MISSOURI DEPARTMENT OF

HEALTH & SENIOR SERVICES

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MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

FFY2026 Maternal Child Health (MCH) Services Contract Kickoff Meeting

October 1, 2025

Sara Gorman MSN, RN

Program Manager, MCH Services Program

What You Can Expect to Learn

FFY2026 MCH Services Contract

- History of Title V and MCH
- MCH Services Contract Purpose and Funding Formula
- Budget and Funding Provisions
- Contract Invoicing and Amendments
- FFY2026 Contract Deliverables and Reporting
- FFY2026 Opportunities for Learning


COFFEE
PVGH
"She's responding well
to her new medication"

Meet the Team

MCH Services Program

Sara Gorman
Program Manager

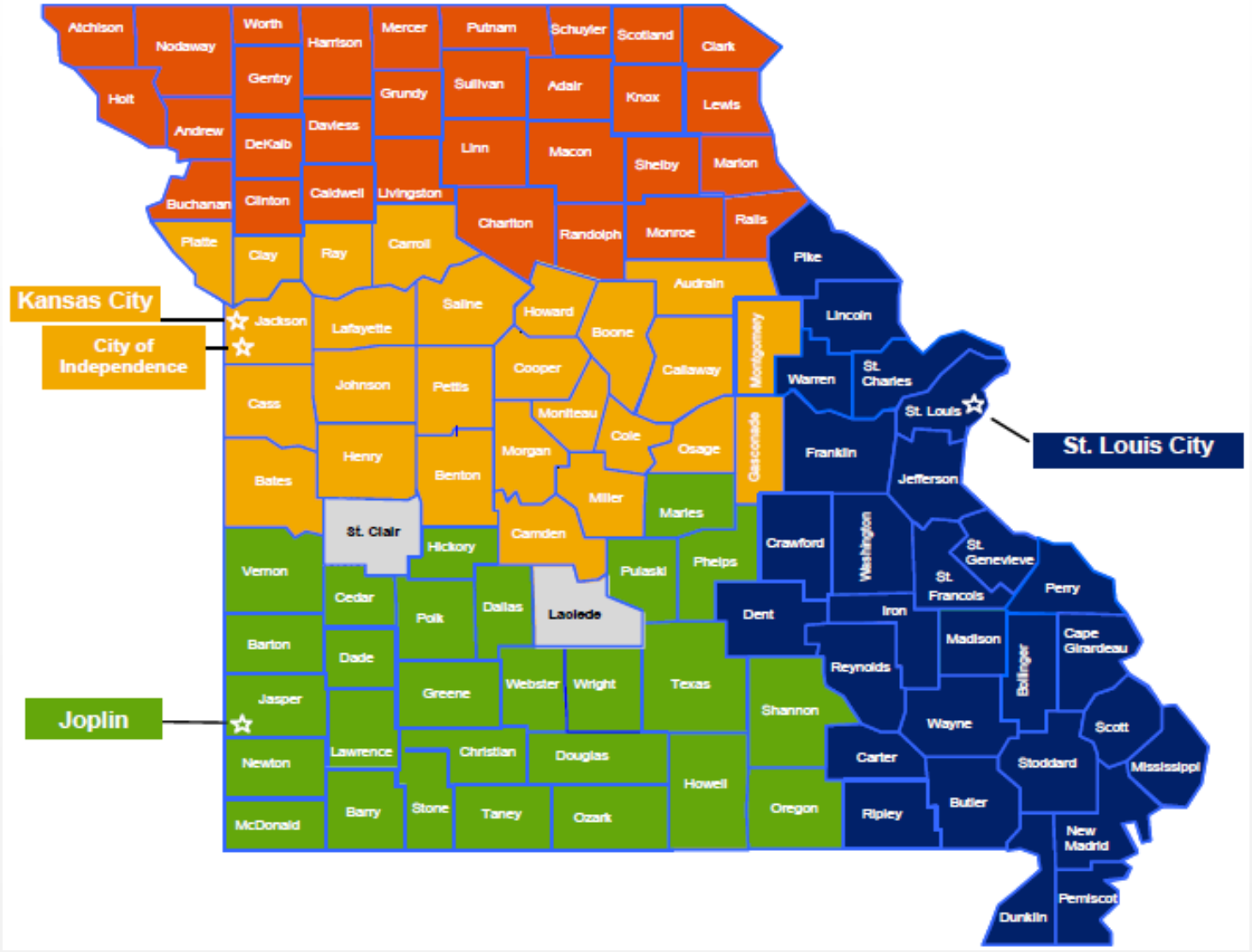
Amy Bradshaw
East/Southeast DNC

Lindsey Cobb
Southwest DNC

Macey Shinn
West Central DNC

Sara Thompson
Northern DNC

MCH District Nurse Consultant Map



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Maternal Child Health (MCH) Services Contract FFY2026 Reminder Calendar

October 2025

1st- FFY2026 contract year begins

1st- FFY2026 Contract Kickoff Meeting, 10am-Noon

9th- Proposed Work Plan "Deep Dive", 9am-11am

15th- September 2025 Invoicing Due

31st- FFY2025 End of Year Reports Due

November 2025

15th- October 2025 Invoicing Due

12th- MCH HUDDLE, 10am-Noon

December 2025

4th- Postpartum Visit Proposed Work Plan Meeting, 10am-Noon

11th- Preventive Dental Visit in Pregnancy Proposed Work Plan Meeting, 10am-Noon

15th- November 2025 Invoicing Due

18th- Safe Sleep Proposed Work Plan Meeting, 10am-Noon

January 2026

8th- Medical Home, Family-Centered Care, Child, Proposed Work Plan Meeting, 10am-Noon

15th- Preventive Dental Visit, Child, Proposed Work Plan Meeting, 10am-Noon

15th- December 2025 Invoicing Due

22nd- Adult Mentor/Adult Transition, Proposed Work Plan Meeting, 10am-Noon

29th- Family Strengthening, Proposed Work Plan Meeting, 10am-Noon

February 2026

10th- MCH HUDDLE 10am-Noon

15th- January 2026 Invoicing Due

27th- Mid-Year Progress Report Due to DNC

March 2026

15th- February 2026 Invoicing Due

31st- Last Day to Submit FFY2026 Contract Work Plan Amendment to DNC

31st- Rough Draft of Proposed Work Plan Due to DNC

April 2026

15th- March 2026 Invoicing Due

*DNC's to complete site visits

May 2026

12th- MCH HUDDLE 10am-Noon

15th- April 2026 Invoicing Due

*DNC's to complete site visits

June 2026

15th- May 2026 Invoicing Due

*DNC's to complete site visits

July 2026

15th- June 2026 Invoicing Due

*Budget Worksheet for FFY2027 will be sent via email with guidance in July

August 2026

11th- MCH HUDDLE 10am-Noon

15th- July 2026 Invoicing Due

September 2026

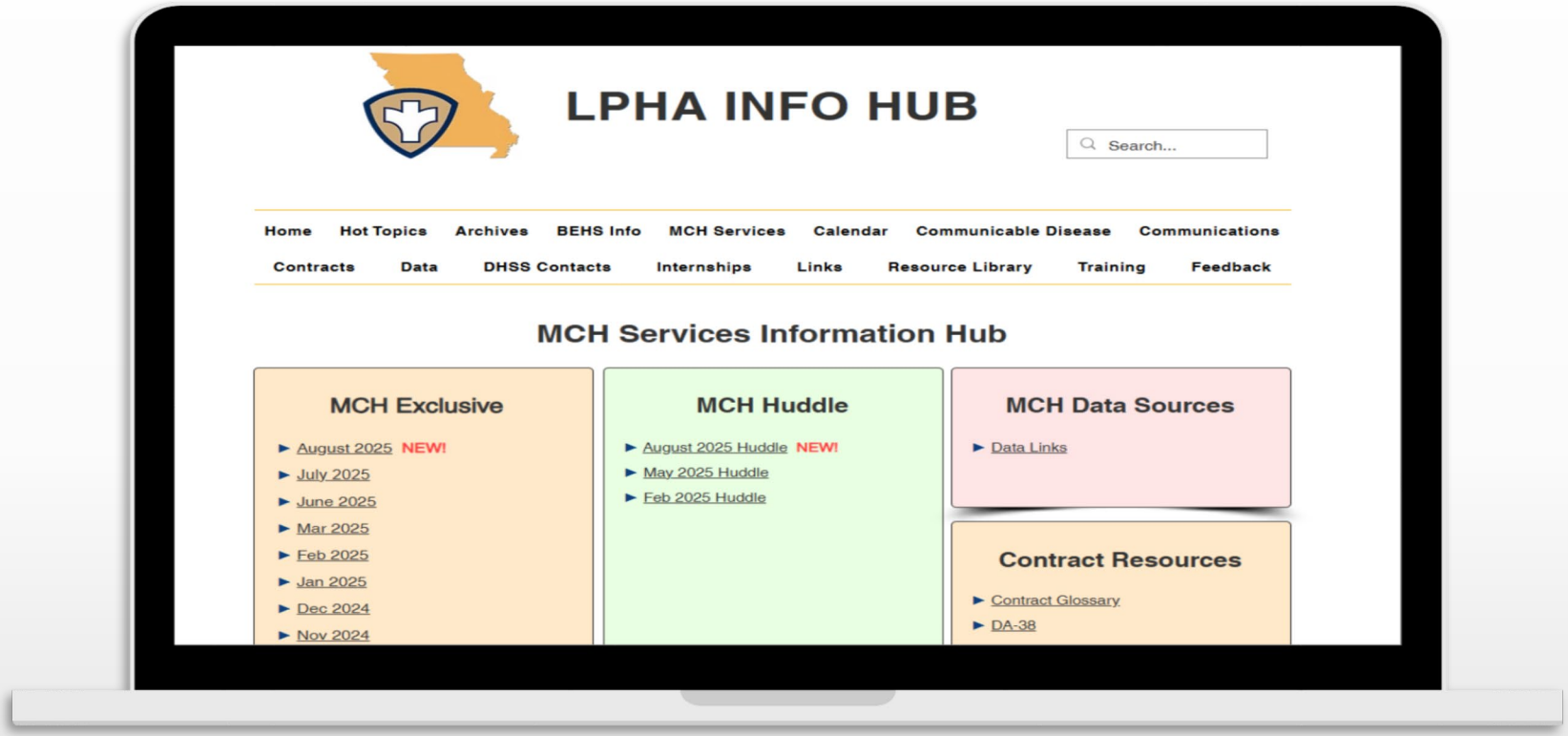
15th- August 2026 Invoicing Due

30th- Contract Year Ends AND Last Day to expend FFY2026 MCH Services contract funding

LPHA INFO HUB

SCAN HERE

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES



https://www.mo-lpha.com/mch-services-info-hub

Role of District Nurse Consultant

also referred to as DNC

Assess MCH contracting agencies capacity to work with their communities to support the MCH 10 essential promote maternal and services to child health in Missouri.

Completes MCH Services contract site visits with LPHAs, offering technical assistance and consultation in support of their outcomes, services and programs and recommendations to encourage success.

Reviews, monitors, and provides feedback and technical assistance for resources, planning, and community supports.

Participate in coalitions, collaborative, task-forces, and workgroups related to maternal child health outcomes.

Develop educational resources and materials for public health professionals on MCH health issues, including data collection, evidence-based practice, coalition building, and program evaluation.

Serve as a liaison with local public health agencies and the Department, providing technical assistance and consultation for contract fulfillment, program development and reporting.

History of Title V and MCH

History of Title V and MCH

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

1912

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

1935

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

1981

Block Grant Transformation

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

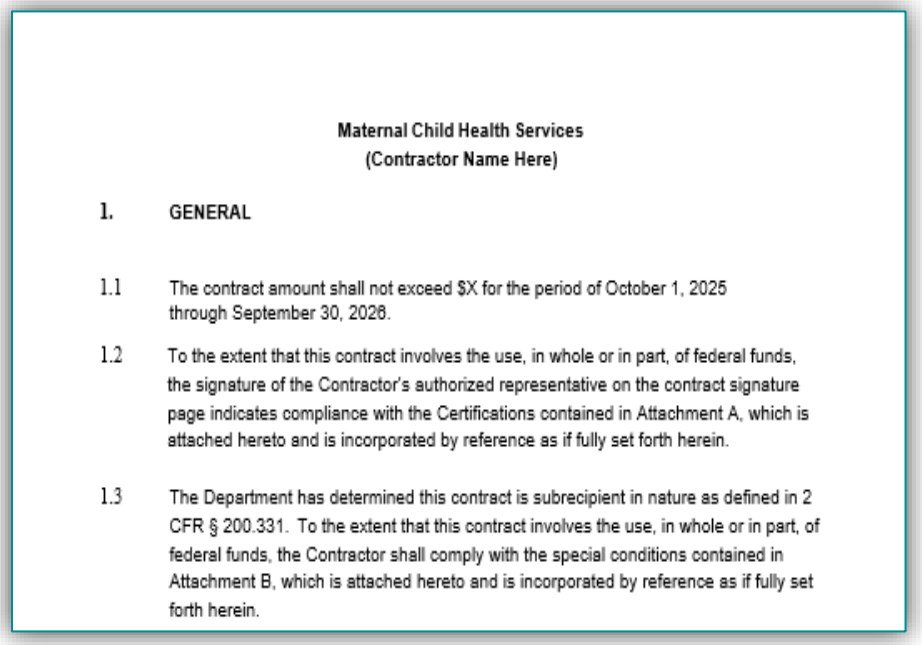
2015

MCH Services Contract Purpose and Funding Formula

Scope of Work

MCH Services Contract

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



Maternal Child Health Services
(Contractor Name Here)

1. GENERAL

1.1 The contract amount shall not exceed $X for the period of October 1, 2025 through September 30, 2026.

1.2 To the extent that this contract involves the use, in whole or in part, of federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A, which is attached hereto and is incorporated by reference as if fully set forth herein.

1.3 The Department has determined this contract is subrecipient in nature as defined in 2 CFR § 200.331. To the extent that this contract involves the use, in whole or in part, of federal funds, the Contractor shall comply with the special conditions contained in Attachment B, which is attached hereto and is incorporated by reference as if fully set forth herein.

FFY2026

Purpose

MCH Services Contract

To support a state and local partnership, supporting a leadership role for local public health agencies at the local level.

To build community-based systems and expand the resources those systems have, to respond to priority maternal child health issues.

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

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

The Spectrum of Prevention Framework

The Spectrum identifies six levels of intervention and helps people move beyond the perception that prevention is merely education. At each level, the most important activities related to prevention objectives are identified. As these activities are identified, they lead to interrelated actions at other levels of the Spectrum. All six levels are complementary and synergistic: when used together, they have a greater effect than would be possible from a single activity or initiative.

Framework

Framework of strategies for addressing public health issues

Systematic Approach

Systematic approach for developing a multifaceted range of activities for effective prevention

Work Plan

Helps to plan and create a clear picture of the actions that are needed to accomplish change in the social norms – knowledge, attitudes, skills, and behaviors

Funding Formula

MCH Services Contract

Component 1

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

Component 2

- The base-funding amount of $15,000 is multiplied by 112 (# of LPHAs accepting the contract) and subtracted from the total funding amount for the contract

Component 3

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

Result

- Total FFY Contract Award for each LPHA is determined

Budget and Funding Provisions

Budget and Funding Provisions

MCH Services Contract

Funding for this contract is awarded for a one-year funding period only (October 1-September 30) and shall be expended during the applicable contract period.

Funding for this contract shall be used to expand or enhance activities that improve the health of the maternal and child health population, and to address local maternal and child health issues.

Cost-reimbursement contract NOT fixed price contract.

Payor of last resort.

The Contractor shall invoice and be reimbursed for actual and reasonable travel expenses either at the Contiguous US Per Diem Rates (CONUS) or the travel reimbursement rates set by the Contractor's internal policy, whichever is lower.

The Contiguous US Per Diem Rates (CONUS) can be found by clicking on the link for "Per Diem Rates" at the following Internet address: http://www.gsa.gov .

Funds must be used to expand or enhance activities that improve the health of the maternal and child health population, and to address local maternal and child health issues.

A **minimum** of 60% of contract funding MUST be spent on implementing the approved FFY2022-2026 contract work plan to address the selected priority health issue(s).

A **maximum** of 40% of contract funding may be spent to expand or enhance other specific MCH initiatives/activities that improve the health of the maternal and child health population and address local maternal and child health issues.

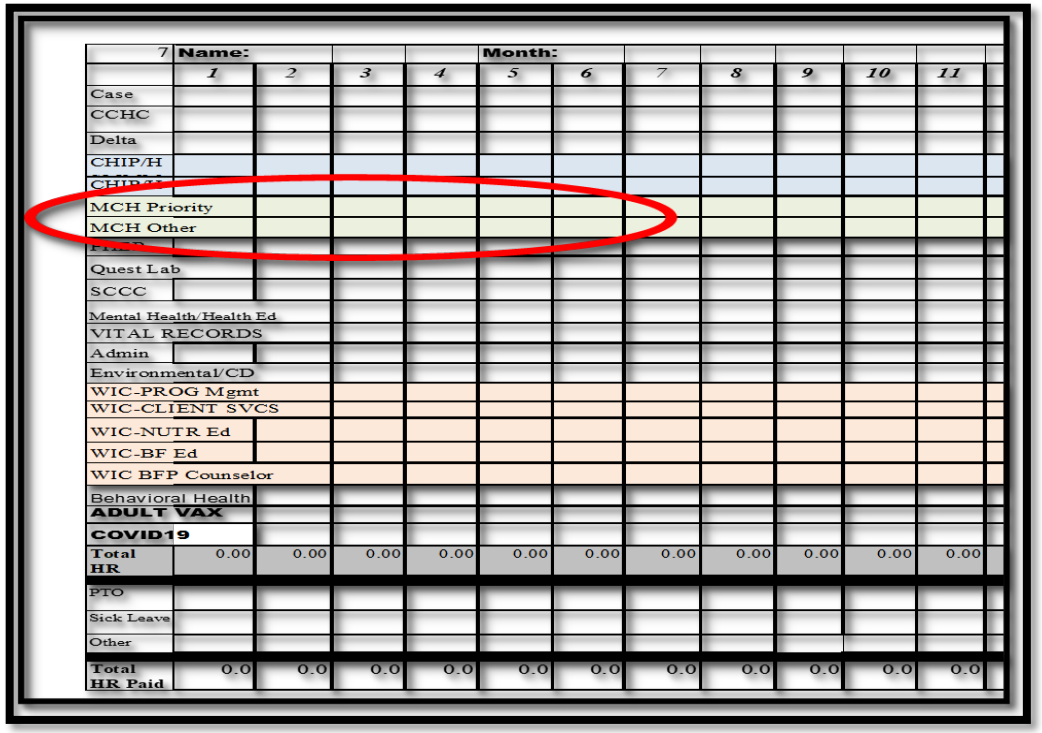
Funding for this contract shall **NOT** be used for:

- Cash payments to intended recipients of MCH services (cash, check, gift cards, gift certificates, etc.).
- Purchase of land, buildings, or major medical equipment.
- The purpose of performing, assisting, or encouraging abortion.
- To directly, or indirectly, subsidize abortion services.

Time Accounting

MCH Services Contract

- Time worked on the MCH Services contract should be delineated by hours worked toward the priority health issue *and* hours worked to expand or enhance other specific MCH initiatives
- Is necessary for accurate cost allocation
- Compliance and audit readiness
- Responsible fund management



7	Name:				Month:						
	1	2	3	4	5	6	7	8	9	10	11
Case											
CCHC											
Delta											
CHIP/H											
MCH Priority											
MCH Other											
Quest Lab											
SCCC											
Mental Health/Health Ed											
VITAL RECORDS											
Admin											
Environmental/CD											
WIC-PROG Mgmt											
WIC-CLIENT SVCS											
WIC-NUTR Ed											
WIC-BF Ed											
WIC BFP Counselor											
Behavioral Health											
ADULT VAX											
COVID19											
Total HR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PTO											
Sick Leave											
Other											
Total HR Paid	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Example

Contract Invoicing and Amendments

Contract Invoicing

MCH Services Contract

- Cost-reimbursement contract with monthly invoicing
- The MCH Services Program to email invoicing tool once the contract is executed
- Submit invoicing tool *AND* DA-38 via email by 15th day of the month following the month in which services are provided/expenses incurred to **mchservicesprogram@health.mo.gov**
- $0 Invoices
  - If a specific month has $0 in expenditures, please send a DA-38 with an amount requested of $0
  - If 100% of funding has been expended, you do not need to send a DA-38 with a $0 request

Contract #

Tax Payer Id#

60% Budget Category

Budget Category	Budget Amount	Invoice 1 (October)	Invoice 2 (November)	Invoice 3 (December)	Invoice 4 (January)	Invoice 5 (February)	Invoice 6 (March)	Invoice 7 (April)	Invoice 8 (May)	Invoice 9 (June)	Invoice 10 (July)	Invoice (August)	Invoice 12 (September)	Total Invoiced	Remaining Balance
Personnel Services														0.00	0.00
Fringe Benefits														0.00	0.00
Travel														0.00	0.00
Supplies														0.00	0.00
Other														0.00	0.00
Equipment														0.00	0.00
Rental/Lease Costs														0.00	0.00
Subcontract 1														0.00	0.00
Subcontract 2														0.00	0.00
Subcontract 3														0.00	0.00
Subcontract 4														0.00	0.00
Subcontract 5														0.00	0.00
Indirect	$0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Allowable indirect by invoice (DO NOT CHANGE FORMULAS)

Indirect Rate	10%													
Personal Services		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fringes		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Equipment		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 1		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 2		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 3		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 4		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subcontract 5		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Base (DO NOT CHANGE FORMULAS)

Personal Services		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

60% Budget Category | 40% Budget Category | Summary

Accessibility: Investigate

Vendor Request for Payment / DA-38

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
REQUEST FOR PAYMENT (10% Indirect Rate form)

ENTITY USE				
ENTITY NAME AS SHOWN IN STATE ACCOUNTING SYSTEM MUST MATCH NAME ON THE CONTRACT				INVOICE NUMBER MCHMMYY
ENTITY REMIT TO ADDRESS AS SHOWN IN STATE ACCOUNTING SYSTEM MUST MATCH VENDOR RECORD IN STATE ACCOUNTING SYSTEM				
ENTITY IDENTIFICATION NUMBER (FEIN, MissouriBUYS NUMBER) FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)				BILLING PERIOD MMYY
CONTRACT NAME / SERVICE MCH Services	CONTRACT NUMBER CONTRACT NUMBER			AMOUNT REQUESTED ENTER DOLLAR AMOUNT
BUDGET CATEGORIES - DETAILED DESCRIPTIONS REQUIRED				**AMOUNT**
PERSONNEL / SALARIES / FRINGE				
	Hours Worked	Payrate	Fringe	
ENTER ROLE/POSITION, NOT NAME OF EMPLOYEE				
Total				
SUPPLIES				
TRAVEL (PURPOSE OF TRAVEL)				
OTHER				
CONTRACTUAL				
Please see broken down itemized attachments for additional documentation. List of Contractual payments (Gray shaded includes contract payments included in Indirect calculation up to $50,000)				
ENTER SUBCONTRACT(S) HERE				
Total				
INDIRECT				
Total Direct Allowable				
Indirect rate as a decimal 0.10				
MODIFIED TOTAL DIRECT COST (MTDC) EXCLUSIONS				
DO NOT ENTER ANYTHING HERE UNLESS PROGRAM MANAGER HAS ADVISED YOU TO DO SO				
Total				
Total Amount Requested				

COMMENTS
INCLUDE ANY COMMENTS HERE

I hereby certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

AUTHORIZED SIGNATURE	TITLE	DATE
APPLY DIGITAL SIGNATURE OR WET SIGNATURE	ENTER TITLE HERE	ENTER DATE

MO 580-0154 (5-2025) DA-38 (4-25)

Contract Amendments

MCH Services Contract

Budget vs. Work Plan

Budget

If reallocation exceeds 10% of the total contract award or you need to add or remove subcontracting, send a request via email to the Program Manager.

Budget

If reallocation falls within 10% of total contract award (cumulatively), you may use the same invoicing tool to reallocate on your own **IF** you already have approval for the expenditure(s) (if not, please email Program Manager).

If you need to reallocate **between** the 60% and 40% budget categories, please work with Program Manager.

Work Plan

Need to revise outcomes and/or activities.

Must be submitted by March 31st of contract year.

Submit request via email to DNC.

When In Doubt, Reach Out.

Contract Work Plan Amendment

- The selected priority health issue(s) may NOT be amended
- May request to amend the FFY2022-2026 contract work plan activities and/or system outcome(s)
- Proposed work plan amendment requests must be submitted by March 31
- The proposed amendment request should be submitted to your DNC via email and include the following:
  - An amendment request letter (dated and on agency letterhead) stating the reason(s) for the proposed change(s) and an effective date for this change to begin - MUST include an original or legal electronic signature of authorization
  - An attached revised work plan using the template for the Maternal Child Health Services Contract Work Plan (with completed Revision Date section)

FFY2026 Contract Deliverables and Reporting

Scope of Work 5.7

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

FFY2026 Contract Deliverables

CURRENT Five-Year Work Plan

5.1.1

- The Contractor shall address at least one priority health issue(s) derived from the state's Title V Maternal and Child Health Services Block Grant priorities. The Contractor's selected Priority Health Issue(s) shall be identified in the FFY2022-2026 contract work plan.

5.2

- The Contractor shall work with the local community to maintain, develop, and enhance a community-based system to address the priority maternal child health issue(s) identified in the FFY2022-2026 contract work plan.

5.3

- The Contractor shall address risk and protective factors that influence health disparities within families and communities through the Life Course Perspective.

5.5

- The Contractor shall identify, track and monitor targeted national, state, and local outcome measure(s) and any additional performance indicator data/measures and analyze FFY2022-2026 contract work plan performance trends.

FFY2026 Contract Deliverables

5.8-5.18.5 Proposed Five-Year Work Plan

5.9 Using state and local quantitative and qualitative data, along with community engagement and an evaluation of local capacity, the Contractor will conduct a detailed local assessment of the health status, strengths, weaknesses, and needs of the maternal and child health (MCH) population. This assessment will focus on the domains of women/maternal, perinatal/infant, child, and adolescent, and will identify existing gaps in access to care.

5.10 The Contractor shall utilize the Missouri Public Health Information Management System (MOPHIMS) https://healthapps.dhss.mo.gov/MoPhims/MOPHIMSHome, Missouri Information for Community Assessment (MICA) Data Profiles, Community Maternal, Infant and Child Health Profile(s) provided by the Department, local community health data, surveillance data, and other data sources to assist in the assessment process, priority health issue (PHI) and outcome measure selection, and systematic program planning.

5.11 The Contractor shall seek input from MCH stakeholders including families/consumers, providers and other community partners about the issues related to local MCH program services and delivery.

5.12 Based on the findings from the focused local assessment, the Contractor shall select **at least one** priority health issue derived from the Missouri Title V MCH Block Grant FFY 2026-2030 MCH Priorities to develop the five-year (FFY2027-2031) work plan to address the selected top priority health issue(s).

5.13 The Contractor shall budget contract funds to accomplish the proposed work plan in the proposed FFY2026 contract budget worksheet.

5.14 The Contractor shall establish a five-year (FFY 2027-2031) *evaluation plan* for tracking and monitoring progress on the work plan and analyzing performance trends which shall include identification of targeted outcome measure(s), evaluation questions, performance indicator measures, method(s) for tracking and monitoring progress, data sources(s), and methods for analyzing performance trends.

FFY2026 Contract Deliverables

5.8-5.18.5 Proposed Five-Year Work Plan

5..15 The proposed work plan, referred to as the Maternal Child Health Services Contract Template FFY 2027-2031, shall be submitted to the MCH Services Program District Nurse Consultant (DNC) via an electronic e-mail attachment. The proposed work plan shall include the following:

5.15.1 Identification of the Selected Priority Health Issue(s) and targeted national, state, and/or local performance measure(s).

5.15.2 A Statement of the Problem, including: statistical data to illustrate the scope of the priority health issue in the community, potential root causes and/or other community elements that may contribute to the problem, a discussion of existing strengths/weaknesses/gaps in access to care, the unique characteristics of the populations (i.e. income/employment status, geographic location, age, education attainment, and race/ethnicity, etc.), and anecdotal or descriptive elements that give a sense of the story behind the data.

5.15.3 Goals for addressing the stated problem (based on the targeted national, state, and/or local outcome measure(s)).

5.15.4 Evidence-based strategies that will be used to address the problem. Visit https://www.mchevidence.org to find the MCH Accelerators and https://amchp.org/mch-innovations-database to find the MCH Innovations Database, to align strategies with the evidence-base.

FFY2026 Contract Deliverables

5.8-5.18.5 Proposed Five-Year Work Plan

5.15.5 System Outcome(s) and Activities at each of the six levels of the Spectrum of Prevention as follows:

a. System Outcome(s): The outcomes of the work plan shall reflect the anticipated changes in the community system after five years of effort. Outcome statements shall include evidence of accomplishment and/or an expected level of change. The outcome should be the measure that indicates the Activities in the work plan have been effective. Each System Outcome shall be defined in measurable terms. Each level of the Spectrum of Prevention shall include at least one System Outcome.

b. Activities: The Contractor shall identify activities at each level of the spectrum for each year of the work plan that led to the System Outcome(s). Planned activities should demonstrate progressive growth toward each level's System Outcome for an improved coordinated system and be based on strategies that are evidence-based, field-tested, or validated by expert opinion. A multifaceted range of activities should progress toward the outcomes to address the priority health issue over each year.

c. Identification of risk and protective factors that influence health disparities within families and the community through the Life Course Perspective.

d. Strategies to address existing weaknesses/gaps in access to care.

FFY2026 Contract Deliverables

5.8-5.18.5 Proposed Five-Year Work Plan

5.18 The proposed work plan shall be completed in accordance with the Proposal Guidance listed above for the MCH Services Contract as set forth herein by the MCH Services Program. The proposed work plan shall be for the five-year period of October 1, 2026, through September 30, 2031.

5.18.1 The proposed work plan shall be based on the priority health issue(s) selected by the LPHA and approved by the Department; shall utilize the Spectrum of Prevention framework; and shall show progressive growth toward an improved coordinated system and be based on interventions that are evidence-based, field-tested, or validated by expert opinion.

5.18.2 The MCH Services Program DNC will review, provide technical assistance on the content, and approve the proposed work plan.

5.18.3 If the Contractor desires to make changes to the approved work plan before the end of the contract year, the Contractor shall submit the proposed revised work plan to the MCH Services Program DNC via an electronic email attachment.

5.18.4 The Department reserves the right to clarify or verify any component of the proposed five-year work plan.

5.18.5. The Contractor shall disseminate the final, approved work plan to the community stakeholders.

Life Course Perspective

Life Course Perspective - refers to a way of looking at an individual's health over their life span, not as disconnected stages, but as an integrated whole.

- Four key concepts are fundamental to understanding and applying Life Course Framework;
  - timeline
  - timing
  - environment
  - equity

- It includes experiences in **health—physical and emotional**; exposures to **environments and social experiences** and **has long-term effects** from the earliest stages of one's life and across generations.

- ACE study - VERY large study of adults who reported one or more "adverse events" (there was a list to choose from) in their childhood. Those individuals with one or more adverse events where MUCH more likely to have specific unhealthy behaviors and specific health issues as adults.
- It holds true that health develops over a lifetime, with health improving or diminishing based in part on exposures to risk and protective factors.
- Life Course Framework emphasizes the importance of cumulative and long-term impacts both within an individual's life span and across generations.

Life Course

Protective and Risk Factors

Protective Factors

- Nurturing Family
- Safe Neighborhoods
- Economic Security
- Strong and Positive Relationships
- Access to Primary Care and Health Services
- Access to Quality Schools and Early Childhood Education
- Prenatal/Parenting Classes

Risk Factors

- Food Insecurity
- Homelessness
- Domestic Violence
- Poverty
- Discrimination
- Low Birth Weight
- Lack of Access to Health Care Services

FFY2026 Contract Reporting

MCH Services Contract

Mid-Year Progress Report

- Due February 27, 2026
- Activities completed and progress made from October 1, 2025 - February 1, 2026

Contract Outcomes Report

- Due October 31, 2026
- Includes end-of-year progress report
- Description of what has changed in the community as a result of addressing the selected priority health issue over the last five years
- Conclusions

- Health Resources & Services Administration, Maternal Child Health Bureau (HRSA MCHB, federal funder of the Title V MCH Block Grant) requires ALL recipients of funding to complete annual grant reporting requirements that demonstrate outcomes and impacts of programs because of funding provided.
- Missouri Department of Health and Senior Services is the recipient of Title V MCH Block Grant funding; Missouri LPHAs are subrecipients of Title V MCH Block Grant funding.
- Local partner reports are extremely valuable in aiding in the completion of the annual application and report Missouri Department of Health and Senior Services is required to submit to HRSA MCHB, demonstrating use of funding.
- Annual reporting serves to identify strengths and challenges within the current work plan and strategies to decrease challenges; the mid-year progress report captures activities completed from October 1- the first day of February of that FFY and the outcome report captures the change overall from the beginning to the end of the five-year work plan.
- The MCH District Nurse Consultant reads each report thoroughly; working with each LPHA to increase the visibility of the great work and impact occurring at the local level.

*Reference point for activities and outputs in the narrative of the report template

			OUTCOMES		
INPUTS	**ACTIVITIES**	**OUTPUTS**	**SHORT-TERM**	**INTERMEDIATE**	**LONG-TERM**
***RESOURCES* needed to implement and/or run the program/project**	**What you'll *DO* with the resources**	**The *RESULTS* of your activities (things that can be counted)**	**What will *CHANGE* in the short-term**	**What will *CHANGE* in the intermediate term**	**Long-term *CHANGES* resulting from the program/ project**
Think about key staff, equipment, partner organizations, volunteers, funding, physical space (owned, rented, donated), and program supplies (think about things like curriculum, food/snacks, participation incentives).	For example: offer sessions, provide referrals, coordinate community events, collaborate with other organizations, develop curriculum, conduct research, post a position and hire, plan routes, promote the program.	Number of referrals made, number of referrals completed, surveys completed, brochures distributed, meetings/ appointments attended, number of people who participate in an event or activity, number of meals served.	The meaningful changes in lives and/or communities that result from your program or project. The outcomes are possible when you have the INPUTS to perform the ACTIVITIES, the activities result in specific OUTPUTS (showing progress toward outcomes), and those outputs are logically connected to the OUTCOMES—or changes—you believe the program will produce.		

			OUTCOMES		
INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM	INTERMEDIATE	LONG-TERM
IF we have these *RESOURCES*,	*THEN* we can perform these *ACTIVITIES*. *IF* we can perform these *ACTIVITIES*,	*THEN* we expect to see these *OUTPUTS* from those activities. *IF* we produce these OUTPUTS,	*THEN* we'll see these changes in knowledge, skills, behavior, attitude, performance, etc. with these changes becoming more complex and likely to be permanent over time.		

YOUR PLANNED WORK

YOUR INTENDED/EXPECTED RESULTS

Example

INCREASE SCHOOL READINESS OF KINDERGARTENERS			OUTCOMES		
INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM	INTERMEDIATE	LONG-TERM
NOUNS (THINGS)	VERBS	COUNTABLE RESULTS	SHOWS DIRECTIONAL CHANGE		
Parents as Teachers Model	Home-Visiting 1 hr/week	30 families 1,200 visits	More children are developmentally ready for kindergarten		
ASQ Assessment	Children screened for developmental milestones	41 children screened	More children with identified developmental access appropriate services		

Contract Monitoring

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

The on-site visit will include:

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

Publicity Statement

- The publicity statement must be included when issuing statements, press releases, requests for proposals, bid solicitations, and other Health Resources and Services Administration (HRSA) supported publications (including audiovisual items) and forums describing projects or programs funded in whole or in part with HRSA funding, including websites
- Examples of HRSA-supported publications include, but are not limited to the following:
  - ❑ manuals, toolkits, resource guides, case studies, issue briefs, etc.
  - ❑ Complete Publicity Statement MUST be used
  - ❑ Radio PSA is ONLY exception - Publicity Statement must be referenced by direct URL link
  - ❑ Approval MUST be obtained from the MCH Services Program via an email to the MCH Program Manager PRIOR to the release or use of such items; reimbursement may not be approved for expenditures not pre-approved
  - ❑ Anytime you create something, such as a flyer, brochure, or other promotional item, using Title V MCH Block Grant funding, for staff time spent creating, for printing or publishing, etc.
  - ❑ If you purchase educational or promotional items OR are adding messaging to an existing item with Title V MCH Block Grant funding.
  - ❑ If you host or attend an event, such as having a booth at a health fair, and you are utilizing any Title V MCH Block Grant funding for staff time you should have the MCH Publicity Statement visible (it does not have to be grandiose, it can be as simple as printing and displaying in a flyer holder or laminating and placing at your booth).

Publicity Statement

Updated each federal fiscal year (FFY)

This project is/was funded in part by the Missouri Department of Health and Senior Services *MCH Services* Contract # ___*enter contract number, contract number will stay the same all five years of the work plan* and is/was supported by the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #B04MC47428, Maternal and Child Health Services for $12,834,718, of which $0 is from non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Subcontracting

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

FFY2026 Learning Opportunities

Opportunities for Learning

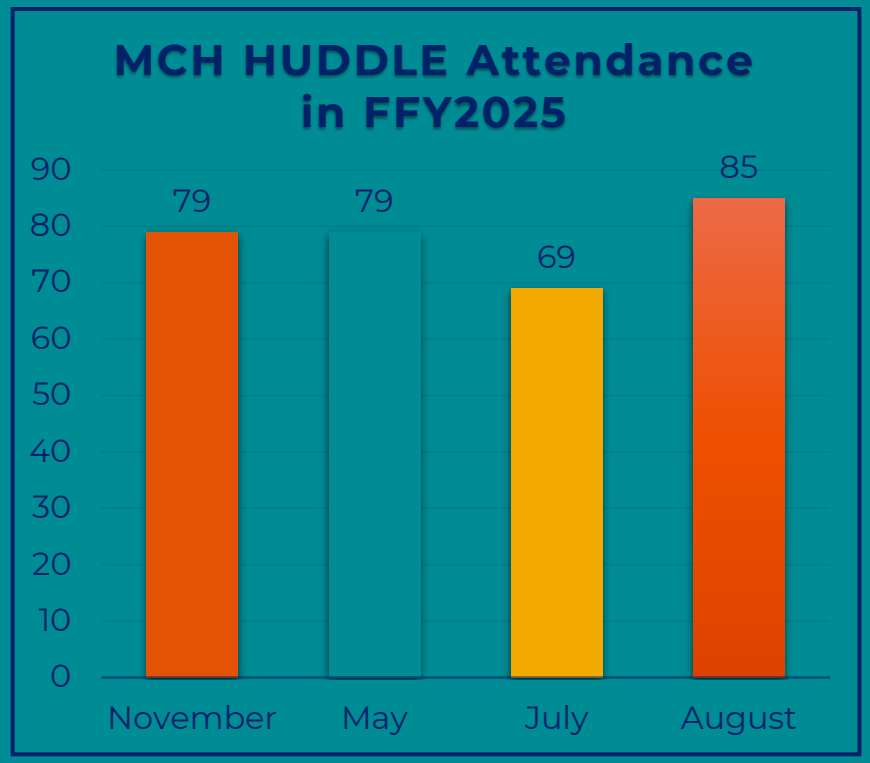
MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | MCH Exclusive | Contract Work Plan Toolkit | New MCH Coordinator Orientation | Contract Monitoring

MCH Services Program HUDDLE

- ***Huddles*** help individuals work together rather than alone. People talk about issues they have been struggling with and compare notes about possible solutions while making a commitment to work toward improvements, specifically working to achieve Maternal Child Health (MCH) contract deliverables and outcomes.

- Each MCH Services Program Huddle hosts a content expert on a maternal child health issue followed by a facilitated discussion by MCH Services Program DNCs in breakout rooms. Breakouts alternate by region and by priority health issue.



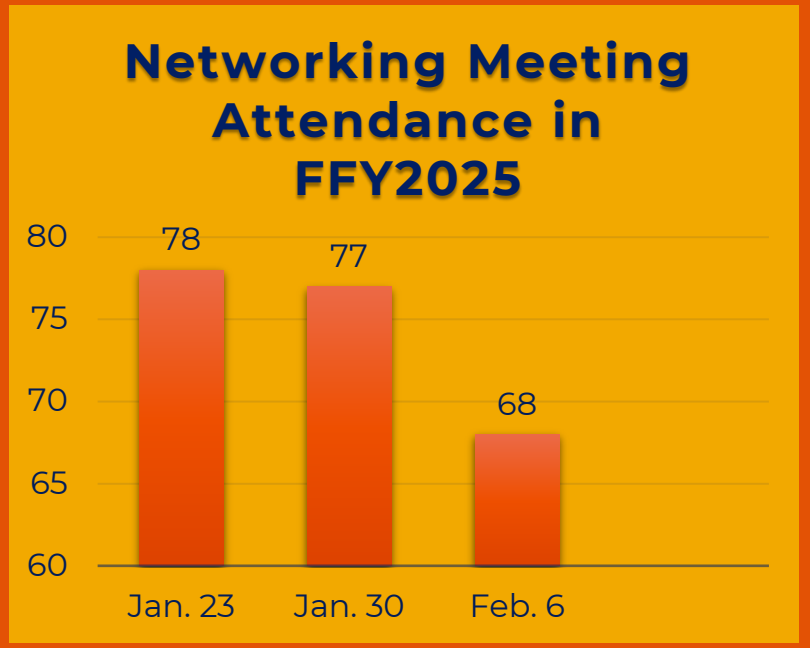
Opportunities for Learning

MCH Services Program

MCH HUDDLE | **MCH LPHA Networking Meetings** | MCH Exclusive | Contract Work Plan Toolkit | New MCH Coordinator Orientation | Contract Monitoring

MCH LPHA Networking Meetings

- Topics/Content expert speaker choices are guided by feedback received LPHAs provide on the annual Program Evaluation Survey
- An opportunity to network with other LPHAs based on both geographic location as well as selected priority health issue



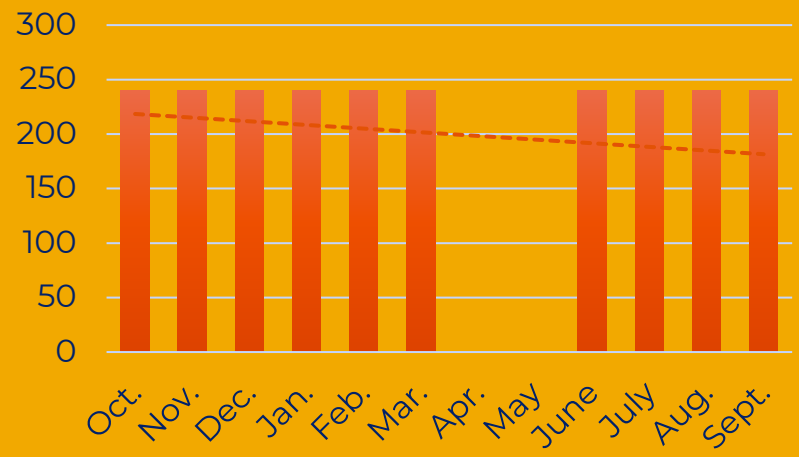
Opportunities for Learning
MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | **MCH Exclusive** | Contract Work Plan Toolkit | New MCH Coordinator Orientation | Contract Monitoring

MCH Exclusive- Monthly Email

- An additional opportunity to build rapport between the DNC and MCH Coordinator/Administrator
- Using email as a platform that includes resources and answers commonly asked questions
- DNCs shared the responsibility of compiling and reviewing content on a monthly-basis

of Monthly Emails Sent by DNCs in FFY2025



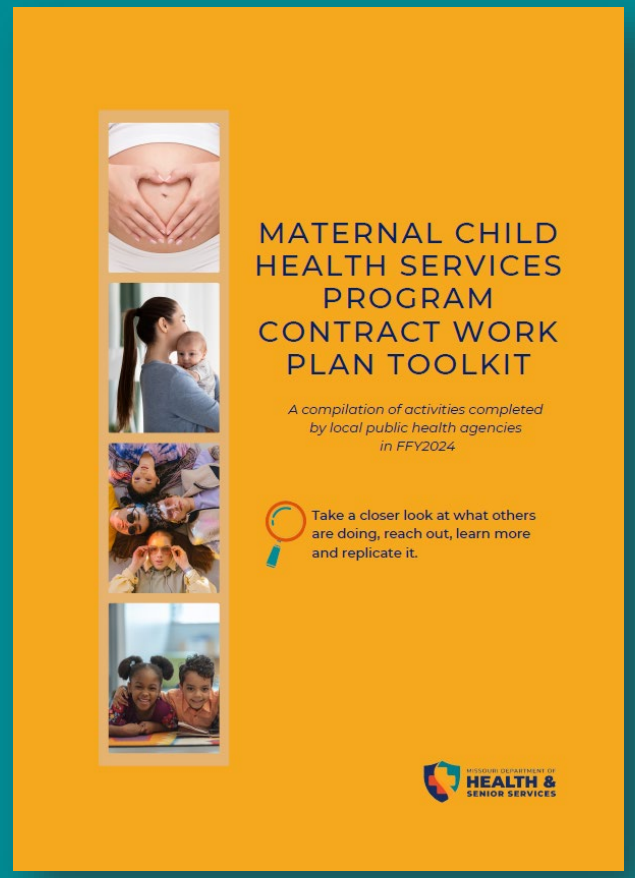
Opportunities for Learning

MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | MCH Exclusive | **Contract Work Plan Toolkit** | New MCH Coordinator Orientation | Contract Monitoring

MCH Services Program, Contract Work Plan Toolkit

- Increases the visibility of LPHA work
- Opportunity for peer-to-peer sharing
- Increase knowledge of evidence-based strategies



Opportunities for Learning

MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | MCH Exclusive | Contract Work Plan Toolkit | **New MCH Coordinator Orientation** | Contract Monitoring

New MCH Coordinator Orientation

- MCH Orientation is provided to all new staff working with the MCH Services contract to ensure staff are appropriately trained and understand the Scope of Work

Opportunities for Learning

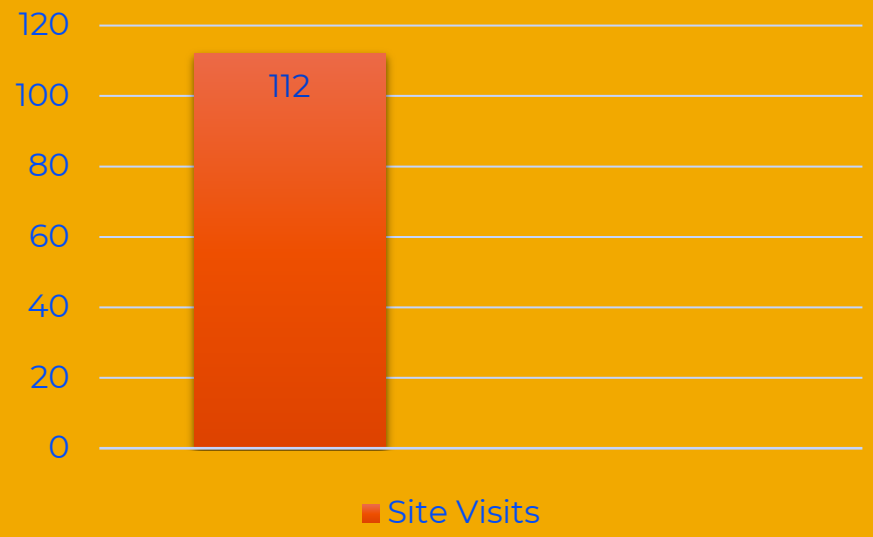
MCH Services Program

MCH HUDDLE | MCH LPHA Networking Meetings | MCH Exclusive | Contract Work Plan Toolkit | New MCH Coordinator Orientation | **Contract Monitoring**

Contractor Monitoring (Site Visit)

- Opportunity for program staff to step into the environment of the MCH Coordinator
- Opportunity for rich conversations to take place regarding successes and challenges between the DNC and MCH Coordinator
- Opportunity to provide assistance where needed to move work plan forward and increase contract spending
- Opportunity for DNC and MCH Coordinator/Administrator to have detailed discussion regarding amount of budget spent/unspent for the FFY and ways to ensure 100% of contract award can be expended

Number of Site Visits Completed in FFY2025



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

-Oprah Winfrey

Frequently Asked Questions

1

Does the MCH Coordinator have to be a registered nurse?

NO.

Scope of Work 16. AUTHORIZED PERSONNEL

2

Do you provide training for all staff?

YES.

MCH Services Contract Orientation

3

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

3 years past the last activity/audit- whichever is later.

Scope of Work 12. DOCUMENT RETENTION

4

Is the Indirect rate on federal awards increasing to 15%?

The Title V MCH Block Grant has a restriction of 10% maximum indirect rate and the MCH Services contract will not change.

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

QUESTIONS?

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573.522.2731

Health.Mo.Gov

This project is/was funded in part by the Missouri Department of Health and Senior Services Title V Maternal Child Health Services Block Grant and is/was supported by the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #B04MC52935, Maternal and Child Health Services for $12,742,189, of which $0 is from non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.