Local Maternal Child Health Program

MALPH Finance Summit

September 16, 2021

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Agenda

Today's Topics

1. Brief Title V Overview and Federal/State Legislative Requirement and Principles
2. Title V Five Year State of Michigan Needs Assessment Overview
3. FY 2022 LMCH Plans – Overview by NPM|SPM |LPM
4. Creative use of LMCH in Local Health Department work plans
5. Common Financial Issues

Title V Overview

Legislation Requirements & Principles

Federal & state legislative requirements

Title V of the Social Security Act

Title V Maternal & Child Health (MCH) Services Block Grant

- Longest lasting public health legislation in US history – original authorization in 1935
- Only federal program focused entirely on improving the health of mothers, infants and children!
- Block-granted in 1981, with new accountability requirements added in 1989; updated performance measure framework introduced in 2015
- Administered by: Health Resources & Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB).

Title V MCH Block Grant

Vision

Title V envisions a nation where all mothers, infants, children aged 1 through 21 years, including CSHCN, and their families are healthy and thriving.

Mission

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.

Title V Goals Include:

- Access to quality healthcare for mothers and children
- Health promotion efforts that reduce infant mortality and preventable diseases
- Increase the number of children immunized against disease
- Access to comprehensive prenatal and postnatal care for women
- Increase in health assessments and follow-up diagnostic and treatment services
- Access to preventive and rehabilitative services for children in need of specialized medical services
- Family-centered, community-based systems of coordinated care for children with special healthcare needs

Adapted from https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program. Retrieved June 24, 2021.

Federal Fiscal & Program Requirements

A **minimum of 30%** of funding must be used for services for Children with Special Health Care Needs (CSHCN).

A **minimum of 30%** of funding must be used for preventive and primary care services for children 1 through 21.

A **maximum of 10%** of funding can be used for administration of the block grant.

Every $4 of federal funding must be matched by $3 of state funding.

States must identify **7-10 state priority needs** (total) across five population domains

States must choose a minimum of one **National Performance Measure** (defined by HRSA) in each population domain*

States can create **State Performance Measures** (defined by the State) to address other needs

Each state priority need must link to a National Performance Measure or State Performance Measure

Federal Fiscal & Program Requirements, cont.

States must report on **Types of Individuals Served** (Form 3A)

States must report on **Types of Services Provided** (Form 3B)

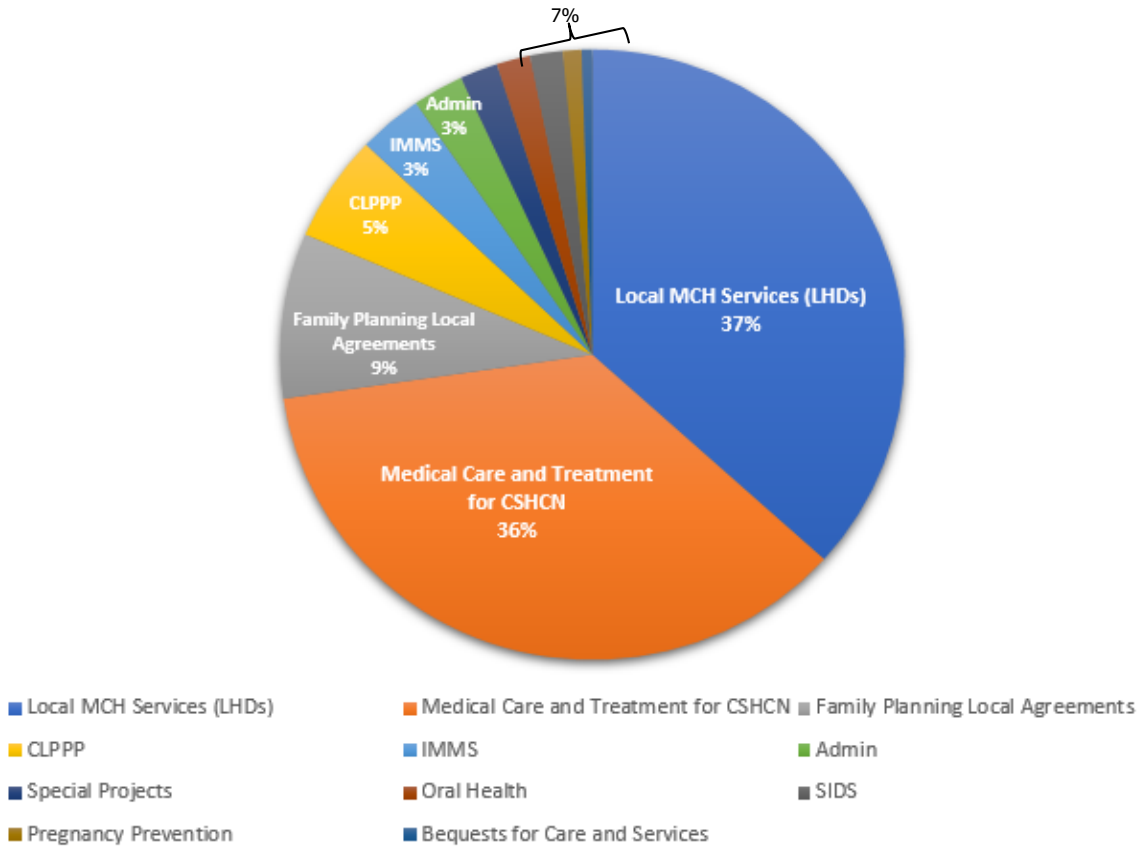
States must report on **Number of Individuals Served** (Form 5A)

Title V requirements related to reporting on **populations served, types of services,** and **health coverage**

Title V Supports an Array of MCH Work

- Comprehensive Agreements to Local Health Departments (LMCH)
- Medical Care and Treatment for Children with Special Health Care Needs
- Reproductive Health
- Childhood Lead Poisoning Prevention
- Immunizations
- Regional Perinatal Quality Collaboratives
- Safe Sleep
- Oral Health
- Maternal Mortality Surveillance
- PRAMS
- And other MCH initiatives

Title V Funding Distribution in Michigan



Title V 15 National Performance Measures (NPMs)

National Performance Measure		MCH Population Domains				
		Women/ Maternal Health	Perinatal/Infant Health	Child Health	Adolescent Health	Children with Special Health Care Needs
1	Well-woman Visit	X				
2	**Low-risk Cesarean Delivery**	**X**				
3	Risk-appropriate Perinatal Care		X			
4	**Breastfeeding**		**X**			
5	**Safe Sleep**		**X**			
6	Developmental Screening			X		
7	Injury Hospitalization			X	X	
8	Physical Activity			X	X	
9	**Bullying**				**X**	
10	Adolescent Well-visit				X	
11	Medical Home			X	X	X
12	**Transition**				X	**X**
13	**Preventive Dental Visit**	**X**		**X**	X	
14	Smoking	X		X	X	
15	Adequate Insurance			X	X	X

Title V NPM/SPM/Priority Need for FY 21 – FY 25

NPM	Priority Area	*National Performance Measure*
2	Low-risk cesarean delivery (NEW)	Percent of cesarean deliveries among low-risk first births
4	Breastfeeding	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
5	Safe sleep	A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, C) Percent of infants placed to sleep without soft objects or loose bedding
9	Bullying (NEW)	Percent of adolescents, ages 12 through 17, who are bullied or who bully others
12	Transition	Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
13	Preventive dental visit	**13.1** Percent of women who had a dental visit during pregnancy; and **13.2** Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

SPM	Priority Area	*State Performance Measure*
1	Childhood lead poisoning prevention	Percent of children less than 72 months of age who receive a venous lead confirmation testing within 30 days of an initial positive capillary test
2	Immunizations (Children)	Percent of children 19 to 36 months of age who have received a completed series of recommended vaccines (4313314 series)
3	Immunizations (Adolescents)	Percent of adolescents 13 to 18 years of age who have received a completed series Human Papilloma Virus vaccine
4	Medical care and treatment for CSHCN	Percent of children with special health care needs enrolled in CSHCS that receive timely medical care and treatment without difficulty
5	Intended pregnancy (NEW)	Percent of women who had a live birth and reported that their pregnancy was intended
6	Behavioral/ Mental Health (NEW)	Support access to developmental, behavioral, and mental health services through Title V activities and funding

Available – Appendix A of LMCH Guidance Document for FY 2022

State Appropriation Requirements

FAMILY HEALTH SERVICES

Sec. 1301. (1) Before April 1 of the current fiscal year, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:

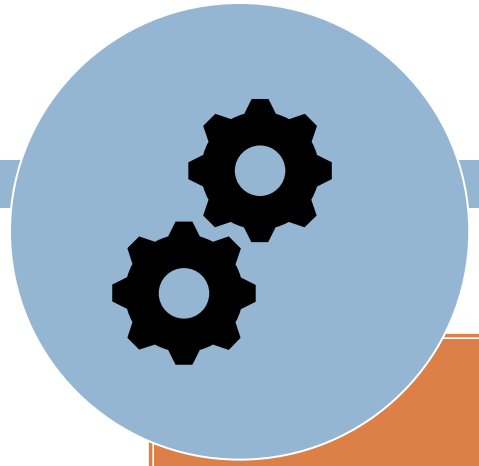
(a) Funding allocations.

(b) Actual number of women, children, and adolescents served and amounts expended for each group for the immediately preceding fiscal year.

(c) A breakdown of the expenditure of these funds between urban and rural communities.

(2) The department shall ensure that the distribution of funds through the programs described in subsection (1) takes into account the needs of rural communities.

(3) For the purposes of this section, "rural" means a county, city, village, or township with a population of 30,000 or less, including those entities if located within a metropolitan statistical area.



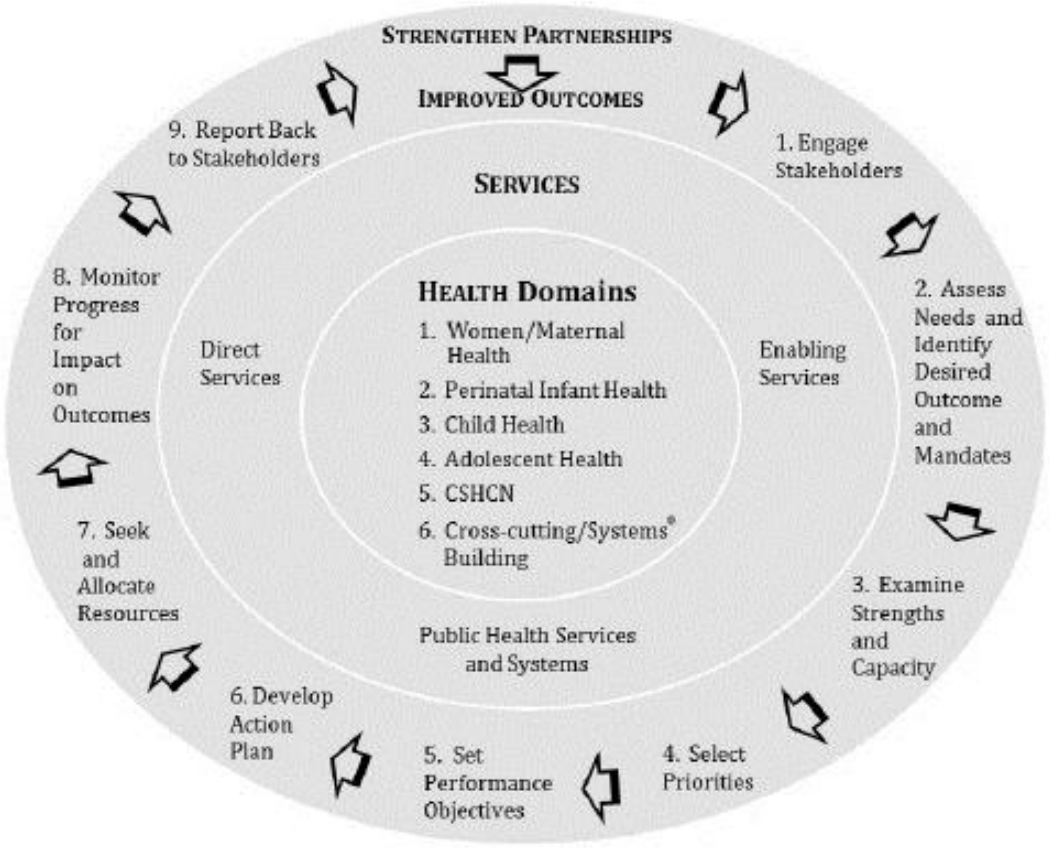
MDHHS 2020

MCH Needs Assessment

Brief Overview

Title V MCH Needs Assessment in Michigan

State MCH Block Grant Needs Assessment, Planning, Implementation and Monitoring Process



Guiding Framework for 2020 Needs Assessment:

- Health Equity & Health Disparities Lens
- Data-Driven Approach
- Diverse Stakeholder Engagement

Title V State Priority Needs Based on 2020 NA

1. Develop a proactive and responsive healthcare system that equitably meets the needs of all populations, eliminating barriers related to race, culture, language, sexual orientation, and gender identity.
2. Improve access to high-quality community health and prevention services in the places where women, children, and families live, learn, work, and play.
3. Ensure children with special health care needs have access to continuous health coverage, all benefits they are eligible to receive, and relevant care where they learn and live.
4. Expand access to developmental, behavioral, and mental health services through routine screening, strong referral networks, well-informed providers, and integrated service delivery systems.
5. Improve oral health awareness and create an oral health delivery system that provides access through multiple systems.
6. Create and enhance support systems that empower families, protect and strengthen family relationships, promote care for self and children, and connect families to their communities.
7. Create safe and healthy schools and communities that promote human thriving, including physical and mental health supports that address the needs of the whole person.

Michigan Title V Pillars

Title V Principles – Undoing Racism

Joint Organizational Commitment to Anti-Racism and Racial Equity

Announced in May at annual AMCHP Meeting

The following organizations hereby declare our commitment to undoing racism as it contributes to disparate health outcomes based on race:

- Association of Maternal and Child Health Programs (AMCHP)
- CityMatCH
- National Healthy Start Association (NHSA)
- National Institute for Children's Health Quality (NICHQ)

- AMCHP Press Release link:
  http://www.amchp.org/AboutAMCHP/NewsRoom/Documents/5_24_21AMCHP%20Statement%20on%20JAMA%20release.pdf

LMCH – Maternal Child Health Needs Assessment

- LMCH does not prescribe how often LHDs must complete MCH NA
- There should be some sort of needs assessment completed periodically

Questions?

What questions do you have regarding legislative requirements or MCH Needs Assessment?

FY 2022 LMCH Plans

Overview by Performance Measures

45 Local Health Departments

Percent LHD Selecting NPM, SPM & LPM in FY 2022

LPM	Local Performance Measures	33.4%
SPM 1	Lead Prevention	12.6%
SPM 2	Immunizations - Child	12.0%
NPM 4	Breastfeeding	11.2%
SPM 3	Immunizations Adolescents	9.3%
NPM 5	Safe Sleep	9.2%
SPM 5	Intended Pregnancy	4.0%
SPM 6	Behavioral health	3.0%
SPM 4	Medical treatment CSHCN	2.6%
NPM 13	Oral Health	2.1%
NPM 12	Transition	0.7%
NPM 2	Low-risk cesarean delivery	0%
NPM 5	Bullying	0%

FY 2022 LMCH Allocations by project

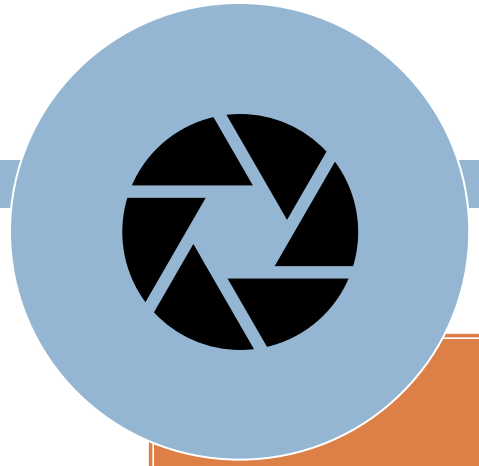
MCH-Children Project

- $2,334,602
- 34%
- LMCH met 30% rule

MCH – All Other Project:

- $4,540,448
- 64%

Local Priority and Local Performance Measures – LMCH – FY 2022	Allocation
Adolescent well visit/Sexually Transmitted Infections	$45,862
Adverse Childhood Experiences	$5,000
Car seat safety	$5,750
Community/MCH Needs Assessment	297,333
Childbirth Education (car seat incentive)	$5,000
COVID-19 Response	$27,058
Education in schools – physical activity and obesity prevention,	$29,332
Education in schools - maturation/reproductive health	$17,856
Fetal and Infant Mortality Review [FIMR]	$39,686
Health Equity	$132,880
Healthy Family America (gap filling)	$136,745
Hearing and Vision (gap filling)	$362,168
Improving Birth Outcomes (SisterFriends, FIMR, Family Centered Media);	$637,383
Linking Family to Resources (PRAT, Family Centered project, 961-BABY)	$411,599
Obesity and physical activity.	$ 21,126
Parenting Resources	$45,000
Risk appropriate care	$21,991
Sexually Transmitted Infections	$16,580
Tobacco treatment services | SCRIPT (Smoking Cessation Reduction in Pregnancy Treatment)	$14,000
Well woman visit (exam, STD, Cancer screening, reproductive life plan, referrals)	$25,225
LOCAL MATERNAL CHILD HEALTH PROGRAM **TOTAL LOCAL PERFORMANCE MEASURES**	**$2,298,174**



Creative LMCH Work Plans

FY 2022

Creative – SPM 1 Lead Prevention

Under supervision of Lead Nurse, Community Health Advocates provide non-nursing essential case management services for children with EBLL

- Education
- Link to resources
- Information on lead mitigation
- Assistance with lead abatement applications

Mail lead education packets to homes identified in high-risk zip codes in jurisdiction regarding how to decrease exposure to lead

Provide mentorship and lead poisoning prevention education to nursing students

Creative Immunizations – SPM 3 and SPM 4

Using a mobile unit (purchased with other funds) to reach areas with challenging/remote access [monthly clinic support] or to reach populations to encourage vaccine uptake

In-home vaccinations for vulnerable children who cannot access immunization clinic

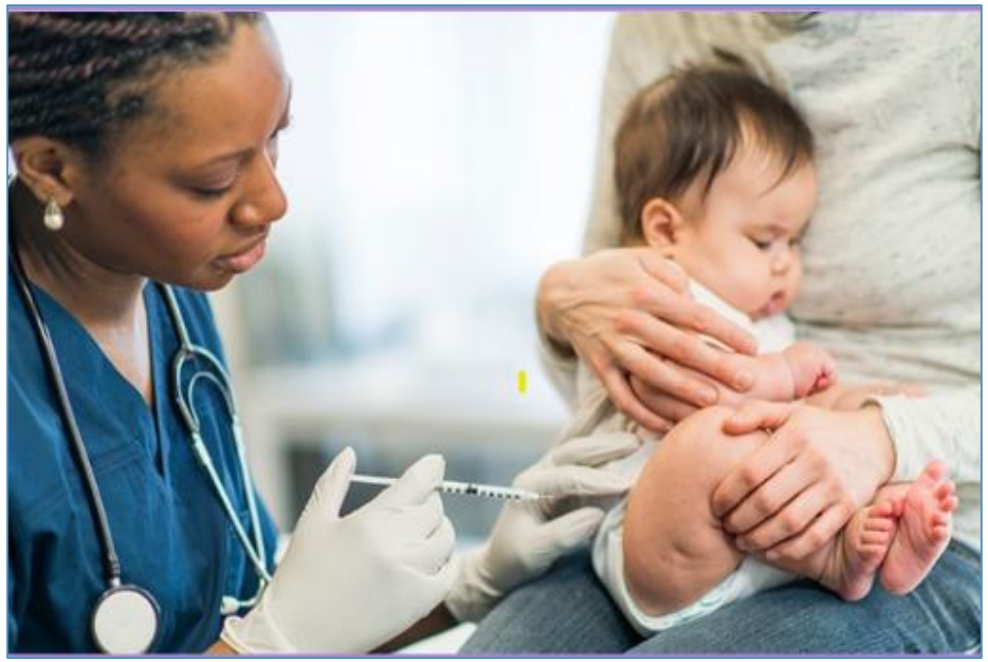


Image Source; Foundation for Biomedical Research; MDHHS Safe Sleep and Vaccines. Available: https://www.michigan.gov/documents/mdhhs/Safe_Sleep_and_Vaccines_-_Final_7-21-20_696931_7.pdf

Creative NPM 4 - Breastfeeding

Baby Café Support

- Evidence-based
- Peer to peer breastfeeding support

Family Planning Clinics

- Staff education to support breastfeeding FP clients

Regional breastfeeding efforts

- Prosperity regions 2/3 all working on increasing breastfeeding duration
- Support through lactation consultants
- Support through Healthy Futures and other home visitation programs

Strong Lactation Community Support

- Meets with clients ~ provides monthly incentive
- Works with community businesses

Creative – NPM 5 Safe Sleep

Training to first responders to bring awareness to families they encounter without proper sleep environment. Referrals for pack-n-plays

Quality Improvement through EMR chart reviews to assure consistent messaging and risk assessments completed

Risk assessment, education and referrals for pack-n-plays as per risk assessment

Community baby showers for low-income pregnant women with information on safe sleep education

Work with community members (e.g. faith community) to provide safe sleep information

Creative Outreach Activities to/from local hospital

NICU follow up for case management, care coordination in neighboring jurisdictions

[Only NICU in regional area]

LHD hospital visits to promote breastfeeding support

[where LHD only breastfeeding support in community for non-WIC parents]

Partner with local hospital systems to focus on increasing the number of NICU infants enrolled in CSHCS and eligible children are aware of program eligibility and are offered assistance with enrollment.

Creative health educator use

Presentations on a variety of health topics in the schools and other sites

- FY 2019 (pre-pandemic) 254 presentations across 36 local schools, groups and organizations
- Reached 8 out of 9 Monroe County public school districts as well as a few Christian schools, preschools and childcare locations, other sites (e.g. Youth Center, Bedford Safety Town, Monroe County Library System)

Creative – Health Equity Systems Work

Goal: To improve MCH outcomes and health disparities by increasing capacity of MCH organizations to promote Health Equity/Social Justice (HE/SJ), and institutionalizing health equity practices into Health Department and County organizational culture.

- **HE/SJ Dialogue Workshops**
- **Health in All Policies**
- **Cultural Intelligence**

Robert Wood Johnson Foundation, 2017

Questions?

What questions do you have regarding LMCH work plan examples?

Common (LMCH) Financial Issues

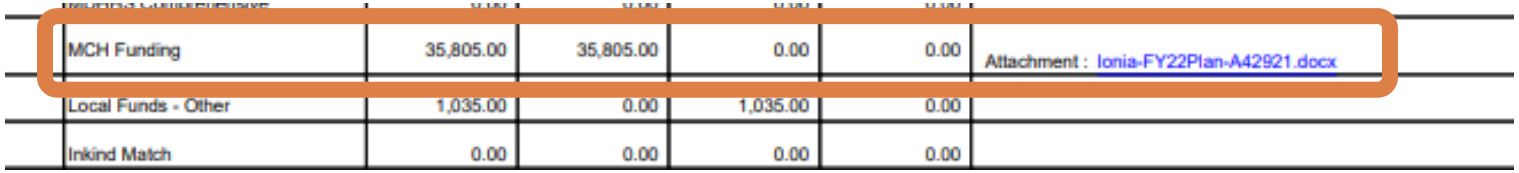
Local MCH Funds

- Local MCH funds can be used for general Maternal Child Health (MCH) activity.
- These funds are to be budgeted as a funding source under any of the appropriate program element(s) listed or a locally defined program which is defined in the LMCH Plan.
- The Local MCH projects need to be budgeted separately:
    1. MCH - Children
    2. MCH – All Other

What is the MOST Frequent LMCH issue with the EGrAMs Budget Application?

The most frequent LMCH issue on the EGrAMS Budget Application is missing the current year approved LMCH Plan!

- Attach the approved current year LMCH Plan to the MCH Source of Funds Line
- Be sure to remove the old attachments if you do a "carry over" budget



MCH Funding	35,805.00	35,805.00	0.00	0.00	Attachment : Ionia-FY22Plan-A42921.docx
Local Funds - Other	1,035.00	0.00	1,035.00	0.00	
Inkind Match	0.00	0.00	0.00	0.00	

- Do NOT attach the Plan to the Miscellaneous Section!

LMCH Top TEN common budget issues in EGrAMS

Nine are related to the budget application

One is related to the FSR

Issue #1 (Budget application)
LMCH Plan and EGrAMS Source of Funds Do Not Match

Comprehensive Agreement – Two LMCH Projects

MCH-Children

MCH – All Other

Projected expenditures in the table must match the MCH Source of Funds in the budget application

Population Classifications	Projected Count & Allocation UNDUPLICATED COUNTS	National/State/Local Performance Measure (specify)						
		Performance Measure ____	Performance Measure ____	Performance Measure ____	Performance Measure ____	Performance Measure ____	TOTAL Projected Count MCH	TOTAL MCH Allocation $
Projected Children	Count / #	¤	¤	¤	¤	¤	···0¤	¤
	MCH Amount Allocated $	$¤	$¤	$¤	$¤	$¤	¤	$···0¤
Projected Adolescents	Count / #	¤	¤	¤	¤	¤	···0¤	¤
	MCH Amount Allocated $	$¤	$¤	$¤	$¤	$¤	¤	$···0¤
Projected CSHCN	Count / #	¤	¤	¤	¤	¤	···0¤	¤
	MCH Amount Allocated $	$¤	$¤	$¤	$¤	$¤	¤	$···0¤
						SUBTOTAL CHILDREN	···0¤	$···0¤
Projected Women	Count / #	¤	¤	¤	¤	¤	···0¤	¤
	MCH Amount Allocated $	$¤	$¤	$¤	$¤	$¤	¤	$···0¤
Projected Pregnant	Count / #	¤	¤	¤	¤	¤	···0¤	¤
	MCH Amount Allocated $	$¤	$¤	$¤	$¤	$¤	¤	$···0¤
Projected Infants	Count / #	¤	¤	¤	¤	¤	···0¤	¤
	MCH Amount Allocated $	$¤	$¤	$¤	$¤	$¤	¤	$···0¤
Projected Other Individuals	Count / #	¤	¤	¤	¤	¤	···0¤	¤
	MCH Amount Allocated $	$¤	$¤	$¤	$¤	$¤	¤	$···0¤
Population	Deliverable count/result	¤	¤	¤	¤	¤	···0¤	¤
	MCH Amount Allocated $	$¤	$¤	$¤	$¤	$¤	¤	$···0¤
						SUBTOTAL ALL OTHERS	···0¤	$···0¤
	TOTAL Projected Count	···0¤	···0¤	···0¤	···0¤	···0¤	¤	¤
	TOTAL MCH Amount Allocated	$···0¤	$···0¤	$···0¤	$···0¤	$···0¤	¤	$···0¤

Issue #1, (Budget application) cont.

LMCH Plan and EGrAMS Source of Funds Do Not Match

Comprehensive Agreement – Two LMCH Projects

MCH-Children

MCH – All Other

Projected expenditures in the table must match the MCH Source of Funds in the budget application

E OF FUNDS

ategory	Total	Amount	Cash	Inkind
urce of Funds				
es and Collections - 1st and 2nd rty	0.00	0.00	0.00	0.00
es and Collections - 3rd Party	2,118.00	0.00	2,118.00	0.00
deral or State (Non MDHHS)	.00	.00	.00	0.00
Supply				
ELPHS - On-Site Wastewater Treatment	0.00	0.00	0.00	0.00
MCH Funding	57,779.00	57,779.00	0.00	0.00
Local Funds - Other	13,339.00	0.00	13,339.00	0.00
Inkind Match	0.00	0.00	0.00	0.00
MDHHS Fixed Unit Rate				
Totals	71,118.00	57,779.00	13,339.00	0.00

Issue #2
EGrAMS budget doesn't support LMCH action steps

LMCH follows:

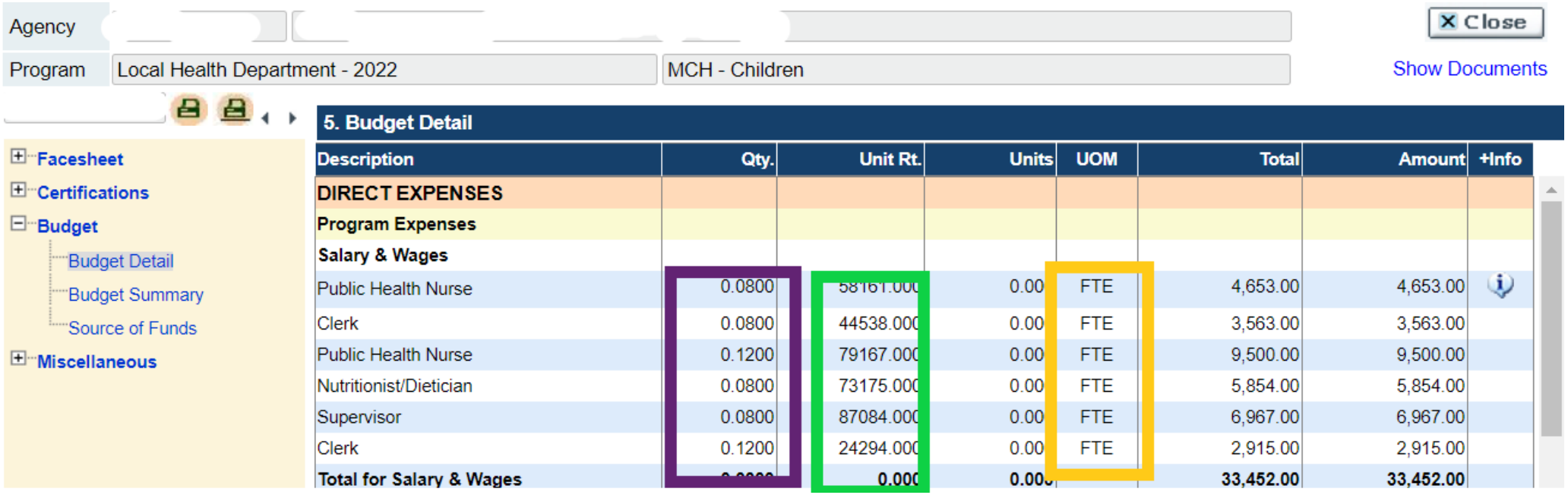
- Title V regulations – Social Security Act
- Comprehensive Agreement Attachment I and Attachment III – Instructions for the Annual Budget'
- 'Code of Federal Regulations' (Title 2 → Subtitle A → Chapter II → Part 200) Available:

https://www.ecfr.gov/cgi-bin/text-idx?SID=87a2dee257a2de24a8c51bb587f573c3&mc=true&node=pt2.1.200&rgn=div5

The budget needs to support the *action steps* within the Work Plan by performance measure and population.

Issue #3

EGrAMS Budget application entry errors – Salary/Wages



Salary & Wages:

- Qty Column – FTE Calculation (purple box)
- Unit Rate Column – this should be the annual salary of staff person (green box)
- Units of Measure (UOM) (yellow box)

Issue #3 –
EGrAMS entry errors, Salary/Wage, cont.

In the example pictured (orange box) Qty. and Unit Rt. Columns are transposed. The unit rate should always be the salary amount. The Qty should be the amount of time that is being allocated.

5. Budget Detail

Description	Qty.	Unit Rt.	Units	UOM	Total	Amount	+Info
DIRECT EXPENSES							
Program Expenses							
Salary & Wages							
Clerk	37000.0000	0.300	0.000	FTE	11,100.00	11,100.00	

Pictured below (green box) is the correct way the information should be entered.

5. Budget Detail

Description	Qty.	Unit Rt.	Units	UOM	Total	Amount	+Info
DIRECT EXPENSES							
Program Expenses							
Salary & Wages							
Outreach Worker	0.5000	47008.000	0.000	FTE	23,504.00	23,504.00	
Fringe Benefits							

Issue #4 Composite Rates in Budget application

All Composite Rate

Stage-APR-B/1

- Facesheet
- Certifications
- Budget
  - Budget Detail
  - Budget Summary
  - Source of Funds
- Miscellaneous

5. Budget Detail

Description	Qty.	Unit Rt.	Units	UOM	Total	Amount	+Info
DIRECT EXPENSES							
Program Expenses							
Salary & Wages							
Public Health Nurse	0.0800	58161.000	0.000	FTE	4,653.00	4,653.00	
Clerk	0.0800	44538.000	0.000	FTE	3,563.00	3,563.00	
Public Health Nurse	0.1200	79167.000	0.000	FTE	9,500.00	9,500.00	
Nutritionist/Dietician	0.0800	73175.000	0.000	FTE	5,854.00	5,854.00	
Supervisor	0.0800	87084.000	0.000	FTE	6,967.00	6,967.00	
Clerk	0.1200	24294.000	0.000	FTE	2,915.00	2,915.00	
Total for Salary & Wages	**0.0000**	**0.000**	**0.000**		**33,452.00**	**33,452.00**	
Fringe Benefits							
All Composite Rate	0.0000	36.710	33452.000		12,280.00	12,280.00	

Only select the **All Composite Rate** option if your Fringes include **ALL** of the following: FICA, Life Ins, Dental Ins, Unemployment Ins, Vision, Work Comp, Retirement, Hearing Ins, and Hospital Ins. (green box)

Units should always be the total salary expense amount

Issue #4, cont. – Composite Rate in budget application

Composite Rate – requires note

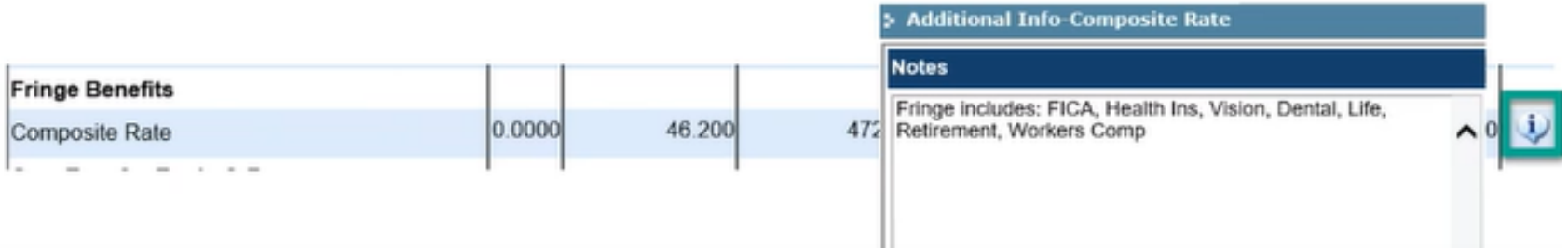
Cont.

Fringes can be entered two different ways. The first is **Composite rate**.

When selecting the composite rate option, the grantee will need to list in the note section the different benefits the rate includes.

The picture below is an example of a composite rate selection, but no notes entered.

The picture below is done the **correct way**. When notes are entered, a small bubble with and 'i' will appear. Click on it to review the notes.



Issue #5 – Budget application
Budget lacks incentive details from the LMCH Plan

Supplies/All Other: Be sure to include incentives/prevention tools and other approved specifics which are included in the LMCH Work Plan.

NOTE: Incentives require pre-approval from the LMCH Team (should be included in the LMCH Work Plan and in program budget detail).

5. Budget Detail

Description	Qty.
DIRECT EXPENSES	
Program Expenses	
Salary & Wages	
Fringe Benefits	
Cap. Exp. for Equip & Fac.	
Contractual	
Supplies and Materials	
Travel	

Local Health Department Name: Tero County Public Health Department (TCPHD)

NPM #5: Safe Sleep

Goal: Ensure all Tero County infants have safe sleep environments

Objectives:
1.) By 09/30/2021, TCPHD will provide safe sleep education to **40** prenatal mothers.
2.) By September 30, 2021, TCPHD will train **30** first responders, FQHC staff, childcare providers, human service providers and

Relevant Data List baseline data and any trends noticed in the data. Please include the year and source of data.	**Evidence-based/informed or promising Strategies** Strategies with moderate, scientifically rigorous or emerging evidence based on expert opinion.	**Action Steps** Describe the specific steps you will use to achieve your goals and objectives. Include as many action steps as necessary to achieve the objectives. Only include activities for which you will use MCH funds.	**Deliverables** Estimated number of individuals to reach, number of outputs, or an anticipated product.
From 2015-2018, the rate of post-neonatal deaths related to unsafe sleep in Tero County was 1.4 per 10,000 (positional asphyxia) vs the Michigan rate of 1.3 per 10,000. In Tero County 2 in 5 infants that continue to be found unresponsive are not on their backs for sleep. 4 in 5 sleep-related deaths occur in	Promote infant safe sleep environmental interventions as recommended by AAP	1. Provide Safe Sleep education to women during the prenatal care class (pnc) series. 2. Provide pack and play cribs, along with safe sleep education to parents/grandparents, when criteria establishing need are met by home visiting staff	40 pregnant women will complete the safe sleep education component of the pnc series 25 parents / grandparents reached with evidence-based safe sleep education/pack-in-plays.

Work Plan Incentives for NPM #5 Safe Sleep

Item	No	Unit Cost	Total
Pack-n-Plays	25	$50.00	$1,250
Fitted Sheets	25	$7.00	$175
		Total	$1,425

Examples – Reporting Incentives in Budget Application

EXAMPLE 1

- Detailed notes in budget application match the LMCH Plan

5	**Supplies and Materials**					
	Other portion (75%) of Oral Hlth Supply Notes : The total NPM#13 Oral Health supplies allocation is $2,200. 225 woman, 150 pregnant women and 150 individuals make up 75% of the total anticipated number of 700. Therefore, 75% of the cost was allocated to the MCH-Other grant	0.0000	0.000	0.000		1,650.00
	SCRIPT Supplies Notes : LPM#1	0.0000	0.000	0.000		1,000.00
	Breastfeeding Education Supplies Notes : NPM#4	0.0000	0.000	0.000		1,000.00
	Infant Sleep Sacks & Books Notes : NPM#5	0.0000	0.000	0.000		2,000.00
	Office Supplies	0.0000	0.000	0.000		375.00
Total for Supplies and Materials						6,025.00

EXAMPLE 2

- WorkPlan and Budget Application – detail and amounts match

10	**All Others (ADP, Con. Employees, Misc.)**					
	Electroinic Fees	0.0000	0.000	0.000		75.00
	media campaign expense	0.0000	0.000	0.000		5,000.00
	Hardware Software	0.0000	0.000	0.000		1,100.00
	sleep sacks, pack n plays,	0.0000	0.000	0.000		18,875.00

Work Plan Incentives for NPM #5 Safe Sleep

Item	No	Unit Cost	Total
Pack-n-Plays	250	$59.99	$14,997.50
Sleep Sacks	250	$15.99	$3,997.50
		Total	**$18,875**

Issue #6 –
Budget Application – All Others Line

All Others: Under this category, avoid the advertising pull down menu budget category. The Code of Federal regulations has very specific advertising criteria of what is allowable/not allowable with federal funds. "Advertising" is not an allowable expense. Instead, many of these *activities* are outreach or informational.

Advertising

versus

Outreach Activities

Issue #7 –
Indirect Rate recorded incorrectly in budget application

Budget

Indirect Rate

Federally Approved Rate

When this indirect rate is selected, the grantee will need to upload the letter from the Federal government. The letter will have the indirect rate the grantee can use. Please be sure to read the letter carefully, as some strict guidelines on which expenses the indirect rate can be applied to.

State Approved Rate

When this indirect rate is selected, the grantee will need to upload the letter from the State government. The letter will have the indirect rate the grantee can use. Universities have a negotiated rate with the State.

De Minimis

When this rate is selected, the grantee will need to fill out the De Minimis form (located in the 'show documents' section of their application). Please be sure to review the attached document to make sure it is accurate.

In the picture below, the grantee has selected the De Minimis Rate for the indirect expense. However, they did not upload the form required into the application. In the red box, there should be a ⓘ to indicate a form was uploaded for review.

INDIRECT EXPENSES						
Indirect Costs						
Indirect Costs						
De Minimis Rate – up to 10%	0.0000	10.000	36363.640		3,636.00	3,636.00
Total Indirect Costs					**3,636.00**	**3,636.00**
TOTAL INDIRECT EXPENSES					**3,636.00**	**3,636.00**

69

Issue #7, cont. –

Indirect Rate recorded incorrectly in budget application

Cost allocation

Must be a gove nmental agency. Grantee is not required upload the calculation into the EGrA application. However, they e calculation on hand. e can request the informatio e for review.

CAP

Other Approval

This indirect rate can be chosen if no other options is applicable. There should be a explanati in th notes.

Example: C allocation is not a selection in standa agr ments. So when a health departm nt is has a standard agreement, they will select 'Other Approval' and in the notes enter ' Cost Allocation Plan used to calculate indirect expense'.

If notes are entered, the  will appear where the green box is.

INDIRECT EXPENSES						
Indirect Costs						
Indirect Costs						
Other Approval	0.0000	14.565	30641.000		4,463.00	4,463.00
Other Approval	0.0000	15.000	30641.000		4,596.00	4,596.00

Issue #7, cont. –
Indirect Rate recorded incorrectly in budget application

INDIRECT EXPENSES						
Indirect Costs						
Indirect Costs						
Cost Allocation Plan / Other						
Clinic Admin	0.0000	0.000	0.000		7,232.00	7,232.00
Health Adm Distribution	0.0000	0.000	0.000		12,232.00	12,232.00
Total for Cost Allocation Plan / Other	**0.0000**	**0.000**	**0.000**		**19,464.00**	**19,464.00**
Total Indirect Costs					**19,464.00**	**19,464.00**
TOTAL INDIRECT EXPENSES					**19,464.00**	**19,464.00**

The CAP belongs in the Cost Allocation Plan line (**not** indirect costs line) under indirect expenses.

Issue #7, cont. –
Indirect Rate recorded incorrectly in budget application

	Line Item	Qty	Rate	Units	UOM	Total	Amount
2	Cost Allocation / Oth						
	Other Cost Distribut rect Costs	0.0000	0.000	0.000		5,019.00	5,019.00
	Notes : Indirect Co ge: 29.20%						

- You should not add a percentage to the CAP line. Agencies should not show the percentage rates on the Cost Detail in the budget. Showing a percent rate gives the impression that a predetermined rate is being approved, which should not be the case.

Issue #8 –
Cost Distributions reporting errors in budget application

Cost Distributions: NOT required, but allowable

If you use a cost distribution, you should be very specific about where you have cost distributed; use current project titles

- The MCH-All Other project detail should note the distribution is "from Family Planning."
- The Family Planning detail should note the distribution is "to MCH-All Other" project.

MCH-All Other Cost Detail - **INCORRECT**

Indirect Costs							
1	Indirect Costs						
2	Cost Allocation Plan / Oth						
	Other Cost Distribution		0.0000	0.000	0.000		15,000.00	15,000.00
	Other Cost Distri Enabling Serv		0.0000	0.000	0.000		10,225.00	10,225.00

This is a cost distribution FROM Family Planning, but it does not indicate that. Also "old" LMCH Projects were used instead of current projects

Family Planning Cost Detail **INCORRECT**

1	Indirect Costs					
2	Cost ion Plan / Oth					
	Cost Alloca n	0.0000	0.000	0.000		68,374.00
	Other Cost Dist Enabling Sr en	0.0000	0.000	0.000		-10,225.00
	Other stributions-Di Srv Women	0.0000	0.000	0.000		-15,000.00
Total for Cost Allocation Plan / Other						43,149.00
Total Indirect Costs						43,149.00

Issue #8, cont. –
Cost Distributions reporting errors in budget application

INDIRECT EXPENSES						
Indirect Costs						
1	**Indirect Costs**					
2	**Cost Allocation Plan / Other**					
	Cost Allocation Plan	0.0000	0.000	0.000		71,848.00
Total Indirect Costs						71,848.00

If you use a cost distribution, you should be very specific about where you have cost distributed; use current project titles

Is this a Cost Allocation Plan for indirect?

Is this a Cost Distribution?

Issue #8, cont. –
Cost Distributions reporting errors in budget application

Cost Distributions: NOT required, but allowable

If you use a cost distribution, you should be very specific about where you have cost distributed

- The MCH-All Other project detail should note the distribution is "from Family Planning."
- The Family Planning detail should note the distribution is "to MCH-All Other" project.
- This is the CORRECT WAY to report the distribution

MCH-All Other Cost Detail - CORRECT

INDIRECT EXPENSES						
Indirect Costs						
1	**Indirect Costs**					
2	**Cost Allocation Plan / Other**					
	Other Cost Distributions-from Family Planning	0.0000	0.000	0.000		90,000.00
Total Indirect Costs						90,000.00
TOTAL INDIRECT EXPENSES						90,000.00
TOTAL EXPENDITURES						**90,000.00**

Family Planning Cost Detail - CORRECT

2	**Cost Allocation Plan / Other**					
	Other Cost Distributions-to MCH All Other	0.0000	0.000	0.000		-90,000.00

Issue #8 – Example Correct reporting with both projects Cost Distributions reporting errors in budget application

VQA Cost Detail - CORRECT

INDIRECT EXPENSES						
Indirect Costs						
1	**Indirect Costs**					
2	**Cost Allocation Plan / Other**					
	Cost Allocation Plan	0.0000	0.000	0.000		75,000.00
	Other Cost Distributions-MCH-Child	0.0000	0.000	0.000		-71,848.00
	Other Cost Distributions-Immunization Fixed Fees	0.0000	0.000	0.000		-8,450.00
	Other Cost Distributions-MCH-All Other	0.0000	0.000	0.000		-30,792.00
Total for Cost Allocation Plan / Other						-36,090.00
Total Indirect Costs						-36,090.00
TOTAL INDIRECT EXPENSES						-36,090.00

MCH-Child Cost Detail - CORRECT

2	**Cost Allocation Plan / Other**					
	Other Cost Distributions-Cost Distribution to Immunizations VQA	0.0000	0.000	0.000		71,848.00

MCH-All Other Cost Detail - CORRECT

2	**Cost Allocation Plan / Other**					
	Other Cost Distributions-Cost Distribution to Immunizations VQA	0.0000	0.000	0.000		30,792.00

Issue #9 –
Lack of 3rd party fees for billable services in budget application

Source of Funds: For billable services that use MCH funds as gap filling, other funding sources (such as 3rd party fees) should be included as a source of funds in the budget (or a note of explanation).

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	**Source of Funds**				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	2,118.00	0.00	2,118.00	0.00
	Federal or State (Non MDHHS)	.00	.00	.00	0.00

Issue #10 (FSR)

Budget transfers are allowable; but 15% of $0.00 is still zero.

Amendments/Notes needed for non-budgeted lines in FSR

FY 2022 – Comprehensive Agreement Boilerplate Language

C. Budget Transfers and Adjustments

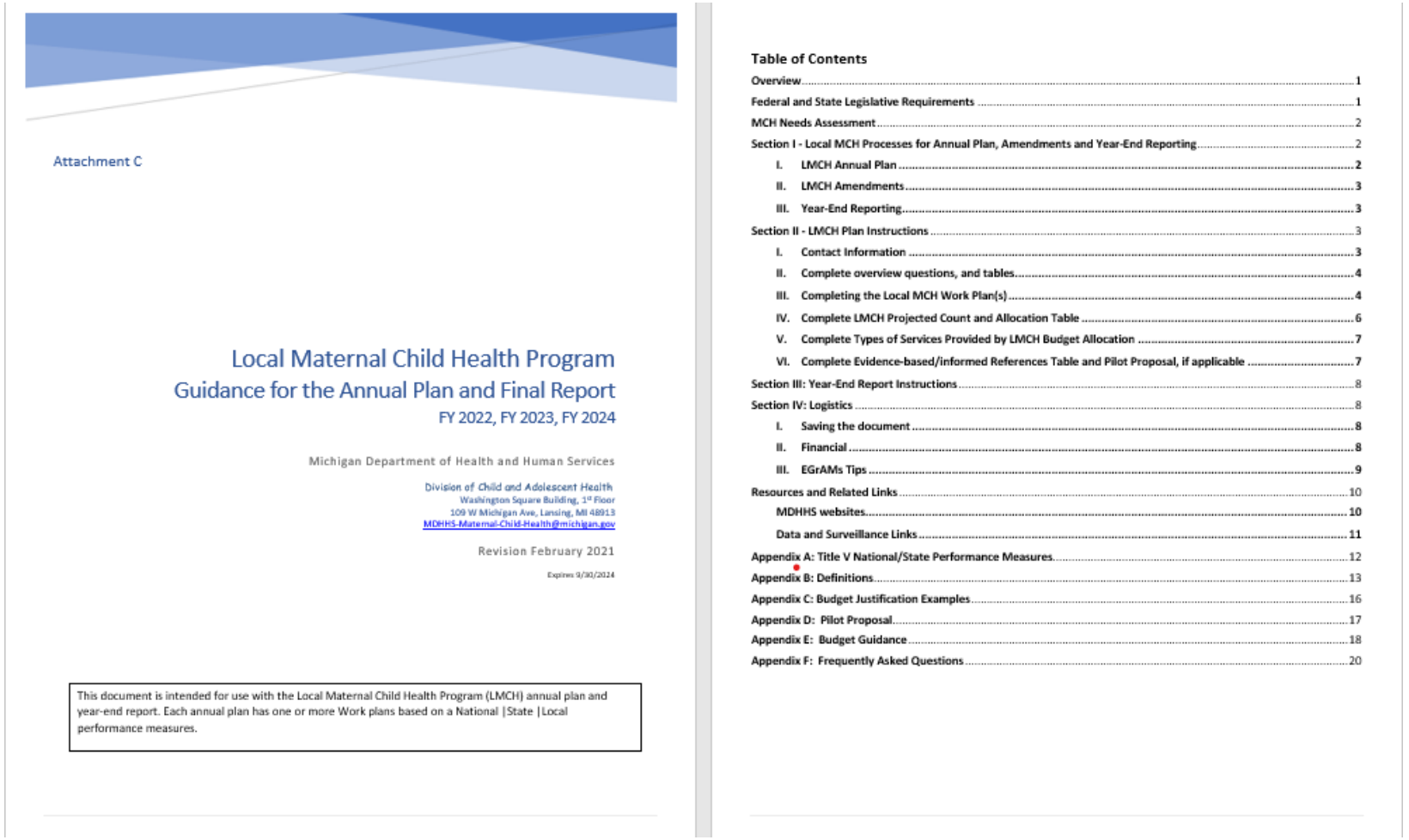
1. Transfers between categories within any program element budget supported in whole or in part by state/federal categorical sources of funding shall be limited to increases in an expenditure budget category by $10,000 or 15% whichever is greater. This transfer authority does not authorize purchase of additional equipment items or new subcontracts with state/federal categorical funds without prior written approval of the Department.

LMCH Budget Transfers: The LMCH program follows the same principle on budget transfers and adjustments outlined in the comprehensive agreement.

- If the transfer or adjustment is greater than the $10,000 or 15%, **OR** there are any changes made to any of the children performance measures an amended LMCH Work Plan and budget amendment will be required

LMCH Guidance - Budget specifics

- Additional budget guidance is in Appendix E
- Logistics MI-Egrams / EGrAMS Tips



Attachment C

Local Maternal Child Health Program
Guidance for the Annual Plan and Final Report
FY 2022, FY 2023, FY 2024

Michigan Department of Health and Human Services

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This document is intended for use with the Local Maternal Child Health Program (LMCH) annual plan and year-end report. Each annual plan has one or more Work plans based on a National |State |Local performance measures.

Table of Contents

Getting the most out of LMCH

A tip with CSHCS Medicaid Outreach

LMCH and CSHCS

- If possible, use local funds to maximize CSHCS Medicaid Outreach funds instead of using LMCH in CSHCS
- Based on Percentage of Medicaid Eligible Enrolled in CSHCS by Local Health Department Jurisdiction (Available on EGrAMS)

2/3/21 MDHHS Children's Special Health Care Services (CSHCS) FY20/21

Percentage of Medicaid Eligible Enrolled in CSHCS by Local Health Department Jurisdiction

Local Health Department	Percentage of Medicaid Eligible
Allegan	63.58%
Barry-Eaton	70.94%
Bay	75.17%
Benzie-Leelanau	65.43%
Berrien	75.66%
Branch-Hills-SJ	68.73%
Calhoun	78.47%
Central Michigan	78.07%
Chippewa	80.96%
Delta-Menominee	81.32%
Detroit	87.19%
Dickinson-Iron	82.64%
District #2	79.65%
District #4	74.08%
District #10	80.03%
Genesee	84.30%
Grand Traverse	64.57%
Huron	67.28%
Ingham	83.34%
Ionia	70.79%
Jackson	74.56%
Kalamazoo	69.57%
Kent	73.63%
Lapeer	71.91%
Lenawee	75.98%
Livingston	61.44%
L.M.A.S.	79.65%
Macomb	75.36%
Marquette	77.97%
Midland	70.96%
Mid-Michigan	75.95%
Monroe	72.65%
Muskegon	81.02%
(Health Department) Northwest	69.86%
Oakland	70.45%
Ottawa	57.60%
Saginaw	79.89%
St. Clair	74.94%
Sanilac	75.81%
Shiawassee	82.11%
Tuscola	79.31%
Van Buren-Cass	73.09%
Washtenaw	76.62%
Wayne	87.19%
Western U.P.	78.87%

Hypothetical example using $5,000 and Washtenaw County

This is the formula that explains how to calculate how much funding you lose by using Local MCH funds in CSHCS.

$5,000	Expenditures paid with local funds (hypothetical amount)
X	
76.62%	% of Medicaid eligible enrolled CSHCS clients in Washtenaw County
----------	
$3,831	Local expenditures eligible to be billed for Medicaid Outreach
X	
50%	Medicaid Outreach Revenue from feds is 50%. 50/50 50 revenue/50 local match
----------	
$1,915.50	Medicaid Outreach revenue generated by spending $5,000 local funds in CSHCS
========	

Questions?

What questions do you have regarding LMCH budget issue examples?

Trudy Esch, MS, BSN, RN

Pronouns: she/her/ella

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Thank You for your Time and Attention!