



# Colorado Maternal and Child Health

FY16 Planning and Contacting Guidance  
for Local Partners

# Intended Webinar Outcomes

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- Participants will gain an understanding of:
  - ▣ FY 16 planning process including steps, timeline, resources
  - ▣ FY 15 reminders regarding upcoming deadlines, reporting and expenditures processes

# FY16 MCH-HCP CONTRACTING PROCESS



# MCH Planning, Implementation, and Reporting Process

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- In this section:
  - Administration
  - Timeline
  - Roles
  - Resources
  - Requirements

# 5 Year Planning and Implementation Cycle

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2010 Needs Assessment



Identification of 9 MCH Priorities



Development of Implementation Teams (MITs)



Development and implementation of STATE-level logic models & action plans



**Through FY16: Implementation of current community-level logic models & action plans**

# Ongoing Contract Administration

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- Agencies receiving  $> \$50K$  participate in MCH planning, implementation, and reporting process
- Contracts are administered by the state MCH Program in partnership with HCP Program
- Award amounts are represented on the Local Funding Distribution Plan unless otherwise determined

# Support and State-level Roles

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- ▣ MCH Generalist Consultants

  - Work collaboratively year round with LPHA staff to support the MCH process

- ▣ HCP Consultants

  - Provide TA and support on specialty clinics, care coordination & local systems building

- ▣ MCH Implementation Team Leads (MITs)

  - Provide TA & consultation on MCH Priorities

- ▣ MCH and HCP Section Managers

  - Overall management, support, and quality improvement

# Agencies Executing a Contract Amendment, Spring 2015

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**HCP Only:**

▣ **Alamosa**

▣ **Montrose**

# Agencies executing a Grant Fund Change Letter Only

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- ▣ Boulder
- ▣ Denver
- ▣ El Paso
- ▣ Jefferson
- ▣ Larimer
- ▣ Mesa
- ▣ Northeast
- ▣ Pueblo
- ▣ San Juan Basin
- ▣ Tri County
- ▣ Weld

# FY16 Contracting Process for GFCLs

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## ▣ Required:

- **Submit updated, 1-year draft budget and HCP planning forms**

## ▣ Not required:

- Submission of updated action plans if no major changes
  - Local board signatures
- ## ▣ Continue to communicate with Generalist Consultant regarding minor updates to work plans

# FY16 MCH HCP Contract Expectations

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- All agencies are required to implement the medical home priority local action plan, as in FY15  
(Enhanced medical home TA documents are available)
  
- All agencies are required to implement the HCP Care Coordination Model, as in FY15
  - In accordance with HCP Policies and Guidelines and the HCP Care Coordination Planning Form
  - Includes data entry into CDS
  - Described in statement of work, not included as separate action plans

# FY16 MCH HCP Contract Expectations, cont.

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For FY16, as in FY15:

**30%** of total funds must focus on implementing MCH-priority action plans, (including the medical home priority).

# FY16 MCH HCP Contract Expectations, cont.

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## Guidelines for Discretionary MCH Work

(Work that is not guided by the MCH Priority action plans and is not HCP CC or Specialty Clinics)

### ▣ Parameters for strategies:

- Clear MCH public health role
- Culturally sensitive
- Evidence-based
- Core strategies (bulk of this work) must be population- or infrastructure-based, and comprise the majority of funding and effort
- Enabling services are allowable if they are evidence-based and complementary to the core strategies above

# MCH & HCP Data Resources

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- ▣ County Trends Analysis (provided on 3 yr. cycle)
- ▣ Colorado Health Indicators website
- ▣ County Health Information Dataset (CoHID)
- ▣ Community health assessments
- ▣ Updated Issue Briefs (at [mchcolorado.org](http://mchcolorado.org))
- ▣ HCP Annual Report Data Sets
  - Estimated CYSHCN population by county
  - CSHCN outcome measures
  - Medicaid and CHP+ enrollment by county

# Planning Process Timeline for GFCLs

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## April

- ▣ LPHA team members meet in person or via phone with MCH Generalists to discuss budget development
- ▣ LPHA team members meet in person or via phone with HCP Consultant to discuss HCP planning forms and budget development
- ▣ If needed, LPHAs consult with MCH content specialists for TA on priority areas

# Planning Process Timeline, cont.

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## **By June 1**

Submit **DRAFT** FY16 MCH-HCP budgets and HCP planning forms to your MCH Generalist.

## **Throughout June**

LPHA will receive summarized CDPHE team feedback from MCH Generalist. If needed, complete requested revisions and re-submit.

# Timeline for Planning Process, cont.

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## **By July 13**

Deadline for **FINAL** FY16 MCH-HCP budget forms and HCP planning forms to be received by MCH Generalist Consultants

## **By Sept. 1**

MCH Generalist sends final budget approval email to LPHA

# Timeline for Planning Process, cont.

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## **By Oct. 1**

LPHA receives email notification from PSD Contracts Team that GFCL has been signed with hard copy to follow

## **Oct. 1**

Begin implementation of FY16 MCH plans

# BUDGET PLANNING AND FORMS



# FY16 Budget Template

- Budgeting approach and template remains the same, with a few changes.
  - The budget should reflect the personnel and resources needed to complete the action plan or administer the program for each population group
    - There are 5 categories on the planning budget:
      - Child/Adolescent
      - Women of Reproductive Age
      - CYSHCN – HCP Care Coordination
      - CYSHCN – Medical Home
      - CYSHCN – Specialty Clinics
- As in previous years, ABCD action plans will go on the child/adolescent budget.
- Utilize the Instructions and Sample budget tabs

# FY16 Changes

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- Linking the budget item to the SOW
  - Changed to a Yes/No answer
  - Do not list the objectives or task numbers
- Personal Services
  - Only put the position name in the cell
  - Add the person in the position in the comment box for that cell

# FY16 Changes Visual

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Personal Services Salaried Employees		
Position Title/Employee Name	Description of Work	Budget item supports SOW (Yes/No)
Executive Director	Provides oversight and approval of all MCH & HCP plans and budgets.	Yes
Finance Director	Preparation of budgets and invoices. Accounting for project deliverables.	Yes
Administrative Assistant	Administrative project support to MCH team. Responsibilities include data entry, copying and printing, inventory control,	Yes
Project Director	Project management, including grant writing, proposal development, and monitoring of project progress.	Yes
Community Health Educator	Community health education, including individual and group counseling, and health promotion activities.	Yes
Public Health Nurse	Public health nursing, including case management, health assessment, and health promotion.	Yes

*Note: A context menu is overlaid on the table, showing options like Cut, Copy, Paste, and Insert Comment. The 'Insert Comment' option is highlighted. A ribbon at the bottom shows the 'Services employees' section with various formatting options.*

Personal Services Salaried Employees	
Position Title/Employee Name	Description of Work
Executive Director	Provides oversight and approval of all MCH & HCP plans and budgets.
Finance Director	Preparation of budgets and invoices. Accounting for project deliverables.
Administrative Assistant	Administrative project support to MCH team. Responsibilities include data entry, copying and printing, inventory control, supply ordering, meeting coordination, and maintenance coordination.
Project Director	Project management, including grant writing, proposal development, and monitoring of project progress.
Community Health Educator	Community health education, including individual and group counseling, and health promotion activities.
Public Health Nurse	Public health nursing, including case management, health assessment, and health promotion.

*Note: Yellow callout boxes are overlaid on the 'Description of Work' column for the following positions: Administrative Assistant (Mary Simon), Project Director (Cindy Johnson), Community Health Educator (Kim Nelson), and Public Health Nurse (Jennifer Brown).*

# FY16 Travel

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- Please add to budget: MCH Statewide Conference
  - 2-5 people per agency
  - 2 days
  - Denver
  - March 2016

# Planning Budget Template Goals

- Shows the costs associated with implementing the action plans
- “Connects the dots” between the action plans/HCP planning forms and the cost

Expenditure Categories						
Personal Services Salaried Employees						
Position Title/Employee Name	Description of Work	List SOW deliverable/ primary task number(s) this budget item supports	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested from CDPHE
Project Director/ Cindy Johnson	Primary MCH liaison; provides management of MCH project deliverables, supervises MCH/HCP staff, directs work plan activities, monitors grant expenditures, and responsible for reporting and evaluation of MCH programs.	ECOP Objective A and B	\$50,000.00	\$10,250.00	75.00%	\$45,187.50
Community Health Educator/Kim Nelson	Provides day-to-day coordination of health education services and outreach components of plan. Responsible for survey design and dissemination.	ECOP - Objectives A and B	\$40,000.00	\$4,000.00	50.00%	\$22,000.00
Public Health Nurse/Jennifer Brown	Responsible for internal employee wellness program and coordination of child care nurse consultant work group. Primary liaison with agency's WIC staff.	ECOP - Objectives A and C	\$45,000.00	\$4,500.00	50.00%	\$24,750.00
	For all above listed employees: fringe includes paid time off, workers comp insurance, unemployment insurance, health insurance, life insurance, EAP services, long-term disability, and retirement.					\$0.00

# Planning Budget Template Goals

- Explains how estimates were determined
- Shows costs are realistic & reasonable (cost and effort align)

Supplies & Operating Expenses					
Item	Description of Item	List SOW deliverable/ primary task number(s) this budget item supports	Rate	Quantity	Total Amount Requested from CDPHE
Postage	Mailing of postcards to eligible individuals to inform of eligible workshops (500 @ \$.25/postcard)	ECOP all objectives	0.25	500	\$125.00
Office Supplies	Office supplies including toner(1 @\$50), copy paper(10 @ \$10/each and general office supplies (\$100)	ECOP all objectives	1.00	250	\$250.00
Telephone	Telephone (monthly cost of 19.99 per month for 12 months)	ECOP all objectives	19.99	12	\$239.88
<b>Total Supplies &amp; Operating Expenses</b>					<b>\$614.88</b>

# Budget Reminders

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- Verify justification breakdown and amount requested are the same.
- Verify all items in the budget (staff, operating, travel, contracts) are linked to the action plans
- “Open” operating and travel lines
  - ▣ Prevents need to do formal budget revision for small unforeseen operating and travel charges

# Food Reminder

## □ Allowed:

- Food used for events related to MCH action plan
  - Training
  - Community Meetings
  - External Stakeholder Engagement Events
  - Multi-County Regional Meetings

## □ NOT Allowed:

- Food for routine staff meetings and specialty clinics

# Core Services Planning Estimate

- On Planning Budget form
- For each budget, review the objectives included in the corresponding MCH action plan(s). Estimate the percentage of total budget funds focused on the different levels of the MCH pyramid.
  - Public Health Services
  - Enabling Services
  - Direct Services

Core Services		
What percentage of funding from the budget total is allocated to work at each level of the MCH pyramid?		
	Direct Services	25%
	Enabling Services	25%
	Public Health Services	50%
	Total to equal 100%	100%

# HCP Specific Planning Budgets

## HCP Care Coordination Planning form

- Answer planning questions 1-24 using indicated CDS reports
- Reminder: No CRCSN
- Estimate the number of CYSHCN who will receive HCP care coordination services in FY16:
  - estimate CYSHCN who will receive an HCP Care Coordination action plan
  - estimate CYSHCN who will receive information only

## HCP Specialty Clinic Planning form

- Answer planning questions 1-7, be sure to complete the table in question 3.
- Estimate the FTE required to staff clinics

HCP CARE COORDINATION ONLY	
What is the estimated number of children/youth with special health care needs who will receive HCP Care Coordination services in FY15?	
# with an HCP Care Coordination Action Plan:	
# who will receive information only:	

# Unspent Funds

Applies to current and new contracts:

- The PSD monitoring process has been updated to ensure optimal and maximum use of funds (closer to 100% annually).
- In this updated process, state program and fiscal staff will regularly review contractor spending data.

# Unspent Funds, cont.

- If a contractor is significantly under-spent or overspent at the time of review, state program staff will notify contractor to discuss circumstances surrounding spending status as well as a plan of action.
- A final assessment will be conducted by PSD program and fiscal staff at the end of each contract period. If a contractor/grantee is under-spent by 10% or \$15,000, whichever is less, subsequent awards may be reduced.

# CURRENT YEAR (FY15) REMINDERS & UPDATES



# FY15 Update

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The following attribution is required on products produced with block grant funding, including those of sub-recipients:

“This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number B04MC28087, Maternal and Child Health Services. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”

# FY15 Reminders

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## FY15 Action Plans

- ▣ Deadline to add or delete an entire action plan:  
**May 30, 2015**

## FY15 Budget Revisions

- ▣ Deadline to submit a budget revision (without SOW changes): **June 30, 2015**

## FY15 Annual Reports

- ▣ Due **October 31, 2015**
- ▣ Final FY15 invoice is due by **November 13, 2015**

# To Revisit Today's Information

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- This webinar will be archived on MCH website after March 30
- See MCH Guidelines for detailed information

# Fall Webinar

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Late Sept. or early Oct. 2015 as an FY16 contract year kick-off

## □ Topics

- ▣ FY15 Annual report

- ▣ FY 16 implementation, TA, progress check-ins, budget revisions, CMS rating system, invoicing, etc.

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THANK YOU FOR YOUR TIME

Questions?