectiveness of the implemented program strategies and approaches in addressing the identified MCH population needs and in promoting continuous quality program improvement; and 7. Demonstrate the value of family and community partnerships in improving health outcomes across all domains~~;~~.
Delete to comply with EO 14151	39	8. Discuss efforts to address health equity to assure services for its MCH populations;	Delete sentences

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		and 9. In the CSHCN population domain, discuss how state priorities and completed activities align with the four critical areas in *The Blueprint for Change*: health equity, family and child well-being and quality of life, access to services, and financing of services	
Editorial change: Revise sentences	39	1. Discuss updates to the Five-year Action Plan Table that reflect new or revised priority needs, evidence-based or -informed strategies or performance measures for driving improved performance; and 2. Explain the planned approach to engage family and community partnerships to improve health and well-being across all domains;	1. Discuss updates to the Five-year Action Plan Table that reflect new or revised priority needs, evidence-based or -informed strategies or performance measures for driving improved performance; and 2. Explain the planned approach to engage family and community partnerships to improve health and well-being across all domains~~;~~.
Delete to comply with EO 14151	39	8. Discuss efforts to address health equity to assure services for its MCH populations; and 9. In the CSHCN population domain, discuss how state priorities and planned activities align with the four critical areas in *The Blueprint for Change*: health equity, family and child well-being and quality of life, access to services, and financing of services	Delete sentences
Revise to comply with EO 14151	40	(7) Outreach to Specific Stakeholders (e.g., MCH Training Grantees, F2Fs, organizations providing services to the most underserved populations such as	(7) Outreach to Specific Stakeholders (e.g., MCH Training Grantees, F2Fs, organizations providing services to the most ~~underserved~~ at-risk populations such as FQHCs, ~~immigrant-~~

Type of Change	Page(s)	Original Text	Requested Change
		FQHCs, immigrant-serving organizations, community-based agencies, etc.); and	~~serving organizations~~, community-based agencies, etc.); and
Editorial Change: Revise for clarity	40	The state must complete and submit a Technical Assistance Request Form to receive MCHB supported technical assistance. This form is available upon request from the MCHB Project Officer.	The state ~~must complete and submit~~ should contact their MCHB Project Officer to request MCHB-supported technical assistance. ~~a Technical Assistance Request Form to receive MCHB supported technical assistance. This form is available upon request from the MCHB Project Officer.~~
Revise to comply with EO 14168	81	Pregnant Woman – A person from the time of conception to 60 days after birth, delivery, or expulsion of fetus.	Pregnant Woman – A ~~person~~ woman from the time of conception to 60 days after birth, delivery, or expulsion of fetus.
Revise to comply with EO 14151	83	Definitions are provided below for each level of service. In developing systems of care, states should assure that they are family- centered, community-based and culturally competent.	Definitions are provided below for each level of service. In developing systems of care, states should assure that they are family- centered, community-based and coordinated ~~culturally competent~~.
Editorial change: Revise for clarity	83	Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction lead abatement, health literacy, and outreach.	Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, ~~environmental health risk reduction~~ lead abatement, health literacy, and outreach.
Editorial Change: Revise sentence	86	• Train non-licensed health professionals, including CSHCN parent consultants, to address the social determinants of health (count estimated annual case-loads of those trained or % of professionals trained as a proxy for % of children potentially reached).	• Train non-licensed health professionals, including CSHCN parent consultants, to address ~~the social determinants of health~~ community health factors (count estimated annual case-loads of those trained or % of professionals trained as a proxy for % of children potentially reached).

Type of Change	Page(s)	Original Text	Requested Change
Revise to comply with EO 14151	86	• Partner with Medicaid to implement a Hispanic-focused care coordination program (count Hispanic CSHCN covered by Medicaid)	• Partner with Medicaid to implement a ~~Hispanic-focused~~ care coordination program focused on medically complex CSHCN (count ~~Hispanic~~ medically complex CSHCN covered by Medicaid)