

To: Community Health Board Administrators

From: Janet Olstad

Date: 2/22/2016

Subject: PPMRS "Title V Federal Funds Breakout by Priority – Expenditures" form

This communication is to update you on changes in federal reporting requirements for the Title V Maternal and Child Health Block Grant. The federal Maternal and Child Health Bureau had made some changes both to the MCH Pyramid of Services used for reporting and in asking for more detailed information on how funding was used under the Direct Services area. My understanding is that many of you do not use your Title V MCH Block Grant to pay for direct health services by a physician, hospital or pharmacy, so some of the changes being required may in fact not significantly impact you. For the other changes you may just need to report what you have been already been collecting under a new heading.

The PPMRS "Title V Federal Funds Breakout by Priority – Expenditures" form has been revised to collect information required for the new federal reporting (see changes below). We ask that any Community Health Board that can make the transition to the new reporting requirements, please do so when reporting their 2015 data in PPMRS.

During Calendar Year 2016, we ask that Community Health Boards begin to collect data according to the new federal reporting requirements. We hope that you will be able to report all or most of 2016 data reflecting the new federal requirements.

Changes include:

- 1) **Direct Services:** A more limited definition of what should be included under Direct Services. 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.  
**Spending Categories:** If you in fact do provide Direct Services using Title V MCH Block Grant funding you will now be asked to report the amount of money spent under the following categories: a) Pharmacy; b) Physician/Office Charges; c) Hospital Charges (Includes Inpatient and Outpatient Services); d) Dental Care (Does not Include Orthodontic Services); e) Durable Medical Equipment and Supplies; f) Laboratory Services; g) Other. If you are unable to identify what specific spending category your direct services fall on this year please put total under g) "Other".
- 2) **Enabling Services:** The services you were traditionally reporting under Direct Services, unless they meet the new definition, should be reported under Enabling Services.
- 3) **Public Health Services and Systems:** What had been called Population Based Services have now been rolled into the revised category of services called Public Health Services and Systems: All of what had been called Core/Infrastructure Building have now been rolled into this expanded category of Public Health Services and Systems as well.

MCH Pyramid of Services used for budget and expenditures:

<b>Old Pyramid of Services</b>
Direct Health Care/Medical Services
Enabling Services
Population Based Services
Core/Infrastructure Building

<b>NEW Revised Pyramid of Services</b>
Direct Services
Enabling Services
Public Health Services and Systems

Definitions for the revised pyramid of services are as follows:

**Direct Services** - Direct services are preventive, primary, or specialty clinical services to pregnant women and children, including children with special health care needs, where MCH Title V 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.

**Enabling Services** - Enabling services are non-clinical services that enable individuals to access health care and improve health outcomes where MCH Title V 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.

**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 MCH Title V 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.

If you have any questions please feel free to contact Janet Olstad at [janet.olstad@state.mn.us](mailto:janet.olstad@state.mn.us) or Lynn Marzolf at [lynn.marzolf@state.mn.us](mailto:lynn.marzolf@state.mn.us).