

Appendix D

Additional Medicaid Agreements

Local Health Department MCH Contract

Local Health Department MCH Worksheet

Glossary of Terms

In addition to the Title V-Medicaid IAA-MOU, MCH Programs have more detailed, individual Medicaid agreements. Below is a list of other Medicaid contracts for MCH/CHSCN populations

- Baby Watch Early Intervention CHIP contract
- Fostering Healthy Children Medicaid Administrative Agreement
- Interagency Coordination- Children with Special Healthcare Needs and Maternal Child Health and the Division of Medicaid and Health Financing
- Interagency Coordination – WIC and Medicaid
- Medicaid Case Reviews CSHCN Professional Licensees complete for Medicaid
- Pregnancy Risk Assessment and Monitoring System (PRAMS) – Administration Seeding Agreement
- MotherToBaby (Pregnancy Risk Line) – State funding match

Attachment A
Special Provisions
MCH Block Grant

_____ Health Department
October 1, 2018 through Sept 30, 2019

I. DEFINITIONS

- A. "Department" means the Utah Department of Health, Division of Family Health and Preparedness, Bureau of Maternal and Child Health, Office of Home Visiting.
- B. "Federal Fiscal Year 2019" means October 1, 2018 through September 30, 2019.
- C. "LHD General Provisions" means the agreement between the parties titled "FY2019-2023 LHD General Provisions, Assurances, and Matching Requirements" effective July 1, 2018 through June 30, 2023.
- D. "MCH" means Maternal and Child Health.
- E. "MCH Block Grant" means the Federal Title V Maternal and Child Health Block Grant.
- F. "MER" means the Monthly Expenditure Report, as detailed in the LHD General Provisions.
- G. "Sub-Recipient" means the Bear River Health Department, as defined and described in the LHD General Provisions.

II. Prevailing Purpose

- A. The purpose of this contract is to provide MCH Block Grant funding to Sub-Recipient to provide core public health services and activities that address maternal and child health population needs.

III. Sub-Recipient Responsibilities

- A. Sub-Recipient shall bill for direct services on a sliding fee scale based on 0% pay for all families at or below 133% of the Federal Poverty Level.
- B. Sub-Recipient shall expend all funds received to provide public health services to maternal and child populations.
- C. Sub-Recipient shall consider the National Performance Measures, as identified during the 2015 MCH Summit and Needs Assessment process, and set annual local goals and objectives that are appropriate for current work practices.
 - 1. The Department agrees to provide the National Performance Measures to the Sub-Recipient upon request.
- D. Sub-Recipient shall use MCH Block Grant funding to provide any of the following activities to prevent or reduce illness, disability, or death:
 - 1. Pregnancy-related services, including preconception services and education;
 - 2. Home visiting services;
 - 3. Family planning, intended pregnancies, and healthy pregnancy spacing;
 - 4. Oral health;
 - 5. Low birth weight and prematurity prevention education;
 - 6. Postpartum depression education; and
 - 7. Breastfeeding promotion.
- E. Sub-Recipient shall set one to two measurable performance objectives for the services listed in Section III, Subsection D, being offered by Sub-Recipient to women of childbearing age or pregnant women, as appropriate for current work practices.

1. Sub-Recipient shall report performance objective outcomes for completed work in its MCH annual report (as required by Section VI.)
- F. Sub-Recipient shall use MCH Block Grant funding to provide any of the following MCH services for children and youth (including infants, children and adolescents) to prevent or reduce illness, disability, or death:
 1. Oral health, including dental sealants;
 2. Healthy growth and development of young children;
 3. Health screenings, such as vision screens;
 4. Outreach to difficult-to-reach populations; and
 5. Home visiting services.
- G. Sub-Recipient shall set one to two measurable performance objectives for the services listed in Section III, Subsection F, being offered by Sub-Recipient to children and youth, including infants, children, and adolescents, as appropriate for current work practices.
 1. Sub-Recipient shall report performance objective outcomes for completed work in its MCH annual report (as required by Section VI).
- H. Sub-Recipient shall work on the Title V MCH Block Grant National Performance Measure #6 for Developmental Screening activities.
 1. National Performance Measure #6 is the percentage of children age 10-71 months who receive a developmental screening using a parent-completed screening tool.
 2. During the upcoming year, specific objectives and activities shall be determined between the Department and Sub-Recipient and executed as contract amendments.

IV. Department Tasks

- A. The Department agrees to:
 1. Provide report templates for the MCH Financial Report, the MCH Service Report, and the MCH Annual Report; and
 2. Provide technical assistance, consultation, and in-services, as needed or requested.

V. FUNDING AND PAYMENTS

- A. The Department agrees to reimburse Sub-Recipient up to the maximum amount of the contract for expenditures made by the Sub-Recipient that are directly related to the program, as outlined in the LHD General Provisions.
 1. The funding for this contract is for use in Federal Fiscal Year 2019 (October 1, 2018 through September 30, 2019).
 2. Maximum funding for Federal Fiscal Year 2019 is \$103,640.
 3. This contract may be amended to change the funding amount.
 4. If the contract is not amended to add additional funding, the contract terminates at the end of federal fiscal year 2019 (September 30, 2019).
- B. Funds for this contract shall be advanced to Sub-Recipient on a quarterly basis.
- C. Payments in the fourth quarter shall be adjusted to reflect actual expenditures reported by the Sub-Recipient, up to the maximum amount of the Contract.
- D. First quarter payment shall be made on or after October 1, 2018.
- E. Payments for the second and third quarters shall be made by the Department after the MER's for the first and second months of the previous quarter are received.

VI. REPORTING REQUIREMENTS

- A. Recipient shall submit the following report by January 15, 2019:

1. Annual MCH Financial Report for Federal Fiscal Year 2018 (use Attachment E);
 - i. A sample MCH Financial Report is Attachment E; and
- B. Sub-Recipient shall submit the following reports by April 15, 2019:
 1. MCH Service Report for Calendar Year 2018 (use Attachment C);
 - i. MCH Service Report Instructions are Attachment B; and
 2. MCH Annual Report on activities for women, mothers, children, and youth for Calendar Year 2018 (use Attachment D).

VII. DISPUTE RESOLUTION

- A. If any dispute arises between the parties during the activities described by this Contract, the parties agree to seek a resolution through open communication and dialogue.
- B. Either party may request a conference to resolve a disputed issue (consistent with Utah Admin. Code R380-10-3, which supports dispute resolution at the lowest level possible).
- C. If a resolution cannot be reached, Department may bring supervisory personnel into the process to facilitate resolving issues and achieving agreement.
- D. The provisions in Sections VII.B. and VII.C. are not mandatory.
- E. If a dispute is not resolved within 30 days of Department decision, the Department's decision is considered the "initial agency determination," as defined by Utah Admin. Code R380-10-2(3).
- F. These provisions do not preclude or affect the provisions, rights, limitations, or timelines for appealing Department actions that are provided or required by Utah Code §§ 26-23-2, 26-1-4.1, or 26-1-7.1, Utah Admin. Code R380-10, or the Utah Administrative Procedures Act (Utah Code § 63G-4).
- G. In the event of any conflict between the Dispute Resolution provisions in the Special Provisions of this Contract with applicable law or rules, the provisions of the applicable law or rules shall control.

LHD MCH Block Grant Activity Worksheet and Annual Report Template - Local Health Department: _____,

Person Reporting: _____, Email/Phone Number: _____

MCH SERVICES FOR WOMEN OF CHILDBEARING AGE AND/OR PREGNANT WOMEN WHO RECEIVE SERVICES

GOAL :

Description - What Will be Measured	Direction of Change	Timeframe
	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease <input type="checkbox"/> Improve	

OBJECTIVE #1 (Create a SMART objective by completing the cells below)

Description - What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of				

SMART Objective #1:

Planned Activities to meet Objective #1

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
1.			
2.			
3.			
4.			

OBJECTIVE #2 (Create a SMART objective by completing the cells below)

Description - What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of				

SMART Objective #2:

Planned Activities to meet Objective #2

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
1.			
2.			
3.			
4.			

MCH SERVICES FOR CHILDREN AND YOUTH, INCLUDING INFANTS, CHILDREN AND ADOLESCENTS

GOAL

Description - What Will be Measured	Direction of Change	Timeframe
	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease <input type="checkbox"/> Improve	

OBJECTIVE #1 (Create a SMART objective by completing the cells below)

Description - What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of				

SMART Objective #1:

ANNUAL ACTIVITY

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
1.			
2.			
3.			
4.			

OBJECTIVE #2 (Create a SMART objective by completing the cells below)

Description - What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of				

SMART Objective #2:

ANNUAL ACTIVITY

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
1.			
2.			
3.			
4.			

MCH SERVICES FOR NPM #6 DEVELOPMENTAL SCREENING

GOAL

Description - What Will be Measured	Direction of Change	Timeframe
	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease <input type="checkbox"/> Improve	

OBJECTIVE #1 (Create a SMART objective by completing the cells below)

Description - What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of				

SMART Objective #1:

ANNUAL ACTIVITY

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
1.			
2.			
3.			
4.			

OBJECTIVE #2 (Create a SMART objective by completing the cells below)

Description - What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of				

ANNUAL ACTIVITY

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
1.			
2.			
3.			
4.			

YEAR END REPORT TEMPLATE - Local Health Department: _____,
Person Reporting: _____, Email, _____ Phone Number: _____

IMPROVE THE HEALTH OF MOTHERS AND INFANTS	
GOAL:	
Objective(s)	
Was Objective #1 met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Report on activities implemented for Objective #1 - Description	
1. 2. 3. 4.	
Other (Barriers, Problems, Issues, Solutions, etc.)	
1. 2. 3. 4.	
Was Objective #2 met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Report on activities implemented for Objective #2 - Description	
1. 2. 3. 4.	
Other (Barriers, Problems, Issues, Solutions, etc.)	
1. 2. 3. 4.	

IMPROVE THE HEALTH OF CHILDREN AND YOUTH (including CSHCN populations)	
GOAL :	
Objective(s)	
Was Objective #1 met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Report on activities implemented for Objective #1 - Description	
1. 2. 3. 4.	
Other (Barriers, Problems, Issues, Solutions, etc.)	
1. 2. 3. 4.	
Was Objective #2 met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Report on activities implemented for Objective #2 - Description	
1. 2. 3. 4.	
Other (Barriers, Problems, Issues, Solutions, etc.)	
1. 2. 3. 4.	

MCH SERVICES FOR NPM #6 DEVELOPMENTAL SCREENING
GOAL :

Objective(s)	
Was Objective #1 met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Report on activities implemented for Objective #1 - Description	
Other (Barriers, Problems, Issues, Solutions, etc.)	
Was Objective #2 met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Report on activities implemented for Objective #2 - Description	
Other (Barriers, Problems, Issues, Solutions, etc.)	

GLOSSARY OF TERMS

ACA – Affordable Care Act
AMCHP – Association of Maternal & Child Health Programs
ASQ – Ages and Stages Questionnaire
BRFSS – Behavioral Risk Factor Surveillance System
CD – Child Development (and/or Bureau of CD)
CHC – Community Health Center
CHD – Center for Health Data
ColIN – Collaborative Improvement & Innovation to Reduce Infant Mortality
CMS – Centers for Medicare & Medicaid Services
CSHCN – Children with Special Health Care Needs (and/or Bureau of CSHCN)
CSPAP – Comprehensive School Physical Activity Program (Bureau of Health Promotion)
DCFS – Department of Child and Family Services
DFHP – Division of Family Health Preparedness
DRP – Data Resources Program in the Bureau of MCH
EPICC – The Healthy Living Through Environment, Policy and Improved Clinical Care Program (Bureau of Health Promotion)
ESM – Evidence Based or Evidence Informed Strategy Measures
FFY – Federal Fiscal Year
HRSA – Health Resources and Services Administration
HUB – Healthy Utah Babies
ISP – Integrated Services Program (Bureau of CSHCN)
LHD – Local Health Department
MCH – Maternal Child Health (and/or Bureau of MCH)
MIHP – Maternal Infant Health Program in the Bureau of MCH
NICU – Newborn Intensive Care Unit
NPM – National Performance Measure
OHD – Office of Health Disparities Reduction
OHP – Oral Health Program in the Bureau of MCH
PRAMS – Pregnancy Risk Assessment Monitoring System
PTB – Preterm birth
SPM – State Performance Measure
SSDI – State Systems Development Initiative grant
UBDN – Utah Birth Defects Network (Bureau of CSHCN)
UBID – Utah Block Grant Information Database
UDAC – University of Utah Developmental Assessment Center
UDOH – Utah Department of Health
USOE – Utah State Office of Education
UWNQC – Utah Women and Newborns Quality Collaborative
VIPPP – Violence and Injury Prevention Program (Bureau of Health Promotion)
VLBW – Very Low Birth Weight
WDCS – Workforce Development and Capacity Survey
WESTT – Web Enabled Systematic Tracking Tool
WIC – Women Infant and Children
YRBSS – Youth Risk Behavioral Surveillance System