

Program Element #45: Tribal Maternal, Child and Adolescent Health

OHA Program Responsible for Program Element:

Public Health Division/Center for Health Prevention & Health Promotion/Maternal and Child Health Section

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Tribal Maternal, Child and Adolescent Health (MCAH) Services.

General Description. Funding provided under this Agreement for this Program Element shall only be used in accordance with and subject to the restrictions and limitations set forth below and the Federal Title V Maternal and Child Health Services Block Grant Program (Title V) to provide the following services:

Maternal, Child and Adolescent Health (MCAH) Preventive Health Services (MCAH Services);

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Tribal Maternal, Child and Adolescent Health (MCAH) Services.

MCAH Title V Services. Activities, functions, or services that support the optimal health outcomes for women before and between pregnancies, during the perinatal time period, infants, children and adolescents. Funding for MCAH Services within the scope of the limitations in Section 4 of this Program Element.

3. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the Tribe has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component					X = Foundational capabilities that align with each component						

<i>X = Other applicable foundational programs</i>											
Maternal, Child, and Adolescent Health (MCAH) Title V Preventive Health Services (or “MCAH Service(s)”)		*		X	X	X	X	X	X	X	X

b. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:**

Not Applicable

c. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:**

Not Applicable

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Tribe agrees to conduct activities in accordance with the following requirements:

a. Engage in activities as described in its Title V annual program plan, which has been approved by OHA. A Title V annual program plan must be submitted by March 15 of every year and must be approved by OHA. Modification to the Tribe’s Title V annual program plan may only be made with OHA approval.

b. Use funds for this Program Element in accordance with its Title V annual program budget, which has been approved by OHA. A Title V annual program budget must be submitted to OHA by March 15 of every year and must be approved by OHA. Modification to the Tribe’s Title V annual program budget may only be made with OHA approval.

c. General Requirements

(1) Data Collection. Tribe must provide MCAH client data, in accordance with Title V Section 506 [42 USC 706], defined by revised 2015 Federal Guidance, to OHA with respect to each individual receiving any MCAH Service supported in whole or in part with MCAH Service funds provided under this Agreement.

(2) Administration. Tribes shall not exceed their negotiated federal indirect rate. Tribes must provide a copy of their letter from the federal government documenting their current federal indirect rate to OHA. For purposes of this Program Element, indirect costs are defined as “costs incurred by an organization that are not readily identifiable but are nevertheless necessary to the operation of the organization and the performance of its programs.” These costs include, but are not limited to, “costs of operating and maintaining facilities, for administrative salaries, equipment, depreciation, etc.” in accordance with Title V, Section 504 [42 USC 704(d)].

(3) Medicaid Application. Title V of the Social Security Act mandates that all maternal and child health-related programs identify and provide application assistance for pregnant women and children potentially eligible for Medicaid services. Tribes must collaborate with OHA to develop the specific procedures that Tribes must implement to provide Medicaid application assistance to pregnant women and children who receive MCAH Services and who are potentially eligible for Medicaid services, according to Title V Section 505 [42 USC 705].

(4) Funding Limitations. Funds awarded under this Agreement for this Program Element must be used for services or activities described in this Program Element according to the

following limitations:

- (a) **MCAH Title V Funds (PE45-03, PE45-04):** Funds shall not be used as match for any federal funding source. Title V funds must be used for services that support federal or state-identified Title V MCAH priorities. The following items are listed in the Exhibit C, Financial Assistance Award and have the following limitations:
 - i. Tribal MCAH Title V Services: A minimum of thirty percent (30%) of the total Title V funds are designated for services for infants, children, and adolescents (Title V, Section 505 [42 USC 705(a)(3)(A)]). Tribe may only use these funds for services to infants, children and adolescents less than 21 years of age.
 - ii. The remainder of the total Title V funds are designated for programs or services for women, infants, children and adolescents. Tribes may use these funds for services to women, infants, children and adolescents of any age population.
- d. **MCAH Preventive Health Services Procedural and Operational Requirements.** All MCAH Services supported in whole or in part with funds provided under this Agreement for this Program Element must be delivered in accordance with the following procedural and operational requirements:
 - (1) Tribe must submit an annual plan for use of Title V funds demonstrating how Title V funds support activities directly related to Oregon's Title V Priorities and Maternal Child and Adolescent Health Action Plan(Oregon's Title V Action Plan), both located at <https://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/MCHTitleV/Pages/index.aspx> for OHA approval by March 15 of every year. The Title V annual plan must include:
 - (a) Assessment of the health needs of the MCAH population;
 - (b) Work plan including objectives, strategies, measures and timelines that coordinate with and support Oregon's Title V Action Plan;
 - (c) Evaluation plan to measure progress and outcomes of the Title V annual plan;
 - (d) Prior year use of Title V funds; and
 - (e) Projected use of Title V funds and other funds supporting the Title V annual plan.
 - (2) Tribe must provide MCAH Services administered or approved by OHA that support optimal health outcomes for women, infants, children, adolescents, and families. Services administered by OHA include, but may not be limited to the following:
 - (a) Oregon's Title V Priorities (based on findings of Oregon's 5-year Title V Block Grant Needs Assessment) will drive state and local public health use of Title V funds. Services and activities funded by Title V must align with Oregon's Title V Action Plan, state and national Title V priorities and performance measures, and state-selected evidence-based/informed strategies and measures. Title V services administered by OHA must be aligned with the following:
 - i. Oregon's Title V Priorities
 - ii. National Title V Priorities as defined across six population domains: Maternal/Women's health, Perinatal/Infant Health, Child Health, Children and Youth with Special Healthcare Needs, Adolescent Health, Cross-Cutting or Life Course

- iii. Oregon’s State Title V Performance Measures
- iv. Oregon’s evidence-based/informed Title V strategic measures

5. General Revenue and Expense Reporting.

Tribe must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule.

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Reporting Requirements.

Reporting Obligations and Periodic Reporting Requirements for MCAH Preventive Services.

In addition to the reporting requirements set forth in Exhibit D, Section 3 of this Agreement, Tribe must submit reports as follows:

- a. A report on data for clients receiving MCAH Services supported with funds from OHA under this Agreement, satisfactory to OHA must be submitted by April 1st of every year.
- b. A report on the prior year annual plan must be submitted by September 30 every year.

7. Performance Measures.

Tribe must operate the Title V funded work in under Program Element in a manner designed to make progress toward achieving Title V state and national performance measures as specified in Oregon’s MCH Title V Block Grant annual application/report to the DHHS Maternal and Child Health Bureau.