



Missouri Department of Health and Senior Services

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PUBLIC COMMENT

Title V Maternal and Child Health Services Block Grant FFY 2024

The Missouri Department of Health and Senior Services (DHSS) is soliciting public comment on the proposed use of Title V Maternal and Child Health (MCH) Services Block Grant funds for Federal Fiscal Year 2024, covering the period starting October 1, 2023 and ending September 30, 2024. **See the following pages for the Proposed Use of Funds.**

If a copy of the proposed use of funds is desired in an alternate form to accommodate disability, please call (573) 751-6435. Hearing impaired citizens may contact the Department by phone through Relay Missouri: 1-800-735-2966; Voice: 1-800-735-2466.

Please submit all comments on the Proposed Use of Funds document to MCH@health.mo.gov.

If you have additional questions about specific areas on the proposed budget, please contact Martha Smith, Missouri MCH Director, at 573-751-6435 or Martha.Smith@health.mo.gov.

The comments must be submitted **no later than July 19, 2023**.

Your interest in maternal and child health services in Missouri is greatly valued.

PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.

TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT

FFY 2024 PROPOSED USE OF FUNDS

(Released for Public Comment July 2023)

DEVELOPMENT OF APPLICATION

The Title V MCH Services Block Grant is administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). In Missouri, DHSS is the designated state agency for the allocation and administration of Title V MCH Block Grant funds, and the Title V Program is located within the Division of Community and Public Health (DCPH). As part of the development of the annual application, public comment on the proposed use of funds is solicited from MCH stakeholders, the general public, and other interested parties. The proposed plan for the use of block grant funds to improve the health status of women and children, including children with special health care needs (CSHCN), for FFY 2024 is attached.

TITLE V MCH SERVICES BLOCK GRANT FFY 2021-2025 PRIORITIES

HRSA/MCHB requires states to conduct a comprehensive statewide Needs Assessment every five years that identifies the need for preventive and primary care services for pregnant women, mothers, infants, children, and CSHCN. Findings from the Five-Year Needs Assessment then serve as the cornerstone for development of a five-year Title V MCH State Action Plan (SAP). States are required to select a minimum of five National Performance Measures (NPMs), with at least one NPM in each of the five population domains, and states may select as many NPMs and State Performance Measures (SPMs) as necessary to address each priority need. Eight FFY2021-2025 priorities were identified from the results of the statewide 2020 MCH Needs Assessment, with 5 NPMs, 3 SPMs, and 2 overarching principles. Beyond the selected priorities, there is flexibility to address additional MCH priorities and ongoing and emerging issues and implement initiatives not specified in the SAP.

National Priority Areas:

1. Improve pre-conception, prenatal and postpartum health care services for women of child bearing age – Well Woman Care (Women/Maternal Health)
2. Promote safe sleep practices among newborns to reduce sleep-related infant deaths - Safe Sleep (Perinatal/Infant Health)
3. Reduce intentional and unintentional injuries among children and adolescents – Injury Hospitalization (Adolescent Health)
4. Reduce obesity among children and adolescents - Physical Activity (Child Health)
5. Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs – Medical Home (CSHCN)

State Priority Areas:

1. Enhance access to oral health care services for children – Preventive Dental Visit (Child Health)

2. Promote Protective Factors for Youth and Families – Youth Suicide & Self-Harm (Adolescent Health)
3. Address Social Determinants of Health Inequities – Training & Health Literacy (Cross-cutting)

Overarching Principles:

- Ensure Access to Care, including adequate insurance coverage, for MCH population
- Promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities

OVERVIEW OF PROPOSED FFY 2024 TITLE V BUDGET

The FFY 2024 budget projections are based on the final award amount for the Title V MCH Block Grant in Federal Fiscal Year 2022, and every effort will be made to maintain Title V support for essential MCH programs, services, and partnerships with the proposed use of funds. This year, programs requested \$13,186,864, which is \$944,412 above the amount of FFY 2022 funding received. The ongoing goal is to ensure maintaining or increasing services for the MCH population in Missouri, and any additional budget needs not covered by the FFY 2024 Title V MCH Block Grant award will be funded with lapses in FFY 2023 funding. Lapses in FFY 2023 funding are primarily due to ongoing vacancies and the availability of other funding made available during the COVID-19 pandemic. If the FFY 2024 funding received and/or FFY 2023 lapsed funding is less than anticipated and/or needed, the Title V MCH Program will prioritize FFY 2024 activities and initiatives, while maintaining the core services provided for the MCH population in prior years. Similarly, any additional funding received beyond the anticipated award will be appropriately allocated to programs and initiatives serving the MCH population.

TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT		
FFY 2024 PROPOSED USE OF FUNDS		
FUNDING	PROPOSED FFY 2024	
TOTAL FUNDS APPLIED FOR	\$ 13,186,864	
FUNDING BY SERVICE LEVELS	PROPOSED FFY 24	SUBTOTAL
<i>Direct Care Services</i>		
Assistive Technology	\$ 100,000	
Oral Health Services	\$ 165,020	
Childhood Lead Poisoning Prevention	\$ 17,002	
Total Direct Care Service		\$282,022
<i>Enabling Services</i>		
DESE Office of Childhood	\$ 1,846,516	
LPHA MCH Services Contracts	\$ 878,518	
CSHCN Service Coordination	\$ 1,268,614	
Family Partnership	\$ 67,892	
Lead Hazard Reduction/Abatement	\$ 46,757	
Oral Health Services	\$ 143,632	
Total Enabling Services		\$4,251,928
<i>Public Health Service and Systems</i>		
Adolescent Health	\$ 89,000	
DESE Office of Childhood	\$ 602,046	
Coordination and Systems Development	\$ 2,980,760	
Epidemiological Services	\$ 691,258	
Genetic Services	\$ 23,120	
Healthy Families	\$ 130,873	
Injury Prevention	\$ 100,000	
LPHA MCH Services Contracts	\$ 2,635,553	
Nutrition Projects	\$ 17,485	
Obesity Prevention	\$ 19,000	
Oral Health Services	\$ 48,320	
Outreach and Education (TEL-LINK)	\$ 36,419	
School Health	\$ 20,000	
Women's Health Initiatives	\$ 160,551	
Total Public Health Service and Systems		\$7,554,386
Administration	\$ 1,098,528	
		\$1,098,528
Grand Total		\$13,186,864

Missouri Core Public Health Services for MCH Populations by Levels of Service FFY 2024 Title V MCH Services Block Grant

To develop the FFY 2024 Title V MCH Services Block Grant application, Missouri followed instruction from the HRSA/Maternal and Child Health Bureau guidance document for states entitled, Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915-0172, which expires on January 31, 2024. The levels of services included in this guidance to address the needs of the MCH population in Missouri are Direct Services, Enabling Services, and Public Health Services and Systems. The description of each of the levels are as follows:

Direct Services:

Direct services are preventive, primary, or specialty clinical services to pregnant women, infants and children, including children with special health care needs, where MCH Services Block Grant funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. State reporting on direct services should not include the costs of clinical services which are delivered with Title V dollars but reimbursed by Medicaid, CHIP or other public or private payers. Examples include, but are not limited to, preventive, primary or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies, medical foods, dental care, and vision care.

Enabling Services:

Enabling services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCH Services Block Grant funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach. State reporting on enabling services should not include the costs for enabling services that are reimbursed by Medicaid, CHIP, or other public and private payers. This category may include salary and operational support to a clinic that enable individuals to access health care or improve health outcomes. Examples include the salary of a public health nurse who provides prenatal care in a local clinic or compensation provided to a specialist pediatrician who provides services for children with special health care needs. In both cases the direct services might still be billed to Medicaid or other insurance, but providing for the availability of the provider enables individuals to access the services.

Public Health Services and Systems:

Public health services and systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns for services such as newborn screening, immunization, injury prevention, safe-sleep education and anti-smoking. State reporting on public health services and systems should not include costs for direct clinical preventive services, such as immunization, newborn screening tests, or smoking cessation. Also included are MCH Epidemiological Services and program evaluation, MCH workforce capacity and technical assistance for program

coordination and systems development, and LPHA community-based system-building through the MCH Services contract.

