



Missouri Department of Health and Senior Services

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Sarah Willson
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PUBLIC COMMENT

Title V Maternal and Child Health Services Block Grant FFY 2026

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 (FFY) 2026, covering the period starting October 1, 2025, and ending September 30, 2026.

If a copy of the proposed use of funds is desired in an alternate form, please call (573) 751-6435. Hearing-impaired citizens may contact the Department by phone through Relay Missouri by dialing 711, 1-800-735-2966 for English, or 800-520-7309 for Spanish-to-Spanish or English-to-Spanish/Spanish-to-English Translation.

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, 2025**.

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 2026 PROPOSED USE OF FUNDS

(Released for Public Comment July 2025)

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 MCH Block Grant is managed by the MCH Leadership Team, 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, community members, 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 2026 is included below.

TITLE V MCH SERVICES BLOCK GRANT FFY 2026-2030 PRIORITIES

HRSA/MCHB requires states to conduct a comprehensive statewide Needs Assessment every five years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and CSHCN. Findings from the Five-Year Needs Assessment serve as the cornerstone for development of a five-year Title V MCH State Action Plan (SAP), based on the seven to 10 priorities selected for focused programmatic effort over the next five years. Every state is required to address and report on two Universal National Performance Measures (NPMs): Postpartum Visit - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components; and Percent of children with and without special health care needs, ages 0 through 17, who have a medical home. States must select a minimum of five NPMs, including the two Universal NPMs, with at least one NPM in each of the five population domains. States may select as many NPMs and State Performance Measures (SPMs) as necessary to address each identified priority need. Eight priorities were identified from the results of Missouri's statewide 2025 MCH Needs Assessment, with 7 NPMs and 1 SPM selected and 8 overarching Core Values identified. Beyond the selected priorities, there is flexibility to implement initiatives not specified in the FFY 2026-2030 SAP to address additional MCH priorities and ongoing and emerging issues.

National Priority Areas:

1. Ensure access to patient-centered, coordinated, and comprehensive postpartum care.
2. Promote preventative oral health care services during pregnancy.
3. Promote safe infant sleep practices and environments to reduce sleep-related infant deaths.
4. Enhance access to holistic oral health care services for children.

5. Ensure coordinated, comprehensive, and ongoing health care services for children with and without special health care needs.
6. 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.
7. 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.

State Priority Area:

1. 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.

Core Values *(To be applied across all priorities, performance measures, and strategies):*

1. Person-centered, strengths-based approach
2. Family and youth partnership and engagement
3. Success through enhanced skills, knowledge, and capabilities
4. Excellence
5. Collaboration
6. Access
7. Integrity
8. Accountability

OVERVIEW OF PROPOSED FFY 2026 TITLE V BUDGET

The FFY 2026 budget projections are based on the final award amount of \$12,742,189 for the FFY 2024 Title V MCH Block Grant. This year, programs requested \$12,934,797, \$252,829 above the average amount of funding received during the previous three years. The ongoing goal is to ensure maintaining or increasing services for the MCH population in Missouri, and every effort will be made to maintain Title V support for essential MCH programs, services, and partnerships with the proposed use of funds. Any additional budget needs not covered by the FFY 2026 Title V MCH Block Grant award will be funded with lapses in FFY 2025 funding. Lapses in FFY 2025 funding are primarily due to staffing vacancies and the availability of other state and/or federal funding to support program expenditures. If the FFY 2026 funding received and/or FFY 2025 lapsed funding is less than anticipated and/or needed, the Title V MCH Program will prioritize FFY 2026 activities and initiatives, while maintaining core services for the MCH population. 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 2026 PROPOSED USE OF FUNDS		
FUNDING	PROPOSED FFY 2026	
TOTAL FUNDS BUDGETED	\$ 12,934,797	
FUNDING BY SERVICE LEVELS	PROPOSED FFY 26	SUBTOTAL
<i>Direct Care Services</i>		
Assistive Technology	\$ 100,000	
Oral Health Services	\$ 171,097	
Childhood Lead Poisoning Prevention, Screening, and Referral	\$ 5,600	
Total Direct Care Service		\$ 276,697
<i>Enabling Services</i>		
Child Care Health Consultation and Inclusion Services	\$ 549,865	
LPHA MCH Services Contracts	\$ 880,848	
Service Coordination for Children and Youth with Special Health Care Needs	\$ 1,347,020	
Family Partnership	\$ 88,609	
Lead Hazard Reduction/Abatement	\$ 15,400	
Oral Health Services	\$ 141,783	
MCH WarmLine & MCH Navigators (ParentLink)	\$ 1,266,776	
Total Enabling Services		\$ 4,290,301
<i>Public Health Service and Systems</i>		
Adolescent and School Health	\$ 10,000	
DESE Office of Childhood	\$ 265,264	
Coordination and Systems Development	\$ 3,306,120	
Epidemiological Services	\$ 878,389	
Healthy Families	\$ 24,650	
LPHA MCH Services Contracts	\$ 2,642,543	
Nutrition Projects	\$ 2,526	
Obesity Prevention	\$ 10,000	
Oral Health Services	\$ 28,500	
Outreach and Education (TEL-LINK)	\$ 36,869	
Women's Health Initiatives	\$ 102,540	
Total Public Health Service and Systems		\$ 7,307,402
Administration (Indirect and Network Charges)	\$ 1,060,397	
		\$ 1,060,397
Grand Total		\$ 12,934,797

Missouri Core Public Health Services for MCH Populations by Levels of Service FFY 2026 Title V MCH Services Block Grant

To develop the FFY 2026 Title V MCH Services Block Grant application, Missouri followed direction 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 December 31, 2026. In developing systems of care, states should assure they are family-centered, community-based, and coordinated. The conceptual framework for the Title V MCH Block Grant aligns with the 10 MCH Essential Services and is envisioned as a pyramid with three tiers of services to meet the needs of the MCH population: Direct Services, Enabling Services, and Public Health Services and Systems. Definitions and an infographic are included below.

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, bereavement care, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies, medical foods, dental care, and vision care.

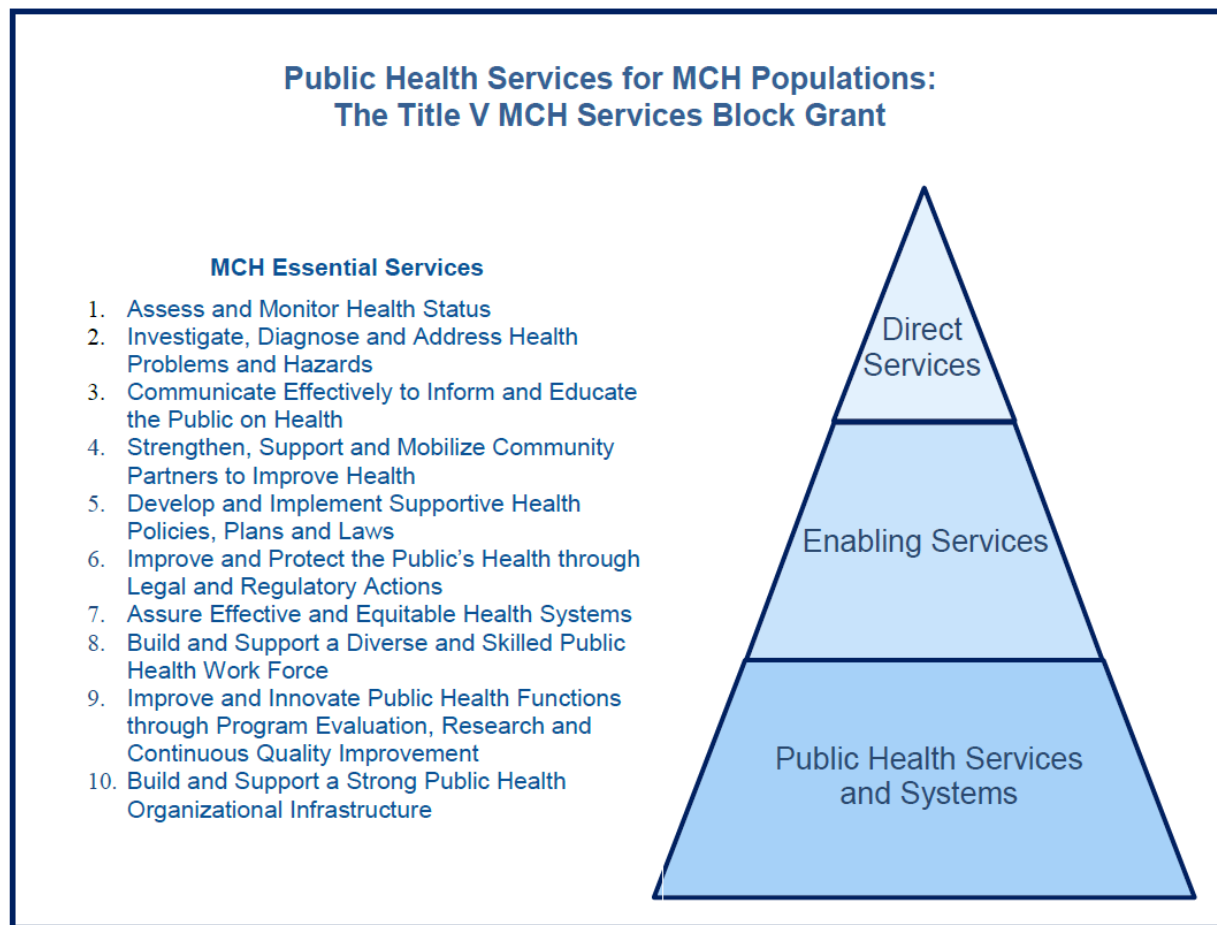
Enabling Services:

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, lead abatement, 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 education. 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.



The application/reporting structure for the Title V MCH Block Grant incorporates the following key principles: 1) delivery of Title V services within a public health service model; 2) data-driven programming and performance accountability; 3) partnerships with individuals, families, and family-led organizations to ensure systems and services that support the interests of all MCH populations; and 4) assurance of a MCH system to support all MCH populations in achieving their full health potential.