HRSA
Health Resources & Services Administration

TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO STATES PROGRAM

GUIDANCE AND FORMS
FOR THE
TITLE V APPLICATION/ANNUAL REPORT

OMB NO: 0915-0172
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Health Resources and Services Administration
Maternal and Child Health Bureau
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TITLE V MATERNAL AND CHILD HEALTH (MCH) SERVICES BLOCK GRANT TO STATES PROGRAM APPLICATION/ANNUAL REPORT GUIDANCE

NINTH EDITION

The Title V Maternal and Child Health (MCH) Services Block Grant to States Program (hereafter referred to as the MCH Block Grant) is a formula grant under which funds are awarded to 59 states and jurisdictions upon their submission of an acceptable plan that addresses the health services needs within a state for the target population of mothers, infants and children, which includes infants and children with special health care needs (CSHCN), and their families. As referenced in this Guidance, the population of CSHCN is inclusive of children and youth, ages one through 21 years. 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.

The Application/Annual Report Guidance is used by the 50 states and nine jurisdictions in applying for their MCH Block Grants under Title V of the Social Security Act and in preparing the required Annual Report. States/jurisdictions report annually on national and state outcome/performance measures, which document their progress towards the achievement of established performance targets, ensure accountability for the ongoing monitoring of health status in women and children and lend support to the delivery of an effective public health system for the nation's MCH population. Complementary to the reporting of outcome and performance measure data is the narrative description of the state/jurisdiction's Title V program activities.

The ninth edition of the *Title V Maternal and Child Health Services Block Grant to States Program Guidance* consists of two documents: 1) Instructions to the states on completing the required Application/Annual Report and Reporting Forms; and 2) Appendix of Supporting Documents, which includes background program information and other technical resources. As with previous editions, this Guidance adheres to the specific statutory requirements outlined in Sections 501-509 of the Title V legislation and honors the rights of states to determine their individual MCH program priorities, to develop tailored strategies for addressing their unique MCH population needs and to assume accountability in achieving measurable progress towards stated program goals.

This edition of the *Title V MCH Services Block Grant to States Program Guidance* builds on and further refines the reporting structure and vision that was outlined in the previous edition. While retaining the organizational structure, performance measure framework, definition of family partnership and focus on the implementation of evidence-based or-informed strategies and measures, this edition recognizes the important role that State Title V programs play in providing leadership and infrastructural support to assure the delivery of gap-filling direct services, enabling services and public health services and systems for the MCH population.

Greater emphasis is placed on capacity building and assessment related to the development of robust MCH data systems, a skilled and well-trained MCH workforce, and emergency preparedness planning that responds to MCH population needs.

States apply annually for MCH Block Grant funding using the online Title V Information System (TVIS). Administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), the TVIS consists of two components: 1) MCH Block Grant Application/Annual Report Data Entry (used by state/jurisdictional MCH Block Grantees to submit their financial, program, and performance data); and 2) TVIS Reports (a Web-based interface that allows public users to generate reports from Title V data). Since its development in 2002, TVIS has contributed to numerous efficiencies in the Application/Annual Report submission process. Examples include the automatic calculations of ratios, rates, and percentages; capturing of past years' narrative and data reporting; and assurance that the data presented in multiple tables are entered only once by the state. The TVIS Web Reports further contribute to program transparency and accountability in making the financial, program and performance data submitted by the 59 State MCH Block Grantees publicly available in a searchable database.

Questions and comments regarding this edition of the Application/Annual Report Guidance may be addressed to:

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PART ONE: BACKGROUND AND ADMINISTRATIVE INFORMATION

I. Purpose of the Maternal and Child Health (MCH) Block Grant

As defined in section 501(a)(1) of the Title V legislation, the purpose of the MCH Block Grant 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.*

This legislative purpose is further affirmed through the Title V Vision and Mission statements, as shown below.

Vision of Title V

Title V envisions a nation where all mothers, infants, children aged 1 through 21 years, 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.

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 for serving the MCH population. In 2015, an updated performance measure framework was introduced to reflect more clearly the contributions of Title V in improving health outcomes among 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*.

The MCH Block Grant is a formula grant under which funds are awarded to 59 states and jurisdictions upon the submission of an acceptable plan that addresses the health services needs within a state for the target population of mothers, infants and children, including CSHCN. Through this process, each state and jurisdiction supports and promotes the development and coordination of systems of care for the MCH population.

Annual submission of an Application is required by law to entitle a state to receive MCH Block Grant funds (Section 505 of Title V of the Social Security Act). Per Section 506, a state is further required to submit an Annual Report on the expenditure of the previous year's funds. In addition, Section 505(a) requires a state to conduct a comprehensive and statewide needs assessment every five years. The information and instructions for the preparation and submission of the Application/Annual Report and Five-Year Needs Assessment are contained in the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* (hereafter referred to as the Application/Annual Report Guidance).

III. Guiding Principles for the Development of the MCH Block Grant Application/Annual Report Guidance

The development of the application/reporting structure for this edition of the Application/Annual Report Guidance incorporates key principles that are common to all state Title V programs. These principles are: 1) delivery of Title V services within a public health service model; 2) data-driven programming and performance accountability; and 3) partnerships with individuals/families/family-led organizations (hereafter referred to as *family partnership*) to ensure systems and services that support the interests of all MCH populations. These principles have contributed to the MCH Block Grants' success in operationalizing the legislative requirements and in delivering public health services and systems of care that address the needs of the MCH population.

A. Public Health Services Systems Model for MCH Populations

A 1988 Institute of Medicine (IOM) Report[1] 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 addressed, the MCH community worked with the Public Health Service and the IOM to identify ten (10) "Essential Public Health Services"[2] 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 on the following page.

As part of the Futures Initiative, 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 Ten Essential Public Health Services framework to better reflect current and emerging public health practice needs. The revised framework was released on September 9, 2020. More information on this work can be found on the PHNCI website at: https://phnci.org/national-frameworks/10-ephs.

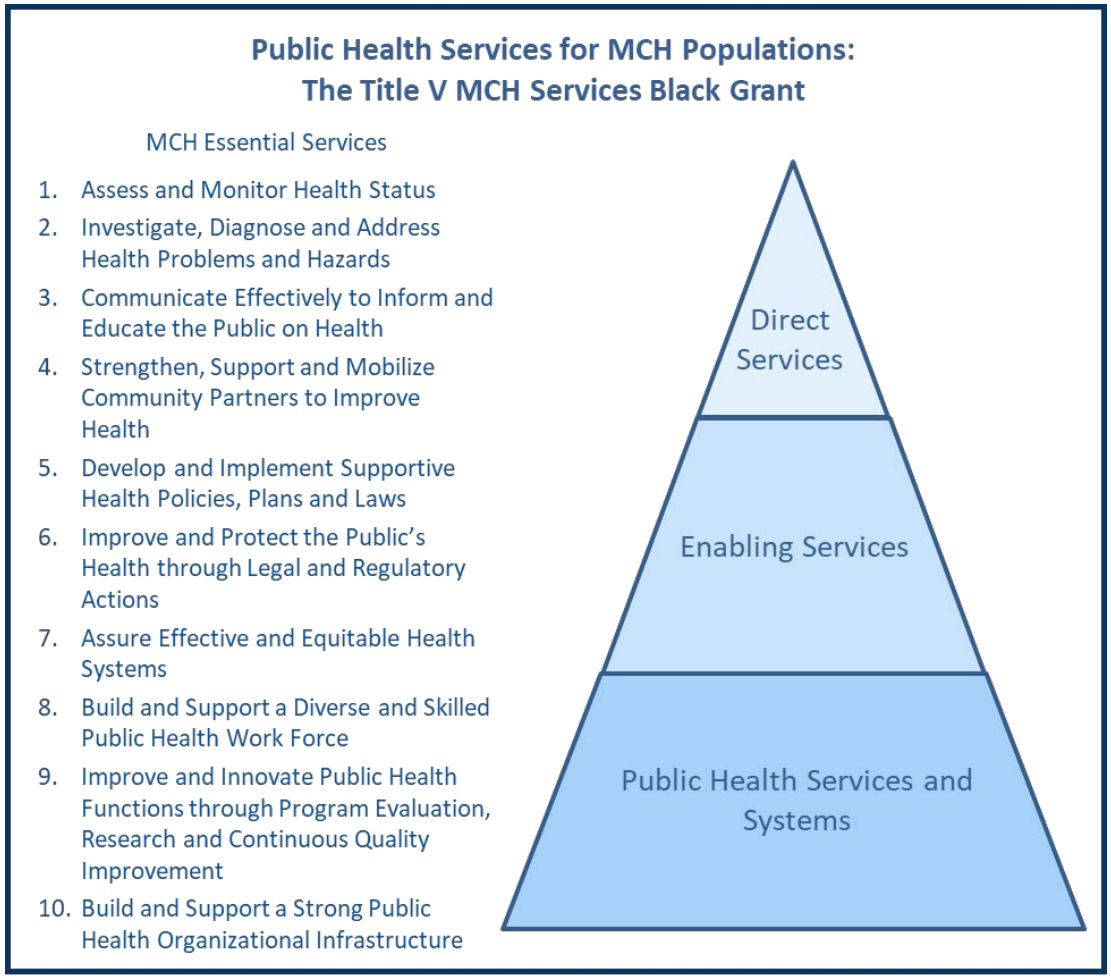
A crosswalk of the 10 Essential Public Health Services with the purpose of the State MCH Block Grants, as defined in Section 501(a)(1) of Title V of the Social Security Act, yielded the following strategies for states to use in their program planning.

(1) Conduct ongoing assessment of the changing health needs of the MCH population to drive priorities for achieving equity in access and positive health outcomes;
(2) Expand surveillance and other data systems capacity to support rapid investigation of emerging health issues that affect the MCH population (e.g., Zika and Neonatal Abstinence Syndrome)
(3) Inform and educate the public and families about the unique needs of the MCH population;
(4) Mobilize partners, including families and individuals, 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;
(5) Provide expertise and support for the formation and implementation of state laws, regulations and other policies pertaining to the health of the MCH population (e.g., perinatal regionalization/risk appropriate care and suicide prevention);
(6) Integrate systems of public health, health care and related community services to ensure equitable access and coordination to achieve maximum impact;
(7) Promote the effective and efficient organization and utilization of resources to ensure access to necessary comprehensive services for CSHCN and families through public health services, systems, and population health efforts.

[1] Institute of Medicine. (1988). *The Future of Public Health*. Washington, D.C.: National Academy Press.
[2] Public Health in America. (1994), Washington, DC: US Public Health Service. Essential Public Health Services Working Group of the Core Public Health Functions Steering Committee.

(8) Educate the MCH workforce to build the capacity to ensure innovative, effective programs and services and the efficient and equitable use of resources;
(9) Support or conduct applied research resulting in evidence-based policies and programs;
(10) Facilitate rapid innovation and dissemination of effective practices through quality improvement and other emerging methods; and
(11) Provide services to address unmet needs in healthcare and public health systems for the MCH population (i.e., gap-filling services for individuals).

Figure 1.



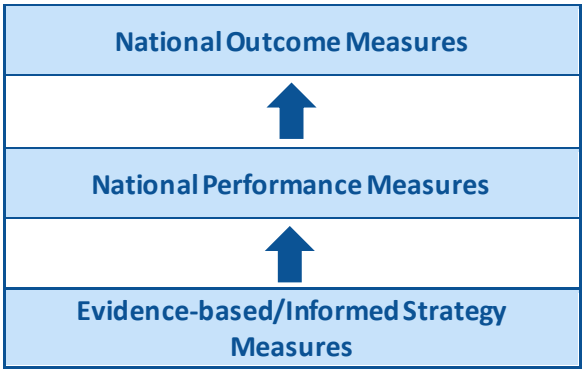
B. Data Driven Programming and Performance Accountability (National Performance Measurement Framework)

The MCH Block Grant utilizes a three-tiered national performance measurement framework (Figure 2), which includes National Outcome Measures (NOMs), National Performance Measures (NPMs) and state-initiated Evidence-based or -informed Strategy Measures (ESMs). The framework provides flexibility to a state in identifying the best combination of measures to address the MCH priority needs that were

identified based on the findings of the Five-Year Needs Assessment. A state must select a minimum of 5 NPMS, but states have the flexibility to select as many NPMs and State Performance Measures (SPMs) as necessary to address each of its priority needs. See Appendices B and C for detailed information about the NPM Framework, NOMs and NPMs.

The NPMs are a set of short-term and medium-term performance measures that utilize population-based, state-level data derived from national data sources and for which a state Title V program tracks prevalence rates and works towards demonstrated impact. They are intended to drive improved outcomes relative to one or more medium and long-term indicators of health status or access to quality health care (i.e., NOMs) for the MCH population. Thus, a state tracks the NOMs to monitor the impact of the NPMs.

Figure 2. Performance Measure Framework



ESMs are the final tier of the national performance measurement framework, and they are the structural or process measures through which a state can achieve intended impact on the NPMs. State-specific and actionable, the ESMs seek to track a state Title V program's strategies/activities and to measure evidence-based or -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 that they are designed to address. While not part of the NPM framework, a state will also develop SPMs to address its identified priority needs to the extent that they have not been fully addressed through the selected NPMs and ESMs.

Title V is responsible for promoting the health of all mothers and children, including CSHCN and their families. There are 15 NPMs, which address key MCH priority areas within five MCH population domains. These domains are: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) Adolescent Health; and 5) CSHCN. The NPM framework also applies the life course theory, which identifies critical stages (i.e., beginning before a child is born and continuing throughout life) that can influence lifelong health and well-being.

A sixth domain addresses Cross-cutting and Systems Building needs. While there are currently no NPMs included in this last domain, a state may choose to develop one or more SPMs to address a priority need that is related to program capacity and/or systems-building (e.g., applies to all MCH population domains). A state is not required to identify a measure for this domain. If a SPM is developed, the state should define

strategies for determining success. Examples of topics addressed by SPMs in this domain are:

(1) Partnerships with individuals, families, and family-led organizations;
(2) Social determinants of health;
(3) Health Equity;
(4) Workforce development; and
(5) Enhanced data infrastructure

An overview of the NPMs, by MCH population health domain, is displayed in Table 1. It should be noted that the five MCH population health domains reflected in the NPM framework 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 and adolescent health are included in the second defined MCH population, specifically "preventive and primary care services for children." CSHCN is the third legislatively defined MCH population. This latter population is inclusive of children and youth with special health care needs.

Table 1: NPMs and Domains

NPM #		MCH Population Domains					Cross-cutting/Systems Building Domain *Optional*
		Women/ Maternal Health	Perinatal/ Infant Health	Child Health	Adolescent Health	Children with Special Health Care Needs	
1	Well-woman visit	✓					States have the option to develop a state performance measure (SPM) that is Cross-cutting/Systems Building. Examples of measure topic areas include but are not limited to: • Family partnership activities that cross all population health domains; • Social determinants of health; • Health equity • Workforce development; and • Enhanced data infrastructure
2	Low-risk cesarean delivery	✓					
3	Risk-appropriate perinatal care		✓				
4	Breastfeeding++		✓				
5	Safe sleep++		✓				
6	Developmental screening			✓			
7	Injury hospitalization*			✓	✓		
8	Physical activity *			✓	✓		
9	Bullying				✓		
10	Adolescent well-visit				✓		
11	Medical home*			✓	✓	✓	
12	Transition*				✓	✓	
13	Preventive dental visit *++	✓		✓	✓		
14	Smoking *++	✓		✓	✓		
15	Adequate insurance *			✓	✓	✓	

* NPM with multiple domains (Note: States may choose to target children and adolescents without special health care needs, in addition to children and adolescents with special health care needs for NPM #11 and NPM #12.)
++ NPMs that have multiple sub-measures (e.g., have an "A" and "B" component)

The 15 NPMs remain the same as in the eighth edition of the MCH Block Grant Application/Annual Report Guidance, being distributed within the five population health domains. As noted above, a state must choose a minimum of five (5) NPMs. At least one NPM must be selected for each of the five (5) MCH population domains, but a state may opt to select additional NPMs based on its identified priority needs. There is no maximum for the number of NPMs that a state can select.

States should note that the same measure selected in multiple domains (NPM #7, NPM #8, NPM #11, NPM #12, NPM #13, NPM #14 and NPM #15) will only count once toward the minimum of five (5) NPMs. For example, if a state selects NPM #14 in both the Women/Maternal Health Domain and the Child Health Domain, this measure would only count once towards the required minimum of five NPMs. The state would need to select another measure in either the Women/Maternal Health Domain or the Child Health Domain to satisfy the requirement of one NPM per population domain. NPM #11 (medical home) and/or NPM #12 (transition) are core performance measures for achieving desired systems of services for CSHCN. As such, a state that selects NPM #11 and/or NPM #12 must address children with special health care needs (i.e., CSHCN domain). States may choose to also reflect NPM #11 in either the Child Health Domain or the Adolescent Health Domain or to reflect NPM #12 in the Adolescent Health Domain. The four scenarios presented in Figure 3 on the following page provide further explanation regarding the available options to a state in the selection of NPMs to meet the minimum requirements.

Figure 3. Scenarios for Assuring Selection of NPMs Across Domains

Scenario 1:	A state selects NPM #7 for both the Child Health Domain and the Adolescent Health Domain. In selecting a NPM for each of the five population domains, as required, the state can choose to count NPM #7 as the selected measure in either of the two domains. The state must then select a second NPM for the other domain.
Scenario 2:	A state selects NPM #11 for the Child Health Domain, which is an optional target population. In selecting this measure, the state must also address the CSHCN Domain. The state may choose to count this measure in either the CSHCN Domain or the Child Health Domain. If selected as the NPM for the Child Health Domain, the state must select a second NPM from the CSHCN Domain.
Scenario 3:	A state selects NPM #13.1 for the Women/Maternal Health Domain and NPM #13.2 for the Child Health Domain. While the measure targets different population groups, NPM #13 counts as only one measure. The state can choose to select this measure for either of the two domains. The state will need to select a different NPM for the second domain. A state can select NPM #13.1 without selecting NPM #13.2, or vice versa.
Scenario 4:	A state selects NPM #15 for the Adolescent Health Domain and the CSHCN Domain. While the measure targets different population groups, NPM #15 counts as only one measure. The state may choose to count this measure as the selected NPM in either the Adolescent Health Domain or the CSHCN Domain. The state must choose a different NPM for the second domain.

C. Family Partnership

Building the capacity of women and children, including CSHCN, and their families to partner in decision-making with Title V programs at federal, state and community levels is a critical strategy in helping states to achieve the identified MCH priorities. Title V's commitment to these partnerships are strong, as states expand and strengthen family engagement activities in all MCH population domains.

Traditionally, state Title V programs have partnered with families in a variety of program activities. Specific examples include:

(1) Contracting with Family-Led Organizations;
(2) Paid Program Staff;
(3) Advisory Committees/Task Forces;
(4) Agency Decision-Making and Policy Development;
(5) Program Outreach;
(6) Training; and
(7) Peer Support.

For purposes of the MCH Block Grant, family partnership is defined as, "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system – direct care, organizational design and governance, and policy making—to improve health and health care.[3] This partnership is accomplished through the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course."[4] 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 (AMCHP, 2014); 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 . See Appendix D for more information.

This edition of the Application/Annual Report Guidance emphasizes the need for a state to demonstrate the value of family partnerships in improving health outcomes across all sectors of the MCH population. In addition, a state should:

(1) Assure families and individuals are key partners in health care decision-making at all levels across the health care system and the services that support them, especially those who are vulnerable and medically underserved;
(2) Provide training, both in orientation and ongoing professional development, for program staff, family leaders, volunteers, contractors and subcontractors in the areas of unconscious bias and cultural/linguistic competence; and
(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.

Appendix D includes additional information to assist a state in strengthening the family partnership and leadership within its Title V program.

IV. Legislative Requirements

The MCH Block Grant is authorized under Title V of the Social Security Act, which is the longest-standing public health legislation in American history. More than 85 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: https://www.ssa.gov/OP_Home/ssact/title05/0500.htm . A general overview of the legislative requirements and the way in which these requirements are implemented by MCHB is set out below.

[3] Carman K., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtcl, C., Sweeney, J. "Patient and Family Engagement: A framework for understanding the elements and developing interventions and policies." *Health Affairs*. 2013; 32:223-231.
[4] Ibid

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 MCH 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 MCHB 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 two required meetings each year in person. One of these meetings is the required MCH Block Grant Application/Annual Report review, which is held at a site designated annually by the Division of State and Community Health (DSCH) in HRSA's MCHB. The other meeting is a MCH Federal-State Partnership Meeting, which aims to: 1) update State MCH and CSHCN Directors on relevant legislation and MCHB initiatives; 2) convene leaders, disseminate best practices and share innovations in the field of MCH; and 3) provide opportunities for information exchange, networking, and collaboration among states and with MCHB. States should plan for this meeting to be held in Washington, DC.

The MCH Block Grant 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 MCH Block Grant Funds [Section 505]

Each state is required to conduct a statewide Needs Assessment once every five years. A detailed overview of the MCH Five-Year comprehensive statewide Needs Assessment process is presented in Appendix E. The Needs Assessment findings will be integrated into that year's Application/Annual Report as a *Five-Year Needs Assessment Summary*. During the four interim years of the five-year reporting period, a state will submit an annual update of its ongoing needs assessment activities and findings in the appropriate section of the state Application/Annual Report. 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:

(1) Preventive and primary care services for all pregnant women, mothers, and infants up to age one;
(2) Preventive and primary care services for children; and

(3) 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 five population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) Adolescent Health; and 5) CSHCN. Although the Application/Annual Report Guidance defines children as ages 1 year through 21 years, a separate Adolescent Health domain is included in the NPM framework due to their unique health needs. Adolescents often require different strategies than the strategies used to address the needs of the broader child health population.

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 505(a)(3). 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. [Section 504(d)].

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 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 Title V 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 its goals and performance objectives, as well as the national health objectives, and the extent to which funds were expended consistent with the state's Application. The Action Plan includes the Annual Report narrative on the state's Title V program strategies and activities. 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 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)].

As required in Section 509(a)(5), the MCHB has made a substantial effort to not duplicate other federal data collection efforts. The MCHB will collect and provide National Outcome and Performance measure data, as well as Other State Data (OSD), for the individual states, as available. Given that limited data are available from the National Center for Health Statistics (NCHS) and other federal sources for Puerto Rico, Guam, the Republic of the Marshall Islands, Federated States of Micronesia, Republic of Palau, Commonwealth of the Northern Mariana Islands, American Samoa and Virgin Islands, HRSA's MCHB developed an MCH Jurisdictional Survey. The first round of data was collected in the eight jurisdictions between May 2019 and January 2020, which enabled jurisdictions to utilize survey data for the first time in reporting on selected National Performance and Outcome measures in their FY 2021 MCH Block Grant Applications/FY 2019 Annual Reports. Similar to the National Survey of Children's Health (NSCH), the MCH Jurisdictional Survey collects information on factors related to the well-being of children. These factors include health status, visits to health care providers, health care costs, and health insurance coverage. In addition, the MCH Jurisdictional Survey collects information on factors related to the well-being of mothers, such as health risk behaviors, health conditions, and preventive health practices.

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 State MCH Block Grants. 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 18N33
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

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 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 uploaded in TVIS as an image 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 Grants, 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 F. The state does 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. TVIS provides capability for the state to certify that the required assurances/certifications are maintained on file and the state can provide them at HRSA's request.

D. Table of Contents

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

II. Logic Model

In follow-up to a legislatively required comprehensive Five-Year Needs Assessment, the state develops a five-year Title V program plan. Consistent with the block grant concept, the state has flexibility in the types of programs and activities that it implements to address the unique needs of their individual MCH populations. As depicted by the process flow diagram in Figure 4, a state's priority needs should "drive" the development of a five-year program plan that is responsive to the needs identified and is performance driven.

Figure 4. MCH Block Grant Logic Model

The state begins each five-year cycle by conducting a comprehensive Title V Five-Year Needs Assessment. This Needs Assessment includes a comprehensive review of MCH population needs, program capacity, and partnerships/collaborations that are critical components of a state's system of care for addressing the needs of its MCH population.

Based on the findings of the Five-Year Needs Assessment, the state identifies 7-10 Title V MCH priority needs. Using the State Action Plan Table as a working tool, the state develops strategies and overarching five-year objectives to address the identified priority needs. The state examines areas of potential alignment between its MCH priority needs and the Title V NOMs and NPMs, which informs the selection of at least one NPM in each of the five population domains for programmatic focus over the five-year cycle. Priority needs not addressed by the selected NPMs will require the development of a targeted SPM. The state can chose to develop as many SPMs as needed to ensure that each priority need is addressed either by a SPM or by a NPM. While not required, the state may choose to also develop a SOM to complement the NOMs. For each NPM selected, the state is required to develop at least one ESM that further defines how the state plans to monitor and assess its annual progress in addressing the selected NPMs. In the four interim year Application/Annual Reports, the state reports on its ongoing needs assessment efforts, its success in implementing the five-year Title V program plan and its progress in achieving the established performance objectives for each selected NPM, SPM and ESM.

III. COMPONENTS OF THE APPLICATION/ANNUAL REPORT

By July 15 of each year, states and jurisdictions are required to submit an Application/Annual Report for the federal funds they receive through the MCH Block Grant. In addition, the state is required to conduct and report on a comprehensive, statewide Needs Assessment every five years. See Appendix G for the Application/Annual Report Timeline. The findings of this Needs 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 the state's ongoing/updating needs assessment efforts and the analyses of annual performance data, the state may refine its Action Plan (e.g., performance objectives) in interim years to achieve targeted outcomes in state and national MCH priority areas. These changes may include the substitution of new or revised strategies, ESMs and/or SPMs for existing strategies and measures. 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 to the MCHB Project Officer.

The state's narrative Application/Annual Report includes the following sections:

A. Executive Summary;
B. Overview of the State;
C. Needs Assessment;
D. Financial Narrative;
E. Five-Year State Action Plan;
F. Public Input;
G. Technical Assistance.

States should structure the narrative discussion of the Application/Annual Report to include the sections cited above. A detailed explanation of the specific discussion points that the state should include in each section is provided below.

A. Executive Summary

Comprised of three sections, the Executive Summary is intended to be a standalone document that enables the reader to acquire a clear understanding of the state's Title V program without having to read the entire MCH Block Grant Application/Annual Report. Limited to no more than five printed pages, the Program Overview (Section III.A.1) is the main narrative section in the Executive Summary. While limited to no more than one printed page per section, the remaining two sections (Section III.A.2 and Section III.A.3) enable a state to reflect on the value and impact of the MCH Block Grant program in promoting the health and well-being of its MCH population.

In addition to serving as an introduction to the state's MCH Block Grant Application/Annual Report, the Executive Summary serves as the narrative portion of the TVIS *State Snapshot.* Publicly available as a TVIS Web report, this document serves as a quick point of reference for policy makers, national MCH leadership associations and programs, local and state MCH stakeholders, state Title V programs, families, academia and other interested individuals. The *State Snapshot* incorporates key information contained in the State's MCH Block Grant Application/Annual Report into a formatted document that states can use in their Title V program outreach and health promotion efforts.

1. Program Overview

The goal of the Program Overview section is to convey key descriptors about the state's Title V program (i.e., operational framework, needs assessment findings, MCH priorities, program goals and strategies, five-year action plan and performance monitoring) in a concise, yet substantive, overview. While a state can update its Executive Summary annually, the overall content should reflect the state's five-year action plan.

Specifically, the state should address the following components as part of the narrative discussion in this section.

a. A brief introduction to the state's Title V program and its operational framework;
b. A high level overview of the working framework used by the state to carry out its needs assessment, program planning and performance reporting activities;

c. A concise summary of the state's needs assessment findings (i.e., 2020 Five-Year Needs Assessment and interim year needs assessment updates), which includes a description of the state's MCH population needs, emerging needs, Title V program capacity and internal/external partnerships;
d. A synopsis of the state Title V program's identified MCH priorities and Five-Year State Action Plan, which addresses the selected NPMs and established SPMs in the context of a state's identified MCH priority needs;
e. The role of the state Title V program in supporting and assuring comprehensive, coordinated and family-centered services, including services for CSHCN; and
f. A description of program evaluation efforts, noted accomplishments and ongoing challenges, with a focus on the implementation of evidence-based or -informed practices and the effectiveness of current program strategies in improving MCH outcomes.

2. How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V MCH Block Grant is a federal/state partnership with 59 states and jurisdictions, which enables each state/jurisdiction to address the individual health service needs of the mothers, infants and children, including CSHCN, in the state. Consistent with the block grant concept, states have discretion in determining how to best invest their federal Title V funds to most effectively complement state-supported efforts in meeting their unique MCH needs.

The purpose of this section is to allow a state the opportunity to reflect on the critical role of federal Title V funds in supporting the state's overall MCH efforts. In its narrative discussion, the state should clearly demonstrate the federal-state partnership in action. The state should identify specific programming areas in which federal Title V funds have served to complement state-led efforts in assuring the health and well-being of the MCH population while contributing to a strong public health infrastructure. Specific discussion points for demonstrating the impact of federal Title V funds on state-led MCH efforts may include, but are not limited, to the following:

a. Augmentation of State and other non-federal funds to assure the delivery of core MCH services;
b. Comparison of federal Title V expenditures with state Title V expenditures, by service level of the MCH Pyramid, to demonstrate how federal Title V funds complement state funds in providing a range of MCH services;
c. Comparison of federal Title V expenditures with state Title V expenditures, by individual MCH populations, to illustrate how federal Title V funds support gap-filling services, specialty services and other initiatives targeted at specific MCH populations or sub-populations;

d. Core support for the state's MCH program capacity and public health infrastructure, which includes enhancing the Title V program management structure, securing an adequate and well-trained MCH workforce, investing in family partnerships and navigator services, improving MCH data analytics and facilitating other systems-building efforts; or
e. Expansion of State and local agency MCH services.

3. MCH Success Story

This section provides an opportunity for the State Title V program to highlight an MCH success. While the success story may have been achieved through multiple partnerships and funding sources, the specific contributions of the Title V program in achieving the successful outcome should be clearly documented. The success story may be specific to one or more MCH population domains or related to a state's cross-cutting and systems-building efforts. Capacity and systems-building successes should be framed in the context of how they ultimately impacted the lives of mothers, children and families in the state.

In selecting one success story to highlight, a state should consider the purpose of the Title V program and if the selected success story clearly reflects this purpose. Consideration in selecting the success story should be given to how clearly it demonstrates the value of the Title V program and if the noted success could have been achieved in the absence of Title V funding.

It is recognized that State Title V programs have numerous successes, and it may be difficult for a state to decide on one success story to highlight. A state has the option to present a different success story each year in its MCH Block Grant Application/Annual Report, which will provide for greater representation of the breadth and impact of Title V-funded services across the five-year reporting period.

B. Overview of the State

The intended purpose of this overview is to introduce a reader to the applicant state. Principal characteristics of the state, such as its demographics, geography, economy and health care environment, should be succinctly summarized to provide the reader with needed context for understanding the Title V program structure and approaches described in the Application/Annual Report.

Specifically, the State Overview should include a description of:

(1) The state's demographics, geography, economy and urbanization;
(2) The state's unique strengths and challenges (e.g., availability and access to health

care services) that impact the health status of its MCH population, including CSHCN;
(3) The defined roles, responsibilities and targeted interests of the state health agency and how they influence the delivery of Title V services;
(4) Components of the state's systems of care for meeting the needs of underserved and vulnerable populations, including CSHCN. This discussion may include, but is not limited to, the following descriptors:
  (a) Population served;
  (b) Health services infrastructure (e.g., number of children's hospitals, pediatric specialists, accountable care organizational structure, etc.);
  (c) Integration of services, such as medical, physical, behavioral and mental health, social services and education; and
  (d) Financing of services (e.g., managed care arrangements and Medicaid eligibility).
(5) Specific state statutes and other regulations that have relevance to the MCH Block Grant authority and impact the state's MCH and CSHCN programs.

An organizational chart should be included as an attachment.

C. Needs Assessment

The Title V legislation (Section 505(a)(1)) requires the state, as part of the Application, to prepare and transmit a comprehensive 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.

Findings from the Five-Year Needs Assessment serve as the cornerstone for the development of a five-year Action Plan for the State MCH Block Grant. The three-year period covered by this Guidance will include Interim Year Applications/Annual Reports for FY 2022-2024/2020-2022, which represent Years 02-04 of the Five-Year State Action Plan developed in response to the 2020 Five-Year Needs Assessment. States will submit the next Five-Year Needs Assessment Summary as part of the FY 2026 MCH Block Grant Application/FY 2024 Annual Report on July 15, 2025.

1. Needs Assessment Update

The changing MCH population demographics, emerging health trends and shifting program capacity require that states routinely engage in selected steps of the Needs Assessment process. During any interim year when a state is not reporting

on its Five-Year Needs Assessment, a state should reference and summarize the findings from its ongoing needs assessment activities in the Needs Assessment Update section of the Application/Annual Report. This update should include a discussion of the following items:

a. A brief description of the state's ongoing needs assessment activities (e.g., MCH data collection and analyses, program evaluation, key informant interviews, customer satisfaction surveys, advisory councils, and other approaches for soliciting individual feedback and conducting ongoing performance monitoring and assessment) and the extent to which families, individuals and other stakeholders were engaged in the process;
b. Noted changes in the health status and needs of the state's MCH population, as compared to the identified priority needs for the MCH Block Grant;
c. Noted changes in the state's Title V program capacity or its MCH systems of care, particularly for CSHCN, and the impact of these changes on MCH services delivery;
d. The breadth of the state's Title V partnerships and collaborations with other federal, tribal, state and local entities that serve the MCH population;
e. Efforts undertaken by the state to operationalize its Five-Year Needs Assessment process and findings; and
f. Changes in organizational structure and leadership.

The needs assessment update should include a dedicated section that describes emerging public health issues and the state's capacity and resources to address them.

2. Five-Year Needs Assessment Summary

States will not be required to submit a Five-Year Needs Assessment Summary during the three-year period covered by this Application/Annual Report Guidance. This section is included to provide reference information and context for the state's current Five-Year State Action Plan, which was developed in follow-up to the 2020 Five-Year Needs Assessment.

The mechanism for states to report on the legislatively required, comprehensive and statewide Five-Year Needs Assessment is the *Needs Assessment Summary*, which is submitted as part of the first year Application/Annual Report of a new five-year cycle. The state should present a concise summary (up to 20 printed pages) of the Five-Year Needs Assessment process, methodology and findings, as described below. Given that the findings inform the development of the state MCH Block Grant's five-year State Action Plan, the Needs Assessment Summary is retained in its original form as part of the four subsequent interim year Applications/Annual Reports. As it reflects a point-in-time, the state does not update the Five-Year Needs Assessment Summary in the interim years. Such

updates are presented in the Needs Assessment Update section of the interim year Applications/Annual Reports. Each annual update, along with the original Five-Year Needs Assessment Summary, is prepopulated in each year's Application/Annual Report across the five-year reporting cycle.

The Needs Assessment Summary is intended to emphasize only the key findings of the state's Five-Year Needs Assessment. Given the scope and comprehensive nature of the Five-Year Needs Assessment, a state's findings may exceed the required content for the Needs Assessment Summary. States may opt to develop a more detailed and complete Five-Year Needs Assessment document, which is tailored to meet their individual MCH program needs. If such a document is created by the state and made accessible on a public website, the state is encouraged to cite the URL for the website as part of its Application/Annual Report discussion. States may also choose to submit more detailed documentation on their Five-Year Needs Assessment findings as an attachment for this section.

a. Process Description

This description of the overall process/methodologies used by the state in conducting its Title V Five-Year Needs Assessment provides context for the interpretation of the reported findings and the priority needs subsequently identified. A report [5] prepared for MCHB on the needs assessment process cited four characteristics for states to consider in moving from a solely data-driven needs assessment effort to conducting a comprehensive assessment of its priority issues and stakeholder needs. These characteristics are:

(i) A clear leadership structure for assembling data from both public and private sources;
(ii) Engagement of stakeholders for soliciting meaningful programmatic input;
(iii) A structured and inclusive priority-setting process; and
(iv) Collaborative program planning.

In describing the Five-Year Needs assessment process, states should provide a high-level summary that includes:

(i) Goals, framework and methodology that guided the Needs Assessment process;
(ii) Level and extent of stakeholder involvement, including families, individuals and family-led organizations;

[5] Gabor, V., Noonan, G., Anthony, J. and Gordon, E. "Review of the Title V 5-Year Needs Assessment Process in the States and Jurisdictions." Final Report, Health Systems Research, Inc. (Altarum), December 15, 2006.

(iii) Quantitative and qualitative methods that were used to assess the strengths and needs of the MCH population in each of the five identified population health domains, MCH program capacity and supportive partnerships/collaborations;
(iv) Data sources utilized to inform the Needs Assessment process; and
(v) 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.

b. Findings

Findings derived from the comprehensive Five-Year Needs Assessment serve to inform the Title V program's strategic planning, decision-making and resource allocation efforts. These findings also provide a benchmark against which states can compare and assess the progress that they have achieved during the five-year reporting period.

The Needs Assessment Summary should highlight the state's noted MCH strengths/needs in three main areas:

(i) MCH Population Health Status
(ii) Title V Program Capacity
(iii) Title V Program Partnerships, Collaboration and Coordination

i. MCH Population Health Status

The state should clearly describe the health status of the MCH population within each of the five population health domains (i.e., Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, and CSHCN), based on the quantitative and qualitative analyses conducted. Specific discussion points should include:

(a) A summary of the noted strengths and needs in the overall MCH population and in specific MCH sub-population groups;
(b) A concise description of the state's successes, challenges and gaps related to major morbidity, mortality, health risks or wellness for each of the five population health domains. At a minimum, the discussion should include the major health issues reflected in the state's priority needs relative to the MCH population as a whole or specific sub-populations when stratified by age, income, geography, frontier/rural/urban status, or other relevant characteristics; and
(c) An analysis of current MCH Block Grant efforts in addressing the needs of its MCH population to determine areas of success and areas in which new or enhanced strategies/activities are needed.

ii. Title V Program Capacity

A state's assessment of its Title V program capacity should examine current resources, staffing and organizational structure, state agency coordination and family partnerships. States should summarize the findings from their Five-Year Needs Assessment relative to each of these categories in the following sections.

(a) Organizational Structure

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

(i) Describe the organizational structure and placement of the Governor, state health agency and the Title V MCH and CSHCN programs in the state government.
(ii) 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 that are funded by the federal-state MCH Block Grant.

(b) Agency Capacity

In summarizing the state Title V program capacity, the state should 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 steps taken by the MCH and CSHCN programs to ensure a statewide system of services that reflect the components of comprehensive, community-based and family-centered care. The state should also describe the extent to which the Title V program collaborates with other state agencies, health services entities and private organizations to support health services delivery at the community level.

Specifically, the state's summary on Title V program capacity should include the following:

(i) A description of the state's Title V capacity to provide and assure services within each of the five population health domains.
(ii) 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 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 *National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs* as a guiding framework (AMCHP, 2014)[6].

(c) MCH Workforce Capacity

State Title V program efforts to implement the core public health functions (assessment, policy development and assurance) and to achieve increased accountability through ongoing performance measurement and monitoring require an adequately sized and skilled workforce. In reporting on their Title V program capacity, states should describe the strengths and needs of their MCH and CSHCN workforce. Specifically, the state should include the following information in its MCH workforce summary:

(i) Number, location and full-time equivalents (FTEs) of state and local staff who work on behalf of the state Title V programs;
(ii) 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;
(iii) Number of parent and family members, and youth including CSHCN and their families, who are on the state's Title V program staff and a brief description of their roles (e.g., paid consultant or volunteer);
(iv) Additional MCH workforce information, such as the tenure of the state MCH workforce and projected shifts in the MCH and CSHCN workforce over the five-year reporting period, that aligns workforce capacity with the achievement of Title V program goals; and
(v) Additional information that briefly describes the workforce capacity of key MCH partners (external to the State Title V program), which are essential to the implementation of the State Action Plan.

[6] http://www.amchp.org/AboutTitleV/Resources/Documents/Standards%20Charts%20FINAL.pdf

iii. Title V Program Partnerships, Collaboration, and Coordination

Title V programs partner with a range of federal, state and local entities to further supplement state agency capacity in meeting the needs of its MCH population. In summarizing these partnerships as well as the engagement of stakeholders in programmatic decisions, the state should describe relevant organizational relationships that serve to expand the capacity and reach of a state Title V program in meeting the needs of its MCH population, including CSHCN. The state should reference formal and informal collaboration processes and partnerships with the public and private sector and with state and local levels of government. In addition, the state should describe the process for involving stakeholders and their contributions to the Title V program.

In summarizing the strengths and weaknesses of its partnership building and collaboration efforts, the state should describe its partnerships and relationships with such programs as:

(a) Other MCHB investments, which include the State System Development Initiative (SSDI) Grants; Family-to-Family Health Information Centers; MCHB investments related to newborn and early childhood screenings, epilepsy, genetics, blood disorders; Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grants; Healthy Start Grants; Early Childhood Systems of Care (ECCS) Grants; MCH Training programs; and MCHB investments relating to injury prevention, autism, developmental disabilities, adolescent health, workforce development, oral health, bullying and emergency medical services for children;
(b) Other Federal investments (e.g., ACF, CDC and USDA-funded programs, such as immunizations, infant and child death reviews and WIC);
(c) Other HRSA programs (e.g., community health centers and HIV/AIDS/AIDS programs and Area Health Education Centers);
(d) State and local MCH programs (e.g., local health departments and urban MCH programs);
(e) 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);
(f) Other governmental agencies (e.g., Medicaid, CHIP, Education, Social Services/Child Welfare, Social Security Administration, Corrections and Vocational Rehabilitation Services);
(g) Tribes, Tribal Organizations and Urban Indian Organizations;

(h) Public health and health professional educational programs and universities; and
(i) Other state and local public and private organizations that serve the state's MCH population.

c. Identifying Priority Needs and Linking to Performance Measures

Consistent with Figure 4 on page 14, findings from the Five-Year Needs Assessment should drive the state's identification of its seven to ten highest MCH priority needs for the five-year reporting cycle. The selected priorities may address the defined MCH population groups and/or cross-cutting/ systems building areas, and they should reflect the unique needs of the state. In addition, the identified priority needs should address areas in which a state believes that targeted interventions can result in needed improvements to its health care delivery systems. Once identified, the priority needs inform the selection of a minimum of five NPMs, one in each of the MCH population health domains, and the development of SPMs. Collectively, the NPMs and SPMs should address the state's identified priority needs.

TVIS will prepopulate the priority needs provided in the previous year. States should review their priority needs to ensure alignment within the State Action Plan where priorities are linked with the existing National Outcome Measures (NOMs), NPMs, SPMs and ESMs. States can classify priority needs as New, Continued, or Revised under the following conditions:

- New: Priority Need is added
- Revised: Description is changed for a Priority Need provided in the previous interim year
- Continued: No changes for a Priority Need provided in the previous interim year.

The TVIS will record up to 10 priority needs, but a state can include additional priorities in a field note, if desired.

The narrative discussion supplements the listing of the final priority needs by providing a rationale for how the priority needs were determined and how they link with the selected national and state performance measures. Specifically, this discussion should include:

(i) Methodologies used to rank the broad set of identified needs and the state's process for selecting its final seven to ten priorities;
(ii) Emerging issues or other frequently cited needs that were not included in the final list of priority needs and a rationale for why they were not selected;

(iii) Factors that contributed to changes in the state's priority needs since the previous five-year reporting cycle; and
(iv) Relationship between the priority need and the selected national and/or state performance measures in driving improvement.

D. Financial Narrative

The development and implementation of a workable State Action Plan requires careful analysis and utilization of available funding and resources. Building on the assessment of state MCH population needs and Title V program needs, the state should present a budget plan for the Application year that aligns its proposed Title V program activities with the identified MCH needs. In addition, the state should report and reflect on its MCH Block Grant expenditures for the Annual Report year. This reflection should include a comparison of planned, budgeted activities with actual expenditures for that fiscal year and link the allocation of financial resources with outcomes achieved relative to the State's Title V program plan.

The combined Expenditure and Budget narrative sections should demonstrate accountability in the state's use of its federal and state MCH Block Grant funds to meet the program's legislative intent, i.e., "to improve the health of all mothers and children" [Section 501(a)]. States should reflect on whether the Title V program efforts and outcomes discussed in the State Action Plan and other sections of the Application/Annual Report could have been achieved without federal MCH Block Grant funding support.

States should maintain expenditure and budget documentation for the MCH Block Grant, consistent with the requirements in Section 505(a) and Section 506(a). Per Section 506(b)(1), each state is required to conduct an audit of its expenditures every two years. Additional information to assist the state in its financial reporting can be found in Appendix H.

1. Expenditures

In describing its MCH Block Grant expenditures, states should reflect on the federal and non-federal monies that have been obligated and spent. This discussion is intended to provide the reader with an understanding of how the supported programs and services link with the state's MCH priority needs and meet the requirements of Title V legislation.

The expenditure narrative should demonstrate the Federal/State partnership and how federal support complements the state's total MCH investment, as reflected on Form 2, Lines 3-6 (i.e., reported State, Local, Other, and Program Income expenditures). States should monitor expenditures regularly to ensure compliance with legislative financial requirements. The state should document and explain

how the reported expenditures comply with the 30%-30%-10% requirements, as specified in Section 504(d) and Section 505(a)(3). Significant variations of more than 10% in the expenditure data reported on Form 2 and Form 3, as compared to the state's planned budget for that same fiscal year, should be explained in the narrative discussion. In addition, the state should reflect on the number/percent of the MCH population who are served by Title V, as reported on Form 5, and provide a description of the state's efforts to expand its reach. Challenges faced by the state should be noted and addressed.

It is recognized that funds for the reporting year may be not be fully expended at the time of submission. Given that the state is required to submit a Federal Financial Report (FFR) with the final financial data within 3 months of the expiration of funds, the most recent expenditure data should be reported at the time of submission. The state may wish to utilize the form or field notes on Forms 2 and Form 3 to explain any discrepancies in its submitted financial data and work with its MCHB Project Officers in reporting final expenditures.

States report the federal and non-federal MCH Block Grant expenditures separately on the budget/expenditure forms. This breakdown should be further examined as part of the narrative discussion.

With respect to Medicaid, Title V should be the payer of last resort and MCH Block Grant funds cannot be used to reimburse a claim for a service that is otherwise covered under Medicaid. Additionally, service providers receiving MCH Block Grant funds are strongly encouraged to seek payment from other public and private insurance providers when applicable. The state should describe how services supported by the MCH Block Grant reflect services that were not covered or reimbursed through the Medicaid program or another provider.

2. Budget

In its budget narrative, the state should present a plan that describes how federal and non-federal Title V funds will be used to address the state's priority needs, improve performance related to the targeted MCH outcomes and expand its systems of care for both the MCH and CSHCN populations. The budget narrative should also demonstrate and assure the state's commitment to complying with the legislative financial requirements (e.g., 30%-30%-10% requirements) and block grant program regulations.

Similar to the narrative description that the state provided for its expenditures, the budget narrative should demonstrate the federal-state partnership and how federal MCH Block Grant support will be utilized to complement the state's planned total match (i.e., State, Local, Other, and Program Income funds) for the Application year. The budget narrative should highlight the State's MCH/CSHCN program and

align with the identified MCH/CSHCN priorities. This discussion should clearly articulate how federal and non-federal MCH Block Grant funds will support the activities that are described in the State Action Plan for the upcoming budget period.

While the final federal MCH Block Grant allocation is not yet known, states should use the allocation for the current fiscal year as a basis for determining budget estimates for federal and non-federal MCH Block Grant funds in the Application year. In the budget narrative discussion, the state should describe sources of other federal MCH dollars (as noted on Form 2, Line 9), state matching funds and other state funds used by the agency in its Title V programming. This discussion should include how MCH Block Grant funds support essential services, as defined by the Title V MCH Services Block Grant Pyramid (Figure 1), for the three legislatively defined populations. The narrative discussion should provide an explanation of how the planned funding will support the budget estimates for individuals served and types of services provided, as reported on Form 3a and Form 3b.

Significant variations in the budgeted amounts reported by a state on Form 2 and Form 3, as compared to previous years' reporting, should be explained. Any budget notes provided on Form 2, Form 3a, and Form 3b should be further clarified in the narrative discussion.

The state should describe its plan to meet and monitor the required match requirements, which includes a $3 match in non-federal funds for every $4 of federal MCH Block Grant funds expended [Section 503(a)] and the maintenance of effort from 1989 [Section 505(a)(4)]. The state should also briefly describe any continuation funding for special projects [Section 505(a)(5)(C)(i)] or consolidated health programs as defined in Section 501(b)(1), and how funding will only be used consistent with Title V nondiscrimination provisions [Section 505(a)(5)(B)].

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)]. While states apply annually for MCH Block Grant funding, a state has two years in which to expend the federal MCH Block Grant allocation awarded in any fiscal year.

E. 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 serves 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 relative to the pertinent domain, state priority need, Title V program goal, evidence-based or -informed strategies and national and state-specific performance and outcome measures. Building on its needs assessment, financial planning and performance reporting, the state's five-year action planning begins with the completion of the State Action Plan Table.

1. Five-Year State Action Plan Table

Based on the logic model presented in Figure 4, the State Action Plan Table (Figure 5) is intended to serve as a planning tool for states to use in identifying key strategies, objectives and relevant performance measures to align with the selected priority needs. Organized by the five MCH population health domains (i.e., Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health and CSHCN) and the sixth cross-cutting and systems building domain, the State Action Plan Table should include the following components.

a. 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.
b. Strategies – Strategies are the general approaches taken to achieve the objectives; activities are specific actions to implement the strategies. Program activities for implementing the identified strategies will be discussed and updated annually as part of the State Action Plan narrative.
c. Objectives – An objective is 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.
d. Performance Measures – For purposes of the MCH Block Grant, performance measures include both national and state-specific measures (i.e., NPMs, ESMs, SOMs, and SPMs). States select performance measures that align with their identified strategies, and to the NOMs and SOMs.

States should update the Five-year State Action Plan Table as needed for each year's Application/Annual Report.

Figure 5. Five-Year State Action Plan Table

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence–Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Perinatal/Infant Health					
Child Health					
CSHCN					
Adolescent Health					
Cross-cutting/Systems Building					

2. State Action Plan Narrative Overview

a. State Title V Program Purpose and Design

Each state Title V program is unique in its organizational and fiscal structure; operating statutes and regulations; available resources; targeted MCH needs; established performance goals; and portfolio of supported programs and services. States should provide a "big picture" overview of their Title V program to give context to the activities and approaches that are described in the State Action Plan. Noted discussion points should include:

(i) The Title V program's partnership and leadership roles in accomplishing the MCH Block Grant's goals and mission;

(ii) The Title V program's framework (e.g., life course model) and strategic approach to addressing the identified MCH priorities while considering program successes, ongoing challenges and emerging issues;
(iii) The purpose and commitment of the Title V program in providing a foundation for family and community health across the state and in assuring access to the delivery of quality health care services for mothers, infants and children, including CSHCN.

Given the uniqueness of each state, the Title V program has flexibility in writing a narrative description that best conveys the elements it considers to be the most critical in giving context to the Title V program. This description should respond to the question, "What does a reader need to know about the Title V program to understand the activities and approaches that are described in the State Action Plan?" Most relevant to this discussion is the Title V program's demonstrated leadership in such areas as:

(i) Serving as a convener, collaborator and partner in addressing MCH issues;
(ii) Supporting coordinated, comprehensive and family-centered systems of services at state and local levels, which may include the implementation of AMCHP's *National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs* or other population health strategies[7];
(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
(iv) Implementing the core public health functions of assessment, assurance and policy development through program efforts that are supported by the MCH Block Grant.

b. State MCH Capacity to Advance Effective Public Health Systems

In developing the Action Plan, the state should describe state MCH capacity (e.g., workforce, family partnerships and integrated health care delivery partnerships) that influence the Title V program's ability to meet its planning goals and objectives.

(i) MCH Workforce Development

Successful implementation of the five-year State Action Plan requires a workforce that is adequate in size, effectively trained and properly

[7] A population health strategy for CSHCN intends to improve the health and well-being of an entire group or subgroup. These strategies occur at the policy or systems level and are measurable over time. They are designed to improve health equity and often focus on social and environmental factors. For more information, please visit Appendix I.

supported. As noted in Section III.C.1, the state should provide an update on its MCH program capacity, which includes workforce capacity, as part of the discussion in the Needs Assessment Update section of interim year MCH Block Grant Applications/Annual Reports. In this narrative section, the state should describe its progress in implementing a plan to strengthen the MCH workforce and advance a future MCH workforce vision (e.g., types of personnel and skill sets needed). Specific activities to meet the following four workforce goals, along with other state-identified goals, should be discussed.

(a) Recruitment and retention of a qualified Title V program staff;
(b) Assessment of training and professional development needs for new and seasoned Title V program staff and family leaders;
(c) Current and anticipated training needs of key MCH partners (external to the Title V program), as relevant; and
(d) Innovations in staffing structures, including key partnerships that enhance the capacity of Title V to meet its goals and objectives and support training of the State Title V workforce (i.e., partnerships with academic institutions, other training providers, student internships, etc.).

In addition to the required narrative discussion on the state's MCH workforce activities, a state may find the sample worksheet in Figure 6 on the following page to be helpful in organizing and annually assessing its MCH workforce data and training information. This worksheet is provided as a sample tool only. The state is not required to complete the worksheet presented in Figure 6 as part of its MCH Block Grant Application/Annual Report.

Appendix J lists several tools/resources to assist state Title V programs in assessing the training and professional development needs of their staff and in identifying learning opportunities.

Figure 6. Sample State Title V Workforce Information Sheet

Title V Program Workforce FTEs
I. **Title V-Funded Positions** **Total Number of FTEs: _____**
II. **New Title V-Funded Staff Onboarded in Past Year** **Total Number of New FTEs: _____** **Types of Position:** 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
III. **Title V-Funded Positions Currently Vacant** **Total Number of Vacant FTEs: _____** **Types of Position/Length of Time Position Has Been Vacant:** 1) _____/_____ 2) _____/_____ 3) _____/_____ 4) _____/_____ 5) _____/_____
Training Needs and Resources
I. **Current or Anticipated Title V Professional Development and Training Needs** 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
II. **Key Resources/Partners Needed to Meet Title V Professional Development and Training Needs** 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

(ii) Family Partnership

As discussed on page 8, family partnership is defined in the MCH Block Grant 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."

The state should provide an overarching discussion of its organizational capacity and vision for partnering with families, individuals and family-led organizations in all aspects of their Title V Action Plan development and implementation across all population domains. Descriptions of partnership activities may include, but are not limited to, the following areas:

(a) Advisory Committees;
(b) Strategic and Program Planning;
(c) Quality Improvement;
(d) Workforce Development and Training;
(e) Block Grant Development and Review;
(f) Materials Development; and
(g) Program Outreach and Awareness

Training activities that serve to strengthen and advance family partnership in the Title V program, both in orientation and ongoing professional development, which are conducted for staff, family leaders, volunteers, contractors and subcontractors should be discussed. The state should describe the contributions of family and community leaders to Title V program processes, such as assessment of needs/assets, program planning, MCH and CSHCN services delivery, and evaluation/monitoring/quality improvement activities. This discussion should include the state's efforts to partner with families and individuals who are representative of the MCH communities being served to ensure that their needs are properly identified and appropriately addressed.

The state should further address specific roles and responsibilities of families, individuals and family-led organizations at the direct care, organizational and governance, and policymaking levels and describe the outcomes and impacts of its established family partnerships on Title V program policies and activities Specific impacts of family partnership on each of the five MCH populations and on the Title V program's cross-cutting and systems building activities should be included in the appropriate MCH domain narrative discussion.

(iii) MCH Data Capacity

Collection and reporting of accurate, timely and relevant MCH data is essential to informed MCH program planning and implementation. Performance monitoring and quality assessment rely on such data. Comprehensive needs assessment and coordination of efforts across MCH-related programs are influenced, in part, by the state's ability to collect, access, link, and analyze timely data across multiple systems and programs (e.g., vital records, child health surveys, MCH Jurisdictional Survey, newborn screening, Medicaid claims, immunization and birth defects registries, hospital discharges and WIC).

(a) MCH Epidemiology Workforce

Ability to use MCH data relies on having a workforce trained in epidemiology, data analysis, and MCH data systems. In this section, the state should briefly describe its workforce capacity related to the management and analysis of MCH data in the Title V program. Included in the description should be the number of dedicated FTEs (e.g., epidemiologists) responsible for managing/analyzing MCH data, funding structure (e.g., solely funded through Title V, SSDI, or another public health program, or funded through multiple programs), levels of education and training, and designated roles/responsibilities. The state should reflect on its current MCH epidemiology workforce capacity, the impact of organizational changes (e.g., organizational restructuring, integration/collaboration with the Title V program, shifts in staffing, emerging demands for new skillsets and training) on the state's MCH data capacity, and planned areas for continued development or change.

(b) State System Development Initiative (SSDI)

Launched in 1993, the purpose of SSDI is to develop, enhance, and expand state and jurisdictional Title V MCH data capacity for responding to the needs assessment activities and performance measure reporting requirements in the MCH Block Grant. Such enhanced MCH data capacity is intended to enable states and jurisdictional Title V programs to engage in informed decision-making and resource allocation that supports effective, efficient and quality programming for women, infants, children, including CSHCN, and their families. SSDI complements the MCH Block Grant by improving the availability, timeliness, and quality of MCH data in the 59 states and jurisdictions. Utilization of these data is central to state and jurisdictional reporting on their Title V program assessment, planning, implementation, and evaluation efforts, along with related investments, in the yearly MCH Block Grant Application/Annual Report.

States who receive SSDI funding should provide a high-level narrative summary (up to three printed pages) that describe how this grant funding supports MCH data collection and reporting in the MCH Block Grant. This description should highlight the contributions of the SSDI grant in improving cross-program MCH data linkages and assuring direct, annual access to timely, electronic MCH health data. If a state does not receive SSDI funding, a statement should be entered in this section to indicate that the state is not a SSDI grant recipient.

Specifically, the state should address the following items in their narrative discussion.

i. The state's progress with emphasis on the contributions of the SSDI grant in building and supporting accessible, timely and linked MCH data systems, as documented on Form 12;
ii. The role SSDI plays in enabling ongoing Title V program assessment, monitoring and reporting; and
iii. A description of key SSDI program activities, including any products or resource materials that were developed, which served to support State Title V program efforts in addressing its identified MCH priority needs, conducting the Five-Year Needs Assessment, implementing the Five-Year State Action Plan, and advancing data-driven MCH programming (e.g., core/minimum data set).

Given that the intended purpose of SSDI is to build and support MCH data capacity in the State Title V programs, program successes are largely demonstrated in the state's MCH Block Grant reporting. As such, this narrative section will serve as the primary annual performance reporting for the state's SSDI grant. SSDI grantees will continue to submit an annual performance report and an annual progress report. However, the required content of these reports will be adjusted to ensure that the annual reporting complements, but does not duplicate, the narrative reporting in a state's MCH Block Grant Application/Annual Report.

While the narrative reporting in this section focuses on the contributions of the SSDI grant in strengthening the State Title V program's data capacity, states may choose (but are not required) to submit a more detailed and complete description of their SSDI program activities as an attachment to the MCH Block Grant Application/Annual Report.

(c) Other MCH Data Capacity Efforts

In this section, states should describe Title V data capacity efforts funded by sources other than SSDI, which support up-to-date MCH data and information systems. This description should highlight the state's MCH epidemiological and data enhancement activities and how they support Title V program activities, such as the Five-Year Needs Assessment, annual MCH Block Grant performance measure reporting/monitoring and data-driven programming. Such efforts may include, but are not limited to, activities such as the ones listed in the SSDI section above but not funded by SSDI, the state's partnership and collaboration in implementing national surveys and monitoring systems,

the availability/accessibility of state and local MCH data information systems, the collection and tracking of real-time data, creation of data review boards, provision and sharing of data with other state/local and external partners, and advances in information technology that facilitates automated data analyses and reporting. States should also describe key challenges they face in their efforts to improve the use of MCH data.

(iv) MCH Emergency Planning and Preparedness

In the face of natural disasters, outbreaks, pandemics and other emergency situations, State Title V programs are often called upon to provide leadership and support in delivering critical MCH services and in assisting local communities to respond to the emerging threats and needs. Such a role requires the State Title V program to be proactive in its emergency preparedness planning and to coordinate with partners at the state and local levels to develop emergency preparedness and response plans that include the needs of the MCH population.

In this section, State Title V programs should describe their involvement in the administering agency's emergency preparedness and response planning activities. There is no expectation for Title V programs to develop a new or separate Emergency Operations Plan (EOP). The discussion in this section should focus on the extent to which MCH is integrated into the state's EOP, the role of the Title V program in the state's emergency structure, and its participation in emergency preparedness planning activities (e.g., data assessment and surveillance, training, development of communications plans, and coordination with other public health programs). Specifically, the state should speak to the following questions in their narrative reporting:

(a) Does the state have a written EOP, and how often is this plan reviewed?
(b) Does the state's EOP specifically consider the needs of the MCH population, which includes at-risk and medically vulnerable women, infants, and children?
(c) Were Title V program staff involved or consulted in the planning and development of the State's EOP?
(d) Is Title V leadership included in the State's emergency preparedness planning before a disaster?
(e) Is Title V leadership part of the Incident Management Structure (IMS)? If so, where are they located within the IMS?
(f) Based on ongoing Title V program needs assessment efforts and lessons learned from previous emergency responses, were critical gaps in emergency preparedness and/or surveillance data identified that could impact the state's ability to adequately assess and respond to MCH

population and program needs in a future disaster or public health emergency?

(g) To what extent has the Title V program participated in the development of emergency preparedness and response training, communication plans and tools/strategies to enhance statewide preparedness for addressing potential short- and long-term impacts of disasters and emerging threats on the MCH population?

(h) To what extent has the Title V program participated in the development of coordination plans with public health programs (e.g., newborn screening, newborn hearing screening, immunization, home visiting, WIC, shelters and other MCH programs), to enhance statewide preparedness for addressing potential short- and long-term impacts of disasters and emerging threats on the MCH population?

This annual narrative reporting is intended to assist the State Title V program in annually assessing the adequacy of the existing EOP in responding to an emerging public health threat or disaster that impacts the MCH population.

(v) Health Care Delivery System

(a) Public and Private Partnerships

Organizational relationships and the leveraging of federal and state program resources contribute to the services delivery capacity of a State Title V program. States should provide a description of their collaborative work with other federal, state and non-governmental partners, and how this work complements Title V program efforts to provide a systems approach to ensure access to quality health care and needed services for the MCH population. In this section, the state should describe key strategies and opportunities for strengthening the integration of health care delivery systems that serve women and children, key partners, alignment of resources and shared program goals. Efforts to assess the effectiveness of the state's health care delivery systems in meeting the needs of women and children and the state's consideration of new, innovative health care delivery models should also be discussed.

(b) Title V MCH - Title XIX Medicaid Inter-Agency Agreement (IAA)

Within a state, the Title V program and Title XIX Medicaid program share a common goal in working to improve the overall health of the MCH population through affordable health care delivery systems and expanded coverage. Partnership and collaboration between these two

programs allow for the effective leveraging of federal and state resources, which yields administrative efficiencies to help ensure that women and children are provided needed preventive services, health examinations, treatments and follow-up care. Section 509(a)(2) of Title V of the Social Security Act cites the need to promote "coordination at the Federal level of activities authorized under this title [Title V] and under title XIX…." Also, Section 1902(a)(11) of Title XIX requires State Medicaid agencies to enter into Inter-Agency Agreements (IAAs) with state Title V agencies. This provision further clarifies that Medicaid funds are to be used to reimburse expenditures made by the Title V agency for Medicaid-covered services to Medicaid recipients, as appropriate, (i.e., that Medicaid should be the first payer.)

The Code of Federal Regulations (CFR) further sets forth specific requirements for Medicaid State plans to describe coordination with relevant agencies, which includes Title V. (See Figure 7 below.)

Figure 7: Regulations Implementing the Social Security Act, 42 CFR 431.615

Under 42 CFR 431.615, Medicaid State plans are required to describe their coordination with relevant agencies, including Title V, and include a description of specific items, as appropriate, within their interagency agreements.

"(c) *State plan requirements* - A state plan must -

(1) Describe cooperative arrangements with the State agencies that administer, or supervise the administration of, health services and vocational rehabilitation services designed to make maximum use of these services;
(2) Provide for arrangements with title V grantees, under which the Medicaid agency will utilize the grantee to furnish services that are included in the State plan;
(3) Provide that all arrangements under this section meet the requirements of paragraph (d) of this section; and
(4) Provide, if requested by the title V grantee in accordance with the arrangements made under this section, that the Medicaid agency reimburse the grantee or the provider for the cost of services furnished recipients by or through the grantee.

(d) *Content of arrangements.* The arrangements referred to in paragraph (c) must specify, as appropriate—

(1) Mutual objectives and responsibilities of each party to the arrangement;
(2) The services offered by each party and in what circumstances;
(3) The cooperative and collaborative relationships at the State level;
(4) The kinds of services to be provided by local agencies; and
(5) Methods for
  (i) Early identification of individuals under 21 in need of medical or remedial services;
  (ii) Reciprocal referrals;
  (iii) Coordinating plans for health services provided or arranged for beneficiaries;
  (iv) Payment or reimbursement;
  (v) Exchange or reports of services furnished to beneficiaries;
  (vi) Periodic review and joint planning for changes in the agreements;
  (vii) Continuous liaison between the parties, including designation of State and local liaison staff; and
  (viii) Joint evaluation of policies that affect the cooperative work of the parties."

Source: Electronic Code of Federal Regulations, "42 CFR 431.615 – Relations with State health and vocational rehabilitation agencies and title V grantees" (current 2020). https://www.ecfr.gov/cgi-bin/text-idx?node=pt42.4.431&rgn=div5#se42.4.431_1615

The state should provide a detailed description of the existing relationship between the Title V program and the Medicaid program, which builds on the noted areas of coordination and collaboration in the

IAA/Memorandum of Understanding (MOU). **A copy of the most recently signed IAA/MOU is a required attachment for this Application/Annual Report.**

The state's narrative discussion should address areas of defined coordination between the two programs and the benefits that have been realized. At a minimum, the discussion should address Title V program impacts in the following areas:

i. Program outreach and enrollment;
ii. Health care financing (e.g., the percent of services delivered by managed care organizations (MCO), primary care case management (PCCM) and fee for service, if applicable);
iii. Waivers or state plan amendments that influence health care delivery for the MCH population, particularly CSHCN; and
iv. Joint policy level decision making on issues related to MCH services delivery and coverage, particularly for CSHCN.

In working to strengthen their Title V – 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.[8]

c. State Action Plan Narrative by Domain

Supplemental to the overarching State Action Plan narrative discussion is the state's detailed reporting, by MCH domain, on its specific Title V program activities for the Annual Report year and for the Application year. The order of the narrative reporting is organized to allow states to discuss their strategies, achievements and performance trends, relevant to the specific MCH domain, in the Annual Report year prior to presenting the planned activities and performance objectives for the Application year. The six MCH domains are:

<u>Five MCH Population Domains</u>
1. Women/Maternal Health
2. Perinatal/Infant Health
3. Child Health
4. Adolescent Health
5. CSHCN

<u>Optional Domain</u>
6. Cross-cutting/Systems Building

[8] Wirth, B. and Van Landeghem, K. "Strengthening the Title V-Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V and Medicaid." April 2017. http://nashp.org/wp-content/uploads/2017/04/Strengthening-the-Title-V-Updated.pdf.

The state should include a discussion of the selected NPM and related ESM(s), along with any SPMs and/or SOMs, in each of the five MCH population domains. While there is not an associated NPM in the Cross-cutting/Systems Building domain, the state should report on any state-initiated activities or established SPMs/SOMs that fall within this domain. This discussion will likely build on the high-level presentation in the State Action Plan Narrative Overview and include more detailed descriptions of such Title V program efforts as strengthening 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. A state may opt to insert a brief introduction (up to one printed page) prior to the domain-specific narrative discussions, if helpful in providing needed context. However, this introductory section is not required.

The domain-specific State Action Plan narrative discussion should focus on the alignment of the strategies, objectives and performance measures for a corresponding priority need, as outlined in the State Action Plan Table. This discussion should primarily include strategies and activities for which the Title V program has a leadership role in administering the activity. Critical partnerships with other MCHB-supported programs (e.g., MIECHV, MCH Training Programs, Healthy Start programs and CoIINs) should be highlighted, along with family partnerships, in the relevant MCH domain narrative discussions.

For the Annual Report year, the state should:

1. Provide an analysis that gives context to the state of this population domain;
2. Summarize programmatic efforts and the use of evidence-based or -informed approaches to address each of the identified priority needs;
3. Re-assess the alignment of the selected NPMs, ESMs, SPMs and SOMs, if applicable, with its related priority need;
4. Analyze the state's progress in achieving its established performance measure targets along with other programmatic impacts;
5. Note challenges and emerging issues that have resulted in changes to the State Action Plan; and
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.

For the Application year, the state should:

1. Describe the planned activities for the Application year, with ongoing emphasis on their relevance to the identified priority needs;

2. Align planned activities with the priority needs that were identified based on the Five-Year Needs Assessment and the annual needs assessment updates;
3. Assess if new priorities have emerged that take precedence over the established priority needs;
4. Assess the relevance of the current ESM(s) for a selected NPM and determine if a new ESM needs to be established;
5. Assess if changes are needed in the established SPMs and SOMs, if applicable; and
6. 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.

The Application/Annual Report should provide a comprehensive understanding of the role of Title V in the state. As such, MCH strategies and activities that reflect ongoing efforts and support the overall system of care for the MCH population but do not directly align with a State's identified priority needs should be discussed in the relevant MCH domain. For example, State Title V program support for newborn screening and for maternal mortality reviews should be described in the narrative discussion for Perinatal/Infant Health and Women/Maternal Health, respectively, regardless if there is a related priority need.

F. Public Input [Section 505(a)]

In its Application/Annual Report, the state should 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:

(1) Public Hearings;
(2) Advisory Council Review;
(3) Web Posting;
(4) Social Media;
(5) Public Notices;
(6) Other Use of Media; and
(7) Outreach to Specific Stakeholders (e.g., MCH Training Grantees)

G. Technical Assistance

States should describe potential areas of needed technical assistance as they work to implement their five-year Action Plan. In accordance with the responsibilities specified in Section 509 of the Title V legislation, the MCHB makes available to states and jurisdictions needed technical support and resources, as determined by a state. 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.

PART THREE: REPORTING FORMS

Form 1	Application for Federal Assistance (Standard Form - 424)
Form 2	MCH Budget/Expenditure Details
Form 3a	Budget and Expenditure Details by Types of Individuals Served (IA and IB)
Form 3b	Budget and Expenditure Details by Types of Services (IIA and IIB)
Form 4	Number and Percentage of Newborns and Others Screened, Cases Confirmed and Treated
Form 5a	Count of Individuals Served By Title V
Form 5b	Total Percentage of Populations Served by Title V
Form 6	Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX
Form 7	State MCH Toll-Free Telephone Line and Other Appropriate Methods Data
Form 8	State MCH and CSHCN Directors Contact Information
Form 9	List of MCH Priority Needs
Form 10	Tracking Measures (NPMs, ESMs, SPMs and SOMs)
Form 11	Other State Data (OSD) – #01 - #03
Form 12	MCH Data Access and Linkages

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☐ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:	

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:

d. Address:

* Street1:	
Street2:	
* City:	
County/Parish:	
* State:	
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:		* First Name:	
Middle Name:			
* Last Name:			
Suffix:			

Title:	

Organizational Affiliation:

* Telephone Number:	Fax Number:

* Email:	

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant | * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: | * b. End Date:

18. Estimated Funding ($):

* a. Federal
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Oder 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☐ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: | * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: | Fax Number:

* Email:

* Signature of Authorized Representative: | * Date Signed:

Instructions for Application for Federal Assistance (SF-424)

This is a standard form required for use as a cover sheet for submission of an application. Many of the items are prepopulated by the grant system. Required fields on the form are identified with an asterisk (*) and are also specified as "Required" in the instructions below.

Item	Field Name	Information
1.	Type of Submission:	(Required) The grant system prepopulates the type of submission as “Application”.
2.	Type of Application:	(Required) The grant system prepopulates the type of application as “New”.
3.	Date Received:	This field is prepopulated by the grant system.
4.	Applicant Identifier:	This field is prepopulated by the grant system.
5a.	Federal Entity Identifier:	This field is prepopulated by the grant system.
5b.	Federal Award Identifier:	For new applications leave blank.
6.	Date Received by State:	This field is left blank.
7.	State Application Identifier:	This field is left blank.
8.	Applicant Information:	Enter the following in accordance with agency instructions:
	a. Legal Name:	(Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting www.Grants.gov.
	b. Employer/Taxpayer Number (EIN/TIN):	(Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.
	c. Organizational DUNS:	(Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting www.Grants.gov.
	d. Address:	Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US).
	e. Organizational Unit:	Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.
	f. Name and contact information of person to be contacted on matters involving this application:	Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.
9.	Type of Applicant: (Required)	The grant system prepopulates the type of submission as “A. State Government”.
10.	Name Of Federal Agency:	(Required) This field is prepopulated by the grant system.
11.	Catalog Of Federal Domestic Assistance Number/Title:	This field is prepopulated by the grant system.
12.	Funding Opportunity Number/Title:	(Required) This field is prepopulated by the grant system.

Item	Field Name	Information
13.	Competition Identification Number/Title:	This field is prepopulated by the grant system.
14.	Areas Affected By Project:	Not applicable.
15.	Descriptive Title of Applicant's Project:	(Required) This field is prepopulated by the grant system.
16.	Congressional Districts Of:	15a. (Required) Enter the applicant's congressional district. 15b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation - 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed.
17.	Proposed Project Start and End Dates:	(Required) This field is prepopulated by the grant system.
18.	Estimated Funding:	(Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
19.	Is Application Subject to Review by State Under Executive Order 12372 Process?	(Required) This field is prepopulated by the grant system.
20.	Is the Applicant Delinquent on any Federal Debt?	(Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.
21.	Authorized Representative:	To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

FORM 2
MCH BUDGET/EXPENDITURE DETAILS
[SECTIONS 503(a), 504(d) AND 505(a)(3),(4)]

	FY__ Application Budgeted	FY__ Annual Report Expended
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$_____	$_____
Of the Federal Allocation, the amount earmarked for:		
A. Preventive and Primary Care for Children:	$_____ (__%)	$_____ (__%)
B. Children with Special Health Care Needs:	$_____ (__%)	$_____ (__%)
C. Title V Administrative Costs:	$_____ (__%)	$_____ (__%)
2. SUBTOTAL OF LINES 1A-C (This subtotal does not include Pregnant Women and All Others)	$_____	$_____
3. STATE MCH FUNDS (Item 18c of SF-424)	$_____	$_____
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$_____	$_____
5. OTHER FUNDS (Item 18e of the SF-424)	$_____	$_____
6. PROGRAM INCOME (Item 18f of SF-424)	$_____	$_____
7. TOTAL STATE MATCH (Lines 3 through 6)	$_____	$_____
A. Enter your State's FY 1989 Maintenance of Effort Amount **$_____**		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$_____	$_____
9. OTHER FEDERAL FUNDS [Select Appropriate Funding Sources from the Drop-Down Box] (Report only funds under the control of the Title V Program Administrator)		
Select the Appropriate Federal Department ⇩		
Select the Appropriate Federal Agency. ⇩		
Select the Appropriate Federal Grant Program. ⇩	$_____	$_____
10. OTHER FEDERAL FUNDS (SUBTOTAL of all funds under item 9)	$_____	$_____
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$_____	$_____

INSTRUCTIONS FOR COMPLETION OF FORM 2
MCH BUDGET/EXPENDITURE DETAILS

Title V Citation: *Section 504(d) states: "Of the amounts paid to a State…not more than 10 percent may be used for administering the funds paid…." In order to be entitled to payments for allotments under Title V, Section 505(a)(3) provides that the State will use: "(A) at least 30 percent of such payment amounts for preventive and primary care services for children, and (B) at least 30 percent of such payment amounts for services to children with special health care needs." Section 505(a)(4) provides that a State receiving funds for maternal and child health services "…shall maintain the level of funds being provided solely by such State for maternal and child health programs at a level at least equal to the level that such State provided for such programs in fiscal year 1989…."*

Instructions: This form provides details of the State's MCH budget and expenditures for the Application year and Annual Report year, respectively, and the fulfillment of certain spending requirements under Title V for a given year. The Annual Report expenditures represent the expenditures associated with the grant budget period as states have two years to expend the federal allocation awarded in any fiscal year. A Glossary that contains terms applicable to this form is provided in Appendix K of the Supporting Documents, which accompany the Application/Annual Report Guidance. **Note:** It is recognized that States may not have final expenditure data at the time of submission of the application/annual report. States are encouraged to estimate final expenditures and explain estimates in a form or field note. States will report final expenditure data at grant closeout.

LINE NUMBER	INSTRUCTIONS FOR APPLICATION BUDGETED
1	The Title V Information System (TVIS) will prepopulate the Federal Title V allocation from the SF 424 (Item 18a).
1A	Enter the amount of the Federal allotment for preventive and primary care for children. The percentage of the total (Line 1) that this amount represents will be calculated by TVIS.
1B	Enter the amount of the Federal allotment for children with special health care needs. The percentage of the total (Line 1) that this amount represents will be calculated by TVIS.
1C	Enter the amount of the Federal allotment for the administration of the allotment. The percentage of the total (Line 1) that this amount represents will be calculated by TVIS.
2	The TVIS will calculate the subtotal of Lines 1A, 1B and 1C. Please note that Pregnant Women and All Others will not be included in this amount.
3	The TVIS will prepopulate the amount of your State total funds for the Title V allocation (match) from the SF 424 (Item 18c).
4	The TVIS will prepopulate the amount of total MCH dedicated *matching* funds garnered from local jurisdictions within your State from the SF 424 (Item 18d).
5	The TVIS will prepopulate the total of MCH funds available from other sources such as foundations from the SF 424 (Item 18e).
6	The TVIS will prepopulate the amount of MCH program income funds collected by your State's MCH agencies from insurance payments, MEDICAID, HMO's, etc. from the SF 424 (Item 18f).
7	The TVIS will calculate the sum total of Lines 3, 4, 5, and 6 for the total of your State match and overmatch.
7A	The TVIS will prepopulate your State's FY 1989 Maintenance of Effort amount.
8	The TVIS will calculate the total for Lines 1 and 7. This amount is the "Federal-State Title V Block Grant Partnership."
9	Use the respective drop-down menus in TVIS to select all Federal funding award programs planned to be received by the State MCH program <u>other</u> than the Title V Block Grant that are directly under the control of the Title V Program Administrator and enter planned amounts.
10	The TVIS will calculate the sum of all lines in item 9.
11	The TVIS will calculate the sum of Lines 8 and 10. This amount is the total of all MCH funds administered by your State's MCH program.

Line Number	Instructions for Annual Report Expended
1	Enter the Federal Title V allocation received. Note: TVIS will display the original budgeted amounts for reference.
1A	Enter the amount of the Federal allotment for preventive and primary care for children. The percentage of the total (Line 1) that this amount represents will be calculated by TVIS.
1B	Enter the amount of the Federal allotment for children with special health care needs. The percentage of the total (Line 1) that this amount represents will be calculated by TVIS.
1C	Enter the amount of the Federal allotment for the administration of the allotment. The percentage of the total (Line 1) that this amount represents will be calculated by TVIS.
2	The TVIS will calculate the subtotal of Lines 1A, 1B and 1C. Please note that Pregnant Women and All Others will not be included in this amount.
3	Enter the amount of your State total funds for the Title V allocation (match).
4	Enter the amount of total MCH dedicated matching funds garnered from local jurisdictions within your State.
5	Enter the total of MCH funds available from other sources such as foundations.
6	Enter the amount of MCH program income funds collected by your State's MCH agencies from insurance payments, MEDICAID, HMO's, etc..
7	The TVIS will calculate the sum total of Lines 3, 4, 5, and 6 for the total of your State match and overmatch.
7A	The TVIS will prepopulate your State's FY 1989 Maintenance of Effort amount.
8	The TVIS will calculate the total for Lines 1 and 7. This amount is the "Federal-State Title V Block Grant Partnership"
9	The TVIS will prepopulate programs and amounts. Adjust the amounts to reflect actuals expended during the budget period. Use field and form notes for any major changes to awards from what had been projected to be received. For Federal awards budgeted or received that are not included in the menu in TVIS, select "Other" and enter the appropriate information.
10	The TVIS will calculate the sum of all lines in item 9.
11	The TVIS will calculate the sum of Lines 8 and 10. This amount is the total of all MCH funds administered by your State's MCH program.

FORM 3a
BUDGET AND EXPENDITURE DETAILS BY TYPES OF INDIVIDUALS SERVED (IA and IB)
[Section 506(a)(2)(A)(iv), Section 505(a)(2)(A-B) and Section 506(a)(1)(A-D)]

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY ____ Application Budgeted	FY ____ Annual Report Expended
1. Pregnant Women	$_____	$_____
2. Infants < 1 year	$_____	$_____
3. Children 1 through 21 years	$_____	$_____
4. CSHCN	$_____	$_____
5. All Others	$_____	$_____
Federal TOTAL	**$_____**	**$_____**

IB. Non-Federal MCH Block Grant	FY ____ Application Budgeted	FY ____ Annual Report Expended
1. Pregnant Women	$_____	$_____
2. Infants < 1 year	$_____	$_____
3. Children 1 through21 years	$_____	$_____
4. CSHCN	$_____	$_____
5. All Others	$_____	$_____
Non-Federal TOTAL	**$_____**	**$_____**

	FY ____ Application Budgeted	FY ____ Annual Report Expended
FEDERAL-STATE MCH BLOCK GRANT PARTNERSHIP TOTAL	**$_____**	**$_____**

INSTRUCTIONS FOR COMPLETION OF FORM 3a
BUDGET/EXPENDITURE DETAILS BY TYPES OF INDIVIDUALS SERVED

Title V Citation: *Section 506(a)(2)(A)(iv) requires that each State submit an annual report of its activities under its Title V program. Among the items required to be reported are, "...the amount spent under this title...by class of individuals served."*

Instructions: Complete all required data cells. If an actual number is not available, the State should provide an estimate. All estimates should be explained in a form or field note in TVIS. A Glossary that contains terms applicable to this form is provided in Appendix K of the Supporting Documents, which accompany the Application/Annual Report Guidance.

LINE NUMBER	INSTRUCTIONS
I.A.1 – I.A.5	Enter the budgeted (Application year) and expended (Annual Report year) amounts for the Federal MCH allocation. Any discrepancies should be addressed with a field or form note in TVIS. ***Note: The amounts for Children 1 through 21 years and CSHCN should match the amounts reported on Form 2, Lines 1a and 1b for budgeted (Application year) and expended (Annual Report year), respectively.* ***Note: Line 2 on Form 2 should not equal 100% if amounts are reported for Pregnant Women.*
I.A.1 Federal TOTAL	The TVIS will calculate the sum of the amounts entered for Lines I.A.1 through I.A.5. ***Note: The Federal TOTAL should equal the Federal Allocation total minus the Title V Administrative Costs.*
I.B.1 - I.B.5	Enter the budgeted (Application year) and expended (Annual Report year) amounts for the non-Federal Title V program funds.
I.B.1 Non-Federal TOTAL	The TVIS will calculate the sum of the amounts entered for Lines I.B.1 through I.B.5.
Federal-State MCH Block Grant Partnership TOTAL	The TVIS will calculate the sum of the amounts entered for the I.A.1 TOTAL and I.B.1 TOTAL. Use form or field notes in TVIS to explain any discrepancies or unexpected variations.

FORM 3b
BUDGET AND EXPENDITURE DETAILS BY TYPES OF SERVICES (IIA and IIB)
[Section 506(a)(2)(A)(iv), Section 505(a)(2)(A-B) and Section 506(a)(1)(A-D)]

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY ____ Application Budgeted	FY ____ Annual Report Expended
1. Direct Services	$_____	$_____
a. *Preventive and primary care services for all pregnant women, mothers, and infants up to age one*	$_____	$_____
b. *Preventive and primary care services for children*	$_____	$_____
c. *Services for CSHCN*	$_____	$_____
2. Enabling Services	$_____	$_____
3. Public Health Services and Systems	$_____	$_____

4. Review below the specific types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service.

1. Pharmacy	($)_____
2. Physician/Office Charges	($)_____
3. Hospital Charges (Includes Inpatient and Outpatient Services)	($)_____
4. Dental Care (Does Not Include Orthodontic Services)	($)_____
5. Durable Medical Equipment and Supplies	($)_____
6. Laboratory Services	($)_____
7. Other _____	($)_____

	FY ____ Application Budgeted	FY ____ Annual Report Expended
FEDERAL TOTAL	$_____	$_____

FORM 3b
BUDGET AND EXPENDITURE DETAILS BY TYPES OF SERVICES (IIA and IIB)
[Section 506(a)(2)(A)(iv), Section 505(a)(2)(A-B) and Section 506(a)(1)(A-D)]

II. TYPES OF SERVICES (Continued)

IIB. Non-Federal MCH Block Grant	FY ____ Application Budgeted	FY ____ Annual Report Expended
1. Direct Services	$_____	$_____
a. *Preventive and primary care services for all pregnant women, mothers, and infants up to age one*	$_____	$_____
b. *Preventive and primary care services for children*	$_____	$_____
c. *Services for CSHCN*	$_____	$_____
2. Enabling Services	$_____	$_____
3. Public Health Services and Systems	$_____	$_____

4. Review below the specific types of non-Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service.

1. Pharmacy	($) _____
2. Physician Office Services	($) _____
3. Hospital Charges (Includes Inpatient and Outpatient Services)	($) _____
4. Dental Care (Does Not Include Orthodontic Services)	($) _____
5. Durable Medical Equipment and Supplies	($) _____
6. Laboratory Services	($) _____
7. Other _____	($) _____

	FY ____ Application Budgeted	FY ____ Annual Report Expended
NON-FEDERAL TOTAL	$_____	$_____

INSTRUCTIONS FOR THE COMPLETION OF FORM 3b
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Title V Citation: *Section 505(a)(2) states, in part, "In order to be entitled to payments for allotments…a State must prepare and transmit to the Secretary an application…that includes for each fiscal year (A) a plan for meeting the needs identified by the statewide needs assessment…and (B) a description of how funds allotted to the State…will be used for the provision and coordination of services to carry out such a plan that shall include - (iii) an identification of the types of services to be provided…."*
Section 506(a)(1) states, "Each State shall prepare and submit to the Secretary annual reports on its activities under this title." Among the items required to be reported (Section 506(a)(2)(A)(i-iv)) are, "…the number of individuals served by the State under this title (by class of individuals), the proportion of each class of such individuals which has health coverage, the types (as defined by the Secretary) of services provided under this title to individuals within each such class, and the amounts spent under this title on each type of services, by class of individuals served."

Instructions: Complete all required data cells. If an actual number is not available, the State should make an estimate. All estimates should be explained in a form or field note in TVIS. A Glossary that contains terms applicable to this form is provided in Appendix K of the Supporting Documents, which accompany the Application/Annual Report Guidance.

LINE NUMBER	INSTRUCTIONS
II.A.1	Of the **Federal** MCH allocation, **enter** the **Total** budgeted (Application year) and expended (Annual Report year) amounts for **Direct Services**.
II.A.1.a – II.A.1c	Of the **Federal** MCH allocation, **enter** the **Total** budgeted (Application year) and expended (Annual Report year) amounts for **Direct Services by types of services and MCH population group**.
II.A.2	Of the **Federal** MCH allocation, **enter** the **Total** budgeted (Application year) and expended (Annual Report year) amounts for **Enabling Services**.
II.A.3	Of the **Federal** MCH allocation, **enter** the **Total** budgeted (Application year) and expended (Annual Report year) amounts for **Public Health Services and Systems.**
II.A.4	**Enter** the amount of Federal Title V funds expended for services that are closely related to each type of direct service listed. If a service cannot be related to one of the provided choices, the state can choose "Other" and enter the type of service that is supported and amount.
Federal TOTAL	The TVIS will calculate the sum of the **Federal** amounts entered for Line II.A.1, Line II.A.2 and Line II.A.3.

INSTRUCTIONS FOR THE COMPLETION OF FORM 3b (Continued)
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

LINE NUMBER	INSTRUCTIONS
II.B.1	Of the **non-Federal** MCH allocation, **enter** the **Total** budgeted (Application year) and expended (Annual Report year) amounts for **Direct Services**.
II.B.1.a – II.B.1c	Of the **non-Federal** MCH allocation, **enter** the **Total** budgeted (Application year) and expended (Annual Report year) amounts for **Direct Services by types of services and MCH population group**.
II.B.2	Of the **non-Federal** MCH allocation, **enter** the **Total** budgeted (Application year) and expended (Annual Report year) amounts for **Enabling Services**.
II.B.3	Of the **non-Federal** MCH allocation, **enter** the **Total** budgeted (Application year) and expended (Annual Report year) amounts for **Public Health Services and Systems.**
II.B.4	**Enter** the amount of non-Federal Title V funds expended for services that are closely related to each type of direct service listed. If a service cannot be related to one of the provided choices, the state can choose "Other" and enter the type of service that is supported and amount.
Non-Federal TOTAL	The TVIS will calculate the sum of the **non-Federal** amounts entered for Line II.B.1, Line II.B.2 and Line II.B.3.

FORM 4
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED AND TREATED
[SECTION 506(a)(2)(B)(iii)]

Annual Report Year: _____

Total Births by Occurrence: _____ **Data Source Year: _____**

Type of Screening Tests	(A) Aggregate Total Number Receiving at Least One Valid Screen[1]		(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases[2]	(D) Aggregate Total Number Referred for Treatment[3]	
	No.	%			No.	%
1. Newborn Screening Program Select all applicable screening tests from the core in the Recommended Uniform Screening Panel (RUSP) using the drop down list. ⇩						

Type of Screening Tests	(A) Total Number Receiving at Least One Screen[1]		(B) Total Number Presumptive Positive Screens	(B) Total Number Confirmed Cases[2]	(B) Total Number Referred for Treatment[3]	
	No.	%			No.	%
2. Other Newborn Screening Tests (Specify by Name) 1. _____ 2. _____ 3. _____						
3. Screening Programs for Older Children & Women 1) _____ 2) _____ 3) _____						

4. Long-term follow-up (follow-up beyond referring an infant for treatment) varies based on State policy and practice. Briefly describe your State's practice for monitoring infants with confirmed diagnoses, including what information is obtained and for how long infants are monitored.

---

[1] TVIS will use occurrent births as denominator.

[2] Report only those from resident births.

[3] TVIS will use number of confirmed cases as denominator.

INSTRUCTIONS FOR THE COMPLETION OF FORM 4
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Title V Citation: *Section 506(a)(1) requires each State to submit an annual report on its activities under Title V. Included in this requirement is the following: (2)(B)(iii) "... information on such other indicators of maternal, infant, and child health care status as the Secretary may specify."*

Instructions: Complete all required data cells for the reporting year. If an actual number is not available, make an estimate. All estimates should be explained in a form or field note in TVIS. A Glossary that contains terms applicable to this Form is provided in Appendix K of the Supporting Documents, which accompany the Application/Annual Report Guidance.

LINE NUMBER	INSTRUCTIONS
Annual Report Year Lines: "Total Births by Occurrence" and "Data Source Year"	TVIS will prepopulate the annual report year. **Enter** the total number of occurrent births for the State and the year for which the data apply. Total births by occurrence are to be defined as "all births that occur in the State regardless of residency." States should use the number submitted by the Vital Records program to the National Center for Health Statistics. **The data source year is to be defined as calendar year, January 1 – December 31**. Please note that the "Total Births..." figure is related to the "Total infants < 1 year of age" row in Form 5a and 5b, and the "TOTAL INFANTS IN STATE" row in section I of Form 6. While these figures are not expected to match, there should be a fairly close relationship between them.
1. Newborn Screening Program	All States now screen for at least 29 out of the 34 core conditions on the Recommended Uniform Screening Panel (RUSP). Using the drop down box, select the names of all screening tests specific to your state's newborn population. a. In column A, **enter** the aggregate total number of occurrent births that received one of the tests indicated. TVIS will calculate the percentage based on occurrent births receiving one test out of the total listed at the top of the form. b. In column B, **enter** the aggregate total number of presumptive positive screens. c. In column C, **enter** the aggregate total number of confirmed cases discovered. Use only those from resident births. d. In column D, **enter** the aggregate total number of those confirmed cases that were referred for treatment. TVIS will calculate the percentage by using the confirmed cases as the denominator.
2. Other Newborn Screening Tests	**Enter** additional screening tests specific to your state's newborn population, such as screenings for other conditions that are not listed in the RUSP. Complete Columns A through D for each of the listed screenings. TVIS will calculate the percentages.
3. Screening Programs for Older Children and Women	**Enter** any screening tests that are specific to older children and women. Complete Columns A through D for each of the listed screenings. Note that the % (percentage) portion of Column A is not to be completed since the denominator of Total Births by Occurrence does not apply. Manually enter the specific names of any other screens that are not listed and complete Columns A through D.

FORM 5a
COUNT OF INDIVIDUALS SERVED BY TITLE V
(By Class of Individuals and Percent of Health Coverage)
[Section 506(a)(2)(A)(i-ii)]

Annual Report Year_____	(A)	(B)	(C)	(D)	(E)	(F)
	TITLE V	PRIMARY SOURCE OF COVERAGE				
Type of Individuals Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %	Unknown %
1. Pregnant Women						
2. Infants < 1 year of age						
3. Children 1 through 21 years of age						
a. Children with Special Health Care Needs 0 through 21 years of age *						
4. Others						
TOTAL						

FORM 5b
TOTAL PERCENTAGE OF POPULATIONS SERVED BY TITLE V
(By Class of Individuals)
[Section 506(a)(2)(A)(i-ii)]

Annual Report Year _____	
Population Served by Title V	**Total % Served**
1. Pregnant Women	_____
2. Infants < 1 year of age	_____
3. Children 1 through 21 years of age	_____
a. Children with Special Health Care Needs 0 through 21 years of age *	_____
4. Others	_____

*Represents a subset of all infants and children

INSTRUCTIONS FOR THE COMPLETION OF FORM 5a and FORM 5b
COUNT OF INDIVIDUALS SERVED BY TITLE V
AND
TOTAL PERCENTAGE OF POPULATIONS SERVED BY TITLE V
[Section 506(a)(2)(A)(i-ii)]

Title V Citation: *Section 506(a)(1) requires each State to submit an annual report on its activities under Title V. Included in this requirement is the following: "(2) Each annual report…shall include the following information: (A)(i) The number of individuals served by the State under the title (by class of individuals)…(ii) The proportion of each class of such individuals which has health coverage."*

Instructions: Complete all required data cells for the reporting year. If an actual number is not available, the State should make an estimate. In particular, Form 5b and the insurance coverage section in Form 5a may require estimation. All methods, data sources and included services/programs should be explained in field notes in TVIS. A Glossary that contains terms applicable to this form and examples of included services/programs in each participant category is provided in Appendix K of the Supporting Documents, which accompany the Application/Annual Report Guidance.

The purpose of Form 5a and Form 5b is two-fold.

Form 5a, *Count of Individuals Served by Title V*, enables the State to track and report on the number who received an individually-delivered service funded by the Title V program without full reimbursement within the top two levels of the MCH Pyramid (direct and enabling services).

Form 5b, *Total Percentage of Population Served by Title* V, enables the State to track and report on the total percentage who received a Title V-supported service within all levels of the MCH Pyramid (direct services, enabling services, and public health services and systems).

Since States began to report Title V program participant data in the 1990's, MCH programs have seen a shift in the delivery of services from direct primary care MCH services to public health and preventive services within well-coordinated and comprehensive systems of care that are designed for the MCH population. This shift has resulted in a need for more complete reporting of individuals served by Title V, which goes beyond an unduplicated count of individuals served (often derived from reimbursement data or individual client records for MCH direct and enabling services).

It is recognized that precisely quantifying the number of individuals reached through the administration or promotion of population-based services and systems (e.g., injury prevention and education, regionalized systems of perinatal care, newborn screening programs) is difficult, and informed estimates are often required. Relying only on reimbursement data or individual client program records supported by Title V, however, can lead to serious underestimates of the number of individuals in a State who actually received and benefitted from a Title V-supported service. For this reason, Form 5b was developed to better capture the full "reach" of the State's Title V program in serving its MCH population.

Unlike Forms 3a and 3b, the totals reported on Forms 5a and 5b reflect both Federal and Non-federal Title V program dollars.

INSTRUCTIONS FOR THE COMPLETION OF FORM 5a and FORM 5b
COUNT OF INDIVIDUALS SERVED BY TITLE V
AND
TOTAL PERCENTAGE OF POPULATIONS SERVED BY TITLE V
[Section 506(a)(2)(A)(i-ii)]

FORM/LINE NUMBER	INSTRUCTIONS
Form 5a	States should report the number of individuals who received a direct or enabling service funded by Title V in each of the listed MCH population groups, along with the percentage of each group by insurance coverage type.
Report Year	TVIS will prepopulate the annual report year for which the data apply.
1 – 5, Column A	Enter the best possible estimate for the number who received an individually-delivered direct or enabling service funded by the Title V program without full reimbursement. This number includes individuals who received a service funded by total Federal and Non-federal dollars as reported on line 8 of Form 2, and it should align with the combined totals on Form 3a and 3b for direct and enabling services. Pregnant women may also receive non-pregnancy related services and be counted in other participant categories (i.e., Children ages 1 through 21 and Others). All remaining categories are mutually exclusive with CSHCN reported as a subset of all infants and children ages zero (0) through 21. Within each reporting category, the count of individuals served should be unduplicated to the fullest extent possible. All methods, data sources, and included services/programs should be explained in field notes in TVIS.
1 -5, Columns B - F	Enter the percentages of individuals reported in Column A by their primary source of coverage. If insurance status is unknown, states should report an estimate. Estimates from population-based data sources will be provided by MCHB to facilitate reporting.
Form 5b	States should report an estimate for the *total percentage of populations* who received a Title V-supported service in each of the listed MCH population groups across <u>all levels</u> of the MCH Pyramid, including public health services and systems.
Report Year	TVIS will prepopulate the annual report year for which the data apply.
1-5	Enter the best possible estimate for a total percentage of each population group served by the Title V program across <u>all levels</u> of the MCH Pyramid (i.e. direct services, enabling services, and public health services and systems). This estimate includes all individuals and populations served by the total Federal and State dollars as reported on line 8 of Form 2 and the combined totals on Form 3a and 3b for all service levels. Non-Title V programs that provide direct and enabling services (e.g., WIC, Home Visiting) may be included if Title V funds or staff time are used to promote or enhance services (individual services that are Title V funded may also be counted in 5a). To avoid duplication, numerators for the percentage estimate should focus on the programs and services that have the largest reach for a given population, which generally involves public health services and systems. Approximate denominators for each population group will be prepopulated in TVIS by MCHB, where available, to facilitate percentage estimation. Within public health services and systems, only those populations who are reached by activities that directly promote access or quality of specific population-based services and systems should be counted (see examples in Appendix K of the Supporting Documents). All methods, data sources, and included services/programs should be explained in field notes in TVIS.

FORM 6
DELIVERIES AND INFANTS SERVED BY TITLE V
AND ENTITLED TO BENEFITS UNDER TITLE XIX
(By Race and Ethnicity)
[Section 506(a)(2)(C-D)]

I. UNDUPLICATED COUNT BY RACE/ETHNICITY

Annual Report Year: _____

	(A) TOTAL	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Un-known
1. TOTAL DELIVERIES IN STATE									
TITLE V SERVED									
ELIGIBLE FOR TITLE XIX									
2. TOTAL INFANTS IN STATE									
TITLE V SERVED									
ELIGIBLE FOR TITLE XIX									

INSTRUCTIONS FOR THE COMPLETION OF FORM 6
DELIVERIES AND INFANTS SERVED BY TITLE V
AND ENTITLED TO BENEFITS UNDER TITLE XIX

Title V Citation: *Section 506 (a)(1) requires each State to submit an Annual Report on its activities under Title V. Included in this requirement is the following:*

(2)(C) "Information (by racial and ethnic group) on--
- *(i) the number of deliveries in the State in the year, and*
- *(ii) the number of such deliveries to pregnant women who were provided prenatal, delivery, or postpartum care under this title or were entitled to benefits with respect to such deliveries under the State plan under title XIX in the year.*

(2)(D) Information (by racial and ethnic group) on--
- *(i) the number of infants under one year of age who were in the State in the year, and*
- *(ii) the number of such infants who were provided services under this title or were entitled to benefits under the State plan under title XIX at any time during the year."*

Instructions: Complete all required data cells for the annual report year. If an actual number is not available, the State should make an estimate. All methods, data sources, and included services/programs should be explained in field notes in TVIS. A Glossary that contains terms applicable to this form is provided in Appendix K of the Supporting Documents, which accompany the Application/Annual Report Guidance. It is recognized that there will be overlap between the reported totals for "Title V Served" and "Eligible for Title XIX", due to an individual's changing insurance eligibility status during the course of a year (i.e., "churning".) Form 6 asks for all individuals who are served by Title V and an estimate of the individuals in the State who are eligible for Title XIX. The form does not ask for a report on those individuals served by Title V who are also eligible for Title XIX.

LINE NUMBER	INSTRUCTIONS
Section I: Unduplicated Count by Race/Ethnicity	
Annual Report Year	TVIS will prepopulate the annual report year for which the data apply.
Total Deliveries in State	In Columns B-I, enter the number for the population-based total of all deliveries in the State for the reporting year by race and ethnicity. Of the total deliveries, enter the number of deliveries to pregnant women who were served by Title V and the number who were eligible for Title XIX by race and ethnicity in Columns B-I. TVIS will calculate the total in Column A based on the numbers provided by race/ethnicity. The "Total Deliveries" served by Title V is related to the count of pregnant women served in Form 5b.
Total Infants in State	In Columns B-I, enter the number of infants by race and ethnicity. Of the total infants, enter the number of infants served by Title V and the number of infants who were eligible for Title XIX by race and ethnicity in Columns B-I. TVIS will calculate the total in Column A based on the numbers provided by race/ethnicity. The "Total Infants" served by Title V is related to the count of infants served in Form 5b.

FORM 7
STATE MCH TOLL-FREE TELEPHONE LINE AND OTHER APPROPRIATE METHODS DATA

A. State MCH Toll-Free Telephone Line [*Sections 505(a)(5)(E) and 509(a)(8)]*:

STATE: _____

	Application Year__	Annual Report Year__
1. State MCH Toll-Free "Hotline" Telephone Number		
2. State MCH Toll-Free "Hotline" Name		
3. Name of Contact Person for State MCH "Hotline"		
4. Contact Person's Telephone Number		
5. Number of Calls Received on the State MCH "Hotline" in this Reporting Period		

B. Other Appropriate Methods [*Sections 505(a)(5)(E) and 509(a)(8)]*:

	Application Year__	Annual Report Year__
1. Other Toll-Free "Hotline" Names (e.g., 2-1-1 Infoline)		
2. Number of Calls on the State 2-1-1 Infoline or Other Relevant Hotlines in this Reporting Period		
3. State Title V Program Website Address		
4. Number of Hits to Title V Program Website		
5. State Title V Social Media Websites		
6. Number of Hits to Title V Program Social Media Websites		

INSTRUCTIONS FOR THE COMPLETION OF FORM 7
STATE MCH TOLL-FREE TELEPHONE LINE AND OTHER APPROPRIATE METHODS DATA

Title V Citation: *Section 505(a)(5)(E) states, in part, "the State agency (or agencies) administering the State's program under this title will provide for a toll-free telephone number (and other appropriate methods) for the use of parents to access information about health care providers and practitioners who provide health care services under this title and title XIX and about other relevant health and health-related providers and practitioners..."*

The Maternal and Child Health Bureau is the designee of the Secretary of the Department of Health and Human Services to carry out the mandate of Section 509(a)(8) of Title V, which requires that a national directory of toll-free numbers be made available to State agencies that administer the State's Title V programs.

Instructions: Complete all required data cells for the application and annual report year, as specified. If an actual total number of calls received or total hits to the website is not available, the State should make an estimate. All estimates should be explained in a form or field note in TVIS.

LINE NUMBER	INSTRUCTIONS
State	TVIS will prepopulate the name of the State.
Year	TVIS will prepopulate the application and annual report year.
A.1	Enter the State's primary toll-free MCH information line telephone number.
A.2	Enter the name of the State's primary toll-free MCH information line.
A.3	Enter the name of the person who should be contacted with any concerns about the State's primary toll-free MCH information line.
A.4	Enter the telephone number of the contact person that is listed on Line A.3.
A.5	For the annual report year only, enter the number of calls received on the State's primary toll-free MCH information line.

LINE NUMBER	INSTRUCTIONS
B.1	Enter the names of other toll-free information lines that are administered by the State.
B.2	For the annual report year, enter the number of calls received by the other toll-free MCH information lines administered by the State.
B.3	Enter the URL for the State Title V Program website.
B.4	For the annual report year only, enter the number of hits to the State Title V Program website address listed on Line B.3.
B.5	Enter the URLs for the State Title V Social Media Websites
B.6	For the annual report year only, enter the number of hits to the State Title V Program social media website addresses listed on Line B.5.

FORM 8
STATE MCH AND CSHCN DIRECTORS CONTACT INFORMATION
FOR APPLICATION YEAR___

STATE: _____

1. Title V Maternal and Child Health (MCH) Director	
Name:	_____
Title	_____
Street Address:	_____
Room Number:	_____
City/State/Zip:	_____
Telephone:	_____
Email:	_____

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name:	_____
Title	_____
Street Address:	_____
Room Number:	_____
City/State/Zip:	_____
Telephone:	_____
Email:	_____

3. State Family or Youth Leader (Optional):	
Name:	_____
Title	_____
Street Address:	_____
Room Number:	_____
City/State/Zip:	_____
Telephone:	_____
Email:	_____

Instructions: TVIS will prepopulate the name of the State and the application year. **Enter** the name of the Title V MCH Director, CSHCN Director and, at the option of the State, the Family and/or Youth Leader. For each of the listed contacts, provide the title, address, telephone number and e-mail address. States have the option to provide a form note in TVIS.

FORM 9
LIST OF MCH PRIORITY NEEDS
[Section 505(a)(1)]

Your state's Five-Year Statewide Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs. The established priorities should guide the activities that are included in the State's Five-year Action Plan. In order to evaluate success in meeting the goals of the priority needs, the State should determine, at the time of priority setting, its plan for assessing if priority needs have been addressed. This assessment should include the development of State Performance Measures (SPMs), which are specifically tailored to a priority need to the extent that such need is not fully addressed by the National Performance Measures (NPMs) or the State Evidence-based or –informed Strategy Measures (ESMs).

Instructions: With each year's Block Grant Application, TVIS will prepopulate the priority needs provided in the previous year. States should review their priority needs to ensure alignment within the State Action Plan where priorities are linked with the existing National Outcome Measures (NOMs), NPMs, SPMs and ESMs. States can classify priority needs as New, Continued, or Revised under the following conditions:

- New: Priority Need is added
- Revised: Description is changed for a Priority Need provided in the previous interim year
- Continued: No changes for a Priority Need provided in the previous interim year.

In listing its MCH priority needs, the state should use a simple descriptive phrase or sentence that clearly defines the need. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in TVIS for comparison, tracking, and reporting purposes. The State must list at least 7 priority needs, and the form will only accept up to 10. If desired, the State may list and describe additional priority needs in a form note in TVIS. Note that the order of the priority needs in the table is solely for a numerical listing and is not meant to indicate a priority order.

STATE_____ **APPLICATION YEAR**_____

PRIORITY NEEDS	NEW (N), REVISED (R) OR CONTINUED (C) PRIORITY NEED FOR THIS FIVE-YEAR REPORTING PERIOD		
	N	R	C
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

FORM 10
TRACKING MEASURES
National Performance Measures (NPMs), Evidence-based or –Informed Strategy Measures (ESMs), State Performance Measures (SPMs) and State Outcome Measures (SOMs)
[Sections 505(a)(2)(B)(i),(iii) and 506(a)(2)(A)(iii)]

10a. NPM Annual Report Year: Objective and Performance Data

Click here to view Federally Available Data ○ **Click here to view MCHB provided Detail Sheet** ○

MEASURE #__ (Measure Title)	**Annual Report Year:**	**FY__**	**FY__**	**FY__**	**FY__**	**FY__**
Annual Objective	_____	_____	_____	_____	_____	_____
Annual Indicator	_____					
Numerator	_____					
Denominator	_____					

Data Source: _____ **Data Source Year:** _____

Provisional or Final?: ○ Provisional ○ Final

Click here to provide note: ○

10b. ESM Annual Report Year: Objective and Performance Data

Click here to create/view Detail Sheet (10e) ○

MEASURE #__ (Measure Title)	**Annual Report Year:**	**FY__**	**FY__**	**FY__**	**FY__**	**FY__**
Annual Objective	_____	_____	_____	_____	_____	_____
Annual Indicator	_____					
Numerator	_____					
Denominator	_____					

Data Source: _____ **Data Source Year:** _____

Provisional or Final?: ○ Provisional ○ Final

Click here to provide note: ○

10c. SPM Annual Report Year: Objective and Performance Data

Click here create/view Detail Sheet (10e) ○

MEASURE #__ (Measure Title)	**Annual Report Year:**	**FY__**	**FY__**	**FY__**	**FY__**	**FY__**
Annual Objective	_____	_____	_____	_____	_____	_____
Annual Indicator	_____					
Numerator	_____					
Denominator	_____					

Data Source: _____ **Data Source Year:** _____

Provisional or Final?: ○ Provisional ○ Final

Click here to provide note: ○

10d. SOM Annual Report Year: Objective and Performance Data (Optional)

Click here for Detail Sheet (10e) ◯

MEASURE #__ (Measure Title)	**Annual Report Year:**	**FY__**	**FY__**	**FY__**	**FY__**	**FY__**
Annual Objective	_____	_____	_____	_____	_____	_____
Annual Indicator	_____					
Numerator	_____					
Denominator	_____					

Data Source: _____ **Data Source Year:** _____

Provisional or Final?: ◯ Provisional ◯ Final

Click here to provide note: ◯

10e. ESM/SPM/SOM Detail Sheet

ESM/SPM/SOM #		
Measure Title:		
For SPMs/SOMs only: Population Domain(s)	◯ Women/Maternal Health ◯ Perinatal/Infant Health ◯ Child Health ◯ Adolescent Health ◯ Children with Special Health Care Needs	◯ Cross-Cutting/Systems Building
For ESMs Only: National Performance Measure	Select the related National Performance Measure ⇩	
ESM Subgroup (if relevant)	Select Subgroup, if relevant (choose one or more) ⇩	
Evidence-based/informed strategy		
Goal		
Significance		
Definition	Unit Type:	
	Unit Number:	
	Numerator:	
	Denominator:	
Data Sources and Data Issues		
For SPMs/SOMs only: Health People 2030 Objective		

INSTRUCTIONS FOR THE COMPLETION OF FORM 10
TRACKING MEASURES
National Performance Measures (NPMs), Evidence-based or –Informed Strategy Measures (ESMs), State Performance Measures (SPMs) and State Outcome Measures (SOMs)

Title V Citation: *Section 505(a)(2)(B)(i),(iii) requires the States to submit an Application that includes, …a statement of the goals and objectives consistent with the health status goals and national health objectives…for meeting the needs specified in the State plan…[and]…an identification of the types of services to be provided… "Section 506(a)(2)(A)(iii) requires the States to report annually on the …type (as defined by the Secretary) of services provided under this title…"*

Instructions: As the standard form to be used by States in tracking all measurement types (e.g., NOMs, NPMs, ESMs, SPMs and SOMs) specified in this Guidance, this form serves a dual purpose: 1) Displays 5-year planned objectives (targets) for each NPM, ESM, SPM and SOM, as applicable, as part of the Application, and 2) Reports Annual Indicators, values actually achieved during a reporting year, for each NPM, SPM, ESM and SOM, as applicable, as part of the Annual Report. States are not required to establish performance targets for the NOMs. For the NPMs and the NOMs, the Annual Indicator data will be populated annually by the Maternal and Child Health Bureau, as available, using the referenced national data source identified on the detail sheet for each specific NPM and NOM. While not responsible for entering an Annual Indicator, States will be responsible for tracking their annual progress on the NPMs and their related NOMs. A Glossary that contains terms applicable to this form is provided in Appendix K of the Supporting Documents, which accompany the Application/Annual Report Guidance.

For the Application Year, States will establish five-year performance targets for each selected NPM, ESM, SPM and SOM, as applicable. Within the five-year period, performance targets that were established by the State in previous years' Applications will be prepopulated on the form.

For the annual report year, TVIS will prepopulate the federally available indicator data for the NOMs and the NPMs. If federal indicator data is not available for a measure chosen by the state, the state will be required to provide state data for their chosen NPMs. States will complete the required data cells (i.e., Annual Indicator, Numerator, Denominator, Data Source and Data Source Year) for the ESMs, SPMs and SOMs, if applicable. If the final data are not available, the State should provide provisional or estimated data with an explanation in a field note in TVIS.

LINE NUMBER	INSTRUCTIONS FOR SECTIONS 10A-10D
Measure Number	The TVIS will prepopulate the measure number.
Annual Report Year	The TVIS will prepopulate the annual report years.
Annual Objective	**Enter** the Annual Objective (for the most recently added out-year). The TVIS will prepopulate objectives provided in previous years.
Annual Indicator	For the current annual report year, **enter** the Annual Indicator, including the Numerator and Denominator, for each ESM, SPM and SOM. The TVIS will prepopulate the Annual Indicator from federal sources, where available for the NPMs. If federal data is not available, enter the Annual Indicator, including the Numerator and Denominator for the chosen NPMs.
Data Source	For the current annual report year, **enter** the Data Source for the reported Annual

LINE NUMBER	INSTRUCTIONS FOR SECTIONS 10A-10D
	Indicator for each ESM, SPM and SOM. The TVIS will prepopulate the Data Source from federal sources, where available for the NPMs. If federal data is not available, enter the Data Source for the chosen NPMs.
Data Source Year	For the current annual reporting year, **enter** the Data Source Year for the reported Annual Indicator for each ESM, SPM and SOM. The TVIS will prepopulate the Data Source Year from federal sources, where available for the NPMs. If federal data is not available, enter the Data Source Year for the chosen NPMs.
Provisional/Final?	**Check** the button in TVIS to indicate if the data is provisional or final.
Note	For the current annual reporting year, **enter** a data note to clarify any estimated or provisional data and to describe other limitations which impact the reporting of an Annual Indicator for each NPM, ESM, SPM and SOM.

Instructions: Section 10e of this form, used for creating the detail sheets for the three state measure types (ESM, SPM or SOM), has been revised. States are required to use the revised form going forward in defining new measures. For any continuing measures that were developed prior to this edition of the Title V MCH Block Grant Application/Annual Report Guidance, states are required to make the transition to the revised form by the end of the five-year reporting cycle. The purpose of the detail sheet is to describe the state measure by completing each section as appropriate. Note that the measure title and numerator and denominator data will be displayed in TVIS on the respective section (e.g., 10b, 10c and 10d) as they are defined on this form. A Glossary that contains terms applicable to this form is provided in Appendix K of the Supporting Documents, which accompany the Application/Annual Report Guidance.

LINE NUMBER	INSTRUCTIONS FOR SECTION 10E
ESM, SPM or SOM #	TVIS will prepopulate the measure number.
Measure Title	**Enter** a brief, narrative description of the measure.
For SPMs/SOMs only: Population Domain(s)	**Select** the related population domain(s), as applicable. Note: If Cross-Cutting/Systems Building is selected, none of the five population domains can be selected.
For ESMs Only: National Performance Measure	**Select** the related national performance measure to link the ESM in TVIS.
ESM Subgroup (if relevant)	If focusing on a subpopulation group, **select** the subgroup from the displayed pick list in TVIS. Refer to Table 2 in Appendix B for a list of subgroups.
Evidence-based/informed strategy	**Indicate** the evidence-based/informed strategy that this ESM measures and where you accessed the evidence on this strategy. Briefly describe the evidence for how this strategy influences the selected NPM. *Please refer to Appendix B, Guidance for the Development of Detail Sheets for ESMs, for an additional explanation and examples for describing the strategy.*

LINE NUMBER	INSTRUCTIONS FOR SECTION 10E
Goal	**Enter** a short statement indicating what the State hopes to accomplish by tracking this measure.
Significance	**ESMs**: Briefly **describe** why this measure is significant; especially as it relates to the selected evidence/based informed strategy and goal. What aspect of the strategy does it measure and why is measuring it important to showing progress? **SOM &SPMs**: Briefly **describe** why this measure is significant, especially as it relates to the selected goal.
Definition	Unit Type: **Select** the type of measure from the pick list in TVIS (e.g., percentage, rate, ratio, scale, yes/no, count) Unit Number: • If the measure is a percentage, rate, ratio, or yes/no, **indicate** the units in which the measure is to be expressed. • If the measures is a scale or count, **indicate** the maximum scale or count for the measure. Numerator: If the measure is a percentage, rate, scale, count, yes/no or ratio, **provide** a clear description of the numerator. In TVIS, this is the field used for count and yes/no measures that do not have a denominator. Denominator: If the measure is a percentage, rate, scale or ratio, **provide** a clear description of the denominator. In TVIS, this field will not be required for count or yes/no measures.
Data Source & Data Issues	**Enter** the source(s) of the data used in determining the value of the measure and any issues concerning the methods of data collection or limitations of the data used.
For SPMs/SOMs only: Healthy People 2030 Objective	If the measure is related to a *Healthy People 2030* objective, **describe** the objective and corresponding number.

FORM 11
OTHER STATE DATA (OSD) – #01- #03
(Prepopulated by MCHB, as available)

OSD #01 – Rates of infant mortality, low birth weight, and preterm birth by race and ethnicity
[SECTION 506 (a)(2)(B)(i)]

Annual Report Year _____

CATEGORY RATE BY RACE/ETHNICITY	STATE RATE	NON-HISPANIC WHITE	NON-HISPANIC BLACK OR AFRICAN AMERICAN	HISPANIC	NON-HISPANIC AMERICAN INDIAN OR NATIVE ALASKAN	NON-HISPANIC ASIAN	NON-HISPANIC NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	NON-HISPANIC MULTIPLE RACE
Infant Mortality (Rate per 1,000)								
Low Birth Weight (%)								
Preterm Birth (%)								

OSD #02 – Rates of infant mortality, low birth weight, and preterm birth by county
[SECTION 506 (a)(2)(B)(i)]

COUNTY (List each County)	INFANT MORTALITY (Rate per 1,000)	LOW BIRTH WEIGHT (%)	PRETERM BIRTH (%)

OSD #03 –State MCH Workforce
[SECTION 506 (a)(2)(E)(i-vi)]

WORKFORCE CATEGORY	TOTAL NUMBER
OBSTETRICIANS	
FAMILY PRACTITIONERS	
CERTIFIED FAMILY NURSE PRACTITIONERS	
CERTIFIED NURSE MIDWIVES	
PEDIATRICIANS	
CERTIFIED PEDIATRIC NURSE PRACTITIONERS	

INSTRUCTIONS FOR THE COMPLETION OF FORM 11
OTHER STATE DATA (OSD) – #01 - #03

Title V Citation: See OSD reporting tables above.

Instructions: A glossary of terms applicable to this form is presented in Appendix K of the Supporting Documents, which accompany the Application/Annual Report Guidance.

States are not required to collect or report on any of the OSD elements. The purpose of this form is to make available, annually, other State data required by the Title V legislation. Required data elements on this form will be provided by the Maternal and Child Health Bureau (MCHB) in TVIS, as available, for the States. States should review and monitor the annual data.

The racial and ethnic population categories included in these tables are based on the Office of Management and Budget guidelines. More specific instructions are provided below.

TVIS will provide the year for which the data are being reported.

FORM NUMBER	INSTRUCTIONS
OSD #01:	In the column labeled "STATE RATE," the rate for the State is provided in TVIS in the category specified. In the next seven columns the rate of the State in the racial/ethnic categories indicated at the head of each column and in the categories specified is provided in TVIS. Since these data are reported by rates, these data are not totaled.
OSD #02	Data are provided in TVIS for the rate of infant mortality, low birth weight, and preterm birth by each county in the State. In the first column of the first row, the name of the county is provided. In the second cell of the first row, the rate of infant mortality for that county is provided. In the third cell of the first row, the rate of low birth weight for that county is provided. In the fourth cell of the first row, the rate of preterm birth is provided. In subsequent rows, the names of each county and the rates requested are provided. Depending on the size of the population being reported for each county, rates may use a three-year moving average. Since these data are reported by rates, these data are not totaled.
OSD #03	Data are provided in TVIS for the numbers of MCH workforce professionals noted that are licensed in the State in the reporting year identified. In the second cell of the first row, the number of obstetricians is provided. In the second cell of the each remaining rows, the number of family practitioners, certified family nurse practitioners, certified nurse midwives, pediatricians, and certified pediatric nurse practitioners are provided, as noted.

FORM 12
MCH DATA ACCESS AND LINKAGES

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Select from the Pulldown Menu • Yes • No	Select from the Pulldown Menu • Yes • No	Select from the Pulldown Menu • Daily • More often than monthly • Monthly • Quarterly • Semi-Annually • Annually • Less Often than Annually • Never	Manually Enter an Integer Between 0-60 or Never	Select from the Pulldown Menu • Yes • No	Optional: Manually Enter Another Linked Data Source Data Source
2) Vital Records Death						
3) Medicaid						
4) WIC						
5) Newborn Bloodspot Screening						
6) Newborn Hearing Screening						
7) Hospital Discharge						
8) PRAMS or PRAMS-like						
9) Other Data Source (Optional) • **User may add additional rows as needed**	Optional: Manually Enter Another Data Source Data Source					

INSTRUCTIONS FOR COMPLETION OF FORM 12
MCH DATA ACCESS AND LINKAGES

Instructions: This form provides information on the State Title V Program's capacity for consistently accessing electronic health data to support planning, monitoring, and evaluation on a timely basis. Please complete all data cells for the reporting year. All cells, except as noted in the instructions below, are required fields for completion of this form. A form note can be added for the form, and a field note can be added for each row in TVIS.

ITEM	FIELD NAME	INSTRUCTIONS
Column A	**State Title V Program has Consistent Annual Access to Data Source (Column A, Rows 1-9)**	➢ **Item Response Choices:** • YES/NO ➢ **Definition: Column A, Rows 1-9; Consistent Annual Access** • **Must be:** - Received or accessed at least once every year • **May be:** -Paper or electronic/digital -Pre-tabulated or aggregated data -Individual-level or raw data -Provisional or final data
Column B	**State Title V Program has Access to an Electronic Data Source (Column B, Rows 1-9)**	➢ **Item Response Choices:** • YES/NO ➢ **Definition: Column B, Rows 1-9; Access to an Electronic Data Source:** • **Must be:** -Data source contains individual-level or raw data in digital format -Data must be manipulable/analyzable with statistical software • **May be:** -Publicly available, private or protected, internal or external to the MCH program -Accessible via CD-ROM, flash drives, external hard drives, disks, other portable media, ftp or File Transfer Protocol, Internet or Intranet, web portal, host computer or server in a network or client-server architecture -Provisional or final data
Column C	**Describe Periodicity (Column C, Rows 1-9)**	➢ **Item Response Choices:** • Daily • More often than monthly • Monthly • Quarterly • Semi-Annually • Annually • Less Often than Annually • Never

ITEM	FIELD NAME	INSTRUCTIONS
Column D	**Indicate Lag Length for Most Timely Data Available in Number of Months (Column D, Rows 1-9)**	➢ **Item Response Choices:** • Enter an integer between 0-60 (number of months); or NA if Column C is "Never." ➢ **Definition: Column D, Rows 1-9; Lag Length** • **Must be:** -The amount of time in months between the end of the official data collection period to the time the data is received or accessed (e.g., quarterly or annual data for births ending on December 31st that are received on March 20th would be a lag of 3 months with rounding) -If provisional data can be accessed before the end of the official data collection period, lag is 0 months • **May be:** -Provisional or final data in any of the above formats
Column E	**Data Source Is Linked to Vital Records Birth (Column E, Rows 1-9)**	➢ **Item Response Choices:** • YES/NO ➢ **Explanation: Column E, Rows 1-9; Data Linkage** • Indicate if the data source (Rows 1-9) is linked to Vital Records Birth
Column F	**Data Source is Linked to Another Data Source (Optional Field)**	➢ **Item Response Choices:** • Indicate the name of the data source to which this data source is linked ➢ **Explanation: Column F, Rows 1-9; Data Linkage** • Indicate if the data source (Rows 1-9) is linked to another data source, other than Vital Records Birth
Row 9	**Other Data Source (Optional Field)**	➢ **Item Response Choices:** • Insert the name of the other data source, and complete the columns using the instructions provided above