



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**

# **Contract Kick-off Meeting**

FFY2027 Maternal Child Health (MCH) Services Contract

October 2026

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**Sara Gorman MSN, RN, Program Manager**

MCH Services Program

# Agenda



## Section 1

Program Overview

## Section 2

History of Title V and MCH

## Section 3

Contract Purpose and Framework

## Section 4

Budget and Funding Provisions

## Section 5

Invoicing

## Section 6

Amendments

## Section 7

Deliverables

## Section 8

Resources

# Section 1





# Meet the Team



Sara Gorman, MSN, RN  
Program Manager



Sara Thompson, BSN, RN  
Northern DNC



Lindsey Cobb, MSN, RN  
Southwest DNC

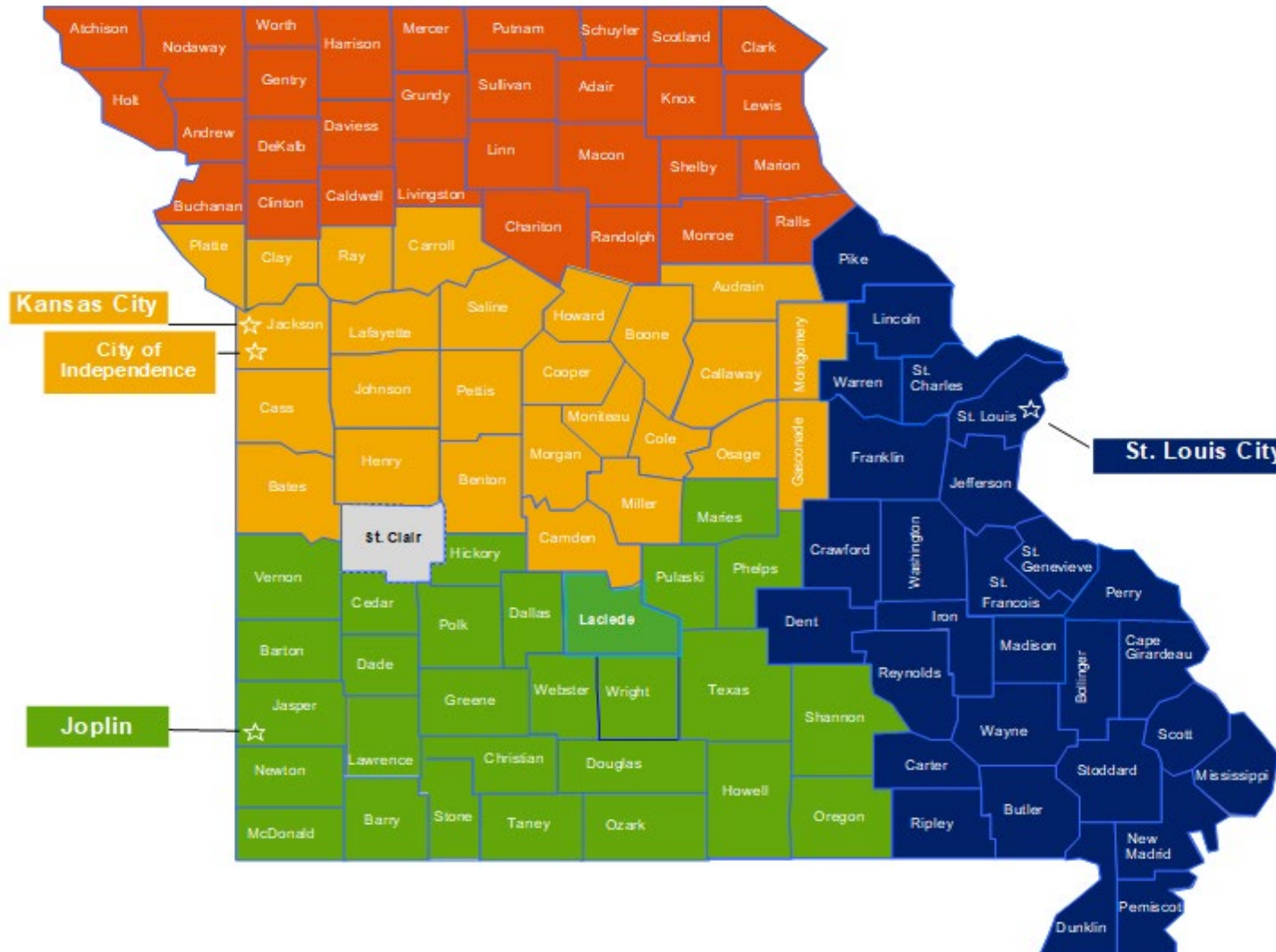


Amy Bradshaw, BSN, RN  
East/Southeast DNC



Macey Shinn, MPH, BSN, RN, CHES®  
West Central DNC

# MCH Services Program District Nurse Consultant (DNC) Map



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Program Manager

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**Amy Bradshaw, BSN, RN**  
East/Southeast District

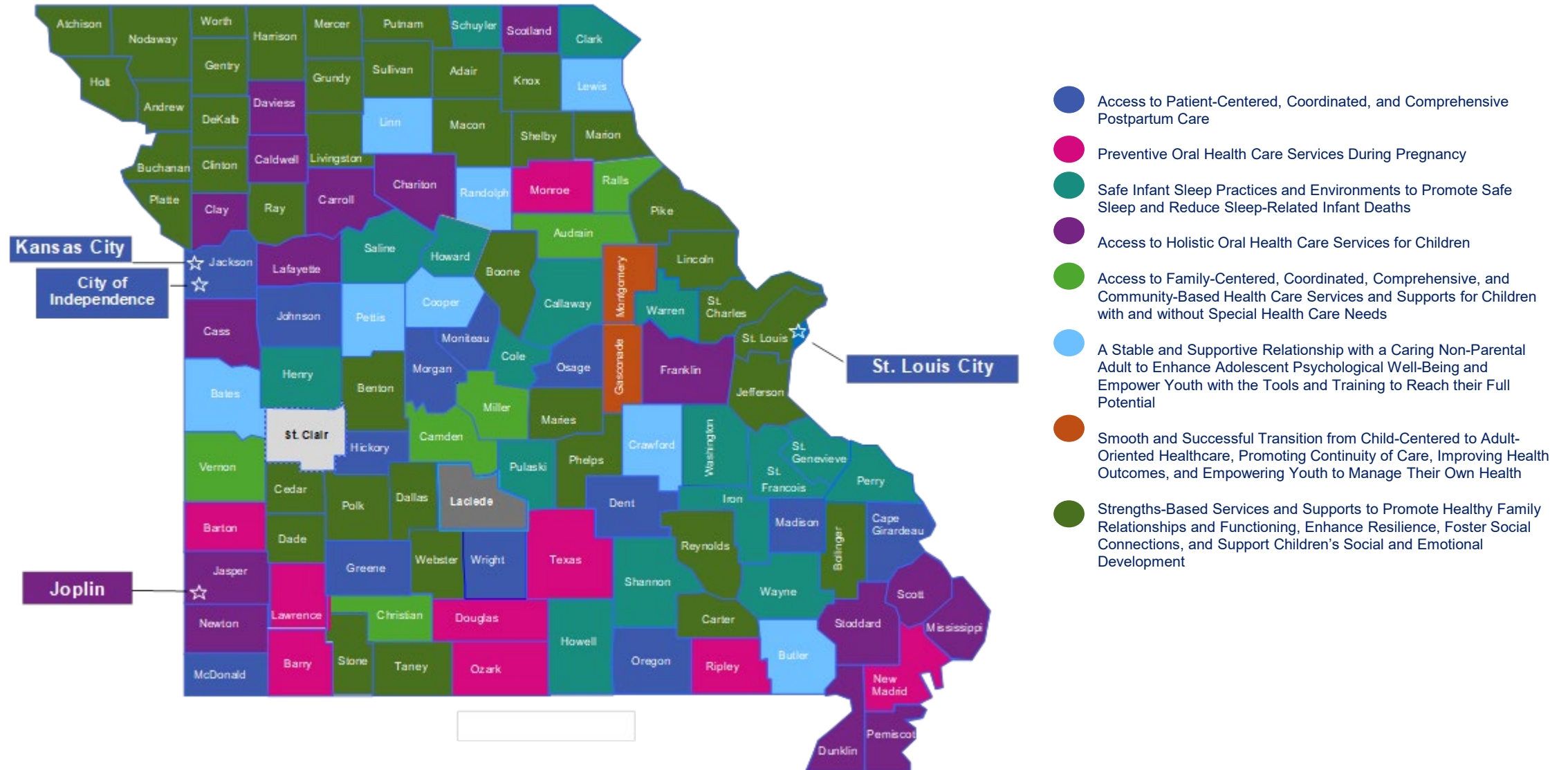
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Southwest District

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# Role of the MCH District Nurse Consultant



## **Section 2**



# 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**

## **Section 3**



# **Contract Purpose and Framework**

# MCH Services Contract



## Purpose



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



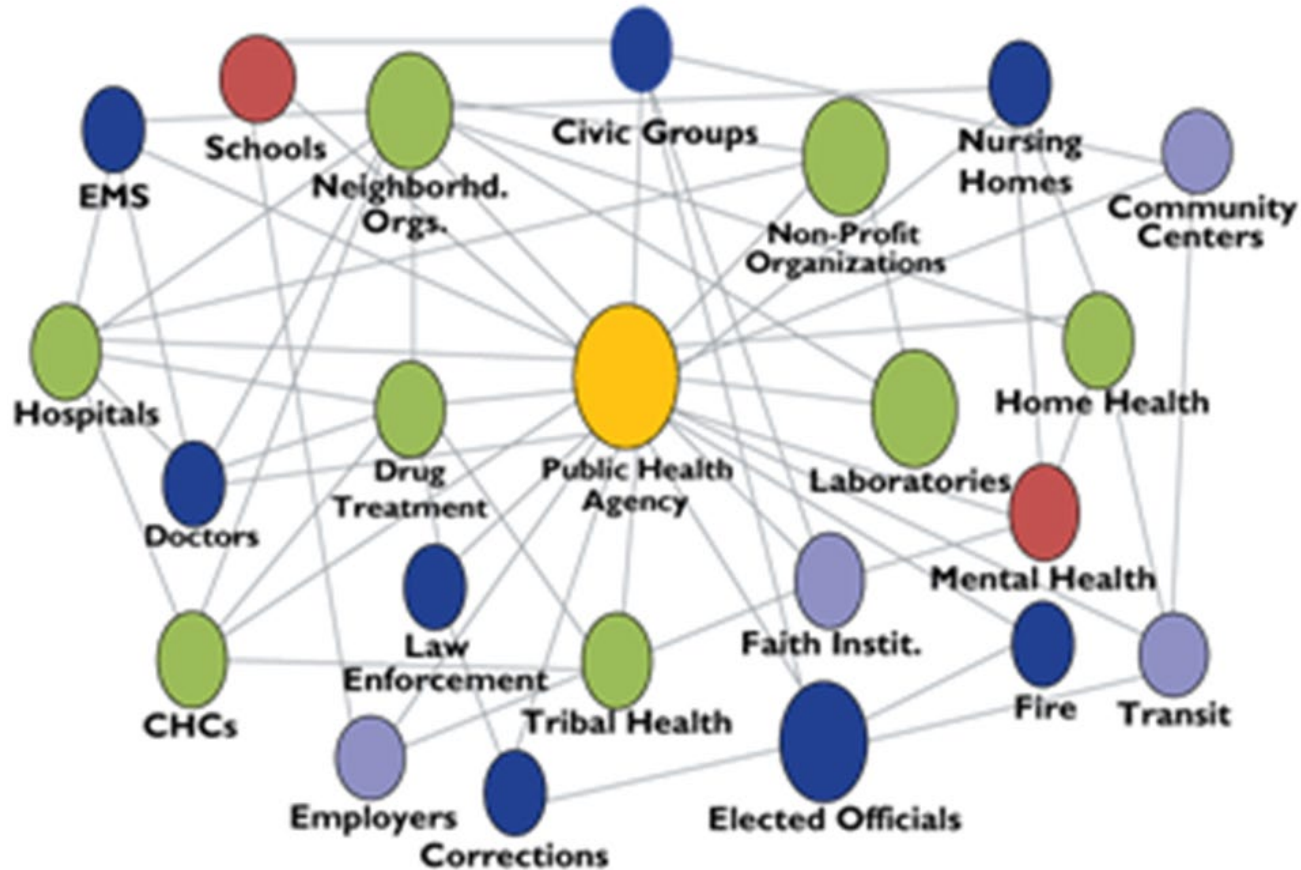
To build community-based systems and expand the resources those systems have, to respond to priority maternal child health issues



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



Public Health  
is a SYSTEM  
and goes  
beyond our  
buildings



# Areas of Focus

## HRSA-defined Population Domains

### **Women/Maternal Health**

Women of  
childbearing age, 15  
to 49 years old

### **Perinatal/Infant Health**

Babies less than  
1 year old

### **Child Health**

Ages 1 to 19 years old

### **Children and Youth with Special Health Care Needs**

0-21 years old

### **Adolescent Health**

13-19 years old

# The Spectrum of Prevention Framework



## 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



Developed in 1983 by Larry Cohen



A framework for developing a multifaceted approach to prevention



Emerged from this idea that complex problems require complex solutions



Shifts from individually focused health education to a systems approach



Composed of SIX interrelated action levels



Data and evaluation inform all levels of the Spectrum- any activity should be based on data showing the issue is important, the target population is important, and the intervention is promising.

# Life Course Perspective

## An Overarching Lens



- 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:
  1. timeline
  2. timing
  3. environment
  4. Equity
- Includes experiences in **health, both 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

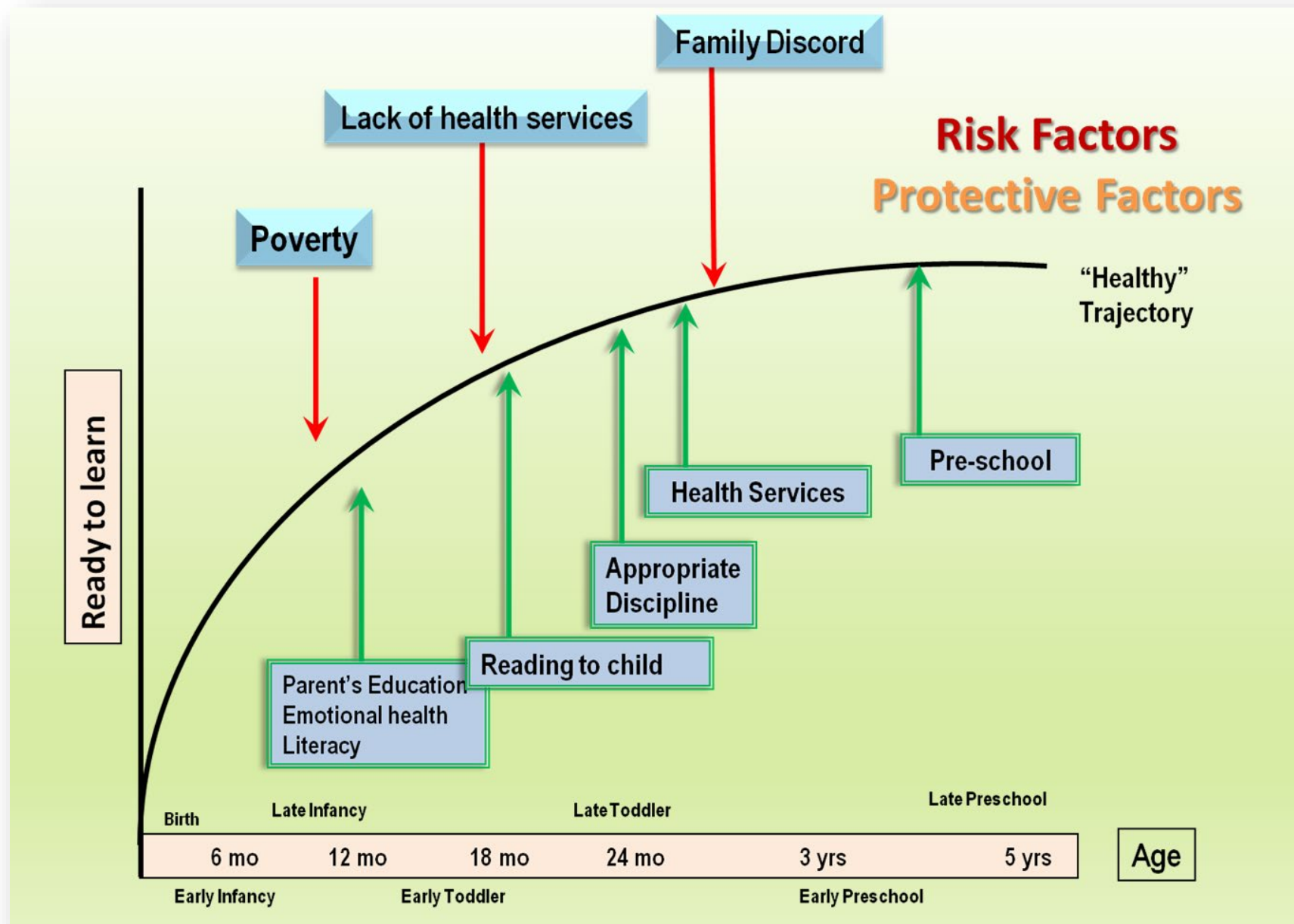


## Protective Factors

- 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





# Title V MCH Block Grant Priorities

FFY2026-2030

## WOMEN/MATERNAL HEALTH

### National Priority Areas



Ensure access to patient-centered, coordinated, and comprehensive postpartum care.



Promote preventive oral health care services during pregnancy.

## PERINATAL/INFANT HEALTH

### National Priority Area



Promote safe infant sleep practices and environments to reduce sleep-related infant deaths.

## CHILD HEALTH

### National Priority Areas



Enhance access to holistic oral health care services for children.



Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.

## ADOLESCENT HEALTH

### National Priority Areas



Promote stable and supportive relationships with a caring, non-parental adult to enhance adolescent psychological well-being and empower youth with the tools and training to reach their full potential.



Promote a smooth and successful transition from child-centered to adult-oriented health care, promoting continuity of care, improving health outcomes, and empowering youth to manage their own health.

## CHILDREN WITH SPECIAL HEALTH CARE NEEDS

### National Priority Area



Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.

## CROSS-CUTTING/SYSTEMS BUILDING

### State Priority Area



Promote strengths-based services and supports to promote healthy family relationships and functioning, enhance resilience, foster social connections, and support children's social and emotional development.

## **Section 4**



# 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) Female/Child Poverty Proportions (estimated population of women of childbearing age (15-49), 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 number 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

## 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 FFY2027-2031 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                  |       |      |      |      |        |      |      |      |      |      |      |
| 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

# Section 5





# Contract Invoicing

## MCH Services Contract

- Cost-reimbursement contract with monthly invoicing
- Submit invoicing tool *AND* Vendor Request for Payment form via email by the 15<sup>th</sup> day of the month following the month in which services are provided/expenses incurred to **[mchservicesprogram@health.mo.gov](mailto:mchservicesprogram@health.mo.gov)**
- \$0 Invoices
  - If a specific month has \$0 in expenditures, please send an invoicing tool and vendor request for payment form with an amount requested of \$0
  - If 100% of funding has been expended, you do not need to continue to send an invoicing tool and vendor request for payment form with a \$0 request

Contract #

Tax Payer Id#

60% Budget Category

| Budget Category    | Budget Amount | Invoice 1<br>(October) | Invoice 2<br>(November) | Invoice 3<br>(December) | Invoice 4<br>(January) | Invoice 5<br>(February) | Invoice 6<br>(March) | Invoice 7<br>(April) | Invoice 8<br>(May) | Invoice 9<br>(June) | Invoice 10<br>(July) | Invoice<br>(August) | Invoice 12<br>(September) | Total<br>Invoiced | Remaining<br>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 Rate10%

|                   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|-------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 0.00 | 0.00 |

Base (DO NOT CHANGE FORMULAS)

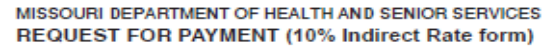
Personal Services0.000.000.000.000.000.000.000.000.000.000.000.000.000.000.00

60% Budget Category

40% Budget Category

Summary

Accessibility: Investigate



# Vendor Request for Payment

|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                         |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|------------------------|
| ENTITY NAME AS SHOWN IN STATE ACCOUNTING SYSTEM<br><b>MUST MATCH NAME ON THE CONTRACT</b>                                                                                                                                                                                                                                                                                                                                                                   |                           | INVOICE NUMBER<br>MCHMMYY               |                        |
| ENTITY REMIT TO ADDRESS AS SHOWN IN STATE ACCOUNTING SYSTEM<br><b>MUST MATCH VENDOR RECORD IN STATE ACCOUNTING SYSTEM</b>                                                                                                                                                                                                                                                                                                                                   |                           |                                         |                        |
| ENTITY IDENTIFICATION NUMBER (FEIN, MissouriBIDS NUMBER)<br>FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)                                                                                                                                                                                                                                                                                                                                                   |                           | BILLING PERIOD<br>MMYY                  |                        |
| CONTRACT NAME / SERVICE<br>MCH Services                                                                                                                                                                                                                                                                                                                                                                                                                     | CONTRACT NUMBER           | AMOUNT REQUESTED<br>ENTER DOLLAR AMOUNT |                        |
| <b>BUDGET CATEGORIES - DETAILED DESCRIPTIONS REQUIRED</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                         | <b>AMOUNT</b>          |
| 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.<br>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<br>APPLY DIGITAL SIGNATURE OR WET SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                            | TITLE<br>ENTER TITLE HERE | DATE<br>ENTER DATE                      |                        |



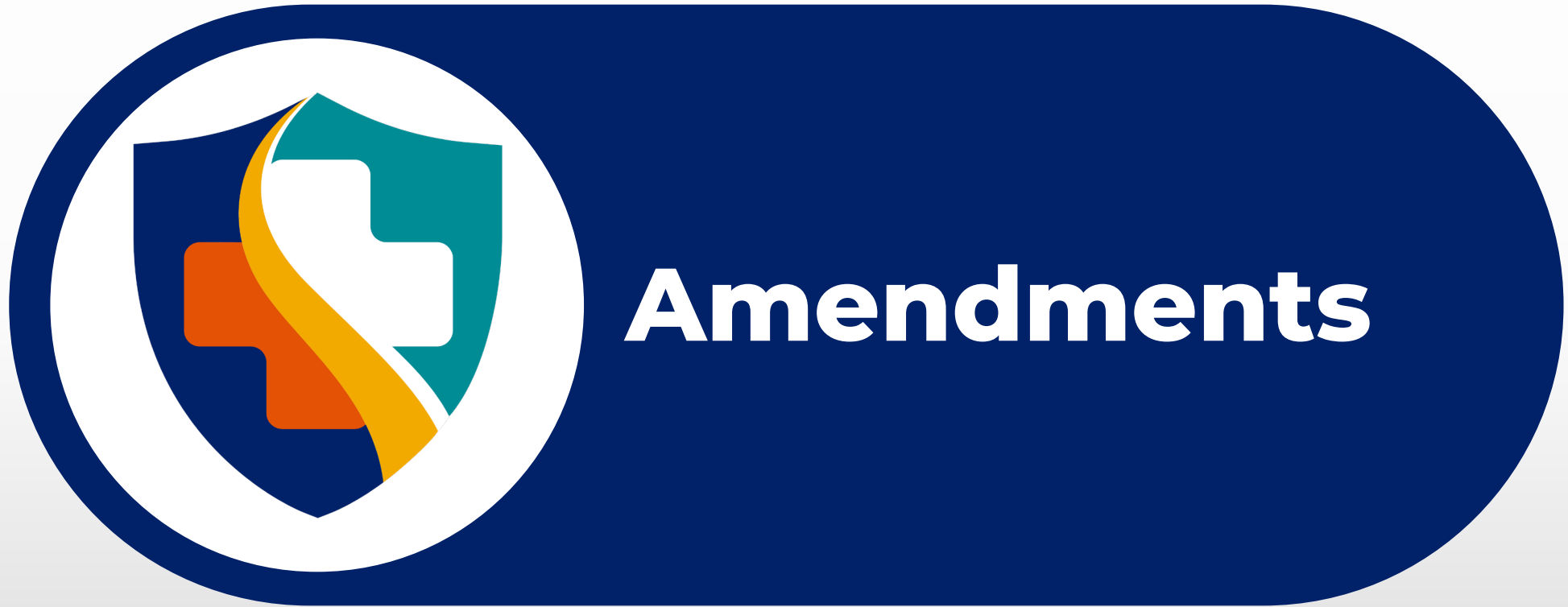
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**REQUEST FOR PAYMENT - MATERNAL CHILD HEALTH (MCH) SERVICES**

# Vendor Request for Payment

| ENTITY USE                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|
| ENTITY NAME AS SHOWN IN STATE ACCOUNTING SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                             |                 | INVOICE NUMBER   |
| ENTITY REMIT TO ADDRESS AS SHOWN IN STATE ACCOUNTING SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                  |
| ENTITY IDENTIFICATION NUMBER (FEIN, MissouriBUYS NUMBER)                                                                                                                                                                                                                                                                                                                                                                                                    |                 | BILLING PERIOD   |
| CONTRACT NAME / SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                     | CONTRACT NUMBER | AMOUNT REQUESTED |
| MCH Services                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                  |
| <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                  |
| 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             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                  |

A complete MCH Services contract invoicing tool for the billing period detailing the payment request amount must be submitted with this request. Failure to include that as an attachment will result in the request being returned to the submitter.

# Section 6

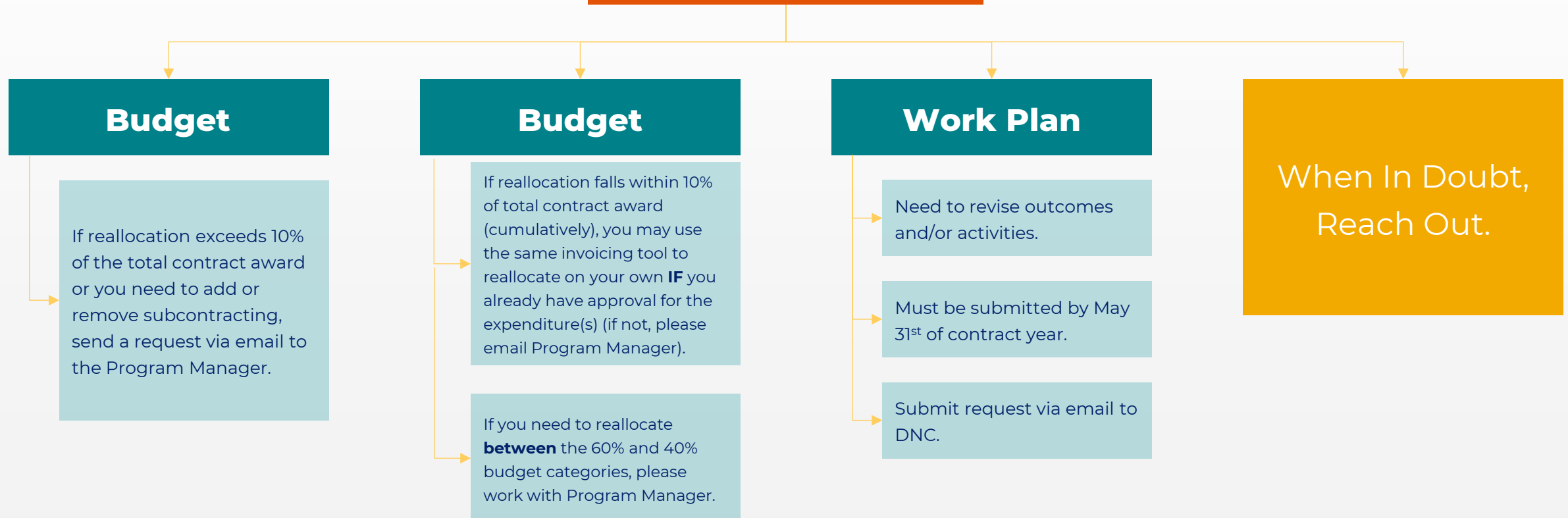


# Contract Amendments

## MCH Services Contract



### Budget vs. Work Plan



# Section 7



# Scope of Work

## MCH Services



- 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, 2026 through September 30, 2027.
- 1.2 To the extent that this contract involves the use, in whole or in part, of federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the Certifications contained in Attachment A, which is attached hereto and is incorporated by reference as if fully set forth herein.
- 1.3 The Department has determined this contract is subrecipient in nature as defined in 2 CFR § 200.331. To the extent that this contract involves the use, in whole or in part, of federal funds, the Contractor shall comply with the special conditions contained in Attachment B, which is attached hereto and is incorporated by reference as if fully set forth herein.
- 1.4 This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number, title, and amount listed in the Contract Funding Source(s) enclosure provided with this contract and zero percentage is/was financed with nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- 1.5 The Contractor must be in compliance with the laws regarding conducting business in the State of Missouri. The Contractor shall provide documentation of compliance upon request by the Department. The compliance to conduct business in the state shall include, but not necessarily be limited to:

FFY2027



## Scope of Work 3.1

*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*

# CERTIFICATE OF COMPLETION

This Certificate is presented to:

\_\_\_\_\_

for completing the MCH Services contract  
New MCH Coordinator Orientation

\_\_\_\_\_

MCH DISTRICT NURSE CONSULTANT



MISSOURI DEPARTMENT OF  
HEALTH &  
SENIOR SERVICES



MCH DISTRICT NURSE CONSULTANT

# Contract Reporting

## MCH Services Contract



### Mid-Year Progress Report

- Due March 31<sup>st</sup>
- Scope of Work, 3.8

### Year End Report

- Due October 31<sup>st</sup>
- Scope of Work, 3.8 - 3.9.4

# Contract Monitoring



- 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 2027-2031 MCH Services contract work plan
- 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 FFY2027-2031 contract work plan performance trends
  - 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

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

# Section 8





# LPHA INFO HUB

## MCH Services Information Hub



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

# Maternal Child Health (MCH) Services Contract FFY2027 Reminder Calendar



| October 2026                                                                                                                                                                                                                                                                                                                                            | November 2026                                                                                                                          | December 2026                                                          | January 2027                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1st- FFY2027 contract year begins</p> <p>1st- Contract Kick-Off Meeting, Grundy County</p> <p>7th- Contract Kick-Off Meeting, Madison County</p> <p>15th- September 2026 Invoicing Due</p> <p>19th- Contract Kick-Off Meeting, Pettis County</p> <p>22nd- Contract Kick-Off Meeting, Webster County</p> <p>31st- FFY2026 End of Year Reports Due</p> | <p>10th- MCH HUDDLE, 10am-Noon</p> <p>15th- October 2026 Invoicing Due</p>                                                             | <p>15th- November 2026 Invoicing Due</p>                               | <p>6th - Systems Thinking Learning Series, 1pm-2pm</p> <p>13th - Systems Thinking Learning Series, 1pm-2pm</p> <p>15th- December 2026 Invoicing Due</p> <p>20th - Systems Thinking Learning Series, 1pm-2pm</p> <p>27th - Systems Thinking Learning Series, 1pm-2pm</p> |
| February 2027                                                                                                                                                                                                                                                                                                                                           | March 2027                                                                                                                             | April 2027                                                             | May 2027                                                                                                                                                                                                                                                                |
| <p>9th- MCH HUDDLE 10am-Noon</p> <p>15th- January 2027 Invoicing Due</p>                                                                                                                                                                                                                                                                                | <p>15th- February 2027 Invoicing Due</p> <p>31st- Mid-Year Progress Report Due to DNC</p>                                              | <p>15th- March 2027 Invoicing Due</p>                                  | <p>11th- MCH HUDDLE 10am-Noon</p> <p>15th- April 2027 Invoicing Due</p> <p>31st- Last Day to Submit FFY2027 Contract Work Plan Amendment to DNC</p> <p>*DNC's to complete site visits</p>                                                                               |
| June 2027                                                                                                                                                                                                                                                                                                                                               | July 2027                                                                                                                              | August 2027                                                            | September 2027                                                                                                                                                                                                                                                          |
| <p>15th- May 2027 Invoicing Due</p> <p>*DNC's to complete site visits</p>                                                                                                                                                                                                                                                                               | <p>15th- June 2027 Invoicing Due</p> <p>*Budget Worksheet for FFY2028 will be sent via email</p> <p>*DNC's to complete site visits</p> | <p>10th- MCH HUDDLE 10am-Noon</p> <p>15th- July 2027 Invoicing Due</p> | <p>15th- August 2027 Invoicing Due</p> <p>30th- Contract Year Ends AND Last Day to expend FFY2027 MCH Services contract funding</p>                                                                                                                                     |

LPHA INFO HUB



SCAN HERE



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# MCH Exclusive



**SNEAK PEEK**

*coming November 2026*

**Maternal Child Health  
Services Program  
EXCLUSIVE**



[https://public.govdelivery.com/accounts/MODHSS/subscriber/new?topic\\_id=MODHSS\\_155](https://public.govdelivery.com/accounts/MODHSS/subscriber/new?topic_id=MODHSS_155)



## LPHA INFO HUB

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| Topic                               | Description                                                                                                                                     | Subscription Link                                                                                                                                                                 |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MCH Services Program Newsletter     | Monthly newsletter providing LPHAs with updates and information related to the Maternal Child Health Services Contract, managed by Sara Gorman. | <a href="https://public.govdelivery.com/accounts/MODHSS/subscriber/new?topic_id=MODHSS_155">https://public.govdelivery.com/accounts/MODHSS/subscriber/new?topic_id=MODHSS_155</a> |
| Core Invoicing Reminders            | Receive reminders when Core invoices are due; all LPHA administrators have been added; unsubscribe to opt out                                   | <a href="https://public.govdelivery.com/accounts/MODHSS/subscriber/new?topic_id=MODHSS_153">https://public.govdelivery.com/accounts/MODHSS/subscriber/new?topic_id=MODHSS_153</a> |
| Rural Health Transformation Program | Regular updates on progress across program pillars and key milestones, summary of decisions shaping the RHTP, and ways to stay involved.        | <a href="https://public.govdelivery.com/accounts/MODSS/subscriber/new?topic_id=MODSS_434?">https://public.govdelivery.com/accounts/MODSS/subscriber/new?topic_id=MODSS_434?</a>   |
| Adolescent Health & School Health   | Weekly newsletters to school nurses.                                                                                                            | <a href="https://public.govdelivery.com/accounts/MODHSS/subscriber/new?topic_id=MODHSS_123">https://public.govdelivery.com/accounts/MODHSS/subscriber/new?topic_id=MODHSS_123</a> |

# MCH HUDDLE



- Huddles help individuals work together rather than alone
- Individuals 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
  - November 10<sup>th</sup>
  - February 9<sup>th</sup>
  - May 11<sup>th</sup>
  - August 10<sup>th</sup>

# Systems Thinking Learning Series



- How systems work and how you can work with them
- Spaced learning prevents information overload
- Weekly intervals allow reflection between sessions
- Regular touchpoints reinforce complex health concepts
  - January 6<sup>th</sup>
  - January 13<sup>th</sup>
  - January 20<sup>th</sup>
  - January 27<sup>th</sup>



“

*Public health, is, at heart, an act of love; for neighbors you know, and neighbors you will never meet.*

-Anonymous

# Frequently Asked Questions



**Does the MCH  
Coordinator have to  
be a registered  
nurse?**

NO

**Do you provide  
training for all  
staff?**

YES

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

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

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

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



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SENIOR SERVICES**

# QUESTIONS?



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573.522.2731



[health.mo.gov](http://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.