

# Colorado Maternal & Child Health Program



FY17 LPHA Planning & Contracting Guidance

# *Session Outcomes*

Participants will gain an understanding of:

- FY 17 planning process including steps, timeline, resources
- FY 16 reminders regarding upcoming deadlines, reporting and expenditures processes

# *5 Year Planning and Implementation Cycle*

2014 Needs Assessment

Identification of 5-year MCH Priorities

Development and implementation of state logic models & action plans

Collaborative development of local LMs and APs

FY17: 1<sup>st</sup> year of local implementation of new priority action plans

# *Ongoing Contract Administration*

Agencies receiving >\$50K participate in MCH planning, implementation, and reporting process

Contracts are administered by the state MCH team in partnership with HCP team

Award amounts are represented on the Local Funding Distribution Plan unless otherwise determined; FY17 amounts consistent with FY16

# *Agencies executing new contracts through PSD in FY17*

- Boulder
- Denver
- El Paso
- Jefferson
- Larimer
- Mesa
- Northeast
- Pueblo
- San Juan Basin
- Tri County
- Weld
- Alamosa (HCP only)
- Montrose (HCP only)

# *Contract Timeframe*

Two-year action plans to span FY17 and FY18  
(Oct. 2016-Sept. 2018)

Strategies, objectives, and activities will span 2  
years, while goal statement may cover a  
longer term period

Budgets will continue to cover a 1-year period

# *FY17 Contracting Playbook*



## *Contracting Goal*

To meet state and federal funding requirements and ensure that funds are being utilized in the most effective manner to serve the MCH populations. Through reporting, tell the story of our impact.

## *FY17-18 MCH HCP Contract Expectations*

MCH contracts include both federal funds and state general funds. These include specific requirements to serve the Children and Youth with Special Healthcare Needs population (30% of federal funds; 100% of state funds). Moving forward, we ask that LPHAs budget to spend at least 60% on efforts serving the CYSHCN population and approximately 40% on CA and WORA, although this amount may be less.

# *Budgets will be crafted to meet the following*

Strategies serving the CYSHCN population:

- medical home
- early childhood screening
- specialty clinics
- care coordination

Strategies serving children, adolescents, & women of reproductive age:

- early childhood obesity
- pregnancy related depression
- suicide and bullying
- substance abuse
- African American infant mortality

At least 60% of spending

40% or less of spending

# *FY17-18 Action Plan Changes*

**New:** Offered in Excel to improve formatting functions - cleaner and simpler

Number of **fields reduced**, no longer includes:

- background/context section
- state and national performance measures
- target population
- evaluation measures

# *FY17-18 MCH Action Plan Components*

- Goals
- Strategy
- Objective
- Activities
- Data Source
- FTE
- Dates
- Person Responsible

*That's all!*

# *Action Plan Tips & Reminders*

- Local action plan templates will span 2 years worth of work
- AP templates will be adjusted with breakout feedback in mind
- Final versions will be posted April 1 at [www.mchcolorado.org](http://www.mchcolorado.org)
- Do not include dates outside of the contract period
- Please submit the final action plans in black font
- Contact your MCH Generalist Consultant or MIT Lead with specific action plan questions

# *FY17-18 Reduction in Reporting Burden*

- CMS ratings will occur only once per year (late summer)
- Alignment with MCH Impact for reporting that is simpler and more specific

# Reporting: Alignment with MCH Impact

Quarterly “check box” updates to action plans (complete, ongoing, behind schedule, not started)

1-page form to document by action plan:

- Successes
- Barriers
- Changes
- Next Steps

<b>Progress Status (c, o, b, n)</b>			
<b>12/30/ 15</b>	<b>3/30/ 16</b>	<b>6/30/1 6</b>	<b>9/30/ 16</b>
c	n	o	b

# *Timeline for Planning Process*

## April

**NEW:** Complete priority **readiness tools** and submit to MCH generalist by **April 1<sup>st</sup>**

Consult with MCH implementation Team (MIT) leads for questions on MCH Priorities

Team members meet in person or via phone with MCH and HCP consultants to discuss readiness tool responses, action plan & budget development

# *Timeline for Planning Process, cont.*

## By May 20

Submit DRAFT MCH action plans, HCP planning forms, and budget forms to your MCH Generalist.

## May-June

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

## By June 13

Final deadline to submit any revised action plans and budget forms to [cdphe.psmchreports@state.co.us](mailto:cdphe.psmchreports@state.co.us)

## *Timeline for Planning Process, cont.*

By June 20: MCH Generalist sends final plan and budget approval email to LPHA.

By June 25: Receive contract documents from CDPHE via e-mail.

By Sept. 2: Return signed contracts to CDPHE.

Oct. 1: MCH contract becomes effective. Begin implementation of FY17 MCH plans.

# *FY17-18 Contract Expectations: Training*

- **New:** Engage with CDPHE on technical assistance and/or **shared learning** focused on **community engagement** in MCH work
- **New:** Engage in **patient navigation training**
  - Practice based care coordination
  - Improving cost effectiveness
  - Multifaceted HCP care teams

# *FY17-18 Contract Expectations*

Implement the HCP Care Coordination Model, as in previous years (applies to all agencies)

- In accordance with HCP Policies and Guidelines and the HCP Planning Form
- Includes data entry into CDS
- Described in statement of work, not included as separate action plans
- **New:** Large agencies provide **1:58** ratio of FTE to active care coordination clients at any one time
- **New:** HCP care coordination funds tied to performance targets

# *To support the process: MCH & HCP Data Resources*

- County trends analysis (provided on 3 yr. cycle)
  - Colorado Health Indicators website
  - County Health Information Dataset (CoHID)
  - Community health assessments
- HCP snapshot data for FY14 and FY15  
[www.hcpcolorado.org](http://www.hcpcolorado.org)
  - CDS reports (care coordination and specialty clinics)
  - Estimated CYSHCN population by county (map)

# *To support the process: State partners*

## MCH Generalist Consultants

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

## MCH Implementation Team Leads (MITs)

Provide TA & consultation on MCH Priorities

## HCP Consultants

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

## MCH and CYSHCN Section Managers

Overall management, support, and quality improvement

# *Resource Planning*



# Planning Budget Template Goals

Explain how estimates were determined

Show 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>

# Planning Budget Template Goals

Show the costs associated with implementing the action plans

“Connect 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

# *FY17 Budget Template*

*There will 5 categories/forms on the template:*

- Child/Adolescent
- Women of Reproductive Age
- CYSHCN - Medical Home
- CYSHCN - Early Childhood Screening
- CYSHCN - Care Coordination
- CYSHCN - Specialty Clinics

# *Budget Tips*

Reference the “Instructions” and “Sample” budget tabs

Do not list in-kind services

“Open” operating and travel line - prevents need to do formal budget revision for small unforeseen operating and travel charges

Personal Services

- Only put the position name in the cell
- Add staff names in the comment box for that cell

# *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

# *Budget Revisions*

Grantees may move up to 25% of the total budget for direct costs between major budget categories (e.g., personal services, travel, operating, and contractual) or between budgets (e.g., care coordination, child & adolescent). If the budget adjustment is in excess of 25% of the total budget for direct costs (or \$250,000, whichever is less), you will need to submit a Budget Revision Request Form.

# *Unspent Funds*

Applies to current and new contracts:

The PSD monitoring process works to ensure optimal and maximum use of funds (closer to 100% annually).

State program and fiscal staff regularly review contractor spending data and reach out to you if spending occurs at an unanticipated pace.

## *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 (FY16)* **REMINDERS & UPDATES**



# *FY16 Reminder*

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 B04MC29309, 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.”

# *FY16 Reminders*

- Deadline to add or delete an entire action plan: **May 30, 2016**
- Deadline to submit a budget revision (without SOW changes): **June 30, 2016**
- FY16 Annual Reports: Due **October 31, 2016**
- Final FY16 invoice: Due by **November 14, 2016**

# *Fall Webinar*

Late Sept. or early Oct. 2016 as an FY17 contract year kick-off

## Topics

- FY16 Annual report
- FY 17 implementation, TA, progress check-ins, budget revisions, updated policy and guidelines, CMS rating system, invoicing, etc.

# *To Revisit Today's Information*

Slides will be archived at [mchcolorado.org](http://mchcolorado.org)





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*THANK YOU FOR YOUR TIME*