U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

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

GUIDANCE AND FORMS
FOR THE
TITLE V APPLICATION/ANNUAL REPORT

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TITLE V MATERNAL AND CHILD HEALTH (MCH) SERVICES BLOCK GRANT TO STATES PROGRAM APPLICATION/ANNUAL REPORT GUIDANCE

SEVENTH EDITION

The Maternal and Child Health (MCH) Block Grant is a formula grant under which funds are awarded to 59 states and jurisdictions upon their submission of an acceptable plan that addresses the health services needs within a state for the target population of mothers, infants and children, which includes children with special health care needs (CSHCN), and their families. Through this process, each state and jurisdiction supports and promotes the development and coordination of systems of care for the MCH population, which are family-centered, community-based and culturally appropriate.

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

This edition of the MCH Block Grant Application/Annual Report Guidance builds on the performance partnership approach that exists between the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) and the State Title V agencies. In developing this Guidance, the MCHB engaged with the State Title V leadership and other national MCH leaders and stakeholders to develop and refine a common vision for transforming the MCH Block Grant to States Program. Changes to this edition are intended to facilitate the increased alignment of State/jurisdictional Title V program efforts with other MCHB investments and to demonstrate the vital leadership role of the State Title V programs in assuring and advancing public health systems that can readily respond to changing MCH population needs. The seventh edition of the Title V MCH Block Grant to States Application/Annual Report Guidance consists of two documents: 1) Instructions to the States on completing the required Application/Annual Report and Reporting Forms; and 2) Appendix of Supporting Documents, which includes background program information and other technical resources.

As with previous editions, this Guidance adheres to the specific statutory requirements outlined in Sections 501 and 503-509 of the Title V legislation and promotes the use of evidence-based public health practices by states/jurisdictions in developing a Five-year Action Plan that addresses identified MCH priority needs. The revised Guidance also reaffirms the mission of Title V as "to improve the health and well-being of all of America's mothers, children, and families."

This edition of the MCH Block Grant to States Program Guidance is the fifth to be released since the introduction of a Web-based Application/Annual Report. The use of this online method for completing and submitting a yearly Application/Annual Report continues to be a requirement for the receipt of Federal Title V program funds. Since its development in 2002, the Title V Information System (TVIS) has contributed to numerous efficiencies in the Application/Annual Report submission process. Administered by HRSA's MCHB, the TVIS consists of two components: 1) Title V Block Grant Application/Annual Report Data Entry (used by state/jurisdictional Title V Block grantees to submit their financial, program, and performance data; and 2) TVIS Reports (a Web-based interface that allows public users to generate reports from Title V data.) The substantive changes made to the seventh edition of the MCH Block Grant Application/Annual Report Guidance mandated the development of a new electronic Title V data collection and web reports system, beginning with the submission of the fiscal year (FY) 2016 Applications/FY 2014 Annual Reports.

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

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PART ONE: BACKGROUND AND ADMINISTRATIVE INFORMATION

I. PURPOSE OF THE MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT PROGRAM

As defined in section 501(a)(1) of the Title V legislation, the purpose of the MCH Services Block Grant Program is to enable each state:

(A) To provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services;
(B) To reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services, and otherwise to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women, and to promote the health of children by providing preventive and primary care services for low income children;

(C) To provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services is not provided under title XIX; and

(D) To provide and to promote family-centered, community-based, coordinated care (including care coordination services, as defined in subsection (b)(3)) for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families.

II. BACKGROUND AND BRIEF HISTORY

Since its original authorization in 1935, Title V of the Social Security Act has been amended several times to reflect an ongoing commitment to improving the health and well-being of our Nation's mothers, children and their families. Block-granted in 1981, with new accountability requirements added in 1989, Title V has remained a vitally important public health program specifically targeted to the MCH population. A more complete history of Title V can be found in Appendix A of the *Supporting Documents to the Title V MCH Block Grant Application/Annual Report Guidance*.

Changes in the nation's public health care systems, population demographics, health care financing systems and information technology have created new opportunities for improving access to health care and delivering quality public health services to the nation's MCH population (which includes women, mothers, infants,

children, adolescents, CSHCN and their families). This Guidance document for the state Title V MCH Block Grant programs capitalizes on the emerging opportunities and reflects a major transformative effort within the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), in conjunction with its partners and stakeholders, to restructure the Application and Annual Reporting process. The transformative changes that have been made are intended to facilitate an increased alignment of State Title V program efforts with other MCHB investments and to demonstrate the vital leadership role that state Title V programs provide in assuring and advancing public health systems that continually assess and readily respond to changing MCH population needs. Relative to the state's submission of a yearly Application, Annual Report and Five-year Needs Assessment, the aims of the MCH Block Grant to States program transformation are threefold: (1) reduce burden to states; (2) maintain state flexibility; and (3) improve accountability.

In addition to changes that will impact the preparation and submission of the state MCH Block Grant Application/Annual Report and Five-year Needs Assessment report, the transformation process called for redefining the working framework for MCH services. Figure 1 depicts the interim framework that was developed.

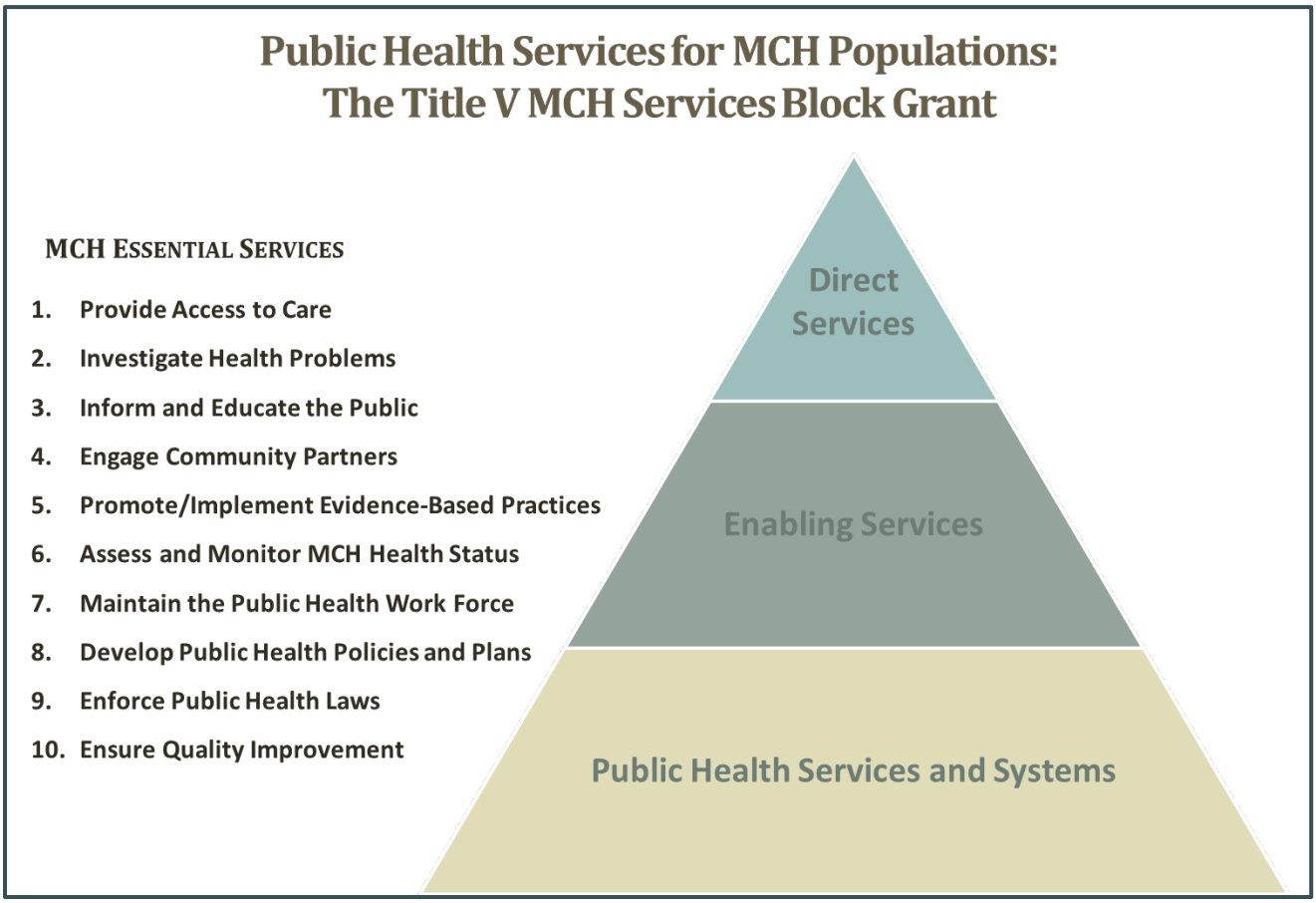
Relative to the changes occurring in public health systems and the delivery of health care, the Title V MCH Services Block Grant program will continue to provide critical support to assure the health of mothers, infants, children, including CSHCN, and their families. The services of the Title V MCH Block Grant program serve to complement the expanded health insurance coverage being provided through the Patient Protection and Affordable Care Act (ACA). Specifically, the Title V program will continue to serve as a safety-net provider for the MCH population by providing gap-filling health care services, as well as essential public health services, to the MCH population. These functions will lend valuable support to the successful implementation of the ACA. Without Title V, the public health system responsible for serving some of the nation's most vulnerable populations would be seriously jeopardized.

III. MCH Transformation and Revision of MCH Block Grant Application/Annual Report Guidance

A. Vision and Mission

While the purpose and goals of the Title V MCH Block Grant program are specified in the Title V legislation, as indicated above, clearly articulated Vision and Mission statements serve a useful role in helping to guide priority setting within the federal and state MCH programs. The following Vision/Mission statements were developed as part of the MCH Block Grant transformation process.

Figure 1



Vision of Title V

Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

Mission of Title V

The Mission of Title V is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families.

A 1988 Institute of Medicine (IOM) Report[1] defined the core functions of public health as assessment, policy development and assurance. In operationalizing the core public health functions and in ensuring that the unique needs of mothers and children were adequately addressed, the MCH community worked with the Public Health Service and the IOM to identify 10 "Essential Public Health

[1] Institute of Medicine. (1988). *The Future of Public Health*. Washington, D.C.: National Academy Press.

Services"[2] in 1994. Since that time, the 10 Essential Public Health Services have provided a framework for the delivery of MCH services, as reflected in Figure 1.

In considering potential strategies for implementing the new vision and mission statements, the 10 Essential Public Health Services were cross walked with the purpose of the MCH Block Grant to States Program, as defined in Section 501(a)(1) of Title V of the Social Security Act. The strategies presented below were developed as a result of this effort.

- Mobilize partners, including families, at the federal, state and community levels in promoting shared vision for leveraging resources, integrating and improving MCH systems of care, promoting quality public health services and developing supportive policies;

- Integrate systems of public health, health care and related community services to ensure access and coordination to assure maximum impact;

- Conduct ongoing assessment of the changing health needs of the MCH population (as impacted by cultural, linguistic, demographic characteristics) to drive priorities for achieving equity in access and positive health outcomes;

- Educate the MCH workforce to build the capacity to ensure innovative, effective programs and services and efficient use of resources;

- Inform and educate the public and families about the unique needs of the MCH population;

- Promote applied research resulting in evidence-based policies and programs;

- Promote rapid innovation and dissemination of effective practices through quality improvement and other emerging methods; and

- Provide services to address unmet needs in healthcare and public health systems for the MCH population (i.e. gap-filling services for individuals.)

B. National Performance Measurement Framework

With the MCH transformation and its emphasis on performance and accountability at both the state and national levels, this Guidance includes a transformed national performance measurement system that is intended to show more clearly the contributions of Title V programs in impacting health outcomes

[2] *Public Health in America*. (1994). Washington, D.C.: U.S. Public Health Service. Essential Public Health Services Working Group of the Core Public Health Functions Steering Committee.

while still maintaining flexibility for the states. The national performance measurement system adopted in this Guidance is a three-tiered framework, which includes the following measure categories: National Outcome Measures (NOMs), National Performance Measures (NPMs) and State-initiated Evidence-based or -informed Strategy Measures (ESMs).

In the revised national performance measure framework, the focus is on the establishment of a set of population-based measures (i.e., NPMs) which utilize state-level data derived from national data sources and for which state Title V programs will track prevalence rates and work towards demonstrated impact. The NPMs are intended to drive improved outcomes relative to one or more indicators of health status (i.e., NOMs) for the MCH population, so states will track the NOMs to monitor impact by the NPMs. ESMs are the final tier of the national performance measurement framework, and they are the measures by which states will directly measure their impact on the NPMs. State-specific and actionable, the ESMs seek to track a state Title V program's strategies and activities and to measure evidenced-based or evidenced-informed practices that will impact individual population-based NPMs. The ESMs are developed by the state, and they provide accountability for improving quality and performance related to the NPMs and to the MCH public health issues for which they are intended. While not part of the national performance measurement framework, states will also develop State Performance Measures (SPMs), in addition to the ESMs, to address the priorities they have identified based on the findings of their Five-year Needs Assessments and to the extent that a priority need has not been fully addressed through the selected NPMs and ESMs.

The 15 NPMs address key national MCH priority areas. Collectively, they represent six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross-cutting or Life Course. The six population health domains are contained within the three legislatively-defined MCH populations [Section 505(a)(1).] For example, the first two domains are included under "preventive and primary care services for pregnant women, mothers and infants up to age one," which is the first of the three defined MCH populations. Child health is included in the second defined MCH population, specifically "preventive and primary care services for children." Services for CSHCN is the third legislatively-defined MCH population. Cross-Cutting or Life Course refers to public health issues that impact multiple MCH population groups.

The national MCH priority areas incorporate two significant concepts: first, Title V is responsible for promoting the health of all mothers and children, which includes an emphasis on CSHCN and their families; and second, the development of life course theory has indicated that there are critical stages, beginning before a child is born and continuing throughout life, which can influence lifelong health and wellbeing.

States should work closely with family/consumer partnerships as they develop the ESMs for their selected NPMs. For purposes of the Title V MCH Services Block Grant program and this Guidance, family/consumer partnership is defined as: "*The intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course*." Family engagement reflects a belief in the value of the family leadership at all levels from an individual, community and policy level." Relevant resources include the *National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs*, which were released in March 2014. The report is available on the Lucille Packard Foundation for Children's Health website at http://lpfch-cshcn.org/publications/research-reports/developing-structure-and-process-standards-for-systems-of-care-serving-children-and-youth-with-special-health-care-needs. Examples of family/consumer partnership for Title V organizations are highlighted on the Family Voices website at: http://www.familyvoices.org/work/title_v?id=0012.

C. Changes to the Application/Annual Report Guidance

This Guidance is intended to enable states to tell a more cohesive and comprehensive Title V story, while reducing the reporting burden and duplication across sections of the Application/Annual Report. In addition, the revised narrative will allow state Title V programs to better reflect on their leadership role within the state and to demonstrate the program's contributions to the state's public health system in building improved and expanded systems of care for the MCH population.

Historically, the narrative reporting on state Title V activities has been organized by performance measure rather than by population group. The organizing framework for this guidance is based on six identified population health domains (i.e., Women/Maternal Health; Perinatal/Infant Health; Child Health; CSHCN; Adolescent Health; and Cross-cutting or Life Course.) More specifically, throughout the course of the Application/Annual Report/Needs Assessment Summary, states will organize the discussion of their Title V program activities for each of the three legislatively-defined MCH populations (i.e., preventive and primary care services for pregnant women, mothers and infants up to age one; preventive and primary care services for children; and services for CSHCN) in the context of these six identified MCH population health domains.

In reporting on their Five-year Needs Assessments, a Needs Assessment Summary will replace the more comprehensive, standalone document previously submitted by states. The Needs Assessment Summary will be integrated into the yearly MCH Block Grant Applications/Annual Reports. This integration will serve to reduce the duplication in reporting that has traditionally occurred between the Five-year Needs Assessment document and the first year Application/Annual Report. In the first year Application/Annual Report, states will now provide a summary report of their Five-year Needs Assessment process and findings.

Based on their ongoing needs assessment efforts, states will provide an update to the Needs Assessment Summary in each of the four interim year Applications/Annual Reports.

For the first time, states will be required to include an Executive Summary for each Application/Annual Report that they submit during the five-year reporting cycle. The Executive Summary shall briefly describe the key points presented in the state's Application/Annual Report and include, at a minimum, a brief summary of the following discussion points:

- Emergent needs based on the Five-year/ongoing Needs Assessment efforts and linked with the Title V program priorities and development of a five-year State Action Plan;

- Highest ranked priority needs for the state Title V program, including a discussion of key SPMs and ESMs which the state developed to address, respectively, the identified priority needs and selected NPMs; and

- Accomplishments relative to addressing the identified needs and a plan for the coming year that assures continued progress in achieving the desired health status and performance outcomes.

In addition to providing a summary overview of the state Title V program and the gains that have been realized relative to the state priority needs, the Executive Summary can serve as a standalone document for the state in marketing its Title V program's achievements to other state, community and family agencies and in soliciting programmatic input from families and other MCH stakeholders.

Revisions to the organizational framework of the state Applications/Annual Reports are intended to position the state and national MCH priorities, and the related Title V program activities, as the centerpiece of the narrative reporting. The revised instructions for the state Title V MCH Block Grant Application and reporting process are built on the premise that state priority needs and national MCH priority areas will serve as the "drivers" for state reporting on the Five-year (and ongoing) Needs Assessment findings, the selection of NPMs to address state-identified priorities, the development of evidence-based or –informed strategies with ESMs to address state and national priority areas (as reflected in the NPMs selected for programmatic focus) and the establishment of SPMs to address the state's unique needs.

As part of their first-year Application/Annual Report and in follow-up to the Five-year Needs Assessment, states will be required to develop an interim Five-year Action Plan Table. A sample table is provided, for the state's consideration, in Part Two, Section IIF.1.a of this Application/Annual Report Guidance and in Appendix B of the Supporting Documents. This Table is intended to serve as a planning tool and organizational framework for states in developing a five-year

Action Plan that aligns their planned Title V program strategies and activities with the identified priority needs and selected NPMs/SPMs. In the Year 02 Application/Annual Report (i.e., FY 2017/FY 2015), States will refine the objectives and strategies they identified in their interim Five-year Action Plan Table. The identified strategies should guide states in developing ESMs that address their selected NPMs. In addition to refining their program objectives and strategies, States will insert the ESMs and the SPMs they develop in the Five-year State Action Plan Table that will be included in the second year (i.e., FY 2017/FY 2015) Application/Annual Report.

As described above, the Five-year Action Plan Table is a tool for states to use in developing the five-year Action Plan. States will report on their five-year Action Plan in the narrative Applications/Annual Reports. In addition to providing updates to the five-year Action Plan for the Application year, States will report annually on their progress towards the implementation and achievement of the strategies/activities outlined in the State Action Plan and their success in meeting the established performance objectives for each of the NPMs, ESMs and SPMs. Specifically, states will provide a narrative discussion on the development of the five-year Action Plan in the initial Application year (i.e., FY 2016). The discussion should build on the summary information presented in the interim Five-year Action Plan Table. For the first two Annual Report years (i.e., FY 2014 and FY 2015), states will report out on the previous five-year cycle. In the following three interim year Applications/Annual Reports, states will refine their Title V program plan for the coming year (i.e., Application year) and report on the progress that has been achieved in implementing the five-year Action Plan (i.e., Annual Report.)

States will report annual performance indicators for the previous reporting cycle's 18 NPMs and 7-10 SPMs on Form 10D for FY 2014 and FY 2015. Using Form 10A, states will begin to report on the selected 8 NPMs, ESMs and SPMs for this five-year reporting cycle (i.e., FY 2016-FY 2020) in the FY 2016 Annual Report. While data reporting in the FY 2014 and the FY 2015 Annual Reports will focus on the previous reporting cycle's national and state performance measures, the state's narrative reporting will be incorporated into the five-year Action Plan. Rather than providing a description of Last Year/Current Year/Future Year program activities for each specific measure as required in previous Annual Reports, performance measure trends for the FY 2014 and FY 2015 Annual Report years will be analyzed and summarized as part of the discussion for the relevant population health domain(s).

Two additional changes to the Application/Annual Report Guidance for this five-year reporting cycle are the elimination of the Health System Capacity Indicators and the incorporation of some of the Health Status Indicators (HSIs) into the NOMs. Along with the other state data (OSD) reported on Form 11, the NOMs will serve as the monitoring tool for states in assessing their progress towards achieving the desired health outcomes. Effective with this Guidance,

data for the NOMs and OSD, as available, will be collected and provided to the state by MCHB.

IV. LEGISLATIVE REQUIREMENTS

The federal MCH Block Grant to States is authorized under Title V of the Social Security Act, which is the longest-standing public health legislation in American history. More than 75 years later, the law continues to support efforts to improve the health of the nation's women and children. The law can be viewed at: http://www.ssa.gov/OP_Home/ssact/title05/0500.htm.

A. Who Can Apply for Funds [Section 505(a)]

The Application/Annual Report shall be developed by, or in consultation with, the state MCH agency and shall be made public within the state in such manner as to facilitate comment from any person (including any federal or other public agency) during its development and after its transmittal.

B. Use of Allotment Funds [Section 504]

The state may use its Title V MCH Services Block Grant funds for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its Application. In addition, the state may request supplemental funds from the Bureau to support identified technical assistance needs. Related to technical assistance, the state should plan for and allot funds for the MCH and CSHCN Directors to attend the required Block Grant Application/Annual Report review that is held at a site designated annually by the Division of State and Community Health (DSCH) in HRSA's MCHB. Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment. Other restrictions apply, as specified in Section 504(b).

C. Application for Block Grant Funds [Section 505]

Each state is required to conduct a statewide Needs Assessment every five years. Beginning in 2015, the result of that Needs Assessment will be integrated into the Application/Annual Report for that reporting year, and any updates will be provided in the Applications/Annual Reports that states submit in the interim years. By law, the Application/Annual Report will contain information that is consistent with the health status goals and national health objectives regarding the need for:

- Preventive and primary care services for all pregnant women, mothers, and infants up to age one;

- Preventive and primary care services for children; and

- Services for CSHCN [as specified in section 501(a)(1)(D) "family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families"].

The state will organize its reporting on the three legislatively-defined MCH populations in the context of six population health domains:
1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CSHCN; 5) Adolescent Health; and 6) Cross-cutting or Life Course. In the Five-year Needs Assessment Application year (i.e., FY 2016), the state's Application shall include an interim Five-year Action Plan Table which serves as an organizing framework for the development of the five-year Action Plan.

In addition, states shall provide an expanded narrative description on the development of the five-year Action Plan and the identification of Title V program strategies/activities for addressing the priority needs that were identified by the statewide assessment in the narrative Action Plan section of their FY 2016 Application. The eight NPMs selected by the state should be addressed in this discussion and a clear plan presented for how the state plans to move forward in addressing each of the measures. Updates to the planned program strategies and activities for addressing the priority needs and improving performance around each of the performance measures will be discussed in the Action Plan narrative that is submitted by states in the subsequent four interim year Applications (i.e., FY 2017 - FY 2020.) Beginning with the second year Application (i.e., FY 2017), this discussion should include the ESMs developed for each of the selected NPMs and the three to five SPMs established by the state to respond to priority needs that are not adequately addressed by the NPMs and ESMs.

Each year, at least thirty percent (30%) of federal Title V funds must be used for preventive and primary care services for children and at least thirty percent (30%) for services for CSHCN, as specified in Section 501(a)(1)(D). Such services include providing and promoting family-centered, community-based, coordinated care (including care coordination services) for CSHCN and facilitating the development of community-based systems of services for such children and their families. The thirty percent (30%) requirement may be waived as specified in Section 505(b)(1-2). A request for waiver must be included in the Application letter of transmittal. In addition, of the amount paid to a state under Section 503 from an allotment for a fiscal year under Section 502(c), not more than ten percent (10%) may be used for administering the funds paid under this section.

The state must maintain the level of funds being provided solely by such state's MCH programs at the level provided in fiscal year 1989. [Section 505(a)(4)].

Other requirements for allocation of funds, charging for services, maintenance of a toll-free hotline (and other appropriate methods) and coordination of services with other programs are found in Section 505.

D. Annual Report [Section 506]

An Annual Report must be submitted to the MCHB each year in order to evaluate and compare the performance of different states assisted under this Title and to assure the proper expenditure of funds. The Annual Report will include a description of program activities, a complete record of the purposes for which funds were spent, the extent to which the state has met the goals and the performance objectives it set forth, as well as the national health objectives, and the extent to which funds were expended consistent with the state's Application. For this five-year reporting cycle, the Action Plan will serve as the Annual Report narrative on the state's Title V program strategies and activities. As described in Part One, Section III.C., states will develop and submit an interim Five-year Action Plan Table as part of the first-year Application/Annual Report and in follow-up to the Five-year Needs Assessment. The Action Plan will identify program goals, objectives, key strategies and performance measures related to each of the six population health domains. In the four interim year Application/Annual Reports, States will utilize the Action Plan section of the Application/Annual Report to provide narrative discussion on the progress (by population health domain) achieved during the reporting year relative to the implementation of planned Title V program activities and gains in meeting the established performance measure targets. The standardized format of the Annual Report, as described, will allow for consistency in reporting and will facilitate the preparation of a report to Congress [Section 506(a)(3).] It should be noted that for the first two Annual Report years (i.e., FY 2014 and FY 2015) states will report on the national and state performance measures and Title V program activities that were implemented in the previous five-year cycle. As described in Part One, Section IIIC, states will report their FY 2014 and FY 2015 annual performance indicator data for the previous reporting cycle's NPMs and SPMs on Form 10D, while their narrative reporting will be incorporated into the State Action Plan.

As required in Section 509(a)(5), the MCHB has made a substantial effort to not duplicate other federal data collection efforts. This edition of the Application/Annual Report Guidance goes beyond previous editions in reducing duplication of federal and state data collection, maintenance and reporting efforts relating to the health status and health service needs of mothers and children in the United States. Effective with this five-year

reporting cycle, the MCHB will collect and provide national outcome and performance measure data, as well as available OSD, for the individual states. Data are not available from the National Center for Health Statistics (NCHS) or other Federal sources for Puerto Rico, Guam and the Marshall Islands, Federated States of Micronesia, Republic of Palau, Commonwealth of the Northern Mariana Islands, American Samoa and Virgin Islands. These jurisdictions must report their own vital statistics and health data.

E. Administration of Federal and State Programs [Section 509]

The MCHB in HRSA is the organizational unit responsible for the administration of Title V. Within the Bureau, DSCH has responsibility for the day-to-day operation of the Title V MCH Services Block Grant to States Program. Applicants may obtain additional information regarding administrative, technical and program issues concerning the Block Grant Application/Annual Report by contacting:

Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 5C-26
Rockville, Maryland 20857
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Within each state, the state health agency is responsible for the administration (or supervision of the administration) of programs carried out with Title V allotments.

PART TWO: APPLICATION/ANNUAL REPORT INSTRUCTIONS

I. GENERAL REQUIREMENTS

A. Letter of Transmittal

An electronic letter of transmittal from the responsible state health agency official must be the first page of the Title V MCH Block Grant Application/Annual Report. The letter must also contain the documentation for waiver of a 30 percent allotment, if the state is so requesting. The letter of transmittal is attached to Section I.A. of the Application/Annual Report.

B. Face Sheet

Each section of the Application Face Sheet (Standard Form 424) must be completed and submitted electronically along with the rest of the Application/Annual Report.

C. Assurances and Certifications

The appropriate Assurances and Certifications for the state MCH Block Grant programs, which include Application Form Standard Form (SF)-424B, Assurances for Non-Construction Programs and Certifications for debarment and suspension, drug free work place, lobbying, program fraud and tobacco smoke are included in Appendix C. States do not have to submit these forms as part of the Application/Annual Report, but they must be maintained on file in the state's MCH program's central office. The assurance and certification forms may be attached to this section, but such an attachment is not required. Instead, the state can provide either the URL to access the assurances/certifications, or they can provide information on how the Assurances and Certifications can be made available.

D. Table of Contents

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

E. Application/Annual Report Executive Summary

As discussed in Part One, Section III.C., states will submit an Executive Summary with each Application/Annual Report. For each of the six identified population health domains, the Executive Summary shall present a brief description of the Title V program's major accomplishments and significant challenges relative to the cited priority and other emergent needs and the state's annual performance on the NOMs, NPMs, SPMs and ESMs that are specific to

that population health domain. In addition to the three required discussion points listed in Part One, Section III.C, the state should provide a statement for each population health domain which summarizes its progress on "moving the needle" around key MCH priority areas and national and state performance measures. The Executive Summary can be up to five pages in length, or 15,000 characters, including charts and graphs. This Summary should reflect only the key points that are presented in the state's Application/Annual Report.

II. COMPONENTS OF THE APPLICATION/ANNUAL REPORT

On July 15 of each year, states and jurisdictions are required to submit an Application/Annual Report for the federal funds they receive through the Title V MCH Services to States Program. In addition, states are required to conduct and report on a comprehensive, statewide Needs Assessment every five years. The findings of this Need Assessment and the priority needs identified as a result of this process provide the basis for the development of a five-year Action Plan for the state Title V program. As new findings become available through ongoing needs assessment efforts and the analyses of annual performance data, a state may refine its Action Plan in interim years to achieve targeted progress (i.e., performance objectives) related to the state and national MCH priority areas. These changes may include the substitution of new or revision of existing program strategies, ESMs linked to the selected NPMs and/or SPMs. States are encouraged not to change the selected NPMs during the five-year reporting cycle. If a state determines that a NPM needs to be changed, clear justification must be provided.

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

- Descriptive overview of the state;

- Summary of the Five-year (and ongoing) Needs Assessment process and findings that speaks to the strengths/needs of the state's MCH population (as discussed by each of the six identified population health domains), Title V program capacity and established partnerships/collaborations, which should include a discussion on ongoing opportunities provided by the state for engaging families and other stakeholders in programming efforts (e.g., advisory councils, family/consumer partnerships, etc.)

- Listing of seven to ten priority needs for the state Title V program and rationale that links the identified priorities to the five-year Needs Assessment findings;

- Discussion on how the selected NPMs link with the identified state MCH priorities and rationale to demonstrate how the ESMs developed by the state will impact the selected NPMs.

- Discussion on how the SPMs (and state outcome measures (SOMs), if applicable) developed by a state address the identified state priority needs and/or the national MCH priority areas.

- Development and annual reporting on a Five-year State Action Plan.

States shall structure the narrative discussion in this segment of the Application to include the six sections cited above. A detailed explanation of the specific discussion points that the state should address is provided in Sections A-F of this Guidance.

For the first year's Application (i.e., FY 2016) of the five-year reporting cycle, states shall summarize the process that was used in conducting the Five-year Needs Assessments and their overall findings relative to the specific strengths/needs that were identified for the state's MCH population, Title V program capacity and partnerships/collaborations. States shall present their Needs Assessment findings by each of the six population health domains. In addition, states should address how their identified MCH strengths/needs link with the national MCH priority areas, as reflected in the federal Title V program's NOMs and NPMs.

In the four subsequent interim years of the five-year reporting cycle (i.e., FY 2017-FY 2020 Applications/FY 2015-FY 2018 Annual Reports), states shall update the needs assessment information presented in the FY 2016 Application/FY 2014 Annual Report, as appropriate, to reflect improvements and/or changes in such areas as:

- State's health care delivery environment (e.g., implementation of the ACA);

- Identified strengths/needs of the state's MCH population and its Title V and other MCH program capacity;

- Level of commitment to consistently engaging family/consumer partnerships in Title V MCH and CSHCN programmatic and decision-making efforts; and

- Approaches to building and/or expanding the reach and effectiveness of the state's Title V partnerships and its collaborations with other federal, tribal, state and local entities that serve the MCH population.

A. Overview of the State

The introductory section of the Application narrative shall put into context the Title V program within the state's health care delivery environment. Applicants should discuss the principal characteristics that are important to understanding the health status and needs of the entire state's MCH population. The state health agency's current priorities or initiatives and the resulting Title V program's roles and responsibilities should also be described. States should address how

health care reform efforts and ACA implementation are impacting the health status of its MCH and CSHCN populations and the delivery of Title V-supported services.

Included in the state overview should be a description of the process used by the Title V administrator to determine the importance, magnitude, value, and priority of competing factors which impact health services delivery in the state. Current and emerging issues should be identified and discussed in terms of the other identified MCH issues.

This overview should also address the extent to which poverty, racial and ethnic disparities in health status, geography, urbanization, and the private sector create unique challenges for the delivery of Title V services in the state. Specific state statutes and other regulations that have relevance to Title V program authority should be discussed and examined in terms of their impact on the state's Title V MCH and CSHCN programs.

B. Five-Year Needs Assessment Summary

The Title V legislation (Section 505(a)(1)) requires the state, as part of the Application, to prepare and transmit a statewide Needs Assessment every five years that identifies (consistent with the health status goals and national health objectives) the need for:

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

(2) Preventive and primary care services for children; and

(3) Services for children with special health care needs.

The conceptual framework presented in Figure 2 depicts how the findings of the State Five-year Needs Assessment are expected to serve as the "drivers" in determining state Title V program priority needs and in developing a five-year Action Plan to address them.

Findings from the Five-year Needs Assessment serve as a cornerstone for the development of a five-year Action Plan for the state Title V program. The Needs Assessment findings should inform the selection of the state's seven to ten highest priority needs for its MCH and CSHCN populations. Selected priority needs should reflect the work of the state's Title V program and address areas in which the supported services can have direct impact on the state and federal MCH priorities. Based on its priority needs, as identified in the Five-year Needs Assessment, the State will select eight of 15 possible NPMs for programmatic emphasis over the five-year reporting period.

Figure 2. TITLE V MCH BLOCK GRANT NEEDS ASSESSMENT FRAMEWORK LOGIC MODEL

The five-year Action Plan to be developed by the state in the first Application/Annual Report year (i.e., FY 2016/FY 2014) of the five-year reporting cycle will speak to the state's priority needs, the identified national MCH priority areas and the state-selected NPMs. Preliminary goals, objectives and strategies for achieving targeted progress in the specified priority areas should be clearly outlined in the state's Action Plan. In the second Application/Annual Report year (i.e., FY 2017/FY 2015), the State shall refine its goals, objectives and strategies in addition to developing ESMs for implementing the identified strategies to address the eight selected NPMs. The purpose of the ESMs is to identify state Title V program efforts which can contribute to improved performance relative to the selected NPMs. Most issues in MCH are multifactorial; therefore, while states are strongly encouraged to develop multiple strategies with a related ESM for each strategy to impact a selected NPM, states are required to submit at least one ESM for each of the NPMs selected. In addition, states will develop between three and five SPMs to address its unique needs to the extent that they are not addressed by the selected NPMs and ESMs. States will report annually on the progress that has been achieved relative to the ESMs and the SPMs. This framework is intended to more clearly reflect the work of the state Title V programs in addressing state and national MCH priority areas.

A more detailed overview of the MCH Five-year Needs Assessment process and its relationship to the planning and monitoring functions in Title V programs is presented in Appendix D.

In this section of the Application narrative, states shall present a concise summary of the Five-year Needs Assessment process and findings, as described below, with annual updates provided in the four interim year Applications/Annual Reports. The Needs Assessment Summary that is to be included in the Application/Annual Report is intended to emphasize only the key findings of the state's Five-year Needs Assessment as they relate to the state MCH priority needs and link with the national MCH priority areas. It is recognized that states engage in a thorough and comprehensive Five-year Needs Assessment process, with rich findings that go beyond the required content for the first year Application/Annual Report. In addition to the required Needs Assessment Summary, states may choose to develop a more detailed and complete Five-year Needs Assessment document that is tailored to meet their individual program needs, and they are encouraged to include links to state websites where such documents are posted in the Application/Annual Report. States may also choose to submit more detailed documentation on their Five-year Needs Assessment findings as an attachment to this section. The total length of the Needs Assessment Summary that is to be included in the first year Application/Annual Report (i.e., FY 2016/FY 2014) shall not exceed 60,000 characters (or 20 pages).

1. Process

In this section, states shall summarize the overall process that was used to conduct the Title V comprehensive Needs Assessment. States should describe the (1) goals, framework and methodology which guided the Needs Assessment process; (2) the level and extent of stakeholder involvement; (3) quantitative and qualitative methods that were used to assess the strengths and needs of each of the six identified population health domains, MCH program capacity and partnerships/collaborations; (4) data sources that were utilized to inform the Needs Assessment process; and (5) interface between the collection of Needs Assessment data, the finalization of the state's Title V priority needs and the development of the state's Action Plan.

In interim year Applications/Annual Reports, states should describe what actions are being taken to ensure that Needs Assessment is an ongoing process. These updates should include a brief description of ongoing needs assessment activities, such as data collection and analysis, program evaluations, focus groups, surveys and other selected approaches that enable the State to continue to monitor and assess, on an ongoing basis, the successes and continuing needs that have resulted from the implementation of the state's five-year Action Plan to address the national and state MCH priority needs.

2. Findings

In the first year Application/Annual Report (i.e., FY 2016/FY 2014), states shall present a focused Summary of the findings of its Five-year Needs Assessment. Highlighted in this Summary should be the health status of the MCH population relative to the state's noted MCH strengths/needs and the identified national MCH priority areas, with the discussion organized and presented by each of the six population health domains. In addition, the state shall summarize the adequacy and limitations of its Title V program capacity and partnership building efforts relative to addressing the identified MCH population groups and program needs. Specific partnership and collaborative efforts may include, but are not limited to, promotion of family/consumer engagement and leadership, coordination with other MCHB and federal, state and local MCH investments and established relationships with Tribes, Tribal Organizations and Urban Indian Organizations who reside within the state's geographic boundaries.

In the interim year Applications/Annual Reports (i.e., FY 2017-FY 2020/ FY 2015-FY 2018), States shall provide annual updates to the findings they presented in the Needs Assessment Application year (FY 2016 Application/ FY 2014 Annual Report.) These updates should clearly reflect ongoing needs assessment efforts and address changes in the state's MCH population, Title V program capacity and level of partnerships/collaborations. Such

updates may include, but are not limited to, a discussion of the following items.

- Changes in the strengths and needs of the MCH population, Title V program capacity and established program collaborations/partnerships since the last MCH Block Grant Application/Annual Report was submitted.

- Activities undertaken to operationalize the findings of the Five-year Needs Assessment, such as the establishment of an advisory group to monitor state progress in addressing a targeted priority need.

a. MCH Population Needs

Using both quantitative and qualitative methods, states shall present:

i. An overview of the health status of the state's MCH population for each of the six identified population health domains (i.e., Women/ Maternal Health, Perinatal/Infant Health, Child Health, CSHCN, Adolescent Health and Cross-cutting or Life Course) within the three legislatively-defined state MCH population groups (i.e., (a) pregnant women, mothers, and infants up to age 1; (b) children; and (c) children with special health care needs.)

ii. A summary of population-specific strengths/needs as well as strengths/needs that cross all three of the legislatively-defined population groups.

iii. A concise description of the state's successes, challenges, gaps and areas of disparity related to major morbidity, mortality, risk reduction or maintenance of health/wellness for each of the six population health domains. At a minimum, the discussion should include major health issues addressed in the state's priority needs and the national MCH priority areas within the MCH population as a whole and for significant sub-populations (e.g., racial, ethnic, age, income, geographic, frontier/rural/urban, or other relevant characteristics.)

iv. An analysis of Title V-specific programmatic approaches to determine areas where current efforts work well and should be continued and areas in which new or enhanced strategies/program efforts are needed.

The discussion in this section should be organized by the six population health domains and address the state-identified priority needs and national MCH priority areas. For each population health domain, the state

should clearly discuss its strengths/needs relative to the state-specific MCH priority needs (identified through the Five-year Needs Assessment process) and the pertinent OSD, NOMs and NPMs. In the narrative discussion, states may include other identified strengths and needs for its MCH population (based on the findings of the Five-year Needs Assessment,) which are unique to the state and go beyond the national MCH priority areas. Detailed information on the performance measure framework is presented in Appendix E. Detail sheets for the NOMs and NPMs are included in Appendix F.

In the four interim year Applications/Annual Reports, states shall report by population health domain on any changes in the health status of its MCH populations, the identified strengths/needs and noted Title V program successes/issues/ gaps/disparities that have impacted MCH morbidity, mortality, risk reduction and/or health maintenance/wellness, based on the findings of its ongoing needs assessment efforts.

b. Title V Program Capacity

Based on the Five-year Needs Assessment findings, states shall structure the discussion of their Title V program capacity to include the sections outlined below. The findings presented in the Five-year Needs Assessment Application/Annual Report year should be updated annually in the state's four interim year Applications/Annual Reports, based on the findings of their ongoing needs assessment efforts and noted changes in the state's organizational structure and program capacity.

i. Organizational Structure

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

(a) Describe the organizational structure and placement of the Governor, state health agency and the Title V MCH and CSHCN programs in the state government.

(b) Clarify how the state health agency is "responsible for the administration (or supervision of the administration) of programs carried out with allotments under Title V" [Section 509(b)]. This description should include all of the programs funded by the federal-state Title V MCH Block Grant.

(c) Include an organizational chart as an attachment to this section.

ii. **Agency Capacity**

In reporting on Title V program capacity, the state should:

(a) Describe the state Title V agency's capacity to promote and protect the health of all mothers and children, including CSHCN. Included in this description should be a discussion of the state's capacity for providing Title V services by each of the six population health domains. In describing the state's capacity for providing services to CSHCN, the state should address its ability to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI (the Supplemental Security Income Program), to the extent medical assistance for such services is not provided under Title XIX (Medicaid).

(b) Describe the steps that state MCH and CSHCN programs have taken to ensure a statewide system of services, which reflect the principles of comprehensive, community-based, coordinated, family-centered care. Highlighted in this description is the extent to which the state effectively uses its Title V funds to support:

(1) State program collaboration with other state agencies and private organizations;

(2) State support for communities;

(3) Coordination with health components of community-based systems; and

(4) Coordination of health services with other services at the community level.

iii. **MCH Workforce Development and Capacity**

(a) Describe the strengths and needs of the state MCH and CSHCN workforce, including the number, location and full-time equivalents of state and local staff who work on behalf of the state Title V programs. Included in this description should be the names and qualifications (briefly described) of senior level management employees who serve in lead MCH-related positions and program staff who contribute to the state's planning, evaluation, and data analysis capabilities. States should also report on the number of parent and family members, including CSHCN and their families, who are on the

state Title V program staff and their roles (e.g., paid consultant or volunteer.) In addition, states are encouraged to provide additional MCH workforce information which may be available, such as the tenure of the state MCH workforce and projected shifts in the MCH and CSHCN workforce over the five-year reporting period.

(b) Provide examples of the mechanisms that the state has developed and utilized to promote and provide culturally competent approaches in its services delivery. Examples of such activities may include:

(1) Collect and analyze data according to different cultural groups (e.g. race, ethnicity, language) and use the data to inform program development and service delivery.

(2) Ensure the provision of training, both in orientation and ongoing professional development, for staff, family leaders, volunteers, contractors and subcontractors in the area of cultural and linguistic competence.

(3) Collaborate with informal community leaders/groups (e.g. natural networks, informal leaders, spiritual leaders, ethnic media and family advocacy groups) and families of culturally diverse groups in needs/assets assessments, program planning, service delivery and evaluation/ monitoring/quality improvement activities.

(4) Secure allocation of resources to adequately meet the unique access, informational and service needs of culturally diverse groups.

(5) Develop and implement performance standards for staff and contractors that incorporate cultural competence practices and policies.

(6) Provide policies and guidelines that support the above identified items and approaches.

c. Partnerships, Collaboration, and Coordination

Based on the Five-year Needs Assessment findings, states shall describe relevant organizational relationships which serve the legislatively-defined MCH populations and contribute to, or expand, the capacity and reach of the state Title V MCH and CSHCN programs. Specifically, the discussion in this section should focus on partnerships, collaborations, and

cross-program coordination established by the state Title V program with public and private sector entities; federal, state and local government programs; Tribes, Tribal Organizations and Urban Indian Organizations; families/consumers; primary care associations; tertiary care facilities; academia; and other primary and public health organizations across the state that address the priority needs of the MCH population but are not funded by the state Title V program.

The findings presented in the Five-year Needs Assessment Application/Annual Report year should be updated annually in the state's subsequent four interim year Applications/Annual Reports, based on the findings of ongoing needs assessment efforts and noted changes in the state's partnership, collaboration, and coordination efforts.

In reporting on the Title V program's ongoing commitment and efforts to build, sustain and expand partnerships, to work collaboratively and to coordinate with other MCH-serving organizations, the state should describe its relationships with such programs as:

i. Other MCHB investments (e.g., State System Development Initiative (SSDI) Grants, CSHCN State Implementation Grants, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grants, Healthy Start Grants, Early Childhood Systems of Care (ECCS) Grants, MCH Training programs and other MCHB efforts relating to injury prevention, autism, developmental disabilities, adolescent health, workforce development, oral health, bullying and emergency medical services for children);

ii. Other Federal investments (e.g., ACF, CDC and USDA-funded programs, such as the Personal Responsibility Education Program (PREP) teen pregnancy grants, family planning, immunizations, infant and child death reviews and WIC);

iii. Other HRSA programs (e.g., federally qualified health centers and HIV/AIDS);

iv. State and local MCH programs (e.g., local health departments and urban MCH programs);

v. Other programs within the State Department of Health (e.g., chronic disease, prevention and health promotion, immunization, vital records and health statistics, injury prevention, behavioral and mental health and substance abuse);

vi. Other governmental agencies (e.g., Medicaid, CHIP, Education, Social Services/Child Welfare, Corrections and Rehabilitation Services);

vii. Tribes, Tribal Organizations and Urban Indian Organizations;

viii. Public health and health professional educational programs and universities;

ix. Family/consumer partnership and leadership programs; and

x. Other State and local public and private organizations that serve the state's MCH population.

States must include, as an attachment to this section, a current copy of the Inter-Agency Agreement (IAA) that was developed between the state's Medicaid agency and the Title V agency, as cited in Section 509(a)(2) of Title V and referenced in Section 1902(a)(11)(b) of Title XIX of the Social Security Act.

In their Five-year Needs Assessment Summary, states should include qualitative and quantitative information on their established family/consumer partnerships. This description should include, but is not limited to, the following discussion points:

i. Nature and substance of the established family/consumer partnership;

ii. Diversity of members engaged in the family/consumer partnership;

iii. Number of families/consumers engaged in the family/consumer partnership, the degree of their engagement, the compensation that is provided to them and the number of families/consumers that were trained on MCH core competencies;

iv. Evidence and range of issues being addressed through the family/consumer partnership;

v. Impact of family/consumer partnership on programs and policies, including the development of promising practices; and

vi. Description of the state's efforts to build and strengthen family consumer partnerships for all MCH populations, including CYSHCN.

C. State Selected Priorities

In this section, states shall list the seven to ten highest priority needs they identified based on the findings of the Five-Year Needs Assessment. The priority needs selected by a state for its Title V program during the five-year reporting period should be determined by a thorough examination of the findings from the state's Five-year Needs Assessment, as highlighted in the Needs Assessment Summary of the first year Application/Annual Report. States must assure that the selected priorities address the defined MCH population groups that were discussed in the Needs Assessment Summary.

In addition to listing the seven to ten selected priority needs on Form 9, states should provide a rationale for how these priority needs were determined. This rationale should include pertinent discussions on other priority needs that were strongly considered by the state and its stakeholders and why these needs were not included among the final priority list. In addition, states should describe the methodologies that were used for ranking the broad set of identified needs and the process for selecting its final seven to ten priorities. States should also discuss factors that have contributed to changes in the priority needs since the previous five-year reporting cycle and note if: (1) Priorities were continued; (2) Priorities were replaced; or (3) Priorities were added. For each priority need, the state should discuss why a priority need was continued, replaced, or added.

Updates relative to the selected priority needs should be provided by the state in the subsequent four interim year narrative Applications/Annual Reports.

D. Linkage of State Selected Priorities with National Performance and Outcome Measures

The priority needs identified by the state based on the findings of its Five-year Needs Assessment shall inform the state's selection of the national performance and outcome measures for programmatic focus by its Title V program. In partnership with the state Title V program leadership and other MCH stakeholders, the MCHB identified 15 national priority areas for the Title V MCH program. Detail sheets for each of the 15 national performance measures are provided in Appendix F. Based on the identified state priority needs, states shall select eight of the 15 national measures to be addressed over the five-year period in their Title V program.

In this section of the Five-year Needs Assessment Application/Annual Report year (i.e., FY 2016/FY 2014), states should list the selected eight national performance measures with a rationale for why these measures were selected. The discussion should clearly link the selected national measures with the state's identified priorities. In the second year Application/Annual Report year (i.e., FY 2017/FY 2015), states will develop and submit ESMs to address each of the selected national measures. States can replace or revise one or more of the

ESMs developed in the subsequent interim year Applications/Annual Reports (i.e., FY 2018-FY 2020/FY 2016-FY 2018) based on its effectiveness in achieving the targeted progress for the corresponding national measure(s). With justification, the state can change the NPM that it selected based on the Five-year Needs Assessment findings during the five-year reporting cycle.

In addition to developing their strategy measures, states will establish a performance objective for each ESM as part of the second year Application/Annual Report (i.e., FY 2017/FY 2015). States will begin reporting on the strategy measure in the Year 03 through 05 interim Applications/Annual Reports (i.e., FY 2018-FY 2020/FY 2016-FY 2018). Annual performance data for the NPMs, the NOMs, and the OSD will be pre-populated, as available, for the state in the Title V information System (TVIS.)

E. Linkage of State Selected Priorities with State Performance and Outcome Measures

In addition to the NPMs selected by the state, the state shall develop between three and five SPMs to address its unique MCH needs to the extent that these needs are not addressed by the national measures and ESMs. Determination of the SPMs should be based on the findings of the Five-year Needs Assessment. States should develop a detail sheet on Form 10b, similar to the detail sheets provided for the national measures, for each SPM.

States will identify the established three to five SPMs on Form 10B as part of the second year Application/Annual Report (i.e., FY 2017/2015.) In addition, they will establish performance objectives for each of the SPMs. Annual reporting of performance data for the SPMs will begin with the submission of the FY 2016 Annual Report. While not encouraged for reporting purposes, states may change or revise a SPM during one of the interim reporting years in the five-year cycle.

A state <u>may</u> also develop (but is not required to develop) one or more SOMs based on the MCH priorities determined as a result of the Five-year Needs Assessment, provided that none of the NOMs address the same priority area for the state. A SOM should be linked with a performance measure to show the impact of performance on the intended outcome. For any SOMs developed by the state, five-year performance objectives should be established for each of the reporting years.

States will develop a detail sheet for any identified SOMs. On the detail sheets, States shall define the measures; goal; the indicator, numerator, and denominators; data source; and significance. The SOM detail sheets will be submitted by the state as part of the second year Application/Annual Report (i.e., FY 2017/FY 2015.) A state will track a SOM during the five-year reporting cycle, and the state can retire an SOM if it chooses. Data for the SOMs (indicator/numerator/denominator) will be entered annually by the state.

A timeline and the required components of the three Applications/Annual Reports (i.e., FY 2016/FY 2014 through FY 2018/FY 2016) that are due to be submitted under this Guidance instruction are presented in Appendix G.

F. Five-Year State Action Plan

States shall develop a five-year State Action Plan in follow-up to the Five-year Needs Assessment. This Action Plan will serve as the Application/Annual Report narrative discussion for the state on their planned activities for the Application year and the activities that were implemented in the Annual Report year. Activities should be discussed in terms of the state's targeted performance and its achievements around the NOMs, NPMs, ESMs and SPMs. The State Action Plan shall include a robust discussion of the health status/outcome and performance measures for each of the six population health domains.

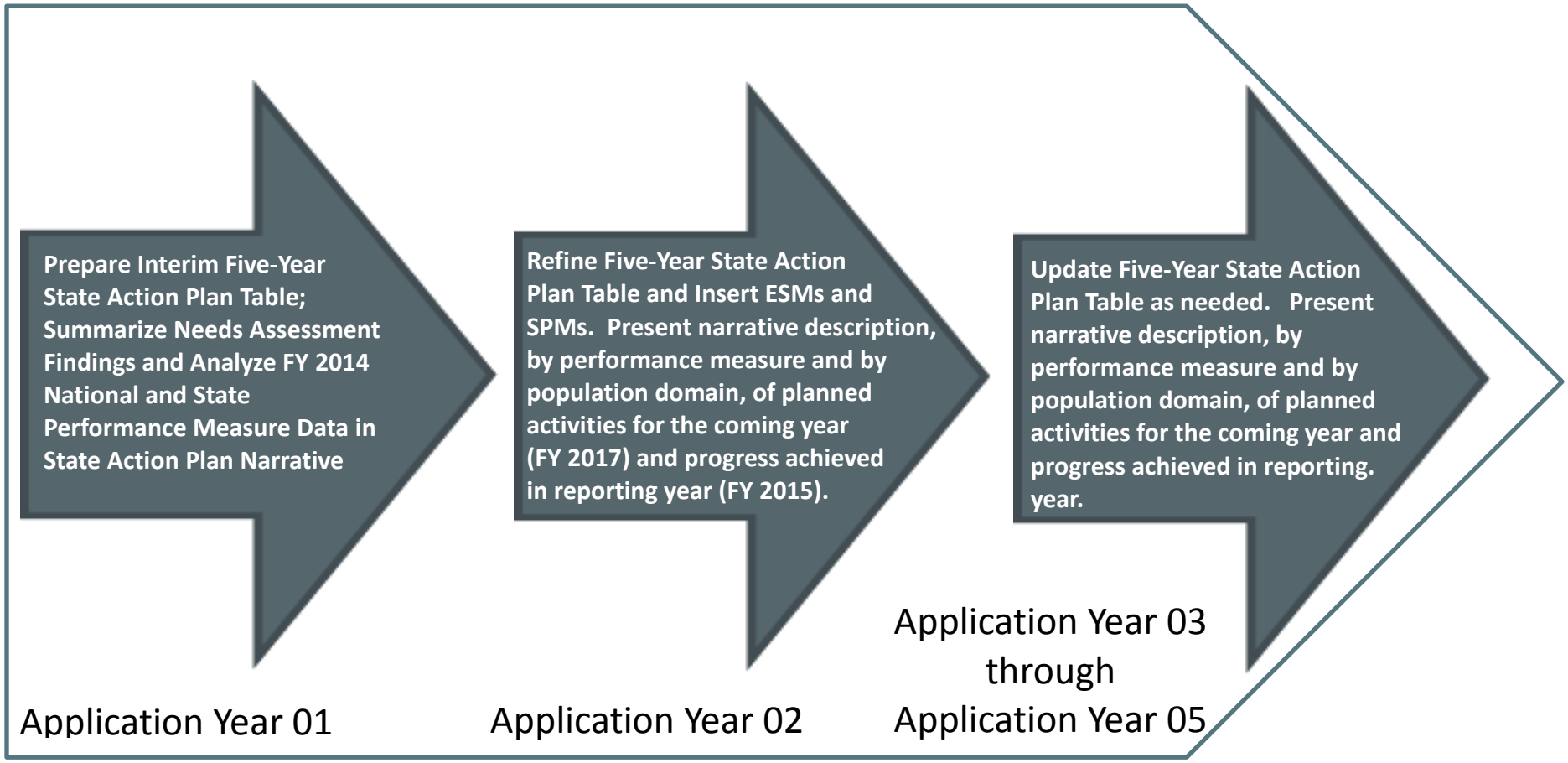
In developing the Action Plan, the state shall complete an interim Five-year State Action Plan Table (see sample on page 32 (Figure 4) of this Guidance and in Appendix B) as part of the first year Application/ Annual Report (i.e., FY 2016/ FY 2014). This Table is a tool to assist states in aligning their program strategies, NPMs, ESMs and SPMs with the priority needs that were identified in the Five-year Needs Assessment. States will refine the objectives and strategies, insert the ESMs for the selected NPMs and add the SPMs to the Five-year Action Plan Table in the second year Application/Annual Report (i.e., FY 2017/FY 2015). Updates to the strategies and activities will be provided by the state, as needed, in subsequent interim year Applications/Annual Reports. Figure 3 depicts the steps involved in the development of and the annual reporting on the implementation of the five-year State Action Plan.

1. State Action Plan and Strategies by MCH Population

This section will serve as the state's narrative plan for the Application year and as the Annual Report for the reporting year. States should describe their planned activities for the Application year and summarize the programmatic efforts that have been undertaken for the Annual Report year, with primary emphasis placed on the performance impacts that have been achieved. The discussion should be specific to how priorities identified in the Needs Assessment Summary are being addressed through the strategies and activities that were described in the Five-year Action Plan Table. The narrative discussion shall be organized in the following order and grouped by the listed population health domains:

- Women/Maternal Health
- Perinatal/Infant Health

Figure 3. Development and Implementation of Five-Year State Action Plan



- Child Health
- CSHCN
- Adolescent Health
- Cross-cutting or Life Course

Within the description of each population domain, states shall include the following sections:

a. Five-year State Action Plan Table

In accordance with the relevant priorities identified through the Five-year Needs Assessment process for each of the six population health domains, the state shall complete a State Action Plan Table. This Table should be considered a planning tool for states to use in developing a five-year Action Plan that aligns the identified priority needs with the program strategies and performance measures. It is recognized that the Five-year Action Plan Table submitted by the state in the first Application/Annual Report year (i.e., FY 2016/FY 2014) should be considered as an interim plan, which will be further refined and completed in the second Application/Annual Report year (i.e., FY 2017/FY 2015.)

The Five-year Action Plan Table should include priority needs as the starting point with objectives, key strategies and relevant performance measures selected for each of the six population health domains to address the identified needs. While states are not required to use the sample format that is presented in Figure 4 on page 32 and also in Appendix B for their State Action Plan Table, similar information must be provided in tabular form. A description or definition of each of the categories to be included in the State Action Plan Table is provided below.

i Priority Needs – Title V legislation directs states to conduct a state-wide MCH Needs Assessment every 5 years to identify the need for preventive and primary care services for pregnant women, mothers, infants, children, and CSHCN. From this assessment, states select seven to ten priorities for focused programmatic efforts over the five-year reporting cycle.

ii Objectives – A statement of intention with which actual achievement and results can be measured and compared. SMART objectives are specific, measurable, achievable, relevant and time-phased.

iii Key Strategies – Strategies are the general approaches taken to achieve the objectives; activities are specific actions to implement the strategies. Strategies are defined as part of the interim Five-year State Action Plan Table and further refined in the second Application/Annual Report year. Program activities for implementing the identified program strategies will be discussed and updated annually as part of the State Action Plan narrative.

iv Performance Measures – List the NPMs, ESMs and SPMs (beginning in interim year 02) that align to the identified strategies, and to the NOMs.

States should update the Five-year State Action Plan Table as needed in the interim year Applications/Annual Reports.

Figure 4. Five-Year State Action Plan Table – SAMPLE

Domains	***State Priority Needs***	***Objectives***	***Strategies***	***National Outcome Measures****	***National Performance Measures****	***Evidence-Based or –Informed Strategy Measures***	***State Performance Measures***
Women/ Maternal Health							
Perinatal/ Infant Health							
Child Health							
CSHCN							
Adolescent Health							
Cross-Cutting or Life Course							
Other							

* Data to be provided by MCHB

b. State Action Plan

The State Action Plan will serve as the narrative reporting for each year's Application/Annual Report. For each population health domain, states will complete each of the sections outlined below.

i. Plan for the Application Year and Annual Report

In the State Action Plan narrative, states should include a Plan for the coming year (i.e., Application year) and an Annual Report that provides greater detail on the information that is presented in the Five-year State Action Plan Table. For each population domain, states should provide necessary narrative about the previous year's activities, accomplishments, challenges and revisions as well as a plan for the coming year. States should primarily describe activities for which the Title V program provides primary leadership in administering the activity. Activities for which the state Title V program has a partnership role, but does not have the primary responsibility for implementing the activity, should be discussed in Section 2.2.

The State Action Plan narrative should include an analysis of factors contributing to progress made, challenges that have impeded progress, and a description of the plan for the coming year in response to both the successes and the challenges. The narrative discussion should focus on the six identified population domains and be organized around the planned activities for the Application year, interpretation of the performance data provided on Form 10D for reporting years FY 2014 and FY 2015 and on Form 10A for reporting years FY 2016-FY 2020, analyses of the effectiveness of the current program activities and strategies and initiation of new efforts if adequate progress has not been achieved. In years that states are reporting on ESMs, the Action Plan should address how the established ESMs have contributed to progress in achieving the performance targets that were set for the NPMs.

For each population health domain, states will discuss how they are addressing the related legislative requirements outlined in Sections 501(a)(1) and 505. States should describe critical partnerships with other MCHB-supported programs, such as the MIECHV, Training Programs and Healthy Start programs.

ii. Other Programmatic Activities

If there are investments of federal MCH Block Grant funds for a population health domain that do not directly align with the State priorities that were identified through the Five-year Needs Assessment, these investments should be described in this section. The state should provide a rationale for these investments, including an explanation of their role in supporting the state's overall system of care for the MCH population. For example, if the state uses MCH Block Grant funds to support newborn screening,

but newborn screening does not fit within the state priorities for perinatal/infant health that were identified through the Five-year Needs Assessment, the newborn screening investment should be described in this section. The state should provide an explanation for the role and importance of this work to the system of care provided by Title V in supporting perinatal/infant health.

If applicable, states should describe in this section Title V program activities that are included in the State Plan but do not fall directly within any of the population domains (e.g., development and/or enhancement of MCH data infrastructure; and priorities related to underserved areas/workforce shortages.) States should also describe critical partnerships to advance maternal and child health, including partnerships with other MCHB-supported programs (e.g., MIECHV, MCH Training Programs, Healthy Start programs and MCHB-supported Collaborative for Innovation and Improvement Networks (CoIINs) in which the State has been involved.)

2. MCH Workforce Development and Capacity

States should use this section to describe actions taken to improve the capacity of the MCH workforce in the state, including changes in noted strengths and needs. The state's description of the MCH workforce should identify any changes to the workforce funded by Title V, as well as the current capacity of the workforce within the state to address the needs of the MCH population. States should also describe critical workforce development and training needs of state Title V staff.

3. Family/Consumer Partnership

Building the capacity of women, children and youth, including those with special health care needs, and families to partner in decision making with Title V programs at the federal, state and community levels is a critical strategy in helping states to achieve national outcomes. States should include a description of the state's efforts and initiatives to build and strengthen family/consumer partnerships for all MCH populations, to assure cultural and linguistic competence and to promote health equity in the work of the state Title V program. For purposes of the Title V MCH Services Block Grant program and this guidance, as previously noted, family/consumer partnership is defined as: "The intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course. Family engagement reflects a belief in the value of the family leadership at all levels from an individual, community and policy level." States will describe efforts to support Family/Consumer Partnerships, including family/consumer engagement in the following strategies and activities:

- Advisory Committees;
- Strategic and Program Planning;
- Quality Improvement;
- Workforce Development;
- Block Grant Development and Review;
- Materials Development; and
- Advocacy.

4. Health Reform

States should describe the actions taken and the evolving role that state Title V agencies have in supporting health reform efforts. In addition, states should describe ways in which the Title V MCH Services Block Grant Program is providing services that help to advance the implementation of the ACA, as appropriate. For example, states may discuss roles in supporting the health insurance marketplace and consumer assistance, collaboration with accountable care organizations (ACOs) or similar entities, or any roles in working with hospital organizations on community health needs assessments. If relevant, states should also describe ways in which the Title V MCH Block Grant Program is providing gap-filling health care services to MCH populations, as noted on Form 3b. Efforts to assure cultural and linguistic competence and to promote health equity through the state's health care reform efforts should also be discussed, if relevant.

5. Emerging Issues

States should describe any emerging issues that were not addressed as part of the State Action Plan narrative, but they are significant for understanding current or projected strengths and needs of the MCH population.

6. Public Input [Section 505a]

In its Application/Annual Report, the state shall describe its process for making the Application/Annual Report available to the public for comment during its development and after its transmittal. This discussion should include efforts by the state to solicit public comments during the development of the Application/Annual Report. The number and nature of the comments received and how they were addressed in the final Application/Annual Report should be noted for each year.

The state should clearly identify specific activities for engaging families and other stakeholders prior to, during and after the Application process. Such activities may include:

- Public Hearings
- Advisory Council Review
- Web Posting
- Social Media
- Public Notices
- Other Use of Media
- Outreach to Specific Stakeholders (e.g., MCH Training Grantees)

Further information regarding public input can be found by opening the section titled "Technical Assistance to States" on the MCHB website, http://www.mchb.hrsa.gov. See the resource document entitled "Facilitating Public Comment on the Title V MCH Block Grant."

7. Technical Assistance

States should give consideration to potential areas of needed technical assistance as they complete their five-year Action Plan. In accordance with the responsibilities prescribed in Section 509 of the Title V legislation, the MCHB works with the states and jurisdictions to identify the types of technical support and resources that are needed. To receive MCHB-supported technical assistance, the state must complete and submit a Technical Assistance Request Form. This form is available upon request from the MCHB Project Officer.

III. BUDGET NARRATIVE

A. Expenditures

The state should maintain budget documentation for Block Grant funding/ expenditures for reporting, consistent with Section 505(a), and consistent with Section 506(a)(1) for audit. Significant variations (i.e., greater than 10%) in the expenditure data that are reported by the state on Forms 2 and 3, as compared to previous years' reporting, should be discussed. In this five-year reporting cycle, states will report federal and non-federal MCH Block Grant expenditures separately. Expenditures for Direct Services, as defined in the Glossary in Appendix H, should be broken out by each of the three legislatively-defined MCH

populations on Form 3b. Such Direct Service expenditures should be further clarified by listing the amount expended for each specific service type that is listed in Section 4 on Form3b. It should be noted that Title V is the payer of last resort, by legislation, and the services listed by the state reflect services that were not covered or reimbursed through another provider.

B. Budget

The budget narrative is intended to reflect how federal support complements the State's total effort and what amounts will be spent in compliance with the 30% - 30% requirements. It should further describe how other spending categories (administration and maintenance of effort) of Title V funds, as shown on Form 2, are maintained. The state should describe how satisfaction of the required match is achieved. Adequate discussion should be provided for significant year-to-year variations in budget or expenditures. In this five-year reporting cycle, the state will submit separate budget estimates for federal and non-federal MCH Block Grant funds.

In this section, the state shall also briefly describe the maintenance of effort from 1989 [Section 505(a)(4)]; any continuation funding for special projects [Section 505(a)(5)(C)(i)]; or special consolidated projects noted in Section 501(b)(1) [Section 505(a)(5)(B)].

The budget justification should further describe sources of other federal MCH dollars, state matching funds, including non-federal dollars that meet at least the legislatively-required minimum match for Title V, and other state funds used by the agency in its Title V program. Significant variations in the budgeted amounts reported by the state on Forms 2 and 3, as compared to previous years' reporting, should be discussed.

States are reminded that any amount payable to a state under this title from allotments for a fiscal year, which remains unobligated at the end of such year, shall remain available to such state for obligation during the next fiscal year. No payment may be made to a state under this title from allotments for a fiscal year for expenditures made after the following fiscal year [Section 503(b)].

PART THREE: REPORTING FORMS

Form 1	Application for Federal Assistance (Standard Form - 424)
Form 2	MCH Budget/Expenditure Details
Form 3a	Budget and Expenditure Details by Types of Individuals Served
Form 3b	Budget and Expenditure Details by Types of Services
Form 4	Number and Percentage of Newborns and Others Screened, Cases Confirmed and Treated
Form 5a	Unduplicated Count of Individuals Served under Title V
Form 5b	Total Recipient Count of Individuals Served by Title V
Form 6	Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX
Form 7	State MCH Toll-Free Telephone Line and Other Appropriate Methods Data
Form 8	State MCH and CSHCN Directors Contact Information
Form 9	List of MCH Priority Needs
Form 10A	Tracking Measures for NOMs, NPMs, SOMs, SPMs and ESMs
Form 10B	State Performance/Outcome Measure Detail Sheet
Form 10C	Evidence-Based or –Informed Strategy Measure (ESM) Detail Sheet
Form 10D	National and State Performance Measures (Reporting Year FY 2014 and FY 2015)
Form 11	Other State Data – #01 - #03

View Burden Statement

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

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

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:

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

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

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

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

18. Estimated Funding ($):

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

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment Delete Attachment View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Instructions for Application for Federal Assistance (SF-424)

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the federal agency (agency). Required fields on the form are identified with an asterisk (*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

Item	Field Name	Information
1.	Type of Submission:	(Required) Select one type of submission in accordance with agency instructions. • Pre-application • Application • Changed/Corrected Application - Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.
2.	Type of Application:	(Required) Select one type of application in accordance with agency instructions. • New - An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)
3.	Date Received:	Leave this field blank. This date will be assigned by the Federal agency.
4.	Applicant Identifier:	Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.
5a.	Federal Entity Identifier:	Enter the number assigned to your organization by the federal agency, if any.
5b.	Federal Award Identifier:	For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.
6.	Date Received by State:	Leave this field blank. This date will be assigned by the state, if applicable.
7.	State Application Identifier:	Leave this field blank. This identifier will be assigned by the state, if applicable.
8.	Applicant Information:	Enter the following in accordance with agency instructions:
	a. Legal Name:	(Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting www.Grants.gov.

	b. Employer/Taxpayer Number (EIN/TIN):	(Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.
	c. Organizational DUNS:	(Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting www.Grants.gov.
	d. Address:	Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US).
	e. Organizational Unit:	Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.
	f. Name and contact information of person to be contacted on matters involving this application:	Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.	A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify)
10.	Name Of Federal Agency:	(Required) Enter the name of the federal agency from which assistance is being requested with this application.
11.	Catalog Of Federal Domestic Assistance Number/Title:	Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
12.	Funding Opportunity Number/Title:	(Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
13.	Competition Identification Number/Title:	Enter the competition identification number and title of the competition under which assistance is requested, if applicable.
14.	Areas Affected By Project:	This data element is intended for use only by programs for which the area(s)

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

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

	FY__ Application Budgeted	FY__ Annual Report Expended
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$_____	$_____
Of the Federal Allocation, the amount earmarked for:		
A. Preventive and Primary Care for Children:	$_____ (__%)	$_____ (__%)
B. Children with Special Health Care Needs:	$_____ (__%)	$_____ (__%)
C. Title V Administrative Costs:	$_____ (__%)	$_____ (__%)
2. UNOBLIGATED BALANCE (Item 18b of SF- 424)	$_____	$_____
3. STATE MCH FUNDS (Item 18c of SF-424)	$_____	$_____
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$_____	$_____
5. OTHER FUNDS (Item 18e of the SF-424)	$_____	$_____
6. PROGRAM INCOME (Item 18f of SF-424)	$_____	$_____
7. TOTAL STATE MATCH (Lines 3 through 6)	$_____	$_____
A. Enter your State's FY 1989 Maintenance of Effort Amount **$_____**		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 through 6. Same as line 18g of SF-424)	$_____	$_____
9. OTHER FEDERAL FUNDS [Select Appropriate Funding Sources from the Drop-Down Box] (Report only funds under the control of the Title V Program Administrator)		
Select the Appropriate Federal Department ⇩		
Select the Appropriate Federal Agency. ⇩		
Select the Appropriate Federal Grant Program. ⇩	$_____	$_____
10. OTHER FEDERAL FUNDS (SUBTOTAL of all funds under item 9)	$_____	$_____
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$_____	$_____

INSTRUCTIONS FOR COMPLETION OF FORM 2
MCH BUDGET/EXPENDITURE DETAILS

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

Instructions: This form provides details of the State's MCH budget and expenditures for the Application year and Annual Report year, respectively, and the fulfillment of certain spending requirements under Title V for a given year. A Glossary that contains terms applicable to this form is provided in Appendix H of the Supporting Documents, which accompany the Application/Annual Report Guidance.

LINE NUMBER	INSTRUCTIONS
1	Enter the amount of the Federal Title V allocation.
1A	Enter the amount of the Federal allotment for preventive and primary care for children. The percentage of the total (Line 1) that this amount represents will be calculated by the Title V Information System (TVIS).
1B	Enter the amount of the Federal allotment for children with special health care needs. The percentage of the total (Line 1) that this amount represents will be calculated by the Title V Information System (TVIS).
1C	Enter the amount of the Federal allotment for the administration of the allotment. The percentage of the total (Line 1) that this amount represents will be calculated by the Title V Information System (TVIS).
2	Enter the amount of carryover from the previous fiscal year's MCH Block Grant Allocation (the unobligated balance). Any unspent funds for the expenditure year should also be noted.
3	Enter the amount of your State total funds for the Title V allocation (match).
4	Enter the amount of total MCH dedicated *matching* funds garnered from local jurisdictions within your State.
5	Enter the total of MCH funds available from other sources such as foundations.
6	Enter the amount of MCH program income funds collected by your State's MCH agencies from insurance payments, MEDICAID, HMO's, etc.
7	The TVIS will calculate the sum total of Lines 3, 4, 5, and 6 for the total of your State match and overmatch.
7A	Enter your State's FY 1989 Maintenance of Effort amount.
8	The TVIS will calculate the total for Lines 1 through 6. This amount is the "Federal-State Title V Block Grant "Partnership."
9	Enter Federal funds **other** than the Title V Block Grant that are directly under the control of the Title V Program Administrator.
10	The TVIS will calculate the sum of all lines in item 9.
11	The TVIS will calculate the sum of Lines 8 and 10. This amount is the total of all MCH funds administered by your State's MCH program.

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

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY ____ Application Budgeted	FY ____ Annual Report Expended
1. Pregnant Women	$_____	$_____
2. Infants < 1 year	$_____	$_____
3. Children 1-22 years	$_____	$_____
4. CSHCN	$_____	$_____
5. All Others	$_____	$_____
Federal TOTAL	**$_____**	**$_____**

IB. Non-Federal MCH Block Grant	FY ____ Application Budgeted	FY ____ Annual Report Expended
1. Pregnant Women	$_____	$_____
2. Infants < 1 year	$_____	$_____
3. Children 1-22 years	$_____	$_____
4. CSHCN	$_____	$_____
5. All Others	$_____	$_____
Non-Federal TOTAL	**$_____**	**$_____**

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

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

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

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

LINE NUMBER	INSTRUCTIONS
I.A.1 – I.A.5	Enter the budgeted (Application year) and expended (Annual Report year) amounts for the **Federal** MCH allocation.
I.A.1 Federal TOTAL	The TVIS will calculate the sum of the amounts entered for Lines I.A.1 through I.A.5.
I.B.1 - I.B.5	Enter the budgeted (Application year) and expended (Annual Report year) amounts for the **non-Federal** Title V program funds.
I.B.1 Non-Federal TOTAL	The TVIS will calculate the sum of the amounts entered for Lines I.B.1 through I.B.5.
Federal-State MCH Block Grant Partnership TOTAL	The TVIS will calculate the sum of the amounts entered for the I.A.1 TOTAL and I.B.1 TOTAL.

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

II. TYPES OF SERVICES

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

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

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

Select Service Type

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

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

II. TYPES OF SERVICES (Continued)

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

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

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

Select Service Type

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

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

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

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

LINE NUMBER	INSTRUCTIONS
II.A.1	Of the **Federal MCH allocation**, enter the **Tota**l budgeted (Application year) and expended (Annual Report year) amounts for **Direct Services**.
II.A.1.a – II.A.1c	Of the **Federal** MCH allocation, enter the **Tota**l budgeted (Application year) and expended (Annual Report year) amounts for **Direct Services by types of services and MCH population group**.
II.A.2	Of the **Federal MCH allocation**, enter the **Tota**l budgeted (Application year) and expended (Annual Report year) amounts for **Enabling Services**.
II.A.3	Of the **Federal MCH allocation**, enter the **Tota**l budgeted (Application year) and expended (Annual Report year) amounts for **Public Health Services and Systems.**
II.A.4	Using the list of services provided in the drop down box, select any direct service that the State supports through its Federal Title V funds. Check "Yes" and enter the amount of Federal funds expended for this service. Additional services may be included by checking "Other" and entering the type of service that is supported.
Federal TOTAL	The TVIS will calculate the sum of the **Federal** amounts entered for Line II.A.1, Line II.A.2 and Line II.A.3.

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

LINE NUMBER	INSTRUCTIONS
II.B.1	Of the **non-Federal MCH allocation**, enter the **Tota**l budgeted (Application year) and expended (Annual Report year) amounts for **Direct Services**.
II.B.1.a – II.B.1c	Of the **non-Federal** MCH allocation, enter the **Tota**l budgeted (Application year) and expended (Annual Report year) amounts for **Direct Services by types of services and MCH population group**.
II.B.2	Of the **non-Federal MCH allocation**, enter the **Tota**l budgeted (Application year) and expended (Annual Report year) amounts for **Enabling Services**.
II.B.3	Of the **non-Federal MCH allocation**, enter the **Tota**l budgeted (Application year) and expended (Annual Report year) amounts for **Public Health Services and Systems.**
II.B.4	Using the list of services provided in the drop down box, select any direct service that the State supports through its non-Federal Title V funds. Check "Yes" and enter the amount of non-Federal funds expended for this service. Additional services may be included by checking "Other" and entering the type of service that is supported.
Non-Federal TOTAL	The TVIS will calculate the sum of the **non-Federal** amounts entered for Line II.B.1, Line II.B.2 and Line II.B.3.

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

Total Births by Occurrence: _____ **Reporting Year:**_____

Type of Screening Tests	(A) Number Receiving at Least One Screen([1])		(B) Number Presumptive Positive Screens	(C) Number Confirmed Cases([2])	(D) Number Referred for Treatment ([3])	
	No.	%			No.	%
1. Newborn Screening Program Select all applicable screening tests from the core and secondary conditions in the Recommended Uniform Screening Panel (RUSP) using the drop down list.						
2. Other Newborn Screening Tests (Specify by Name) 1. Newborn Hearing 2. _____ 3. _____						
3. Screening Programs for Older Children & Women 1) _____ 2) _____ 3) _____						

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

[1] Use occurrent births as denominator.
[2] Report only those from resident births.
[3] Use number of confirmed cases as denominator.

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

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

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

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

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

Reporting Year_____	**(A)**	**(B)**	**(C)**	**(D)**	**(E)**	**(F)**
	TITLE V	PRIMARY SOURCE OF COVERAGE				
Type of Individuals Served	Total Served	Title XIX %	Title XXI %	Private/Other %	None %	Unknown %
1. Pregnant Women						
2. Infants < 1 year of age						
3. Children 1 to 22 years of age						
4. Children with Special Health Care Needs						
5. Others						
TOTAL						

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

Reporting Year _____	
Type of Individuals Served by Title V	**Total Served**
1. Pregnant Women	_____
2. Infants < 1 year of age	_____
3. Children 1 to 22 years of age	_____
4. Children with Special Health Care Needs	_____
5. Others	_____
TOTAL	_____

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

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

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

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

Form 5a, *Unduplicated Count of Individuals Served Under Title V*, enables the State to track and report on the number of individuals who were served by the Title V program within the top level of the MCH Pyramid.

Form 5b, *Total Recipient Count of Individuals Served by Title* V, enables the State to track and report on the number of individuals who received a Title V service within the top two service levels of the MCH Pyramid.

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

It is recognized that precisely quantifying the number of individuals reached through population-based services (e.g., preventive health screenings, outreach, immunizations and health education) is difficult, and informed estimates are often required. Relying only on reimbursement data for the individual services supported by Title V, however, can lead to serious underestimates of the number of individuals in a State who actually received and benefitted from a Title V-supported service. For this reason, Form 5b was developed to better capture the full "reach" of the State's Title V program in serving its MCH population.

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

FORM/LINE NUMBER	INSTRUCTIONS
Form 5a	States should report an *unduplicated* number of the individuals served by Title V in each of the listed MCH population groups.
Reporting Year	Enter the reporting year for which the data apply at the top of Form 5a on the designated line.
1 – 5, Column A	Enter the best possible estimate for an unduplicated count of individuals served by the Title V program across the top level (i.e., Direct Services) of the MCH Pyramid, regardless of the primary source of coverage. These services would include all individuals served by total dollars reported on line 8 of Form 2. Please note that the figure in the "Title V Total Served" column of the "Infants < 1 year of age" row is related to the "Total Births by Occurrence" line in Form 4.
1 -5, Columns B - F	Report the percentages of individuals who were served by Title V within the listed classes and their primary source of coverage. These counts may be estimates. If individuals are covered by more than one source, the primary source of coverage should be reported.
Form 5b	States should report an estimate for the *total number of individuals* who received a Title V service in each of the listed MCH population groups. This estimate should include the public health services that are described in the top two levels (i.e., Direct Services and Enabling Services) of the MCH Pyramid and include individuals who receive services supported by other Federal programs (e.g., Title X) which are under the control of the Title V Administrator, as reported on Line 9 of Form 2. It is recognized that some individuals will receive services under multiple Title V-supported programs (e.g., local clinics and school-based screenings) and, thus, may be counted more than once. The purpose of this form is to better capture the breadth of the State's Title V program and its reach in serving the MCH population. Derivation of estimates should be properly explained in a data note, as needed. For example, if a State is implementing a media campaign under Title V that targets adolescents, estimates of the number of adolescents reached may be derived from sample data or market surveys.
Reporting Year	Enter the reporting year for which the data apply at the top of Form 5b on the designated line.
1-5	Enter the best possible estimate for a total count of individuals served by the Title V program across the top two levels of the MCH Pyramid. These services would include all individuals served by the total dollars reported on line 8 of Form 2. Please note that the figure in the "Title V Total Served" column of the "Infants < 1 year of age" row is related to the "Total Births by Occurrence" line in Form 4. While these figures are not expected to match, there should be a fairly close relationship between them.

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

I. UNDUPLICATED COUNT BY RACE

Reporting Year: _____

	(A) TOTAL ALL RACES	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More Than One Race Reported	(H) Other & Unknown
1. TOTAL DELIVERIES IN STATE								
TITLE V SERVED								
ELIGIBLE FOR TITLE XIX								
2. TOTAL INFANTS IN STATE								
TITLE V SERVED								
ELIGIBLE FOR TITLE XIX								

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) TOTAL NOT HISPANIC OR LATINO	(B) TOTAL HISPANIC OR LATINO	(C) ETHNICITY NOT REPORTED
1. TOTAL DELIVERIES IN STATE			
TITLE V SERVED			
ELIGIBLE FOR TITLE XIX			
2. TOTAL INFANTS IN STATE			
TITLE V SERVED			
ELIGIBLE FOR TITLE XIX			

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

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

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

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

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

LINE NUMBER	INSTRUCTIONS
Section I: Unduplicated Count by Race	
Total Deliveries in State	In Column A, enter the number for the population-based total of all deliveries in the State for the reporting year eligible for Title XIX who were provided delivery of services in the reporting year. For Columns B-H, enter the number of individuals who were eligible by race.
Total Infants in State	In column A, for "Total Infants in State," enter the number of infants who were eligible for Title XIX during the reporting year. (Please note that this figure is related to the "Total Births by Occurrence" line in Form 4, and the "Total infants < 1 year of age" row in Form 5. While these figures are not expected to match, they should show a fairly close relationship to each other). For columns B-H, the State should enter the number of infants who were eligible by race.
Section II: Unduplicated Count by Ethnicity	
Total Deliveries in State	Enter the total number of deliveries in the State by ethnicity, specifically Hispanic or Latino in Column A, Not Hispanic or Latino in Column B or Ethnicity Not Reported in Column C.
Total Infants in State	Enter the total number of infants in the State by ethnicity, specifically Hispanic or Latino in Column A, Not Hispanic or Latino in Column B or Ethnicity Not Reported in Column C.

FORM 7

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

STATE PROFILE FOR FY___

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

STATE: _____

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

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

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

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

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

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

Instructions: Complete all required data cells for the reporting year. If an actual number of calls received or hits to the website is not available, the State should make an estimate. All estimates should be explained in a footnote.

LINE NUMBER	INSTRUCTIONS
State	Enter the name of the State.
Fiscal Year (FY)	Enter the reporting year at the top of the column.
A.1	Enter the State's primary toll-free MCH information line telephone number.
A.2	Enter the name of the State's primary toll-free MCH information line.
A.3	Enter the name of the person who should be contacted with any concerns about the State's primary toll-free MCH information line.
A.4	Enter the telephone number of the contact person that is listed on Line A.3.
A.5	For the reporting year, enter the number of calls received on the State's primary toll-free MCH information line.

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

FORM 8
STATE MCH AND CSHCN DIRECTORS CONTACT INFORMATION
STATE PROFILE FOR FY___

STATE: _____

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

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

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

Instructions: Enter the name of the Title V MCH Director, CSHCN Director and, at the option of the State, the Family and/or Youth Leader. For each of the listed contacts, provide the title, address, telephone number and e-mail address.

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

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

Instructions: With each year's Block Grant Application, the State should provide a list, (whether or not the priority needs change) of its top maternal and child health needs and crosslink the identified priorities with the existing National Outcome Measures (NOMs), NPMs, SPMs and ESMs. Use a simple sentence or phrase to list your State's needs below. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced." For each priority, indicate if it a new priority need for this five-year reporting cycle or if it is being continued from the previous five-year cycle. A rationale should be provided for any identified priority that is not linked to a specific performance/outcome measure.

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

STATE_____ **FY**_____

PRIORITY NEEDS	NEW (N), REPLACED (R) OR CONTINUED (C) PRIORITY NEED FOR THIS FIVE-YEAR REPORTING PERIOD			RATIONALE IF PRIORITY NEED DOES NOT HAVE A CORRESPONDING STATE OR NATIONAL PERFORMANCE/ OUTCOME MEASURE
	N	R	C	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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

Annual Reporting Year: Objective and Performance Data

MEASURE #__ (Measure Title)	**FY__ (Reporting Year)**	**FY__**	**FY__**	**FY__**	**FY__**	**FY__**
Annual Objective		_____	_____	_____	_____	_____
Annual Indicator	_____					
Numerator	_____					
Denominator	_____					
Data Source (Reporting Year): _____						
Note (Reporting Year): _____						

Description: As the standard form to be used by States in tracking all measurement types [National Outcome Measures (NOMs), National Performance Measures (NPMs), State Outcome Measures (SOMs), State Performance Measures (SPMs) and Evidence-based or –informed Strategy Measures (ESMs)] specified in this Guidance, this form serves a dual purpose: 1) Displays 5-year planned objectives (targets) for each NPM, SPM and ESM as part of the Application, and 2) Reports Annual Indicators, values actually achieved during a reporting year, for each NOM, NPM, SOM, if applicable, SPM and ESM as part of the Annual Report. States are not required to establish performance targets for the NOMs and SOMs. A Glossary that contains terms applicable to this form is provided in Appendix H of the Supporting Documents, which accompany the Application/Annual Report Guidance.

INSTRUCTIONS FOR THE COMPLETION OF FORM 10A
TRACKING MEASURES
(for National Outcome, National Performance, State Outcome, State Performance and Evidence-Based or –Informed Strategy Measures)

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

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

For the Annual Reporting year, States will complete the required data cells (i.e., Annual Indicator, Numerator, Denominator, Data Source and Reporting Note) for the SOMs, if applicable, SPMs and ESMs. If the final data are not available, the State should provide provisional or estimated data. All provisional or estimated data should be explained in a footnote. If neither the actual data nor an estimate can be provided, the State must provide a footnote that describes a time-framed plan for providing the required data. In such cases the "Annual Objective" and "Annual Indicator," lines should be left blank. SOMs and SPMs are automatically assigned when a State creates the detail sheet (Form 10B) for each of its established outcome and performance measures. ESMs are automatically assigned when a State creates the detail sheet (Form 10C) for each of the measures that are developed to address a selected NPM.

While not responsible for entering an Annual Indicator, States will be responsible for tracking their annual progress on the NPMs and their related NOMs. For the NPMs and the NOMs, the Annual Indicator data will be populated annually by the Maternal and Child Health Bureau, as available, using the referenced national data source identified on the detail sheet for each specific NPM and NOM.

LINE NUMBER	INSTRUCTIONS
Measure Number	The measure number will be populated from the number that is defined on the Measure Detail Sheet.
Fiscal Year (FY)	Enter the reporting year at the top of the appropriate column.
Annual Objective	For the Application year, complete five-year Annual Objectives for each of the selected NPMs, SPMs and ESMs.
Annual Indicator	For the Annual Reporting year, enter the Annual Indicator, including the Numerator and Denominator, for each SOM, SPM and ESM.
Data Source	For the Annual Reporting year, enter the data source for the reported Annual Indicator for each SOM, SPM and ESM.
Note	For the Annual Reporting year, enter a data note to clarify any estimated or provisional data and to describe other limitations which impact the reporting of an Annual Indicator for each of the SOMs, SPMs and the ESMs.

FORM 10B
STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEET

SPM ☐ **SOM** ☐ **SPM/SOM #** _____ **PERFORMANCE MEASURE:**	
CHOOSE THE POPULATION DOMAIN TO WHICH THIS MEASURE LINKS (Choose one):	Women/Maternal Health Perinatal/Infant Health Child Health Adolescent Health Children with Special Health Needs Cross-cutting or Life Course
GOAL	
DEFINITION	Numerator: Denominator: Units: _____ _____ (Number) (Text)
HEALTHY PEOPLE 2020 OBJECTIVE	
DATA SOURCES and DATA ISSUES	
SIGNIFICANCE	

INSTRUCTIONS FOR THE COMPLETION OF FORM 10B
STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEET

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

Instructions: This form is to be used for creating both a State Performance Measure (SPM) and a State Outcome Measure (SOM), if the State chooses to add one. Complete each section as appropriate for the measure being described. Note that the Performance or Outcome Measure's title and numerator and denominator data will be displayed on Form 10A as they are defined on this form. A Glossary that contains terms applicable to this form is provided in Appendix H of the Supporting Documents, which accompany the Application/Annual Report Guidance.

LINE NUMBER	INSTRUCTIONS
SPM/SOM Checkboxes	Please check the appropriate box for the type of measure being created.
SPM or SOM #	The measure number will be automatically generated by TVIS when the State creates this detail sheet.
Performance Measure	Enter the narrative description of the performance or outcome measure.
Choose the Population Domain to which to which this measure links	Select the related population domain from the displayed pick list.
Goal	Enter a short statement indicating what the State hopes to accomplish by tracking this measure.
Definition	Numerator: If the measure is a percentage, rate, or ratio, provide a clear description of the numerator. Denominator: If the measure is a percentage, rate, or ratio, provide a clear description of the denominator. Units: If the measure is a percentage, rate, ratio, or scale, indicate the units in which the measure is to be expressed (e.g., 10,000; 1,000; 100) by selecting a choice in pick list for the "Number" field. Select the type of measure from the pick list (e.g., percentage, rate, ratio, scale, yes/no) on "Text" field.
Healthy People 2020 Objective	If the measure is related to a *Healthy People 2020* objective describe the objective and corresponding number.
Data Source & Data Issues	Enter the source(s) of the data used in determining the value of the measure and any issues concerning the methods of data collection or limitations of the data used.
Significance	Briefly describe why this measure is significant, especially as it relates to the Goal. Describe also how the value of the measure is determined from the data. If the value of the measure is a scale or a "yes/no," a clear description of what those values mean and how they are determined should be provided.

FORM 10C
EVIDENCE-BASED OR –INFORMED STRATEGY MEASURE (ESM) DETAIL SHEET

ESM # _____ **STRATEGY MEASURE:**	
CHOOSE THE NATIONAL PERFORMANCE MEASURE TO WHICH THIS ESM IS LINKED: (Choose one)	1. Percent of women with a past year preventive visit 2. Percent of cesarean deliveries among low-risk first births 3. Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) 4. A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months 5. Percent of infants placed to sleep on their backs 6. Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool 7. Rate of injury-related hospital admissions per population ages 0 through 19 years 8. Percent of children ages 6 through 11 years and adolescents ages 12 through 17 years who are physically active at least 60 minutes per day 9. Percent of adolescents, ages 12 through 17 years, who are bullied 10. Percent of adolescents with a preventive services visit in the last year 11. Percent of children with and without special health care needs having a medical home 12. Percent of children with and without special health care needs who received services necessary to make transitions to adult health care 13. A) Percent of women who had a dental visit during pregnancy and B) Percent of infants and children, ages 1 through 17 years, who had a preventive dental visit in the last year 14. A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes 15. Percent of children 0 through 17 years who are adequately insured
GOAL	
DEFINITION	Numerator: Denominator: Units: _____ _____ (Number) (Text)
DATA SOURCES and DATA ISSUES	
SIGNIFICANCE	

INSTRUCTIONS FOR THE COMPLETION OF FORM 10C
EVIDENCE-BASED OR –INFORMED STRATEGY MEASURE (ESM) DETAIL SHEET

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

Instructions: This form is to be used for creating an Evidence-based or –informed Strategy Measure (ESM). Complete each section as appropriate for the measure being described. Note that the ESM title and numerator and denominator data will be displayed on Form 10A as they are defined on this form. A Glossary that contains terms applicable to this form is provided in Appendix H of the Supporting Documents, which accompany the Application/Annual Report Guidance.

LINE NUMBER	INSTRUCTIONS
ESM #	The measure number will be automatically generated by TVIS when the State creates this detail sheet.
Strategy Measure	Enter the narrative description of the strategy measure.
Choose the National Performance Measure to which this ESM is linked	Select the related national performance measure from the displayed pick list.
Goal	Enter a short statement indicating what the State hopes to accomplish by tracking this measure.
Definition	Numerator: If the measure is a percentage, rate, or ratio, provide a clear description of the numerator. Denominator: If the measure is a percentage, rate, or ratio, provide a clear description of the denominator. Units: If the measure is a percentage, rate, ratio, or scale, indicate the units in which the measure is to be expressed (e.g., 10,000; 1,000; 100) by selecting a choice in pick list for the "Number" field. Select the type of measure from the pick list (e.g., percentage, rate, ratio, scale, yes/no) on "Text" field.
Data Source & Data Issues	Enter the source(s) of the data used in determining the value of the measure and any issues concerning the methods of data collection or limitations of the data used.
Significance	Briefly describe why this measure is significant, especially as it relates to the Goal. Describe also how the value of the measure is determined from the data. If the value of the measure is a scale or a "yes/no," a clear description of what those values mean and how they are determined should be provided.

FORM 10D
NATIONAL AND STATE PERFORMANCE MEASURES
(REPORTING YEAR FY 2014 AND FY 2015)
[Sections 505(a)(2)(B)(i),(iii) and 506(a)(2)(A)(iii)]

Annual Reporting Year:
Objective and Performance Data

STATE: _____

NATIONAL PERFORMANCE MEASURE #__	FY 2014	FY 2015
(Select from Table Below)		
_____		
_____		
_____		
_____		
_____		
Annual Objective	_____	_____
Annual Indicator	_____	_____
Numerator	_____	_____
Denominator	_____	_____
Data Source	_____	_____
Data Note	_____	_____

STATE PERFORMANCE MEASURE #__	FY 2014	FY 2015
_____		
_____		
_____		
_____		
_____		
Annual Objective	_____	_____
Annual Indicator	_____	_____
Numerator	_____	_____
Denominator	_____	_____
Data Source	_____	_____
Data Note	_____	_____

FORM 10D
NATIONAL AND STATE PERFORMANCE MEASURES
(REPORTING YEAR FY 2014 AND FY 2015)
[Sections 505(a)(2)(B)(i),(iii) and 506(a)(2)(A)(iii)]

NUMBER	FY 2011 – FY 2015 NATIONAL PERFORMANCE MEASURES
1	The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.
2	The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)
3	The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)
4	The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)
5	Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)
6	The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.
7	Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
8	The rate of birth (per 1,000) for teenagers aged 15 through 17 years.
9	Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
10	The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.
11	The percent of mothers who breastfeed their infants at 6 months of age.
12	Percentage of newborns who have been screened for hearing before hospital discharge.
13	Percent of children without health insurance.
14	Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.
15	Percentage of women who smoke in the last three months of pregnancy.
16	The rate (per 100,000) of suicide deaths among youths aged 15 through 19.
17	Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
18	Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

INSTRUCTIONS FOR THE COMPLETION OF FORM 10D
NATIONAL AND STATE PERFORMANCE MEASURES
(REPORTING YEAR FY 2014 AND FY 2015)

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

Instructions: For the appropriate Annual Reporting year (i.e., fiscal year (FY) 2014 or FY 2015), complete the data cells for the Annual Indicator (including the Numerator and Denominator), Data Source and Data Note for each of the previous reporting cycle's 18 National Performance Measures (NPMs) and the 7-10 State Performance Measures (SPMs) that were developed by the State. If final data are not available, the State should provide provisional or estimated data. All provisional or estimated data should be explained in a footnote. The Annual Objectives for FY 2014 and for FY 2015 that were established by the State in previous Application years will be pre-populated on the reporting form. In addition, the previously reported Annual Indicators will also be pre-populated on this form. This reporting form addresses the legislative requirement in Section 506(a)(1) for States to submit an Annual Report on their Title V program expenditures and activities.

LINE NUMBER	INSTRUCTIONS
State	Enter the name of the State/jurisdiction.
Annual Objective	Performance targets previously established by the State for FY 2014 and FY 2015 will be pre-populated for the State on the reporting form.
Annual Indicator	For the appropriate Annual Reporting year (i.e., FY 2014 or FY 2015), enter the Annual Indicator, including the Numerator and Denominator, for each of the National Performance Measures and the State Performance Measures.
Data Source	Enter the data source for the reported Annual Indicators for each of the National and State Performance Measure.
Note	Enter a data note to clarify estimated or provisional data and to describe other limitations which impact the reporting of an Annual Indicator for each of the National and State Performance Measures.

FORM 11
OTHER STATE DATA (OSD) – #01- #03

OSD #01A – Infant mortality rate and rate of low birth weight by race and ethnicity [SECTION 506 [42 U.S.C. 705] (a)(2)(B)(i)]

Reporting Year _____ Are these data from a State Projection? ◯ YES ◯ NO (Parts A and B)

CATEGORY RATE BY RACE	STATE RATE	WHITE	BLACK OR AFRICAN AMERICAN	AMERICAN INDIAN OR NATIVE ALASKAN	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	MORE THAN ONE RACE REPORTED	OTHER AND UNKNOWN
Infant Mortality Rate								
Rate of Low Birth Weight								

OSD #01B – Infant mortality rate and rate of low birth weight by race and ethnicity [Section 506 [42 U.S.C. 705] (a)(2)(B)(i)]

CATEGORY RATE BY HISPANIC ETHNICITY	TOTAL NOT HISPANIC OR LATINO	TOTAL HISPANIC OR LATINO	ETHNICITY NOT REPORTED
Infant Mortality Rate			
Rate of Low Birth Weight			

OSD #02 – Infant mortality rate and rate of low birth weight by county [SECTION 506 [42 U.S.C. 705] (a)(2)(B)(i)]

Reporting Year _____ Are these data from a State Projection? ◯ YES ◯ NO (Parts A and B)

COUNTY (List each County)	INFANT MORTALITY	RATE OF LOW BIRTH WEIGHT

FORM 11
OTHER STATE DATA (OSD) – #01 - #03
(Continuation Page)

OSD #03 –State MCH Workforce [SECTION 506 [42 U.S.C. 705] (a)(2)(E)(i-vi)]

Reporting Year _____ Are these data from a State Projection? ◯ YES ◯ NO

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

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

Title V Citation: See OSD reporting tables above.

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

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

The OSD #01 data form has two parts (A and B), and the OSD #02 and #03 data forms each have one part. The racial and ethnic population categories included in these tables are based on the Office of Management and Budget guidelines. More specific instructions are provided below.

At the top of each table, enter the year for which the data are being reported and check the appropriate box to indicate if the data are from a State projection. For OSD 1, the reporting year will be the same for parts A and B of each form

FORM NUMBER	INSTRUCTIONS
OSD #01A:	In the column labeled "STATE RATE," the rate for the State is entered in the category specified. In the next seven columns the rate of the State in the racial categories indicated at the head of each column and in the categories specified is entered. In the column headed "OTHER AND UNKNOWN" the rate for other racial categories not shown and/or population figures where the racial category is not known is entered. Since these data are reported by rates, these data are not totaled.
OSD #01B	In the column headed "TOTAL NOT HISPANIC OR LATINO," the rate for the category specified, that are not of Hispanic or Latino ethnicity is entered. In the column headed "TOTAL HISPANIC OR LATINO" the rate for those that are of Hispanic or Latino ethnicity is entered. In the column headed "EHTNICITY NOT REPORTED" the rate whose ethnicity is not reported is entered. Since these data are reported by rates, these data are not totaled.
OSD #02	Data are collected in this table for the infant mortality rate and rate of low birth weight by each county in the State. In the first column of the first row, the name of the county is entered. In the second cell of the first row, the rate of infant mortality for that county is entered. In the third cell of the first row, the rate of low birth weight for that county is entered. In subsequent rows, the names of each county and the rates requested are entered. Depending on the size of the population being reported for each county, rates may need to use a three-year moving average. Since these data are reported by rates, these data are not totaled.
OSD #03	Data are collected in this table for the numbers of MCH workforce professionals noted that are licensed in the State in the reporting year identified. In the second cell of the first row, the number of obstetricians is entered. In the second cell of the each remaining rows, the number of family practitioners, certified family nurse practitioners, certified nurse midwives, pediatricians, and certified pediatric nurse practitioners are entered, as noted.