

# Instructions for Annual Reporting

TITLE V MCH BLOCK GRANT REPORTING FOR OCTOBER 1, 2023 -  
SEPTEMBER 30, 2024

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## About Title V MCH Block Grant Reporting

The Title V Maternal and Child Health (MCH) Block Grant Program is the nation's oldest federal-state partnership. It aims to improve the health and well-being of women (particularly mothers), children and youth, including children and youth with special health care needs, and their families. At least 30 percent of federal Title V MCH Block Grant funds are required to go for preventive services for children and youth and at least 30 percent are required to go for services for children with special health care needs. States are required to match every \$4 of federal Title V MCH Block Grant money that they receive by at least \$3 of state and/or local money (non-federal dollars). For more information concerning the [federal Title V Maternal and Child Health Services Block Grant Program](#) visit their website.

In Minnesota, Title V MCH Block Grant is governed by Minnesota Statute 145.88 – 145.883, which directs two thirds of Minnesota's Title V MCH Block Grant funds be distributed to Community Health Boards (CHBs). CHBs must use Title V MCH Block Grant funds for programs that:

- Specifically address the highest risk populations, particularly low-income and minority groups with a high rate of infant mortality and children with low birth weight, by providing services, including pre-pregnancy family planning services, calculated to produce measurable decreases in infant mortality rates, instances of children with low birth weight and medical complications associated with pregnancy and childbirth, including infant mortality, low birth rates, and medical complications arising from chemical abuse by a mother during pregnancy.
- Specifically target pregnant women whose age, medical condition, maternal history or chemical abuse substantially increases the likelihood of complications associated with pregnancy and childbirth or the birth of a child with an illness, disability, or special medical needs.
- Specifically address the health needs of young children who have or are likely to have a chronic disease or disability or special medical needs, including physical, neurological, emotional, and developmental problems that arise from chemical abuse by the mother during pregnancy.
- Provide family planning and preventive medical care for specifically identified target populations, such as minority and low-income teenagers, in a manner calculated to decrease the occurrence of inappropriate pregnancy and minimize the risk of complications associated with pregnancy and childbirth.
- Specifically address the frequency and severity of childhood and adolescent health issues, including injuries in high-risk target populations by providing services calculated to produce measurable decreases in mortality and morbidity.
- Specifically address preventing child abuse and neglect, reducing juvenile delinquency, promoting positive parenting and resiliency in children, in promoting family health and economic sufficiency through public health nursing home visits under section 145A.17; or
- Specifically address nutritional issue of women, infants, and young children through WIC clinic services.

**Low Income:** an individual or family income determined to be at or below 175% of federal poverty level. When serving a high-risk person, low income means that the income of the high-risk person or person's family is at or below 200% of the federal poverty level or is determined to meet Medicaid or WIC income eligibility requirements. Persons at 100% of poverty or below cannot be charged any fees for services provided using Title V funds. Income determination for adolescents seeking services is made based upon the adolescent's income.

**High Risk:** a mother or child with a condition, which significantly increases the probability of disease, injury, death, or other adverse health related problem.

For specific examples of use of Title V MCH Block Grant funding, see [Guidelines for using Title V MCH Block Grant funds](#) on our website.

Minnesota Statute 145.882 subd. 3 (b) requires that a CHBs that receive Title V MCH Block Grant funding provide at least a 50 percent match. Eligible match funds include funds from local property taxes, reimbursements from third parties (including Medicaid), fees, donations, other nonfederal grants, or state funds received under the local public health act grant that are used for maternal and child health activities listed above.

Title V MCH Block Grant reporting is required of all CHBs receiving Title V MCH Block Grant federal funds and helps Minnesota meet federal reporting requirements. Title V Statistical and Financial data, per federal requirements, are reported by Title V Areas of Priority – Improved Pregnancy Outcome, Family Planning, Children with Special Health Care Needs (CSHCN), Child and Adolescent Health, and Infant Health.

As of 2017 Title V MCH Block Grant annual reporting (including questions related to TANF) moved from PPMRS to REDCap. To reduce reporting burden and align data collection across the Title V Areas of Priority's we will not ask for data no longer required for federal reporting.

## Reporting by Form

Below outlines what is data should be entered in each REDCap form.

**All data reported in 2024 should reflect services and expenditures that occurred during the 2024 federal fiscal year (FFY) – October 1, 2023 - September 30, 2024.**

When logging into REDCap to report Title V MCH Block Grant data make sure to select **2024 Title V MCH Block Grant FFY Report** under My Projects. Once the project is open you will see a list of Data Collection Instruments in the right navigation bar (see figure 1 below). This is a list of all the forms that need to be completed. Throughout this document will refer to data collection instruments as forms.

Figure 1. Title V MCH Block Grant REDCap Project Screenshot

The screenshot shows the REDCap project dashboard for '2024 Title V MCH Block Grant Annual Reporting' (PID 1670). The user is logged in as 'meyerm1'. The dashboard includes a 'Project Home' tab and a 'Project Home and Design' section with options like 'Project Home', 'Codebook', and 'Project status: Development'. The 'Data Collection' section is expanded, showing various data collection instruments such as 'Record Status Dashboard', 'Add / Edit Records', and several 'Title V Statistical' forms. The 'Applications' section includes 'Data Exports, Reports, and Stats'. The main content area provides general dashboard information and contains two tables:

Current Users (4)	
User	Expires
cfh.testuser (Molly Meyer)	never
meredith.shimek.st (Meredith Shimek)	never
meyerm1 (Molly Meyer)	never
tayloe1 (Elizabeth Taylor-Sci)	never

Project Statistics	
Records in project	1
Most recent activity	11/14/2024 10:15am
Space usage for docs	0.00 MB

### Helpful REDCap Hints

- If you are having problems logging in, note that your REDCap user ID is similar to, but not the same as, your email address. REDCap replaces the “@” symbol in email addresses with a period (“.”). Please double check that you are not trying to use your email address as your REDCap ID.
- If you had access to last year’s reporting in REDCap you will see both last year and this year’s projects in REDCap. Feel free to reference last year’s information if it is helpful for you but know you will not be able to edit it. If you are new and want access to old data [contact us](#).
- If you can’t see the forms (e.g. data collection instruments) in the left navigation bar (highlighted above) click on *Show data collection Instruments* and they will appear.
- To start data entry, click on the form in left navigation bar and then choose your Record ID from the drop-down menu under “Incomplete Records.” You will only have access to the Record ID associated with your CHB.
- For more information about REDCap go to MDH’s [REDCap External Partner Help](#) webpage.

For more information for Title V grantees, including Title V Reporting Workbook for 2024, go to MDH’s [Title V MCH Block Grant Grantee Information](#) webpage.

## Title V Statistical - General Information

Information reported on Title V Statistical - General Information form is general information about use of federal Title V MCH Block Grant funds.

### Data Entry

On this form, please confirm that you are reporting for the right CHB. Contact us immediately if your CHB is incorrect.

### Data collected in Title V Statistical - General Information form

Question Number	Description of Data Collected
1 <i>*Modified*</i>	Describe how community input and/or family engagement was obtained and used in the process of identifying the use of federal Title V block grant funds.
2 <i>*New*</i>	Describe how health equity was addressed within the activities that used Title V MCH grant funding. <i>Example: Using funds for new moms in rural areas who don't have transportation.</i>

**Changes from last year** – Added one new question to align with the new questions collected in the workplans. Modified question number one to add in family engagement.

## Title V Statistical - I. Improved Pregnancy Outcome

Information reported on in the Title V Statistical - I. Improved Pregnancy Outcome form relates to **services financed through Title V MCH Block Grant funds and/or Title V Match funds** and provided to persons who are:

- (1) Pregnant
- (2) High risk or Low-Income

Interventions in Improved Pregnancy Outcome are provided to populations at high risk for poor pregnancy outcome due to medical complications associated with pregnancy and childbirth, history of poor pregnancy outcomes, racial/ethnic health disparities, and/or behavioral, environmental, and socioeconomic risks including lack of insurance.

Examples of high-risk criterion include but are not limited to:

1. Demographic Risks such as:
  - a. Age 17 or less or still in high school
  - b. Race or ethnicity
  - c. Unmarried
2. Risks related to current pregnancy such as:
  - a. Poor weight gain

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- b. Inter-pregnancy interval less than 18 months
- c. Pregnancy induced hypertension
- d. Infections such as CMV, HIV, STIs
- e. Prenatal care initiated after the first trimester of pregnancy or inadequate prenatal care
- 3. Pregnancy Complications unrelated to current pregnancy such as:
  - a. Entopic pregnancy
  - b. Infection/History of bypass surgery
  - c. High blood pressure
  - d. Diabetes
  - e. Complicated delivery
  - f. Premature labor
  - g. Depression, mental or cognitive health concern
  - h. Previous poor pregnancy outcome
- 4. Behavioral/Environmental Risks such as:
  - a. Smoking, alcohol, and other substance abuse
  - b. Poor nutritional status
  - c. Exposure to medical or environmental toxic substances
- 5. Domestic Violence

**Data Entry**

To enter data in the Title V Statistical - I. Improved Pregnancy Outcome form you need to answer “**Yes**” to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Improved Pregnancy Outcome.

If data is entered in Title V Statistical - I. Improved Pregnancy Outcome form you must have dollars spent on the [Title V Financials - Breakout by Priority form](#) under Improved Pregnancy Outcome for Enabling and/or Direct Services.

**Data collected in Title V Statistical - I. Improved Pregnancy Outcome form**

Question Number	Description of Data Collected
A.1	Unduplicated number of prenatal clients served by age and race/ethnicity. Include both clients who delivered and those who did not deliver during this reporting period.
A.2	Unduplicated number of prenatal clients reported under A.1 that also received family planning methods services. Number listed here must be equal or less than that listed under Title V Statistical - V. Others Served form, question A.1.
B.1	Unduplicated number of prenatal clients served by primary medical coverage. Include females who appear to be eligible and likely to apply for public programs. Record coverage at the women's first visit of the year.
C.1	Unduplicated number of prenatal women served through individual health education/counseling visits by age.

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C.2	Unduplicated number of postpartum women served through individual health education/counseling visits.
C.3a	Number of individuals served in health education or support services provided in group settings. This can include group prenatal and postnatal classes or group presentations.
C.3b	Number of health education or support services group session convened.

**Changes from last year - no changes.**

## Title V Statistical - II. Family Planning

Information reported on in the Title V Statistical – II. Family Planning form relates to services financed through Title V MCH Block Grant funds and/or Title V Match funds and provided to persons who are:

- (1) Ages 10 to 50
- (2) High risk or Low-Income

Family Planning means voluntary pre-pregnancy planning by individuals to attain or prevent pregnancy.

Interventions in this area are provided to populations at low income and high risk of unintended pregnancy. Examples of high risk include but are not limited to individuals experiencing health disparities, geographic isolation, age, or other barriers.

### Data Entry

To enter data in the Title V Statistical – II. Family Planning form you need to answer “Yes” to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Family Planning.

If data is entered in Title V Statistical – II. Family Planning form you must have dollars spent on the [Title V Financials - Breakout by Priority form](#) under Family Planning for Enabling and/or Direct Services.

### Data collected in Title V Statistical – II. Family Planning form

Question Number	Description of Data Collected
A.1	<p>Unduplicated number of females and males receiving medical family planning method services by age and race/ethnicity.</p> <p>Do not include in these statistics services provided using funds received as a Family Planning Special Project grantee. Medical family planning method services means physical examination by a physician/nurse practitioner/certified nurse midwife and lab services provided prior to the provision of a family planning method (regardless of the method chosen). Services may be provided in public clinics or in private offices.</p>

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B.1	Unduplicated number of individuals receiving family planning services reported by primary medical coverage. Include females and males who appear to be eligible and likely to apply for public programs. Record coverage at the first visit of the year.
C.1	Unduplicated number of individuals receiving individual family planning reproductive health education/counseling services by age and sex. Include both clinic and non-clinic settings. Family planning counseling means the provision, on an individual basis, of factual information on pregnancy planning and all contraceptive methods, and the use of non-directive interview techniques.
C.2a	Number of individuals served in health education or support services provided in group settings. Classes or presentations in group settings that provide factual information on reproductive health.
C.2b	Number of health education or support services group session convened.

**Changes from last year - no changes.**

## Title V Statistical - III. CSHCN (Children with Special Health Care Needs)

Information reported on in the Title V Statistical – III. CSHCN form relates to services financed through Title V MCH Block Grant funds and/or Title V Match funds and provided to persons who are:

- (1) Ages Birth through 21
- (2) High risk or Low-Income

Interventions in this area are provided to address the needs of those children, birth through 21, who have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally.

Examples of interventions include screening activities designed to identify children who may be experiencing delays (such as the Follow-Along Program), family support activities, educational activities, identification of service needs, arranging for services, on-going service coordination/case management activities, or participation in the development or implementation of care plans, IFSPs, and IEPs.

Examples of high-risk criterion include but are not limited to:

1. Low birth weight (less than 2500 grams) or prematurity (less than 37 weeks gestation)
2. Conditions identified through newborn screening programs (such as Sickle Cell Disease, PKU, hearing loss)
3. Any of the around 70 conditions including major structural and chromosomal abnormalities identified at birth through the Birth Defects Information System
4. Acquired conditions such as traumatic brain injury, spinal cord injury
5. Chronic health conditions such as cystic fibrosis, epilepsy, diabetes, asthma



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6. Suspected or confirmed mental or behavioral conditions such as attachment disorder, attention deficit hyperactivity disorder, fetal alcohol spectrum disorder
7. Suspected or confirmed developmental disabilities such as intellectual disabilities, autism, and cerebral palsy

### Data Entry

To enter data in the Title V Statistical – III. Children with Special Health Care Needs form you need to answer **Yes** to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Children with Special Health Care Needs.

If data is entered in Title V Statistical – III. Children with Special Health Care Needs form you must have dollars spent on the [Title V Financials - Breakout by Priority form](#) under Children with Special Health Care Needs for Enabling and/or Direct Services.

### Data collected in Title V Statistical – III. CSHCN form

Question Number	Description of Data Collected
A.1	Unduplicated number of children and youth with special health care needs served by race/ethnicity. This should include children who have or are at risk for developing a special health care need.
B.1	Unduplicated number of children and youth with special health care needs served by primary medical coverage. Include children and youth who appear to be eligible and likely to apply for public programs. Record coverage at the first visit of the year.
C.1	Unduplicated number of children and youth with special health care needs or their families receiving care coordination by sex.  <i>Care coordination</i> refers to a set of activities provided by a professional to a child with special health needs or their family to assure that the child/family receive needed services and supports. Care coordination takes into consideration a continuum of child/family needs – including health, medical, education, social, early intervention, nutrition, mental/behavioral/emotional health, community partnerships, and financial – to achieve optimal health and wellness.
C.2a	Unduplicated number of children and youth with special health care needs or their families receiving individual education/counseling services.
C.2b	Number of visits received by children with special health care needs or their families for individual education/counseling services.
C.3a	Number of children with special health care needs or their families receiving health education or support services provided in group settings.
C.3b	Number of health education or support services group session convened.
C.4	Unduplicated number of children served by the Follow-Along Program.
C.5	Describe agency activities which are intended to improve community-based systems of care for CSHCN

**Changes from last year - no changes.**

## Title V Statistical - IV. Child & Adolescent Health

Information reported on in the Title V Statistical – IV. Child and Adolescent Health form relates to services financed through Title V MCH Block Grant funds and/or Title V Match funds provided to persons who are:

- (1) Ages 1 to 22
- (2) High risk or Low-Income

Interventions in this service area address child and adolescent health issues including injuries with the purpose of decreasing child and adolescent mortality and morbidity.

Examples of high-risk criterion include but are not limited to:

1. Health risks impacting young children such as:
  - a. Obesity
  - b. Exposure to secondhand smoke or other environmental toxins
  - c. Alcohol and other substance abuse in home environment
  - d. Homelessness
  - e. Living in unsafe environments
2. Health risks impacting adolescents:
  - a. Alcohol and other drug use
  - b. Behaviors that may result in pregnancy, HIV, and STDs
  - c. Violence
  - d. Suicidal thoughts
  - e. Physical inactivity, unhealthy dietary behaviors

### Data Entry

To enter data in the Title V Statistical – IV. Child and Adolescent Health form you need to answer **“Yes”** to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Child and Adolescent Health.

If data is entered in Title V Statistical – IV. Child and Adolescent Health form you must have dollars spent on the [Title V Financials - Breakout by Priority form](#) under Child and Adolescent Health for Enabling and/or Direct Services.

### Data collected in Title V Statistical – IV. Child and Adolescent Health form

Question Number	Description of Data Collected
A.1	Unduplicated number of children and adolescents served by race/ethnicity.

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B.1	Unduplicated number of children and adolescents served by primary medical coverage. Include children and adolescents who appear to be eligible and likely to apply for public programs. Record coverage at the first visit of the year.
C.1	Unduplicated number of children and adolescents or their families receiving individual health education/counseling services by sex.
C.2a	Number of children and adolescents or their families receiving health education or support services provided in group settings.
C.2b	Number of health education or support services group session convened.

**Changes from last year - no changes.**

## Title V Statistical - V. Infant Health

Information reported on in the Title V Statistical – V. Infant Health form relates to services financed through Title V MCH Block Grant funds and/or Title V Match funds and provided to persons who are:

- (1) Ages Birth to 1 (Infants)
- (2) High risk or Low-Income

Interventions in this service area are provided for the purpose of reducing infant morbidity and mortality.

Examples of high-risk criterion include but are not limited to:

- 1. Developmental delays
- 2. Maternal depression or history of maternal depression
- 3. Alcohol and other substance abuse in home
- 4. First time mother

### Data Entry

To enter data in the Title V Statistical – V. Infant Health form you need to answer “**Yes**” to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Infant Health.

If data is entered in Title V Statistical – V. Infant Health form you must have dollars spent on the [Title V Financials - Breakout by Priority form](#) under Infant Health for Enabling and/or Direct Services.

### Data collected in Title V Statistical – V. Infant Health form

Question Number	Description of Data Collected
A.1	Unduplicated number of infants served by race/ethnicity.

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B.1	Unduplicated number of infants served by primary medical coverage. Include infants who appear to be eligible and likely to apply for public programs. Record coverage at the first visit of the year.
C.1	Unduplicated number of infants or their families provided individual health education/counseling visits.
C.2a	Number of infants or their families receiving health education or support services provided in group settings.
C.2b	Number of health education or support services group session convened.

**Changes from last year - no changes.**

## Title V Financial - Workforce

The Maternal and Child and Health Bureau (MCHB) now requires Title V MCH Block grantees to report data on workforce. This form collects data on the Title V workforce composition.

### Data Entry

In this form, please provide the number of Full-Time Equivalents (FTEs). Responses should include whole and partial FTEs that are Title V-funded (e.g., 1.0 FTE + 0.5 FTE = 1.5 FTEs). Round FTEs to the next highest quarter (i.e., 0.25, 0.50, 0.75, 1.0). For example, an 0.3 FTE would be entered as a 0.5 FTE.

### Data collected in Title V Statistical – Workforce form

Question Number	Description of Data Collected
A1. <b>*New*</b>	Total Number of Full-Time Equivalents (FTEs) Enter the number of Title V-funded FTEs currently on staff. Positions should be quantified as FTEs.
2. <b>*New*</b>	Total Number of MCH Epidemiology FTEs This should be a subset of the overall number of FTEs reported in line A.1.
3. <b>*New*</b>	Total Number of FTEs eliminated in the past 12 months
4. <b>*New*</b>	Total Number of Current Vacant FTEs
5. <b>*New*</b>	Total Number of new FTEs onboarded in the past 12 months
5.a. <b>*New*</b>	Total Number of Vacant MCH Epidemiology FTEs

**Changes from last year** – This is a new form and new data being collected. This is being collected due to change in federal reporting requirements. Reach out to us if you are having issues providing us this data.

## Title V Financial - Recap/Match

This form collects financial Title V MCH Block Grant federal funds and Title V Match expenditures.

### Recap

This section recaps award amounts, carryover and total spent/invoiced in Calendar Year 2017. Total spent/invoiced should reflect total Title V federal fund expenditures in Calendar Year.

You can find award amounts for October 1, 2023 through September 30, 2024 in the [Title VMCH Block Grant and Follow-Along Program, CHB Allocations PDF](#).

### Match

As per statute, a match of 50% is required for federal Title V MCH Block Grant funds. Funds eligible to meet match requirements include local property taxes, reimbursements from third parties, fees, donations, nonfederal grants, or other state funds, including state funds received as part of the Local Public Health Act. See Table 1 for a complete list of all match categories which match funds can be reported.

Funds not eligible for match include 1) any federal funds including EPSDT/Child and Teen Check Up, Local Collaborative Time Study (LCTS) funds, Temporary Assistance for Needy Families (TANF), bioterrorism funds, WIC or 2) any state or local funds already used to meet match requirements for another funding source.

**Table 1.** Match Categories

Match Category	Detailed Description
State General Funds	Report expenditures of dollars that had the state general funds portion of the Local Public Health Act as their source. State general funds are to be used for the operations of community health boards.
Medicaid (Title XIX of the Social Security Act)	Report expenditures that had revenue from Medicaid reimbursements as their source. This includes Prepaid Medical Assistance Plans (PMAPs), community-based purchasing and community alternative care (CAC), community alternatives for disabled individuals (CADI), development disabled (DD) (formerly known as mental retardation or related conditions (MR/RC)), elderly (EW), and traumatic brain injury (TBI) waivers. This does not include alternative care (AC) which is reported in Other State Funds.
Private Insurance	Report expenditures that had reimbursements received from private insurance companies as their source.
Local Tax	Report expenditures that had as their source revenue from local tax levies.

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Client Fees	Report expenditures that had as their source revenue received as a client fee (i.e. sliding fees for a health care or MCH service).
Other Fees (non-Client)	Report expenditures that had as their source revenue received as a fee for service, or for a license or permit. Usually, the charge has been set by statute, charter, ordinance, or board resolution.
Other Local Funds*	Report expenditures that had their source from other local funds (not pass thru from state or federal government) including in-kind and contracts, grants or gifts from local agencies such as schools, social service agencies, community action agencies, hospitals, regional groups, non-profits, corporations or foundations. Please confirm that these funds do not originate from a federal or state source.
Other State Funds*	Report expenditures of dollars spent from other state funds other than those specified above including grants and contracts from the Minnesota Department of Health and other state agencies that are not "pass thru" dollars from the federal government. Examples of other state funding include family planning special project grants and SHIP funding. If a grant is funded by both state and federal sources (e.g., 30% state funds and 70% federal funds) use the only the proportion of state funds for Title V match. Funding associated with a CFDA number are federal dollars.

\* Make sure to report all Other Local and Other State Funds in the [Title V Financials - Breakdown form](#).

**Table 2.** More Information on where to Report Specific Funding Sources

Funding	Report In
Child and Teen Check-Up	Medicaid
Community Alternative Care (CAC)	Medicaid
Community Alternatives for Disabled Individuals (CADI)	Medicaid
County-Based Purchasing	Medicaid
Developmentally Disabled (DD)	Medicaid
Eliminating Health Disparities Initiative	Other State Funds
Family Planning Special Projects	70%: Other State Funds 30%: Other Federal Funds
Family Services Collaborative	Mix of other local, other state, and other federal funds. The percentage of each funding source comprises differs for each collaborative.
Lead Safe Housing Grant	Other State Funds
Mental Health Collaborative	Mix of other local, other state, and other federal funds. The percentage of each funding source comprises differs for each collaborative.
Prepaid Medical Assistance Plan (PMAP)	Medicaid
Statewide Health Improvement Program (SHIP)	Other State Funds
Traumatic Brain Injury (TBI)	Medicaid

## Data Entry

**Recap** section recaps award amounts, carryover and total spent/invoiced in FFY 2024 (October 1, 2023 – September 30, 2024). Total spent/invoiced should reflect total Title V federal fund expenditures in reporting period. This data is preloaded for you, and you cannot edit it. The

total spent reflects the amount you have submitted to us via invoices. If your data doesn't match ours, please [contact us](#).

Total spent/invoiced must equal the Total Title V Federal Funds in the Title V Financials - Breakout by Priority form.

**Match** - The Match captures the dollar amount of Title V Match funds by funding source. Match should only include expenditures. Make sure your total Title V match is at least 50% of your total spent in the calendar year.

Total Title V Match must equal Total Title V Match on the Title V Financials - Breakout by Priority form.

**Changes from last year** - no changes.

## Title V Financial - Breakdown

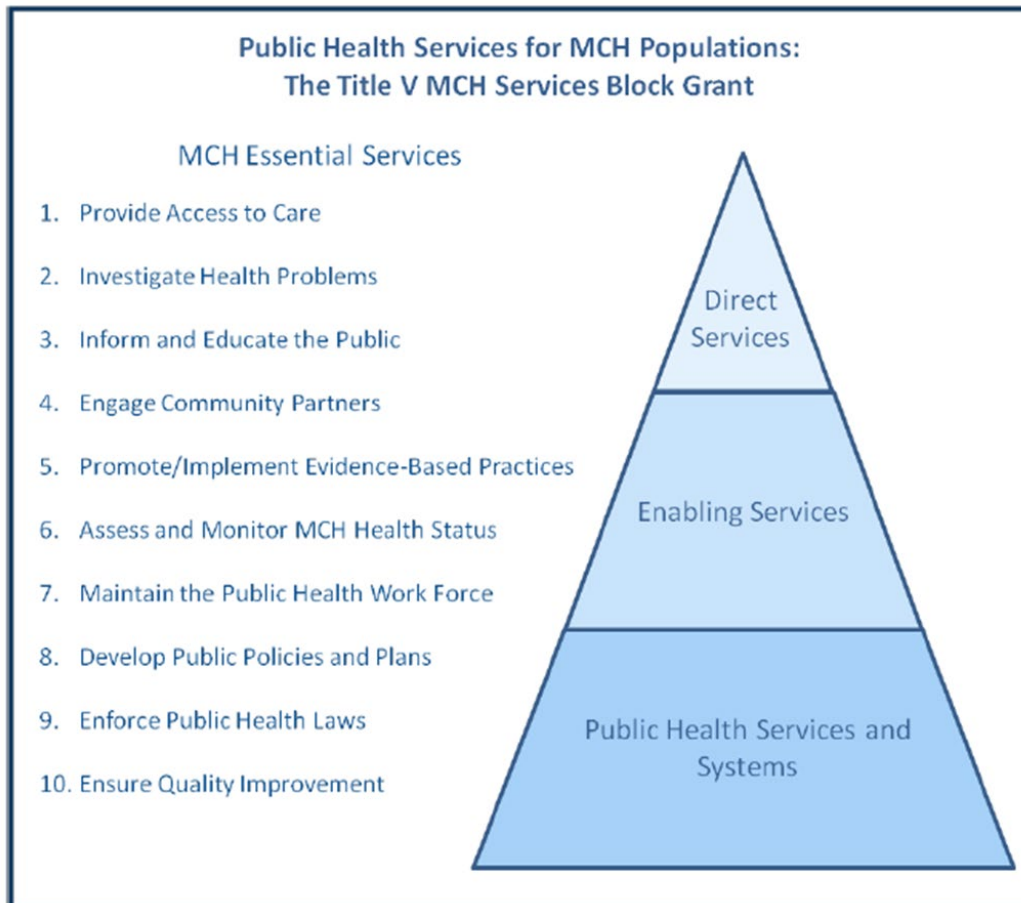
The Breakdown Form verifies and provides detail for the Other Local and Other State funds used for Title V Match.

Make sure the Total Other Local and Other State Funds used for Title V Match on this form must equal the Total of Other Local Funds + Other State Funds on Recap & Match form.

**Changes from last year** - no changes.

## Title V Financial - Breakout by Priority

With the most recent Title V MCH Block Grant transformation in 2015, the Title V Pyramid has been updated to better depict the Title V role in improving overall health for the maternal and child health populations, how Title V program funds are invested overall, and the Title V role in integrating public health and health care services. Definitions for the Title V Categories of Service are as follows.

**Figure 2. MCH Working Framework: MCH Pyramid of Services**

### Public Health Services and Systems

Public health services and systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services where Title V MCH Block Grant or Title V Match funds are used to cover these services. Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns for services such as newborn screening, immunization, injury prevention, safe-sleep education and antismoking. Reporting on public health services and systems should not include costs for direct clinical preventive services, such as immunization, newborn screening tests, or smoking cessation counseling.

Prior to Title V Block Grant Transformation in 2015, Public Health Services and Systems had been a combination of what was called Population Based Services and Core/Infrastructure Building.



## Enabling Services

Enabling services are non-clinical services that enable individuals to access health care and improve health outcomes where Title V MCH Block Grant or Title V Match funds are used to cover these services. Examples of enabling services include, but are not limited to case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, home visiting, health education for individuals or families, environmental health risk reduction, health literacy, and outreach. Do not include the costs for enabling services that are reimbursed by Medicaid, or other public and private payers. This category may also include salary and operational support to a clinic or program that enable individuals to access health care or improve health outcomes. Examples would include the salary of a public health nurse who provides prenatal care in a local clinic or compensation provided to a specialist pediatrician who provides services for children with special health care needs.

Prior to Title V Block Grant Transformation in 2015, many of the services you should report here were reported under Direct Services, for example family home visiting used to be reported under direct services and now should be reported under enabling services. Make sure to examine new definitions thoroughly.

## Direct Services

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

Prior to Title V MCH Block Grant Transformation in 2015, Direct Services had a broader definition. Now what should be included under Direct Services is a more limited. The MCH Bureau wants to understand how much of the Title MCH Block Grant is being used to pay for medical services more traditionally paid for by insurance or Medicaid. Unless you are providing direct reimbursement for medical services as defined below you should have no reporting requirements under Direct Services.

## Data Entry

In this form provide:

- Title V Match dollars by Area of Priority in which they were used.
- Title V MCH Block Grant federal dollars by Title V Category of Service for each Area of Priority in which they were used.

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Areas of Priority	Title V Category of Service
A. Improved Pregnancy Outcome B. Family Planning C. Children with Special Health Care Needs D. Children and Adolescent Health (ages 1 to 22) E. Infant Health (under one year of age)	1. Public Health Services and Systems 2. Enabling Services 3. Direct Services <ul style="list-style-type: none"> <li>a. Pharmacy</li> <li>b. Physician/Office Services</li> <li>c. Hospital Charges (includes inpatient &amp; outpatient)</li> <li>d. Dental Care (does NOT include Orthodontic services)</li> <li>e. Durable Medical Equipment and Supplies</li> <li>f. Laboratory Services</li> <li>g. Other</li> </ul>

In any Area of Priority, you spend Title V dollars you must also enter statistical data in same Area of Priority unless you only spent money in Public Health Services and Systems. Also you must have your Total Title V MCH Block Grant Funds on this form equal the Total Spent under Recap on the [Title V Financials – Recap/Match](#) form and the Total Title V Match equal the Total Title V Match on the [Title V Financials – Recap/Match](#) form.

Match dollars can be used in any Area of Priority. You could use all of your Match dollars in one area such as Children with Special Health Needs. It is not necessary to use them only in the areas that you used Title V MCH Block Grant dollars in. For example, you can use Title V MCH Block Grant dollars in Improved Pregnancy Outcome, Family Planning and Children with Special Health Needs and use Title V Match dollars to support Children with Special Health Needs and Child and Adolescent Health. No matter if you use Title V MCH Block Grant federal dollars or Title V Match dollars you need to report statistical data in the corresponding Area of Priority unless you only spent money in Public Health Services and Systems.

**Changes from last year** – no changes.

## TANF Statistical

**Changes from last year** – This form is no longer required. Data is being collected by other means.

## Title V Error Report

This form provides you with information about the accuracy and completeness of your CHB’s submission. Please use this form to review and fix all errors in your Title V MCH Block Grant annual reporting. **This form is best to review when you are done entering all of your data.**

If there is a value of 99 next to the validation that means that error exists in your forms. You only need to review the validation if its value is 99. If there is not a value next to the validation, then you do not have that error in your forms.

## TITLE V MCH BLOCK GRANT ANNUAL REPORTING

After you have fixed all errors, and you are ready to submit your data go to the Report Submission Form and complete the Title V Submission survey to certify the information provided in your Title V MCH Block Grant Annual Report is accurate and true.

### Validation/Error Codes

Validation Number	Validation Description
F1	The Total Title V Match is less than 50 percent of the Total spent in FFY on Title V Financials - Recap/Match form.
F2	The Total Other Local or Other State funds used for Title V Match on the Title V Financials - Breakdown form doesn't equal the sum of Other Local Fund + Other State Funds in the Title V Match section on the Title V Financials - Recap/Match form.
F3	The Total Title V Federal Funds on the Title V Financials - Breakout by Priority form doesn't equal Total spent in FFY on the Title V Financials - Recap/Match form.
F4	The Total Title V Match on the Title V Financials - Breakout by Priority form does not equal the Total Title V Match on the Title V Financials - Recap/Match form.
F5	There is data entered on the Title V Statistical - I. Improved Pregnancy Outcome form and no dollars spent under Improved Pregnancy Outcome for Enabling and/or Direct Services on the Title V Financials - Breakout by Priority form.
F6	There are dollars spent for Improved Pregnancy Outcome on the Title V Financials - Breakout by Priority form and no data entered on the Title V Statistical - I. Improved Pregnancy Outcome form.
F7	There is data entered on the Title V Statistical - II. Family Planning form and no dollars spent under Family Planning for Enabling and/or Direct Services on the Title V Financials - Breakout by Priority form.
F8	There are dollars spent for Family Planning on the Title V Financials - Breakout by Priority form and no data entered on the Title V Statistical - II. Family Planning form.
F9	There is data entered on the Title V Statistical - III. CSHCN form and no dollars spent for Children with Special Health Care Needs for Enabling and/or Direct Services on the Title V Financials - Breakout by Priority form.
F10	There are dollars spent for Children with Special Health Care Needs on the Title V Financials - Breakout by Priority form and no data entered on the Title V Statistical - III. CSHCN form.
F11	There is data entered on the Title V Statistical - IV. Child & Adolescent Health form and no dollars spent for Children and Adolescent Health for Enabling and/or Direct Services on the Title V Financials - Breakout by Priority form.
F12	There are dollars spent for Children and Adolescent Health on the Title V Financials - Breakout by Priority form and no data entered on the Title V Statistical - IV. Child & Adolescent Health form.
F13	There is data entered on the Title V Statistical - V. Infant Health form and no dollars spent for Infant Health for Enabling and/or Direct Services on the Title V Financials - Breakout by Priority form.

TITLE V MCH BLOCK GRANT ANNUAL REPORTING

F14	There are dollars spent for Infant Health on the Title V Financials - Breakout by Priority form and no data entered on the Title V Statistical - V. Infant Health form.
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Validation Number	Validation Description
S1	You have not answered the required community input questions.
S2	Answered yes to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Improved Pregnancy Outcome but there is no data entered in Title V Statistical - I. Improved Pregnancy Outcome form.
S3	On the Title V Statistical - I. Improved Pregnancy Outcome form, Primary Medical Coverage Total (question B.1) doesn't equal Race/Ethnicity Total (question A.1).
S4	Answered yes to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Family Planning but there is no data entered in Title V Statistical - II. Family Planning form.
S5	On the Title V Statistical - II. Family Planning form, Primary Medical Coverage Total (question B.1) doesn't equal Race/Ethnicity Total (question A.1).
S6	Answered yes to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Children with Special Health Care Needs but there is no data entered in Title V Statistical - III. Children with Special Health Care Needs form.
S7	On the Title V Statistical - III. Children with Special Health Care Needs form, Primary Medical Coverage Total (question B.1) doesn't equal Race/Ethnicity Total (question A.1).
S8	Answered yes to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Child and Adolescent Health but there is no data entered in Title V Statistical - IV. Child and Adolescent Health form.
S9	On the Title V Statistical - IV. Child and Adolescent Health form, Primary Medical Coverage Total (question B.1) doesn't equal Race/Ethnicity Total (question A.1).
S10	Answered yes to using Title V MCH Block Grant federal funds and/or Title V Match funds in the area of Infant Health but there is no data entered in Title V Statistical - V. Infant Health form.
S11	On the Title V Statistical - V. Infant Health form, Primary Medical Coverage Total (question B.1) doesn't equal Race/Ethnicity Total (question A.1).
S12	On the Title V Statistical - I. Improved Pregnancy Outcome form data reported under prenatal clients also receiving Family Planning Methods services (question A.2) must also be recorded in Title V Statistical – II. Family Planning form Unduplicated number of females and males receiving medical family planning method services (question A.1). Improved Pregnancy Outcome A.2 should be less than or equal to Family Planning A.1.

Changes from last year - no changes.

## Annual Report Submission

MDH requires all Community Health Boards certify the data entered for the 2024 Title V MCH Block Grant to submit your Annual Report. To certify your CHB's responses click on the link in the Annual Report Submission form to complete the Title V Submission survey.

**All errors must be fixed, and submission is due by January 31.** Therefore, we strongly encourage you complete REDCap data in a timely manner to ensure that all errors can be fixed by the deadline. If the error(s) in your data are not fixed and your submission will not be accepted by MDH.

## Contact Information

For questions please contact:

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11 October 2024

*To obtain this information in a different format, call: 651-201-3589. Printed on recycled paper.*