

## FY 2007 & FY 2008 Application for Maternal and Child Health Grant Application Procedure (GAP)

The Indiana State Department of Health (ISDH) Maternal and Children's Special Health Care Services Division (MCSHC) is requesting applications from local and statewide service providers and planning organizations to provide services and planning for Maternal and Child Health and Children with Special Health Care Needs to be funded by ISDH MCSHC through the Maternal and Child Health (MCH) Block Grant under Title V of the Social Security Act of 1934.

In Spring 2005, MCSHC identified ten health priorities (listed in the GAP) through a data driven needs assessment process with statewide citizen input. The primary MCSHC health priority is to improve infant health outcomes. Over the next three years MCSHC is emphasizing initiatives to significantly decrease the percentage of Indiana women who smoke during pregnancy.

This is a new grant application and will be open to all projects proposing to address the four ISDH Public Health Initiatives and two or more of the ten identified Maternal and Child Health priorities. Applicants will be required to identify at least one measurable deliverable related to these priorities and initiatives.

This Grant Application Procedure is integrated with the mission of the Indiana State Department of Health (ISDH): "The Indiana State Department of Health supports Indiana's economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities."

ISDH has also developed the following priority health initiatives:

1. Data drives efforts for both health conditions and health systems initiatives
  - Effective, efficient, and timely data collection.
  - Evidence-based and results-oriented interventions based on best practices
2. INShape Indiana
  - Promotion of prevention and individual responsibility especially in the areas of obesity prevention through good nutrition and exercise and smoking cessation.
  - Participate in this effort with all components of communities – collaborative partners.
  - Integrate INShape opportunities in all programming and communications.
3. Integration of medical care with public health
  - Appropriately targeted access to care for underserved Hoosiers.
  - Opportunities for Medicaid demonstration projects to showcase successful public health-based interventions.
  - All direct and enabling services providers must be Medicaid providers
4. Preparedness
  - Continual scanning for developing public health threats regardless of cause of the threat (particularly direct medical care projects).
  - Planning and training for poised and effective response to threats that cannot be prevented.
  - Coordinate with the Local Public Health Coordinator

### REQUIREMENTS

All MCHSC applicants must address either MCSHC Priority #1 and one or more of Priorities #3 - #10 **or** MCSHC Priority #2 and one or more of Priorities #3 - # 10 (see page 4). All MCSHC applicants are also required to incorporate each of the four ISDH priority health initiatives (above) into their local project efforts. For example, applicants must submit evidence-based interventions for which data will be collected that can show results-oriented outcome improvements based on MCSHC Priority #1 or #2 and one or more of the other MCSHC priorities. Projects must participate in community collaborations to promote INShape Indiana and promote individual responsibility within their project clientele, particularly for smoking cessation and obesity prevention

and weight management efforts. Projects must work within their community in establishing preparedness responses to emergencies and determining their appropriate role in emergency response.

In addition, benchmark Needs Assessment data were also used to determine focus counties (see Appendix E) in which to target resources. MCHSC will assign additional evaluation weight to projects providing services in focus counties that impact the MCSHC priorities that need to be addressed.

**IMPORTANT – ISDH MCSHC** will conduct two identical **grant application workshops** to provide technical assistance with the Grant Application Procedure (GAP) from **10:00 a.m. to 4:00 p.m.**, on **Monday, March 13** and **Tuesday, March 14, 2006** in the Rice Conference Room in the basement of 2 North Meridian, Indianapolis, IN 46204.

**Attendance at one of these workshops is strongly recommended for all prospective applicants.**

### **Instructions**

1. An application for Maternal and Child Health Block Grant funds must be received by Maternal and Child Health Services by the close of business on **Friday, April 28, 2006**.
2. Mail application to: Indiana State Department of Health  
Maternal and Child Health Services  
ATTENTION: Kimberly Rief  
2 North Meridian Street, Section 8C  
Indianapolis, IN 46204
3. Submit the original proposal and three copies. Do not bind or staple.
4. The application must be typed (no smaller than 12 pitch, printed on one side only) and double-spaced. Each page must be numbered sequentially beginning with Form A, the Applicant Information page.
5. The narrative sections of the application must not exceed 30 double spaced typed pages. Applications exceeding this limit will not be reviewed.
6. Appendices, excluding C.V.'s, must not exceed 20 pages. Appendices that serve only to extend the narrative portion of the application will not be accepted.
7. The application must follow the format and order presented in this guidance. Applications that do not follow this format and order will not be reviewed.
8. The application will not be reviewed if all sections are not submitted.

Note: Questions about this application should be directed to Robert Bruce Scott, Grants Coordinator, at [rbscott@isdh.in.gov](mailto:rbscott@isdh.in.gov) or 317/233-1241, or the Health Systems Development Consultant (HSD) assigned to the county in which the program is proposed. (See Appendix C - MCSHC Consultant Assignments Map).

### **Informing Local Health Officers of Proposal Submission**

Funded projects are expected to collaborate with local health departments. If you are unable to submit a letter of support from the local health officer, at a minimum, submit copies of letters sent to the local health officers, from all jurisdictions in the proposed service area, informing them of your application. These letters should include requests for support and collaboration and indicate that the proposal was included for review by the health officer(s).

## FORMS

**Applicant Information** (Form A)

**MCH Project Description** (Forms B-1 and B-2) *NOTE: B1 does not substitute for a project summary.*

**Funding Currently Received by Your Agency from ISDH** (Form C)

## APPENDICES

**Appendix A** – Monitoring Data

**Appendix B** – Definitions

**Appendix C** – MCSHC Consultant Assignments Map

**Appendix D** – Hoosier Healthwise Pediatric Physician Participation

**Appendix E** – Focus Counties

**Appendix F** – Health Professional Shortage Areas (HPSA)

**Appendix G** – Medically Underserved Areas (MUA)

**Appendix H** – At-Risk Lead Concentration Areas

**Appendix J** – ISDH and Public Health Partners Field Staff

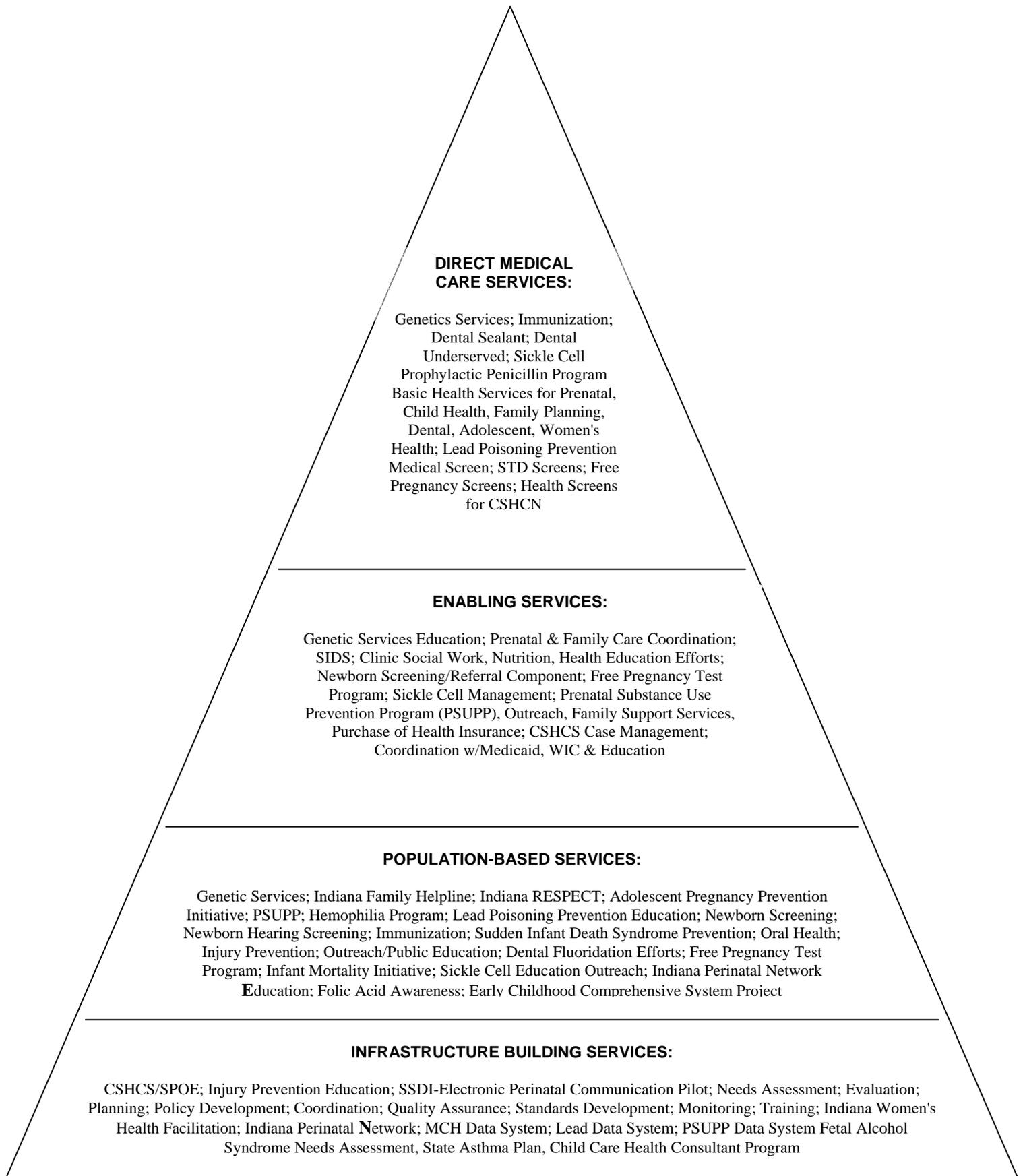
## WEBSITES

- FY 2007 & FY 2008 MCH GAP:  
<http://www.in.gov/isdh/programs/mch/grantopportunities/grantopportunities.htm>
- Application with linkages to data: <http://www.state.in.us/isdh/programs/mch/index.htm>
- Direct data sites for: MUA/HPSA data: <http://www.bphc.hrsa.gov/bphc/database.htm>
- Health data: [http://www.in.gov/isdh/dataandstats/data\\_and\\_statistics.htm](http://www.in.gov/isdh/dataandstats/data_and_statistics.htm)
- Poverty data: [http://www.stats.indiana.edu/welfare\\_topic\\_page.html](http://www.stats.indiana.edu/welfare_topic_page.html)
- “Best Practice” guidelines for pregnant women: <http://www.indianaperinatal.org>
- County Fact Sheets with MCSHC Priority Counties:  
<http://www.in.gov/isdh/programs/mch/countydatasheet.htm>
- Title V FY 2006 – 2010 Needs Assessment:  
<http://www.in.gov/isdh/programs/mch/NAwithactivitiesattachmentfinal.pdf>
- National Center for Cultural Competence: <http://gucchd.georgetown.edu/nccc/index.html>
- Indiana Department of Administration list of Minority owned Business Enterprises:  
<http://www.in.gov/idoa/minority/Certifications.xls>

## Priority Health Needs for the MCSHC population, 2006-2011

1. To decrease high-risk pregnancies, fetal death, low birth weight, infant mortality, and racial and ethnic disparities in pregnancy outcomes. (ISDH Priorities #1 & #3)
2. To reduce barriers to access to health care, mental health care and dental care for pregnant women, infants, children, children with special health care needs, adolescents, women and families. (ISDH Priorities #1, #3, & #4)
3. To build and strengthen systems of family support, education and involvement to empower families to improve health behaviors. (ISDH Priorities #1, #2, & #3)
4. To reduce morbidity and mortality rates from environmentally related health conditions including asthma, lead poisoning and birth defects. (ISDH Priorities #1, #2, #3 & #4)
5. To decrease tobacco use in Indiana, particularly among pregnant women. (ISDH Priorities #1, #2, & #3)
6. To integrate information systems which facilitate early identification and provision of services to children with special health care needs. (ISDH Priorities #1 & #3)
7. To reduce risk behaviors in adolescents including unintentional injuries and violence, tobacco use, alcohol and other drug use, risky sexual behavior including teen pregnancy, unhealthy dietary behaviors and physical inactivity. (ISDH Priorities #1, #2, & #3)
8. To reduce obesity in Indiana. (ISDH Priorities #1, #2, & #3)
9. To reduce the rates of domestic violence to women and children, child abuse and childhood injury in Indiana. (ISDH Priorities #1 & #3)
10. To improve racial and ethnic disparities in women of childbearing age, mothers, and children's health outcomes. (ISDH Priorities #1 & #3)

**FIGURE 2: CORE PUBLIC HEALTH SERVICES**



## FY 2007 & FY 2008 MCH Application Guidance

### 1. Applicant Information Page (Form A)

This is the first page of the proposal. **Complete all items on the page provided (Form A).** The project director, and the person authorized to make legal and contractual agreements for the applicant agency must sign and date this document. If the project will not require a medical and/or dental director, write “not applicable” on the appropriate line(s). All appropriate lines must be signed and dated. While the signature of the County Health Officer is not mandatory, if there is no signature, this space should be used to note the date that letters were sent to all affected County Health Officers.

### 2. Table of Contents

The table of contents must indicate the page where each section begins, including appendices.

### 3. MCH Proposal Narrative

#### A. Project Summary

*NOTE: This is a separate narrative section. The abstract on form B1 will be taken from this summary.*

Begin this page with the Title of Project as stated on the Applicant Information Page. The summary will provide the reviewer a succinct and clear overview of the MCH proposal. The summary will be the last section written and should:

- Relate to Title V program services only;
- Identify the problem(s) to be addressed;
- Succinctly state the objectives;
- Include an overview of solutions (methods);
- Currently funded programs should emphasis accomplishments/progress made toward previously identified MCH objectives and outcomes; and
- Currently functioning services: indicate the percentage of the target population served by your project and the percentage of minority clients among your population.

#### B. Form Completion

**All information on the MCH Project Description (Form B) must be completed.** Indicate how many clients will be served for FY 2007 and for FY 2008. This summary form with its narrative will become part of the contract and will also be used as a fact sheet on the project. Page B-2 requests specific information on each clinic site. The following information should be included:

#### FORM B1

- Project Description section must include at a minimum history of the project, problems to be addressed, and a summary of the objectives and work plan. Any other information relevant to the project may also be included, but this should be an abstract of the Project Summary described in section A. *Hint: If it runs to more than one page, you've written too much.*
- May not be more than one page, but may be single-spaced.

## FORM B2

- MCH-Target population and estimated number to be served on page B-2 is for the individual clinic site(s) and is the number to be served with MCH and local matching funds.
- Total MCH budget for site is the estimated MCH and local matching funds budgeted for the individual clinic site.
- Services provided in MCH budget site should include only those services provided with MCH and local matching funds.
- Other services provided at site should include all services offered at clinic site other than MCH and local matching funded services.

### 4. Applicant Agency Description

This description of the sponsoring agency should:

- Include a statement of purpose (mission statement);
- Include a brief history;
- Identify strengths and specific accomplishments pertinent to this proposal;
- Include a discussion of the administrative structure within which the project will function within the total organization. Attach an organization chart;
- Identify project locations and discuss how they will be an asset to the project; and
- Include a discussion on the collaboration that will occur between the project and other organizations and healthcare providers. The discussion should identify the role of other local agencies and specify how each collaborates with your organization. Attach Memoranda of Understanding (MOU), Memoranda of Agreement (MOA) and Letters of Support (LOS).

**Note:** Large organizations should write this description for the unit directly responsible for administration of the project.

### 5. Statement of Need

Describe and document the specific problem(s) or need(s) to be addressed by the project. This section must address those MCSHC priorities that you intend to impact. Documentation may be provided by reference – do not include copies of source material. Documentation may include current data, research, local surveys, reports from the local Health Department, United Way, and must include data available from the ISDH website. Proposals to address problems that are not adequately supported with such data will not be considered.

The problems identified should:

- Clearly relate to ISDH MCSHC Priorities (see Page 4);
- At least one problem must relate to either MCSHC Priority #1 or Priority #2;
- Specifically address one or more of MCSHC priority needs #3 - #10;
- Clearly relate to the purpose of the applicant agency;
- Include only those problems that the applicant can impact;
- Be client/consumer focused;
- Be supported by data available on the ISDH website and/or from local sources (this evidence must show that the problem(s) or need(s) exist(s) in *your* community);
- Describe the target population(s) and numbers to be served and identify catchment areas;

- Describe the system of care and how successfully the project fits into the system (identify the public service providers and the number of private providers in the area serving the same population with the same services and indicate a need for the project);
- Describe barriers to access to care;
- Address disparities if the county has significant minority populations; and
- Indicate whether the program provides services in a focus county (Appendix E), a Health Professional Shortage Area (HPSA – Appendix F), Medically Underserved Area (MUA – Appendix G), an at-risk lead concentration area (Appendix H), or provides child health services in a county with inadequate child health providers (Appendix D).

## 6. Outcome and Performance Objectives and Activities

MCSHC requires that grantees be accountable for some of the 18 MCHB and 8 State Negotiated Performance Measures that relate to their service category and some related Performance Measures that require direct or enabling services to make an impact (See Tables 1-11). Most of these Performance Measures have Healthy People (HP) 2010 goals that are listed in the last column.

Tables 1-11 provide the format for applicants to indicate the goal (Annual Performance Objective) for each Performance Measure, the baseline from which the project will improve or maintain the Performance Measures, and the activities on which the project will focus to impact the performance measure (Work Plan Measurable Activities). Activities must reflect a comprehensive plan to achieve the objective. Some PM tables list required activities. Projects applying for these performance measures must list additional activities to accomplish the objective.

All applicants are required to incorporate each of the four ISDH priority health initiatives into their service delivery (see page 1 for a list). Issues such as data collection, emphasis on prevention and individual responsibility, integration of INShape Indiana, targeting access to care, and scanning for public health threats should be addressed in the activities on the performance measures tables. Emphasis should be on health outcomes (e.g. smoking cessation or weight control).

For each activity on the table, the applicant must indicate a clear and objective method to measure and document the activity, what documentation will be used, and what staff position is responsible for implementing, measuring, and documenting that activity.

Applicants are to complete the Performance Measure Tables that are appropriate for the MCH Service Categories (Pregnant Women, Prenatal Care Coordination [PNCC], School-Based Adolescents [SBA], Family Planning [FP], Family Care Coordination [FCC], Child Health [CH], or Women’s Health [WH]) of the client population that the applicant intends to serve with MCH funds.

There is an additional blank table for optional project specific performance measures, objectives and activities that an applicant is expected to add based on local needs. This blank table should be copied for each additional objective and activities added by the project. Project specific activities will be evaluated as part of the quality evaluation of the project. **Applicants are strongly encouraged to discuss development of project specific performance measures with MCSHC consultants before submitting them with the grant application.**

Tables 1-11 are to be used by grantees to monitor progress on each activity and to submit in the Annual Performance Report for FY 2007 and FY 2008 after each year is completed. The columns on the Tables for Quarterly Results, Adjustment in Work Plan, and Problems are also to be completed and submitted with the FY 2007 and FY 2008 Annual Performance Reports. MCSHC consultants will contact projects quarterly to monitor progress on the activities and provide technical assistance.

All applicants are required to collect data for monitoring purposes. See Appendix A for required monitoring data elements. This information will be reported in the FY 2007 and FY 2008 Annual Performance Reports.

**7. Evaluation Plan** *NOTE: This should be a separate narrative section. Evaluation methods reflected on the Performance Measures Tables should be included in the overall Evaluation Plan.*

A project evaluation plan should have two parts: an evaluation plan to determine whether the evidence-based interventions/activities are working to impact both the specific objective goal and the priority/ies; and a quality assurance evaluation plan to ensure that services are performed well.

In the first part, discuss the methodology for measuring the achievement of activities. The plan should include intermediate (e.g. monthly, quarterly) measures of activities as well as assessment at the end of the funding period. An effective evaluation requires that:

- Project-specific activities to meet objectives are clear and measurable;
- Plan explains how evaluation methods reflected on the Performance Measures tables will be incorporated into the project evaluation;
- Staff responsible for the evaluation is identified;
- What data will be collected and how it will be collected are identified;
- How and to whom data will be reported are identified;
- Appropriate methods are used to determine whether measurable activities and objectives are on target for being met; and
- If activities and objectives are identified as not on target during an intermediate or year end evaluation and improvement is necessary to meet goals, who is responsible for revisiting activities to make changes which may lead to improved outcomes.

In the second part, discuss:

- Methods used to evaluate quality assurance (e.g. chart audits, client surveys, presentation evaluations, observation); and
- Methods used to address identified quality assurance problems.

**8. Staff**

List all staff that will work on the project. Include name, job title, primary duties, and number of hours per week for each staff member. *Hint: Make sure the number of staff hours reflected in this list agrees with the staff hours totals listed on the Budget summary page.*

Describe the relevant education, training, and work experience of the staff that will enable them to successfully develop, implement, and evaluate the project. Submit job descriptions and curriculum vitae of key staff as an appendix. Copies of current professional licenses and certifications must be on file at the organization. In this section you must show that:

- Staff is qualified to operate proposed program;
- Staffing is adequate; and
- Job description and curriculum vitae of key staff are included as an appendix.

## 9. Facilities

Describe the facilities that will house project services. Address the adequacy, accessibility for individuals with disabilities in accordance with the Americans with Disabilities Act of 1990, and assure that project facilities will be smoke-free at all times. Hours of operation must be posted and visible from outside the facility. (Include evening and weekend hours to increase service accessibility and indicate hours of operation at each site on Form B2).

In this section you must demonstrate that:

- Facilities are adequate to house the proposed program;
- Facilities are accessible for individuals with disabilities;
- Facilities will be smoke-free at all times; and
- Hours of operation are posted and visible from outside the facility.

## 10. Budget and Budget Narrative *NOTE: Do not combine budget information for FY 2007 and 2008. You must complete separate budget pages for each fiscal year.*

In this section, be sure to demonstrate that:

- All expenses are directly related to project
- Relationship between budget and project objectives is clear;
- Time commitment to project is identified for major staff categories and is adequate to accomplish project objectives

**Complete this entire section providing budget information for FY 2007 and for FY 2008.** The budget is an estimate of what the project will cost. Complete the standard budget forms (MCH Budget pages 1, 2, and 3) provided according to directions. Do not substitute a different format. Projects must include matching funds equaling a minimum of 30% of the MCH budget (see budget instructions for matching funds requirements).

**NOTE: A Budget Narrative form is provided. Do not substitute a different format.**

The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties.

In-state travel information must include miles, reimbursement, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is \$0.40 per mile.

Complete Form C – List all ISDH funding received by proposing organization in FY 2006.

Check for internal consistency among the budget forms:

- Budget pages 1, 2, and 3 are complete for each year

- Budget narratives include justification for each line item and are completed for each year
- Budget correlates with project duration
- Funding received for ISDH Form C is complete
- Information on each budget form is consistent with information on all other budget forms

## **11. Minority Participation**

All applicants must include a statement regarding minority participation with other entities in the planning and operation of their MCH program. Minority individuals and/or organizations should be involved in planning and evaluating the project to ensure services are adequate for the minority community. Projects are also encouraged to seek to do business with Minority-owned Business Enterprises to help provide services or operational support for the project. For a list of certified Minority owned Business Enterprises, see <http://www.in.gov/idoa/minority/Certifications.xls>

## **12. Endorsements**

Submit letters of support and memoranda of understanding (MOU) that demonstrate a commitment to collaboration between the applicant agency and other relevant community organizations. Letters of support and MOU must be current. Each application must include at least three letters of support from or MOU with relevant agencies.

The local health department should be involved in planning the project. At a minimum, the local health officer in each county where services are proposed must be notified that the organization is proposing services. Signature of health officer on Form A is sufficient; if signature cannot be obtained, include copy of organization's letter to the health officer in each service county advising of proposal submission to ISDH. If a signature is not feasible, be sure to indicate in the signature space on Form A the date that the letter was sent to all affected health officers.

Projects are also strongly encouraged to work with their Local Public Health Coordinators to enhance preparedness (ISDH Priority Health Initiative #4).

Checklist – Letters of Support and Memoranda of Understanding:

- Endorsements are from organizations able to effectively coordinate programs and services with applicant agency
- Memoranda of Understanding (MOU) clearly delineate the roles and responsibilities of the involved parties in the delivery of community-based health care
- Endorsements and/or MOU's are current
- Endorsement or MOU with Local Public Health Coordinator
- Letters and a summary of the proposed program have been sent to all health officers in jurisdictions within the proposed service area (unless health officer(s) has signed Form A)

## **13. Plan to Reduce or Eliminate Reliance on Title V funding (to be completed after funding is awarded)**

Because Title V funding from the federal government has decreased, demand for services have increased and many annual applicants for Title V funding have been receiving these funds for many

years, MCSHC staff wants to identify ways to assist grantees in reducing reliance on Title V funding while maintaining the quality and quantity of the currently funded services.

To that end, MCSHC will require each grantee for FY 2007 & 2008 to develop a plan to decrease or eliminate the need for Title V funding without eliminating the services that Title V funds (unless that service is no longer needed) to be included in the FY 2006 Annual Report for current grantees. For newly funded grantees, this plan will be required with the FY 2007 Annual Report.

MCSHC wants to understand what barriers prevent projects from becoming self-supporting and what other funding sources or reimbursement opportunities are available. MCSHC staff can then assist in eliminating infrastructure barriers so that grantees can reduce reliance on Title V.

The plan should include the following:

- A list of the funding sources and amounts and percentages for the organization or (in the case of large organizations) department in which the MCSHC grant is housed.
- A list of the total costs of the MCSHC project as a stand-alone or within a larger entity with a chart of funding sources for the MCSHC service.
- Barriers experienced in insurance reimbursements, community support, and any other issue that makes it difficult for the service provided by the grant to be self-supporting.
- Opportunities available to the project for continuous support.
- A timeline indicating what barriers need to be eliminated and when to effect a reduction or elimination of reliance on Title V funds while maintaining the currently funded services.

Questions regarding the plan to reduce or eliminate reliance on Title V funding may be directed to your HSD consultant (see pages 54 & 55), Robert Bruce Scott ([rbscott@isdh.in.gov](mailto:rbscott@isdh.in.gov) / 317-233-1241) or Nancy B. Meade ([nmeade@isdh.in.gov](mailto:nmeade@isdh.in.gov) / 317-233-7827).

*(The rest of this page left blank intentionally)*

## MCH REQUIRED FORMS AND TABLES

Forms and tables to be completed for each service provider category  
(Shaded boxes indicate forms and tables that are NOT to be completed by the service provider)

	PW	CH	FP	SBA	FCC	WH
FORM A						
FORMS B1, B2						
FORM C						
TABLE 1						
TABLES 2-3						
TABLE 4						
TABLE 5						
TABLE 6A						
TABLE 6B		< 1yr				
TABLE 6C		1-3 yrs				
TABLE 7						
TABLE 8						
TABLE 9						
TABLES 10-11						
OPTIONAL						

Providers serving counties with significant numbers of minority populations must identify activities for the objective regarding disparities in health outcomes and must update a performance objective regarding outreach and culturally competent services to those populations.

### Provider Service Codes

- PW - Pregnant Women
- CH - Child Health
- FP - Family Planning
- SBA - School-Based Adolescent
- FCC - Family Care Coordination
- WH - Women's Health

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: PREGNANT WOMEN / SCHOOL BASED ADOLESCENTS**

**MCH PERFORMANCE MEASURE 1:** Proportion of pregnant women receiving prenatal care in the first trimester.

Definition: First trimester is week 1 – 13 after conception		Annual Objective Data					
		FY 04	FY 05	FY 06	FY 07	FY 08	HP 2010
Annual Outcome Objective		%	%	%	%	%	90%
Annual Outcome Indicator ((N/(D-U)) x 100)							
Numerator (N)	# of women newly ENROLLED who started receiving prenatal care in the 1 <sup>st</sup> trimester.						
Denominator (D)	# of women newly ENROLLED.						
Unknown (U)	# of women receiving PCC referred for early prenatal care but not confirmed						

**PERFORMANCE OBJECTIVE MET:**     YES     NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: PREGNANT WOMEN**

**MCH PERFORMANCE MEASURE 2:** Proportion of Low Birth Weight (LBW) births.

<b>Definition: LBW is live birth infants over 20 weeks gestational age, weighing less than 2500 grams or 5 lbs., 8 oz.</b>		<b>Annual Objective Data</b>				
		<b>FY 04</b>	<b>FY 05</b>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>
<b>Annual Outcome Objective</b>		%	%	%	%	%
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>						
Numerator (N)	# of infants with LBW born to women with 3 or more visits.					
Denominator (D)	# of infants born to women with 3 or more visits.					
Unknown (U)	<b># of infants for whom birthweight data is unknown</b>					

**PERFORMANCE OBJECTIVE MET:**       YES       NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
1. 100% of all prenatal clients will receive preterm labor education at 20-24 weeks.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
2. 100% of clients will be educated in appropriate weight gain at first visit and monitored at subsequent visits.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
3. Monthly review of all LBW births and neonatal deaths (to be attached to quarterly and annual reports)		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: PREGNANT WOMEN**

**MCH PERFORMANCE MEASURE 3:** Proportion of mothers breastfeeding at hospital discharge.

		Annual Objective Data					
		FY 04	FY 05	FY 06	FY 07	FY 08	HP 2010
<b>Annual Outcome Objective</b>		%	%	%	%	%	75%
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	# of women breastfeeding their infants at discharge.						
Denominator (D)	# of women giving live birth.						
Unknown (U)	<b># of women for whom breastfeeding status is unknown</b>						

**PERFORMANCE OBJECTIVE MET:**  YES  NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
1. 100% of pregnant women will receive information on the advantages of breastfeeding by 28 weeks gestation.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
2. 100% of pregnant women intending to breastfeed will be referred to breastfeeding support		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: PREGNANT WOMEN / FAMILY PLANNING / FAMILY CARE COORDINATION**

**MCH PERFORMANCE MEASURE 4:** Proportion of women who reduced or stopped smoking since enrollment.

<b>Note: Applies only to women who smoked at time of enrollment</b>		<u>Annual Objective Data</u>					
		<u>FY 04</u>	<u>FY 05</u>	<u>FY 06</u>	<u>FY 07</u>	<u>FY 08</u>	<u>HP 2010</u>
<b>Annual Outcome Objective</b>		%	%	%	%	%	N/A
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	# of women with 2 or more visits and had reduced or stopped smoking or who reduced or stopped smoking after enrollment.						
Denominator (D)	# of women with 2 or more visits who smoked at time of enrollment.						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**     YES     NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
1. 100% of clients will be asked if they smoke at the initial visit.				
2. ___% identified as smokers will have smoking status documented at every visit.				
3. 100% of clients who want to stop smoking will be provided with resources or referrals.				

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: CHILD HEALTH / FAMILY CARE COORDINATION**

**MCH PERFORMANCE MEASURE 5:** Proportion of children who have completed age appropriate immunizations by age 3.

Note: Projects may use CASA reports but must include date of the report and the age parameters.		Annual Objective Data					
		FY 04	FY 05	FY 06	FY 07	FY 08	HP 2010
<b>Annual Outcome Objective</b>		%	%	%	%	%	90%
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	# of clients who have received the full schedule of age appropriate immunizations by their 3 <sup>rd</sup> birthday.						
Denominator (D)	# of enrolled clients who had their 3 <sup>rd</sup> birthday during the fiscal year.						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**  YES  NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
1. Extended hours for immunization services.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: CHILD HEALTH / SCHOOL BASED ADOLESCENTS / FAMILY CARE COORDINATION**

**MCH PERFORMANCE MEASURE 6A:** Proportion of unduplicated enrollees age 3 through 22 years receiving age appropriate care (one preventive physical/year).

		Annual Objective Data					
		FY 04	FY 05	FY 06	FY 07	FY 08	HP 2010
<b>Annual Outcome Objective</b>		%	%	%	%	%	90%
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	# of children age 3 through 22 years who received annual physical examinations and screens (specify MCH category).						
Denominator (D)	# of children age 3 through 22 years enrolled in the clinic (specify MCH category).						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**  YES  NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
1.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: CHILD HEALTH < 1 Year**

**MCH PERFORMANCE MEASURE 6B:** Proportion of infants under 1 year receiving age appropriate care.

Note: Applies only to infants who are enrolled for Primary Care		Annual Objective Data					
		FY 04	FY 05	FY 06	FY 07	FY 08	HP 2010
Annual Outcome Objective		%	%	%	%	%	N/A
Annual Outcome Indicator ((N/(D-U)) x 100)							
Numerator (N)	# of Infants under 1 year who received care from at least 3 months to 12 months of age who reached 12 months of age during the fiscal year who received up to 4 visits.						
Denominator (D)	# of infants under 1 years who have received care from at least 3 months to 12 months of age who reach 12 months of age during the fiscal year.						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**     YES     NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
1. Universal Newborn Hearing Screening, Vision Screening, EPSDT, Bright Futures screening		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: CHILD HEALTH 1-3**

**MCH PERFORMANCE MEASURE 6C:** Proportion of toddlers age 1 – 3 years receiving age appropriate care.

By Chart Audit		Annual Objective Data					
		FY 04	FY 05	FY 06	FY 07	FY 08	HP 2010
Annual Outcome Objective		%	%	%	%	%	N/A
Annual Outcome Indicator ((N/(D-U)) x 100)							
Numerator (N)	# of toddlers up to 3 years who received the recommended number of EPSDT visits by age.						
Denominator (D)	# of toddlers between 1 and 3 years enrolled.						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**  YES  NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
1.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: FAMILY CARE COORDINATION / CHILD HEALTH**

**MCH PERFORMANCE MEASURE 7:** Proportion of Infants & Children Exposed in Home to Second-Hand Smoke.

<b>Definition:</b> Children are exposed to 2 <sup>nd</sup> hand smoke if they live in a household in which anyone smokes or if anyone they live with smokes.		<b>Annual Objective Data</b>					
		<b>FY 04</b>	<b>FY 05</b>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>	<b>HP 2010</b>
<b>Annual Outcome Objective</b>		%	%	%	%	%	N/A
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	# of Active Clients less than 22 years of age exposed to 2 <sup>nd</sup> hand smoke at last visit.						
Denominator (D)	# of Active Clients less than 22 years of age.						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**     YES     NO

Work Plan Activities	Staff Responsible	Quarterly Progress	Comments/TA Plans
1.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____ 5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____ 5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____ 5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____ 5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: SCHOOL BASED ADOLESCENTS / FAMILY CARE COORDINATION / CHILD HEALTH**

**MCH PERFORMANCE MEASURE 8:** Proportion of Clients with a Medical Home.

<b>Note: Only applies to enrolled clients</b>		<u>Annual Objective Data</u>					
		<u>FY 04</u>	<u>FY 05</u>	<u>FY 06</u>	<u>FY 07</u>	<u>FY 08</u>	<u>HP 2010</u>
<b>Annual Outcome Objective</b>		%	%	%	%	%	90%
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	# of Clients with a Medical Home.						
Denominator (D)	# of Clients.						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**     YES     NO

<b>Work Plan Activities</b>	<b>Staff Responsible</b>	<b>Quarterly Progress</b>		<b>Comments/TA Plans</b>
1. 100% of clients will be screened for health insurance coverage including Hoosier Healthwise.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
2. 100% of age appropriate clients without coverage should be referred to Hoosier Healthwise.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: SCHOOL BASED ADOLESCENTS**

**MCH PERFORMANCE MEASURE 9:** Proportion of adolescents receiving a risk assessment that includes suicidal depression, smoking use, sexual activity and abusive relationships.

		Annual Objective Data					
		FY 04	FY 05	FY 06	FY 07	FY 08	HP 2010
<b>Annual Outcome Objective</b>		%	%	%	%	%	N/A
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	# of adolescents receiving a risk assessment.						
Denominator (D)	# of enrolled adolescents.						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**  YES  NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
1. 100% of clients will receive a risk assessment at the first visit.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: FAMILY PLANNING**

**MCH PERFORMANCE MEASURE 10:** Proportion of women enrolled in Family Planning who received preconceptual counseling

		<u>Annual Objective Data</u>					
		<u>FY 04</u>	<u>FY 05</u>	<u>FY 06</u>	<u>FY 07</u>	<u>FY 08</u>	<u>HP 2010</u>
<b>Annual Outcome Objective</b>		%	%	%	%	%	N/A
<b>Annual Outcome Indicator ((N/(D-U) x 100)</b>							
Numerator (N)	# of enrolled women who want to become pregnant who received preconceptual counseling.						
Denominator (D)	# of enrolled women who want to become pregnant.						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**     YES     NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: FAMILY PLANNING**

**MCH PERFORMANCE MEASURE 11:** Proportion of pregnancies that are unintended due to failed contraception or failure to use contraception.

		Annual Objective Data					
		FY 04	FY 05	FY 06	FY 07	FY 08	HP 2010
<b>Annual Outcome Objective</b>		%	%	%	%	%	N/A
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	# of clients receiving contraceptive services who become pregnant.						
Denominator (D)	# of clients receiving contraceptive services.						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**  YES  NO

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
1. Develop a protocol that requires staff to determine if new clients are using the contraceptive method correctly at each method pick up.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
2. Train staff on the above protocol.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: Child Health, Adolescent Health, School-Based Health Care**

**MCH PERFORMANCE MEASURE 12A:** Percentage of Children and Adolescents aged 2 to 22 years with a Body Mass Index identifying them as at-risk of overweight or overweight who have received healthy weight counseling and/or other related interventions or treatment.

		<b>Annual Objective Data</b>					
		<b>FY 04</b>	<b>FY 05</b>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>	<b>HP 2010</b>
<b>Annual Outcome Objective:</b>					<b>%</b>	<b>%</b>	<b>5%</b>
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	Enrolled Children and Adolescents aged 2 to 22 years with a Body Mass Index identifying them as at-risk of overweight or overweight who have received healthy weight counseling and/or other related interventions or treatment.						
Denominator (D)	Enrolled Children and Adolescents aged 2 to 22 years with a Body Mass Index identifying them as at-risk of overweight or overweight						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET**  **YES**  **NO**

<b>Work Plan Activities</b>	<b>Staff Responsible</b>	<b>Quarterly Progress</b>		<b>Comments/TA Plans</b>
100% of clients ages 2 to 22 years will be assessed for BMI.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories: Pregnant Women, Family Planning, Women's Health**

**MCH PERFORMANCE MEASURE 12B:** Percentage of adult patients age 22 or older with a Body Mass Index indicating overweight or obesity who have received healthy weight counseling and/or other related interventions or treatment

		<u>Annual Objective Data</u>					
		<u>FY 04</u>	<u>FY 05</u>	<u>FY 06</u>	<u>FY 07</u>	<u>FY 08</u>	<u>HP 2010</u>
<b>Annual Outcome Objective:</b>					%	%	%
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)	Percent of adults aged 22 years and older identified as overweight or obese by BMI that received healthy weight counseling and/or other related interventions or treatment.						
Denominator (D)	Percent of adults aged 22 years and older identified as overweight or obese by BMI						
Unknown (U)							

**PERFORMANCE OBJECTIVE MET**  **YES**  **NO**

<b>Work Plan Activities</b>	<b>Staff Responsible</b>	<b>Quarterly Progress</b>		<b>Comments/TA Plans</b>
100% of clients age 22 years or older will be assessed for BMI.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_ County: \_\_\_\_\_ FY: \_\_\_\_\_

**A. service categories:**

**NEGOTIATED PERFORMANCE MEASURE:** (project specific performance measure)

		<b>Annual Objective Data</b>					
		<b>FY 04</b>	<b>FY 05</b>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>	<b>HP 2010</b>
<b>Annual Outcome Objective</b>		%	%	%	%	%	N/A
<b>Annual Outcome Indicator ((N/(D-U)) x 100)</b>							
Numerator (N)							
Denominator (D)							
Unknown (U)							

**PERFORMANCE OBJECTIVE MET:**  YES  NO

<b>Work Plan Activities</b>	<b>Staff Responsible</b>	<b>Quarterly Progress</b>		<b>Comments/TA Plans</b>
1.		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	
		1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> _____	5 <sup>th</sup> _____ 6 <sup>th</sup> _____ 7 <sup>th</sup> _____ 8 <sup>th</sup> _____	

**Service category:**

Specify Performance Measure \_\_\_\_\_

Work Plan Activities	Staff Responsible	Quarterly Progress		Comments/TA Plans
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	
		1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	5 <sup>th</sup> 6 <sup>th</sup> 7 <sup>th</sup> 8 <sup>th</sup>	



## Completing Section I - Sources of Anticipated Revenue

List all anticipated revenue according to source. If the project was funded in previous years with Maternal and Child Health funds, estimate the cash you expect to have available from the previous year. This estimated cash-on-hand should be indicated by 400.1 and/or 400.2, respectively. If the estimated cash balance is negative, please list the estimate as \$0. All revenue used to support the project operations must be budgeted.

Projects must include matching funds equaling a minimum of 30% of the MCH budget. **"In-kind" contributions are not to be included in the budget. Projects that cannot meet these requirements must provide written justification in the budget narrative.** Matching funds are subject to the same guidelines as MCH funds (i.e., no equipment, food, entertainment or legislative lobbying). Costs of a modem line for each of your MCH computers and costs of Internet access are allowable.

Non-matching funds are additional sources of support that are not included in the match. These funds are not subject to MCH guidelines. ***Hint: Do not overmatch. Funds supporting the program that are above the minimum 30% match requirement may be listed as "Other Nonmatching".***

In the space at the bottom of Section I, please be sure to indicate how many hours are worked in a "normal" work week. This is usually determined by the applicant agency's policies.

## Completing Section II - Estimated Cost and Clients to be Served

It is essential that this form be completed accurately because the information will be used in your contract. Your project will be accountable for the services that are listed and the number estimated to be served.

Estimate the MCH Cost per Service listed e.g. how much of your MCH grant you propose to expend in each service. Figures for this, by service category, are listed in the column entitled **MCH COST PER SERVICE**". The total at the bottom of this column should equal the MCH grant award request.

Estimate the MCH Matching Funds allocated per service listed e.g., how much of the MCH match you propose to expend in each service. The total at the bottom of this column should equal the total match you are adding to the MCH award to fund this program.

Estimate the number of unduplicated clients by service category who will receive each service in the column titled **"TOTAL UNDUPLICATED # ESTIMATED TO BE SERVICED"** by both MCH and MCH Matching Funds.

*(The rest of this page left blank intentionally)*

## DEFINITIONS - REVENUE ACCOUNTS

Account	Account Title	Description
413	MCH Grant Request	Funds requested as reimbursement from the Indiana State Department of Health for project activities.
<b>Matching Funds*</b>		<i>Cash used for project activities that meet the matching requirements.*</i>
417	Local Appropriations	Monies appropriated from the local government to support project activities, e.g., local health maintenance fund.
419	First Steps	Monies received from First Steps for developmental disabilities services.
421	Donations – Cash	Monies received from donors to support project activities.
424	United Way/March of Dimes	Monies received from a United Way/March of Dimes agency to support project activities.
432	Title XIX – Hoosier Heathwise and Title XXI, CHIP	Monies received from Hoosier Healthwise and CHIP as reimbursement provided for services to eligible clients.
434	Private Insurance	Monies received from public health insurers for covered services provided to participating clients.
436	Patient Fees	Monies collected from clients for services provided based on Maternal and Child Health Services approved sliding fee schedule, including walk-ins.
437	Other Matching	Other income directly benefiting the project and not classified above which meets matching requirements.
<b>Nonmatching Funds</b>		<i>Funds that do not meet matching requirements.</i>
433	Title XX	Monies received from State Title XX agency (Family and Social Services Administration) for reimbursement provided for family planning services to eligible clients.
439	Other Nonmatching	Other income directly benefiting the project and not classified above which does not meet matching requirements.
<b>Estimated Cash on Hand</b> as of September 30, of last FY		<i>Monies received by the project during the previous fiscal years and not yet used for project expenditures.</i>
400.1	Matching Cash on Hand	Those monies received during previous years from sources classified as matching.
400.2	Nonmatching Cash on Hand	Those monies received during previous years from sources classified as nonmatching.

\* Matching requirements include:

1. Amounts are verifiable from grantee's records.
2. Funds are not included as a matching source for any other federally assisted programs.
3. Funds are allocated in the approved current budget.
4. Funds are spent for the Maternal and Child Health project as allocated and the expenditure of these funds is reported to Maternal and Child Health Services.
5. Funds are subject to the same guidelines as MCH grant funds (i.e., no food, entertainment or legislative lobbying).

## SCHEDULE A - CHART OF ACCOUNT CODES

<b>111.000</b>	<b><u>PHYSICIANS</u></b>	
	Clinical Geneticist	OB/GYN
	Family Practice Physician	Other Physician
	General Family Physician	Pediatrician
	Genetic Fellow	Resident/Intern
	Medical Geneticist	Substitutes/Temporaries
	Neonatologist	Volunteers
<b>111.150</b>	<b><u>DENTISTS/HYGIENISTS</u></b>	
	Dental Assistant	Substitutes/Temporaries
	Dental Hygienist	Volunteers
	Dentist	
<b>111.200</b>	<b><u>OTHER SERVICE PROVIDERS</u></b>	
	Audiologist	Outreach Worker
	Child Development Specialist	Physical Therapist
	Community Educator	Physician Assistant
	Community Health Worker	Psychologist
	Family Planning Counselor	Psychometrist
	Genetic Counselor (M.S.)	Speech Pathologist
	Health Educator/Teacher	Substitutes/Temporaries
	Occupational Therapist	Volunteers
<b>111.350</b>	<b><u>CARE COORDINATION</u></b>	
	Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (B.S.W.)
	Licensed Social Worker (L.S.W.)	Social Worker (M.S.W.)
	Physician	Substitutes/Temporaries
	Registered Dietitian	Volunteers
	Registered Nurse	
<b>111.400</b>	<b><u>NURSES</u></b>	
	Clinic Coordinator	Other Nurse
	Community Health Nurse	Other Nurse Practitioner
	Family Planning Nurse Practitioner	Pediatric Nurse Practitioner
	Family Practice Nurse Practitioner	Registered Nurse
	Licensed Midwife	School Nurse Practitioner
	Licensed Practical Nurse	Substitutes/Temporaries
	OB/GYN Nurse Practitioner	Volunteers
<b>111.600</b>	<b><u>SOCIAL SERVICE PROVIDERS</u></b>	
	Caseworker	Social Worker (B.S.W.)
	Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (M.S.W.)
	Licensed Social Worker (L.S.W.)	Substitutes/Temporaries
	Counselor	Volunteers
	Counselor (M.S.)	

**111.700**      NUTRITIONISTS/DIETITIANS

Dietitian (R.D. Eligible)	Registered Dietitian
Nutrition Educator	Substitutes/Temporaries
Nutritionist (Master Degree)	Volunteers

**111.800**      MEDICAL/DENTAL/PROJECT DIRECTOR

Dental Director	Project Director
Medical Director	

**111.825**      PROJECT COORDINATOR

**111.850**      OTHER ADMINISTRATION

Accountant/Finance/Bookkeeper	Laboratory Technician
Administrator/General Manager	Maintenance/Housekeeping
Clinic Aide	Nurse Aide
Clinic Coordinator (Administration)	Other Administration
Communications Coordinator	Programmer/Systems Analyst
Data Entry Clerk	Secretary/Clerk/Medical Record
Evaluator	Substitutes/Temporaries
Genetic Associate/Assistant	Volunteers
Laboratory Assistant	

**115.000**      FRINGE BENEFITS

**200.700**      TRAVEL

Conference Registrations	Out-of-State Staff Travel (only available with non-matching funds)
In-State Staff Travel	

**200.800**      RENTAL AND UTILITIES

Janitorial Services	Rental of Space
Other Rentals	Utilities
Rental of Equipment and Furniture	

**200.850**      COMMUNICATIONS

Postage (including UPS)	Reports
Printing Costs	Subscriptions
Publications	Telephone

**200.900**      OTHER EXPENDITURES

Insurance and Bonding	Insurance premiums for fire, theft, liability, fidelity bond Malpractice insurance premiums cannot be paid with funds. However, matching and nonmatching funds can be used.
Maintenance and Repair	Maintenance and repair services for equipment, furniture, vehicles, and/or facilities used by the project.
--	
Other	Approved items not otherwise classified above.

## EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be claimed as project cost for Maternal and Child Health projects and may not be paid for with MCH or MCH Matching Funds:

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Client travel; and
15. Legislative lobbying.

The following may be claimed as project cost for Maternal and Child Health projects and may only be paid for with specific permission from the Director of Maternal and Children's Special Health Care:

1. Equipment;
2. Out-of-state travel; and
3. Dues to societies, organizations, or federations.

All equipment costing \$1,000 or more that is purchased with MCH and/or MCH Matching Funds, shall remain the property of the State and shall not be sold or disposed of without written consent from the State.

For further clarification on allowable expenditures please contact:

Robert Bruce Scott, Grants Coordinator, MCSHC, [rbscott@isdh.in.gov](mailto:rbscott@isdh.in.gov) 317/233-1241

## FY 2007 Budget Narrative

The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.40 per mile), and reason for travel. All travel reimbursement must be within ISDH travel policy (available on request).

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	<p>For each personnel entry, include name, title and brief description of their role in the project (i.e. Provides Direct Services)</p> <p>List all appropriate staff in the box provided. If there are 4 Nurses, list all 4 in the same box.</p>	<p>Personnel = \$/hr X hrs per week X weeks per year</p> <p>Fringe = salary X fringe rate</p>	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
<b>Schedule A</b>				
111.000 Physicians				
111.150 Dentists / Hygienists				
111.200 Other Service Providers				
111.350 Care Coordination				
111.400 Nurses				
111.600 Social Service Providers				
111.700 Nutritionists / Dietitians				
111.800 Medical/Dental / Project Director				
111.825 Project Coordinator				
111.850 Other Administration				
115.000 Fringe Benefits				

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	List each contract and explain its purpose. List each piece of equipment separately along with price for one. List travel entries by the staff that will be reimbursed for travel and explain how this travel serves the project. List rent and utilities costs separately for each facility. If possible, itemize projected other expenditures.	Equipment = price for 1 X number required.  Travel = \$0.40 X miles for each staff being reimbursed for travel.	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
<b>Schedule B</b>				
200.000 Contractual Services				
200.500 Equipment				
200.600 Consumable Supplies				
200.700 Travel				
200.800 Rental and Utilities				
200.850 Communications				
200.900 Other Expenditures				
		SUBTOTAL SCHEDULE A		
		SUBTOTAL SCHEDULE B		
		TOTAL SCHEDULES A&B		

## FY 2008 Budget Narrative

The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.40 per mile), and reason for travel. All travel reimbursement must be within ISDH travel policy (available on request).

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	<p>For each personnel entry, include name, title and brief description of their role in the project (i.e. Provides Direct Services)</p> <p>List all appropriate staff in the box provided. If there are 4 Nurses, list all 4 in the same box.</p>	<p>Personnel = \$/hr X hrs per week X weeks per year</p> <p>Fringe = salary X fringe rate</p>	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
<b>Schedule A</b>				
111.000 Physicians				
111.150 Dentists / Hygienists				
111.200 Other Service Providers				
111.350 Care Coordination				
111.400 Nurses				
111.600 Social Service Providers				
111.700 Nutritionists / Dietitians				
111.800 Medical/Dental / Project Director				
111.825 Project Coordinator				
111.850 Other Administration				
115.000 Fringe Benefits				

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	List each contract and explain its purpose. List each piece of equipment separately along with price for one. List travel entries by the staff that will be reimbursed for travel and explain how this travel serves the project. List rent and utilities costs separately for each facility. If possible, itemize projected other expenditures.	Equipment = price for 1 X number required.  Travel = \$0.40 X miles for each staff being reimbursed for travel.	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
<b>Schedule B</b>				
200.000 Contractual Services				
200.500 Equipment				
200.600 Consumable Supplies				
200.700 Travel				
200.800 Rental and Utilities				
200.850 Communications				
200.900 Other Expenditures				
		SUBTOTAL SCHEDULE A		
		SUBTOTAL SCHEDULE B		
		TOTAL SCHEDULES A&B		

**SECTION I - BUDGET**  
**SOURCES OF ANTICIPATED REVENUE FOR FISCAL YEAR 2007**

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_

Applicant Agency: \_\_\_\_\_

413 Maternal and Child Health Grant Request (A) \$ \_\_\_\_\_

MATCHING FUNDS - CASH

417 Local Appropriations \$ \_\_\_\_\_

419 First Steps \$ \_\_\_\_\_

421 Cash Donations \$ \_\_\_\_\_

424 United Way/March of Dimes \$ \_\_\_\_\_

432 Hoosier Heathwise/CHIP (Titles XIX / XXI) \$ \_\_\_\_\_

434 Private Insurance \$ \_\_\_\_\_

436 Patient Fees \$ \_\_\_\_\_

437 Other Matching \$ \_\_\_\_\_

TOTAL MATCHING FUNDS (Cash) (B) \$ \_\_\_\_\_

NONMATCHING FUNDS - CASH

433 Title XX \$ \_\_\_\_\_

439 Other \$ \_\_\_\_\_

TOTAL NONMATCHING FUNDS (C) \$ \_\_\_\_\_

ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2006

400.1 Matching \$ \_\_\_\_\_

400.2 Nonmatching \$ \_\_\_\_\_

TOTAL ESTIMATE (400.1 + 400.2) (D) \$ \_\_\_\_\_

TOTAL PROJECT REVENUE (A)+(B)+(C)+(D) (E) \$ \_\_\_\_\_

A Full-Time Employee Works \_\_\_\_\_ Hours Per Week.

**SECTION I - BUDGET**  
**SOURCES OF ANTICIPATED REVENUE FOR FISCAL YEAR 2008**

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_

Applicant Agency: \_\_\_\_\_

413 Maternal and Child Health Grant Request (A) \$ \_\_\_\_\_

MATCHING FUNDS - CASH

417 Local Appropriations \$ \_\_\_\_\_

419 First Steps \$ \_\_\_\_\_

421 Cash Donations \$ \_\_\_\_\_

424 United Way/March of Dimes \$ \_\_\_\_\_

432 Hoosier Heathwise/CHIP (Titles XIX / XXI) \$ \_\_\_\_\_

434 Private Insurance \$ \_\_\_\_\_

436 Patient Fees \$ \_\_\_\_\_

437 Other Matching \$ \_\_\_\_\_

TOTAL MATCHING FUNDS (Cash) (B) \$ \_\_\_\_\_

NONMATCHING FUNDS - CASH

433 Title XX \$ \_\_\_\_\_

439 Other \$ \_\_\_\_\_

TOTAL NONMATCHING FUNDS (C) \$ \_\_\_\_\_

ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2007 (may use estimate for 2006)

400.1 Matching \$ \_\_\_\_\_

400.2 Nonmatching \$ \_\_\_\_\_

TOTAL ESTIMATE (400.1 + 400.2) (D) \$ \_\_\_\_\_

TOTAL PROJECT REVENUE (A)+(B)+(C)+(D) (E) \$ \_\_\_\_\_

A Full-Time Employee Works \_\_\_\_\_ Hours Per Week.

**SECTION II - BUDGET**  
**MCH AND MATCHING FUNDS ESTIMATED COST AND CLIENTS TO BE SERVED FISCAL YEAR 2007**

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_

Applicant Agency: \_\_\_\_\_

Service	MCH Cost Per Service <sup>1</sup>	MCH Matching Funds Allocated Per Service <sup>3</sup>	Total Unduplicated # Estimated To Be Served by MCH and MCH Matching Funds <sup>5</sup>
Prenatal Care Coordination			
Prenatal Medical Care			
Infant Health Care <sup>6</sup>			
Child Health Care <sup>7</sup>			
Family Planning			
School Based Adolescent Health			
Family Care Coordination			
Other (List):			
TOTAL	\$            2	\$            4	

- <sup>1</sup> Cells in this column should reflect the amount of the MCH grant award that is estimated to be spent on specific services, e.g., prenatal care, family planning. Do not enter a per client cost.
- <sup>2</sup> This cell should reflect the total grant request (line A from MCH Budget – 1).
- <sup>3</sup> Cells in this column should reflect the amount of MCH matching funds estimated to be spent on specific services.
- <sup>4</sup> This cell should reflect total MCH matching funds estimated to be spent on MCH services (line B from MCH Budget –1)
- <sup>5</sup> Cells in this column should reflect the unduplicated number of clients you estimated to be served with MCH and MCH matching funds during the fiscal year
- <sup>6</sup> Infant - under 1 year of age.
- <sup>7</sup> Child Health - ages 1 year to 22 years.

**SECTION II - BUDGET**  
**MCH AND MATCHING FUNDS ESTIMATED COST AND CLIENTS TO BE SERVED FISCAL YEAR 2008**

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_

Applicant Agency: \_\_\_\_\_

Service	MCH Cost Per Service <sup>1</sup>	MCH Matching Funds Allocated Per Service <sup>3</sup>	Total Unduplicated # Estimated To Be Served by MCH and MCH Matching Funds <sup>5</sup>
Prenatal Care Coordination			
Prenatal Medical Care			
Infant Health Care <sup>6</sup>			
Child Health Care <sup>7</sup>			
Family Planning			
School Based Adolescent Health			
Family Care Coordination			
Other (List):			
TOTAL	\$            2	\$            4	

- <sup>1</sup> Cells in this column should reflect the amount of the MCH grant award that is estimated to be spent on specific services, e.g., prenatal care, family planning. Do not enter a per client cost.
- <sup>2</sup> This cell should reflect the total grant request (line A from MCH Budget – 1).
- <sup>3</sup> Cells in this column should reflect the amount of MCH matching funds estimated to be spent on specific services.
- <sup>4</sup> This cell should reflect total MCH matching funds estimated to be spent on MCH services (line B from MCH Budget –1)
- <sup>5</sup> Cells in this column should reflect the unduplicated number of clients you estimated to be served with MCH and MCH matching funds during the fiscal year
- <sup>6</sup> Infant - under 1 year of age.
- <sup>7</sup> Child Health - ages 1 year to 22 years.

**ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2007**

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_ Applicant Agency: \_\_\_\_\_

Acct. Number	Description Number	Total Funds	GRANT FUNDS	MATCHING FUNDS									NON-MATCHING FUNDS			Normal Work Wk. Hours Budgeted on Project <sup>1</sup>
			MCH Funds 413	Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1	Title XX 433	Other 439	Cash on Hand 400.2	
<b>Schedule A</b>																
111.000	Physicians															
111.150	Dentists/Hygienists															
111.200	Other Service Providers															
111.350	Care Coordination															
111.400	Nurses															
111.600	Social Service Providers															
111.700	Nutritionists/Dietitians															
111.800	Medical/Dental/ Project Director															
111.825	Project Coordinator															
111.850	Other Administration															
115.000	Fringe Benefits															
<b>Schedule B</b>																
200.000	Contractual Services															
200.500	Equipment															
200.600	Consumable Supplies															
200.700	Travel															
200.800	Rental and Utilities															
200.850	Communications															
200.900	Other Expenditures															
SUBTOTAL SCHEDULE A																
SUBTOTAL SCHEDULE B																
TOTAL																

<sup>1</sup> Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

**ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2008**

Project Title: \_\_\_\_\_ Project # \_\_\_\_\_ Applicant Agency: \_\_\_\_\_

Acct. Number	Description Number	Total Funds	GRANT FUNDS	MATCHING FUNDS									NON-MATCHING FUNDS			Normal Work Wk. Hours Budgeted on Project <sup>1</sup>
			MCH Funds 413	Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1	Title XX 433	Other 439	Cash on Hand 400.2	
<b>Schedule A</b>																
111.000	Physicians															
111.150	Dentists/Hygienists															
111.200	Other Service Providers															
111.350	Care Coordination															
111.400	Nurses															
111.600	Social Service Providers															
111.700	Nutritionists/Dietitians															
111.800	Medical/Dental/ Project Director															
111.825	Project Coordinator															
111.850	Other Administration															
115.000	Fringe Benefits															
<b>Schedule B</b>																
200.000	Contractual Services															
200.500	Equipment															
200.600	Consumable Supplies															
200.700	Travel															
200.800	Rental and Utilities															
200.850	Communications															
200.900	Other Expenditures															
SUBTOTAL SCHEDULE A																
SUBTOTAL SCHEDULE B																
TOTAL																

<sup>1</sup> Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

TITLE V MATERNAL AND CHILD HEALTH  
APPLICATION  
FY 2007 & FY 2008

Title of Project \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

Medicaid provider Number: \_\_\_\_\_ FY 2006 MCH Contract Amount \$ \_\_\_\_\_

FY 2007 MCH Amount Requested: \$ \_\_\_\_\_ FY 2007 Matching Funds Contributed \$ \_\_\_\_\_

FY 2008 MCH Amount Requested: \$ \_\_\_\_\_ FY 2008 Matching Funds Contributed \$ \_\_\_\_\_

Legal Agency /Organization Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Project Director (type name) \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Board President/Chairperson (type name) \_\_\_\_\_ Phone \_\_\_\_\_

Project Medical Director (type name) \_\_\_\_\_ Phone \_\_\_\_\_

Agency CEO or Official Custodian of Funds  
(type name) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Project Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of person authorized to make legal  
And contractual agreement for the applicant agency \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of County Health Officer  
(or date letter sent to County Health Officers) \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

Are you registered with the Secretary of State?  Yes  No

*Note: All arms of local and State government are registered with the Secretary of State. Applicants must be registered with the Secretary of State to be considered for funding.*

FY 2007 & FY 2008  
Project Description

Project Name:		Project Number:
Address:	City, State, Zip	
Telephone Number:	Fax Number:	E-Mail Address
Counties Served:		
Type of Organization:	State <input type="checkbox"/>	Local <input type="checkbox"/> Private Non-Profit <input type="checkbox"/>
Requested Funds: \$_____ Matching Funds: \$_____ Non-matching Funds: \$_____		
(Amounts above should reflect totals for FY 2007 + Total for FY 2008)		
Sponsoring Agency:		
Summarize identified needs from the needs assessment section. Include only those needs the Project will address.		
Summarize Performance Measures from Performance Measures Tables {hint: each identified need above should be addressed with a Performance Measure}		

MCH Project Name:		Project Number:	# Clinic Sites
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		
Clinic Site Address:	Clinic Schedule: (days & times)	Total MCH Budget for Site (include matching funds):	
Counties Served:	Services Provided in MCH Budget for site (include matching funds):		
Target Population and estimated number to be served with MCH and matching funds:	Other services provided at site (non-MCH or non-Match):		



## MCH Monitoring Data

In addition to the data collection for the objectives, projects are required to collect data for monitoring purposes. The monitoring data will relate to specific objectives and will be reported in the Annual Performance Report. Following is a list of the monitoring data to be collected for each service category.

**Family Care Coordination:**Monitoring Data:

Projects are expected to report:

- percent of referrals completed
- 5 leading education topics
- 5 leading supplemental problems

**Family Planning:**Monitoring Data:

Projects are expected to report:

- % of clients who received a PAP test within last 12 months
- % of female clients with breast examination within last 12 months
- % of clients tested who have gonorrhea
- % of clients tested who have syphilis
- % of clients tested who have chlamydia trachomatis infection

**Women's Health**Monitoring Data:

Projects are expected to report:

- % of clients who received a PAP test within last 12 months
- % of female clients with breast examination within last 12 months

**School-based Adolescents:**

Monitoring Data:

Projects are expected to report:

- % of clients with risk factor of substance abuse
- % of clients with risk factor of sexual activity
- % of clients with risk factor of overweight/nutritional problem
- % of clients with risk factor of depression/suicide attempts
- % of clients with risk factor of violence problems
- % of cases of gonorrhea
- % of cases of syphilis
- % of cases of chlamydia trachomatis infection
- % of clients with any risk factor identified
- % of clients with relationship issues identified
- % of clients who reduce or stop smoking

*(The rest of this page left blank intentionally)*

## MCH DEFINITIONS FY 2007 & FY 2008

**Client** – a recipient of services that are supported by program expenses funded in whole or in part by the Title V (MCH Block Grant) or local Title V (MCH) matching dollars

**Program Expenses** – any expense included in the budget that the MCH project proposes to be funded by MCH or MCH matching dollars (includes staff, supplies, space costs, etc.)

**Matching Funds** – At least 30% of the Title V award. Whatever dollars the project assigns to support the MCH funded service (includes Medicaid or other income generated by service provision)

**Types of Clients** – pregnant women, infants, children, adolescents, adult women and families

**MCH Supported Services** –

- Direct medical and dental care: Family Planning, Prenatal Care, Child Health (infant, child adolescent), Women’s Health,
- Enabling services: Prenatal Care Coordination, Family Care Coordination

These definitions will allow MCH projects to include all clients seen that are funded by Title V or Title V match dollars in their client count. They will also allow projects to enroll all clients that are served by staff paid with Title V or Title V matching funds.

### **Cultural Competence -**

Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (adapted from Cross et al., 1989)

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**INDIANA MCSHC SYSTEMS DEVELOPMENT CONSULTANT ASSIGNMENTS**

**Carolyn Waller, Ph.D., Team Leader**  
317/233-1257, [cwaller@isdh.in.gov](mailto:cwaller@isdh.in.gov)

**Larry Nelson, Team Leader**  
317/233-1344, [lnelson@isdh.in.gov](mailto:lnelson@isdh.in.gov)

**Andrea L. Wilkes Team Leader**  
317/233-1246, [awilkes@isdh.state.in.us](mailto:awilkes@isdh.state.in.us)

**Maternal & Child Health Division**

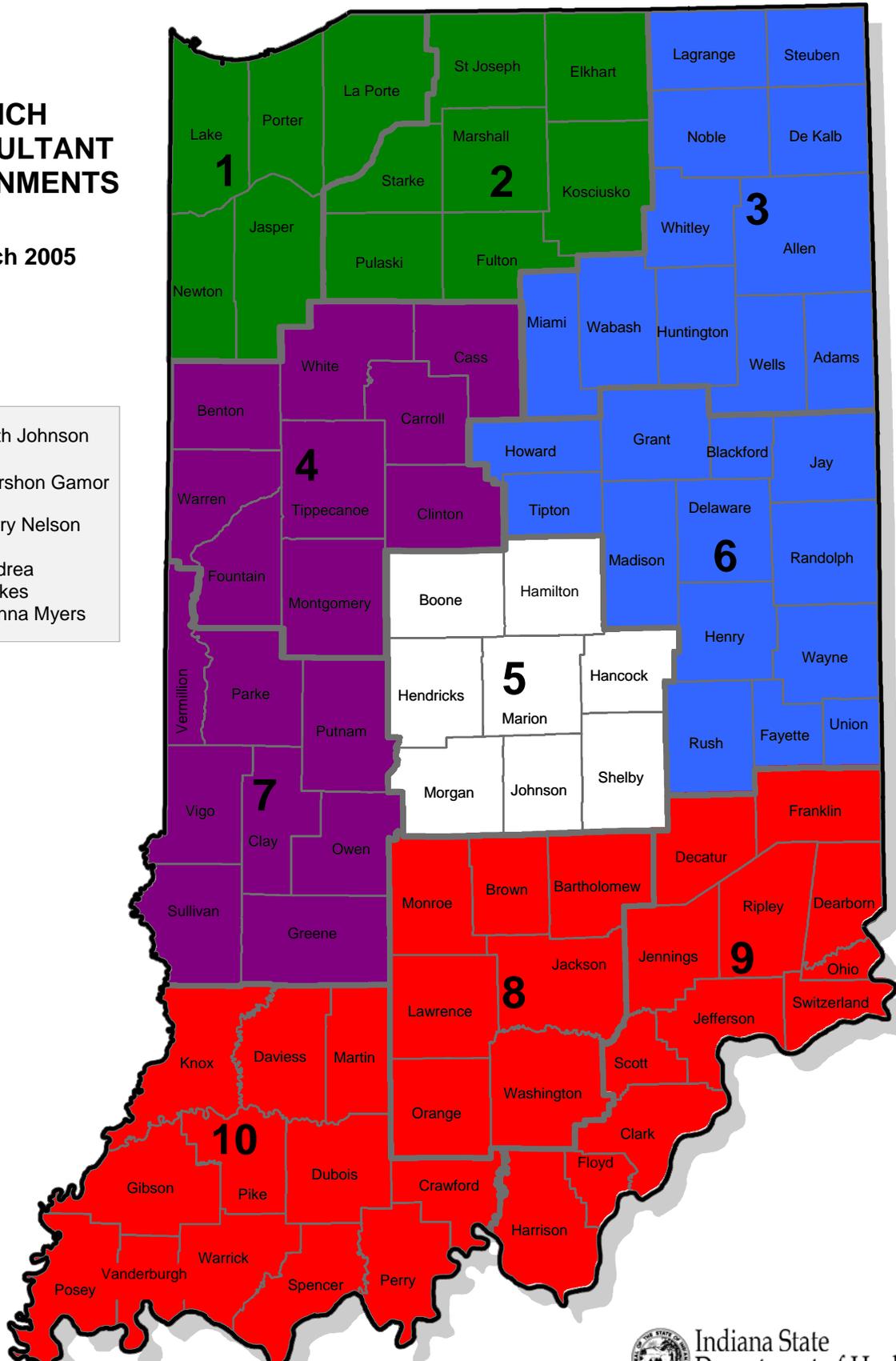
CONSULTANT NAMES	COUNTIES COVERED
<b>LARRY NELSON, Team Leader</b> 317/233-1256 <a href="mailto:lnelson@isdh.in.gov">lnelson@isdh.in.gov</a>	Benton, Carroll, Cass, Clay, Clinton, Fountain, Greene, Montgomery, Parke, Putnam, Owen, Sullivan, Tippecanoe, Vermillion, Vigo, Warren and White
<b>ANDREA L. WILKES, Team Leader</b> 317/233-1246 <a href="mailto:awilkes@isdh.in.gov">awilkes@isdh.in.gov</a>	Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby
<b>CAROLYN WALLER, Ph.D., Team Leader</b> 317/233-1257 <a href="mailto:cwaller@isdh.in.gov">cwaller@isdh.in.gov</a>	Prenatal Substance Use Prevention Program (Grantees in Allen, Clark, Delaware, Dubois, Elkhart, Lake, LaPorte, Madison, Marion, Putnam, Ripley, St. Joseph, Tippecanoe, and Vigo Counties)
<b>BETH JOHNSON, R.N., M.S.N.</b> 317/233-1344 <a href="mailto:bmjohnson@isdh.in.gov">bmjohnson@isdh.in.gov</a>	Elkhart, Fulton, Jasper, Kosciusko, Lake, LaPorte, Marshall, Newton, Porter, Pulaski, St. Joseph, and Starke
<b>DONNA MYERS, R.N., M.S.</b> 317/233-5596 (ISDH Office) <a href="mailto:dmyers@isdh.in.gov">dmyers@isdh.in.gov</a>	Bartholomew, Brown, Clark, Crawford, Daviess, Dearborn, Decatur, Dubois, Floyd, Franklin, Gibson, Harrison, Jackson, Jefferson, Jennings, Knox, Lawrence, Martin, Monroe, Ohio, Orange, Perry, Pike, Posey, Ripley, Scott, Spencer, Switzerland, Vanderburgh, Warrick, and Washington
<b>GERSHON GAMOR, M.S.W., L.C.S.W</b> 317/233-1239 <a href="mailto:ggamor@isdh.in.gov">ggamor@isdh.in.gov</a>	Adams, Allen, Blackford, Delaware, DeKalb, Fayette, Grant, Henry, Howard Huntington, Jay, LaGrange, Madison, Miami Noble, Randolph, Rush, Steuben, Tipton, Union, Wabash, Wayne, Wells, Whitely, and Statewide Social Worker and Statewide Free Pregnancy Test Program
<b>(Position Currently Vacant)</b>	Statewide Adolescent Coordinator (Grantees in Allen, Dubois, Lake, Marion, and St. Joseph Counties)
<b>BOB BOWMAN, M.S.</b> Genetics Specialist 317/233-9620 <a href="mailto:BobBowman@isdh.in.gov">BobBowman@isdh.in.gov</a>	Statewide Genetics Program (Grantees in Allen, Clark, Delaware Jefferson, Harrison, Lake, LaPorte, Marion, Monroe, St. Joseph, Tippecanoe, Vanderburgh and, Vigo, Counties)

**DISCIPLINE SPECIFIC KEY**

Upon request each county consultant will provide programmatic discipline specific consultation to grantees and other agencies in their assigned counties in the discipline for which they are trained.

# MCH CONSULTANT ASSIGNMENTS

March 2005



**INDIANA STATE DEPARTMENT OF HEALTH  
MATERNAL AND CHILD HEALTH SERVICES  
GRANT APPLICATION SCORING TOOL**

**FY 2007 & FY 2008 MCH Application Review Score:** \_\_\_\_\_

Applicant Agency: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Reviewer: \_\_\_\_\_  
Date of Review \_\_\_\_\_

Content Assessment

**1.0 Applicant Information – Form A is complete (3 points)**

Includes *all* of the following elements

- \_\_\_\_\_ Title of Project
- \_\_\_\_\_ Federal I.D. #
- \_\_\_\_\_ Medicaid Provider #
- \_\_\_\_\_ FY 2006 MCH contract amount
- \_\_\_\_\_ Funds requested, matching funds contributed FY 2007 & FY 2008
- \_\_\_\_\_ Complete sponsoring agency data
- \_\_\_\_\_ Project Director signature
- \_\_\_\_\_ Authorized legal signature
- \_\_\_\_\_ County Health Officer signature
- \_\_\_\_\_ Secretary of State registration

**NOTE: Primary and Secondary Reviewers do not need to evaluate section 1.0. Business Management staff will evaluate this section.**

**1.0 Score:** \_\_\_\_\_  
(3 points maximum)

**2.0 Table of Contents**

Table indicates the pages where each Section begins including appendices.  Yes  No

**NOTE: Primary and Secondary Reviewers do not need to evaluate section 2.0. Business Management staff will evaluate this section.**

\*This document is an adaptation of an instrument by Dr. Wendell F. McBurney, Dean, Research and Sponsored Programs, Indiana University-Purdue University at Indianapolis. Doctor McBurney has granted permission of use of this adaptation.

**3.0 MCH Proposal Narrative (15 points)**

**3.1** Project Summary includes *all* of the following elements (3.1 = 10 points max.)

- Relates to Title V services only
- Identifies problem(s) to be addressed
- Objectives are stated
- Overview of solutions (methods) is provided

**3.2** Form B (**5 points**) (3.2 = 5 points maximum)

- MCH Project Description (B-1)
  - Brief history is included
  - Problems to be addressed are identified
  - Objectives and workplan are summarized
- Clinic Site information (B-2)
  - Project locations are identified
  - Target population and numbers to be served by site are identified
  - MCH and Non-MCH Budget information per site is included

Comments:

**3.0 Score:** \_\_\_\_\_  
(15 points maximum)

**4.0 Applicant Agency Description**

Flows from general to specific and includes *all* of the following elements:

**4.1** Description of sponsoring agency

- Mission statement
- Brief history
- Description of administrative structure (organization chart is included)
- Project locations

**4.2** Discussion of proposer's role in community and local collaboration (MOU's and MOA's attached if not previously submitted)

Comments:

**4.0 Score:** \_\_\_\_\_  
(5 points maximum)

**5.0 Statement of Need**

Must address MCSHC priorities for which applicant agency is requesting funding:

- \_\_\_\_\_ Clearly Relates to ISDH MCSHC Priorities
- \_\_\_\_\_ At least one problem statement addresses either MCSHC Priority #1 or Priority #2
- \_\_\_\_\_ Specifically address one or more of MCSHC priority needs #3 - #10
- \_\_\_\_\_ Relates to purpose of applicant agency
- \_\_\_\_\_ Problem(s)/need(s) identified are ones that applicant can impact
- \_\_\_\_\_ Client/consumer focused
- \_\_\_\_\_ Supported by statistical data, available on ISDH website and local sources. Data indicates the problem(s) or need(s) exist in the community
- \_\_\_\_\_ Target populations/catchment areas are identified
- \_\_\_\_\_ Describes systems of care
- \_\_\_\_\_ Barriers to care are described
- \_\_\_\_\_ Disparities are addressed if county has significant numbers of minority population(s)

Comments:

**5.0 Score:** \_\_\_\_\_  
(18 points maximum)

**5.1 Statement of Need – Clinic or Service Provision Locations**

- \_\_\_\_\_ Services located in a focus county (See Attachment E)
- \_\_\_\_\_ Services located in a HPSA (See Attachment F)
- \_\_\_\_\_ Services located in a MUA (See Attachment G)
- \_\_\_\_\_ Services located in an at-risk lead concentration area (See Attachment H)
- \_\_\_\_\_ Child health clinic(s) located in a county with inadequate child health providers as identified by OMPP (See Attachment D)
- \_\_\_\_\_ Services located in a former focus county and is a previously funded clinic location or in-home services project

**NOTE: Primary and Secondary Reviewers do not need to evaluate section 5.1. ISDH GIS/ERC staff will evaluate this section.**

**5.0 Score:** \_\_\_\_\_  
(7 points maximum)

**6.0 Tables**

- \_\_\_\_\_ MCH service forms and tables are completed for one or more of the proposed services.
  - \_\_\_\_\_ Pregnant women
  - \_\_\_\_\_ Child health
  - \_\_\_\_\_ Family planning
  - \_\_\_\_\_ School-based adolescent health
  - \_\_\_\_\_ Family care coordination
  - \_\_\_\_\_ Women’s health
- \_\_\_\_\_ Performance objectives are included
- \_\_\_\_\_ Appropriate activities are included
- \_\_\_\_\_ Appropriate measures, documentation, and staff responsible for measuring activities are included
- \_\_\_\_\_ Project identifies how ISDH priority health initiatives will be incorporated into service delivery (activities on PM tables)

**NOTE: Projects do not need to apply for every service (or even more than one) to receive full points for this section. Evaluators should verify that the application contains all required Performance Measure Tables for each service proposed and evaluate the quality of those tables.**

Comments:

**6.0 Score: \_\_\_\_\_**  
(15 points maximum)

**7.0 Evaluation Plan Narrative**

- \_\_\_\_\_ Project-specific objectives are measurable and related to improving health outcomes
- \_\_\_\_\_ Plan explains how evaluation methods reflected on the Performance Measures tables will be incorporated into the project evaluation
- \_\_\_\_\_ Staff responsible for the evaluation is identified
- \_\_\_\_\_ What data will be collected and how it will be collected are identified
- \_\_\_\_\_ How and to whom data will be reported are identified
- \_\_\_\_\_ Appropriate methods are used to determine whether measurable activities and objectives are on target for being met
- \_\_\_\_\_ If activities and objectives are identified as not on target during an intermediate or year end evaluation and improvement is necessary to meet goals, who is responsible for revisiting activities to make changes which may lead to improved outcomes
- \_\_\_\_\_ Methods used to evaluate quality assurance (e.g. chart audits, client surveys, presentation evaluations, observation); and
- \_\_\_\_\_ Methods used to address identified quality assurance problems.

Comments:

**7.0 Score: \_\_\_\_\_**  
(10 points maximum)

**8.0 Staff**

- \_\_\_\_\_ Staff is qualified to operate proposed program
- \_\_\_\_\_ Staffing is adequate
- \_\_\_\_\_ Job description and curriculum vitae of key staff are included as an appendix

Comments:

**8.0 Score:** \_\_\_\_\_  
(4 points maximum)

**9.0 Facilities**

- \_\_\_\_\_ Facilities are adequate to house the proposed program
- \_\_\_\_\_ Facilities are accessible for individuals with disabilities
- \_\_\_\_\_ Facilities will be smoke-free at all times
- \_\_\_\_\_ Hours of operation are posted and visible from outside the facility

Comments:

**9.0 Score:** \_\_\_\_\_  
(4 points maximum)

**10.0 Budget and Budget Narrative**

- \_\_\_\_\_ Relationship between budget and project objectives is clear
- \_\_\_\_\_ All expenses are directly related to project
- \_\_\_\_\_ Time commitment to project is identified for major staff categories and is adequate to accomplish project objectives

Comments:

**10.0 Score:** \_\_\_\_\_  
(8 points maximum)

**10.1 Budget and Budget Narrative Forms**

- \_\_\_\_\_ Budget pages 1, 2, and 3 are complete for each year
- \_\_\_\_\_ Budget narratives include justification for each line item and are completed for each year
- \_\_\_\_\_ Budget correlates with project duration
- \_\_\_\_\_ Funding received from ISDH (Form C) is complete
- \_\_\_\_\_ Information on each budget form is consistent with information on all other budget forms

**NOTE: Primary and Secondary Reviewers do not need to evaluate section 10.1. Business Management staff will evaluate this section.**

**10.1 Score:** \_\_\_\_\_  
(4 points maximum)

**11.0 Minority Participation**

- \_\_\_\_\_ Statement regarding minority participation in program design and evaluation

Comments:

**11.0 Score:** \_\_\_\_\_  
(2 points maximum)

**12.0 Endorsements**

- \_\_\_\_\_ Endorsements are from organizations able to effectively coordinate programs and services with applicant agency
- \_\_\_\_\_ Memoranda of Understanding (MOU) clearly delineate the roles and responsibilities of the involved parties in the delivery of community-based health care
- \_\_\_\_\_ Endorsements and/or MOU's are current
- \_\_\_\_\_ Endorsement or MOU with Local Public Health Coordinator
- \_\_\_\_\_ Letters and a summary of the proposed program have been sent to all health officers in jurisdictions within the proposed service area (unless health officer(s) has signed Form A)

Comments:

**11.0 Score:** \_\_\_\_\_  
(5 points maximum)

**TOTAL SCORE (To be calculated by Business Management staff):\_\_\_\_\_**  
(100 points maximum)

**CHECKLIST To be completed by Business Management Staff**

The following forms are completed:

Application Information – **Form A**  Yes  No

MCH Project Description – **Form B**, (B1, B2)  Yes  No

Funding Received thru ISDH – **Form C**  Yes  No

**Informing Local Health Officers of Proposed Submission**

- Includes letters to all health officers in jurisdictions included in proposed service area(s) or signature(s) of health officer(s) on Form A  Yes  No

**Project Performance During FY 2005**

The Regional Health Systems Development Consultant (primary reviewer) should describe below performance achievements and/or problems/concerns identified in review of the FY 2005 Annual Performance Report that are relevant to this proposal.

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INDIANA MEDICAID

Attachment D

Hoosier Healthwise Pediatric Provider Participation  
As of 01/12/2006

COUNTY	PED PMP ENROLLMENT (1)	PED PMP PANEL SLOTS AVAILABLE (2)	MEMBERS LINKED TO PED PMPS (3)	PCT PED PMP PANELS FULL (4)	AVG MEMBERS PER PED PMP (5)
01-ADAMS	1	1,500	1,030	68.66%	1,030
02-ALLEN	97	51,106	30,120	58.93%	311
03-BARTHOLOMEW	16	3,496	4,505	128.86%	282
04-BENTON	1	500	194	38.80%	194
05-BLACKFORD	4	3,000	1,185	39.50%	296
06-BOONE	9	2,368	2,373	100.21%	264
07-BROWN	3	925	581	62.75%	194
08-CARROLL	3	1,975	1,429	72.35%	476
09-CASS	13	7,155	3,261	45.57%	251
10-CLARK	29	17,929	7,469	41.65%	258
11-CLAY	9	9,750	2,342	24.02%	260
12-CLINTON	10	1,900	2,094	110.21%	209
13-CRAWFORD	1	1,000	740	74.00%	740
14-DAVISS	13	4,675	2,370	50.69%	182
15-DEARBORN	19	8,825	3,097	35.09%	163
16-DECATUR	13	3,012	1,941	64.43%	149
17-DEKALB	17	3,010	2,823	93.78%	166
18-DELAWARE	32	13,265	11,339	85.48%	354
19-DUBOIS	15	3,549	2,353	66.30%	157
20-ELKHART	62	14,231	14,777	103.83%	238
21-FAYETTE	6	3,072	2,397	78.02%	400
22-FLOYD	27	14,078	6,718	47.71%	249
23-FOUNTAIN	2	1,500	962	64.13%	481
24-FRANKLIN	5	945	1,037	109.79%	207
25-FULTON	9	9,050	1,867	20.62%	207
26-GIBSON	10	3,102	1,681	54.19%	168
27-GRANT	15	15,700	7,395	47.10%	493
28-GREENE	6	4,350	1,431	32.89%	239
29-HAMILTON	29	5,745	5,161	89.83%	178
30-HANCOCK	19	2,390	2,044	85.52%	108
31-HARRISON	10	3,005	2,258	75.14%	226
32-HENDRICKS	22	3,101	2,970	95.75%	135
33-HENRY	15	11,619	3,977	34.22%	265
34-HOWARD	20	11,999	7,739	64.49%	387
35-HUNTINGTON	17	9,850	2,600	26.39%	153
36-JACKSON	14	4,604	2,038	44.26%	146
37-JASPER	12	9,637	1,891	19.62%	158
38-JAY	9	3,300	1,652	50.06%	184
39-JEFFERSON	17	3,336	2,831	84.86%	167
40-JENNINGS	6	6,375	2,190	34.35%	365
41-JOHNSON	36	16,967	8,816	51.95%	245

42-KNOX	12	4,153	4,042	97.32%	337
43-KOSCIUSKO	28	5,644	4,506	79.83%	161
44-LAGRANGE	7	2,900	1,635	56.36%	234
45-LAKE	176	167,411	58,362	34.86%	332
46-LAPORTE	37	15,651	9,581	61.21%	259
47-LAWRENCE	18	7,840	4,423	56.41%	246
48-MADISON	54	20,794	12,862	61.85%	238
49-MARION	224	168,482	96,948	57.54%	433
50-MARSHALL	21	4,900	3,258	66.48%	155
51-MARTIN	3	766	602	78.59%	201
52-MIAMI	9	4,169	2,632	63.12%	292
53-MONROE	26	12,942	8,563	66.16%	329
54-MONTGOMERY	3	1,953	1,992	101.99%	664
55-MORGAN	15	5,537	4,634	83.69%	309
56-NEWTON	3	3,650	655	17.94%	218
57-NOBLE	10	4,500	2,115	47.00%	212
58-OHIO	1	500	379	75.80%	379
59-ORANGE	7	2,775	1,757	63.31%	251
60-OWEN	6	2,725	1,120	41.08%	187
61-PARKE	4	2,503	467	18.63%	117
62-PERRY	7	2,250	1,002	44.53%	143
63-PIKE	4	1,075	790	73.48%	198
64-PORTER	30	13,878	6,501	46.84%	217
65-POSEY	7	3,900	1,462	37.48%	209
66-PULASKI	8	3,900	1,173	30.07%	147
67-PUTNAM	12	4,850	2,519	51.93%	210
68-RANDOLPH	9	13,750	2,035	14.80%	226
69-RIPLEY	15	2,703	1,662	61.48%	111
70-RUSH	8	3,550	1,127	31.73%	141
71-ST. JOSEPH	113	51,504	28,339	55.02%	251
↓ 72-SCOTT	11	3,139	2,313	73.68%	210
73-SHELBY	12	2,813	2,737	97.28%	228
74-SPENCER	7	2,438	1,061	43.50%	152
75-STARKE	5	5,650	2,278	40.31%	456
↓ 76-STEUBEN	5	2,550	2,038	79.92%	408
77-SULLIVAN	10	13,100	2,320	17.70%	232
78-SWITZERLAND	2	400	412	103.00%	206
79-TIPPECANOE	14	4,963	5,343	107.65%	382
80-TIPTON	6	1,008	677	67.16%	113
81-UNION	2	200	208	104.00%	104
82-VANDEBURGH	63	29,425	17,056	57.96%	271
83-VERMILLION	6	4,810	1,847	38.38%	308
84-VIGO	57	31,396	11,431	36.40%	201
85-WABASH	16	5,841	2,277	38.97%	142
86-WARREN	2	4,000	775	19.37%	388
87-WARRICK	15	3,840	2,188	56.97%	146
88-WASHINGTON	7	4,600	1,490	32.39%	213
89-WAYNE	13	8,214	6,255	76.15%	481
90-WELLS	14	5,300	2,485	46.87%	177
91-WHITE	5	4,970	1,728	34.76%	346
92-WHITLEY	11	3,800	1,818	47.84%	165

94-IFSSA	12	2,070	661	31.94%	55
99-OUT OF STATE	37	5,625	11	0.18%	0
STATEWIDE	1,882	988,199	502,218	50.82%	267

- (1) Pediatric PMP enrollment includes providers with active PMP segment, primary specialty 316, 318 or 345, and age restriction specification that includes ages 18 and/or under.
- (2) Available panel slots are divided by two for PMPs with active segments in two counties.  
For PMPs with active "panel hold", available slots = linked slots.
- (3) Member enrollment is reported by PMP county, and includes pending members.
- (4) Field (3) divided by field (2), multiplied by 100.
- (5) Field (3) divided by field (1).

Counties with 80% or greater panels full (risk zone) are highlighted.

- ↑ Counties new to the risk zone.
- ↓ Counties that have been in the risk zone within the past 6 months, but currently are not.

## Appendix E

### 1. Indiana Counties with highest rates of percentage of mothers who smoked during pregnancy (2003):

County	Rate (%)	Ranking
Vermillion	35.5	1
Perry	32.6	2
Crawford	31.9	3
Scott*	31.1	4
Jefferson	31.0	5
Knox*	30.8	6
Parke	30.7	7

\*Focus Counties (overall priorities)

### **2. Focus Counties (overall priorities)**

Allen  
Clark  
Daviess  
DeKalb  
Delaware  
Elkhart  
Fayette  
Grant  
Howard  
Jackson  
Knox  
Lake  
LaPorte  
Madison  
Marion  
Monroe  
Montgomery  
Noble  
Putnam  
Scott  
St. Joseph  
Tippecanoe  
Vanderburgh  
Vigo  
Wayne





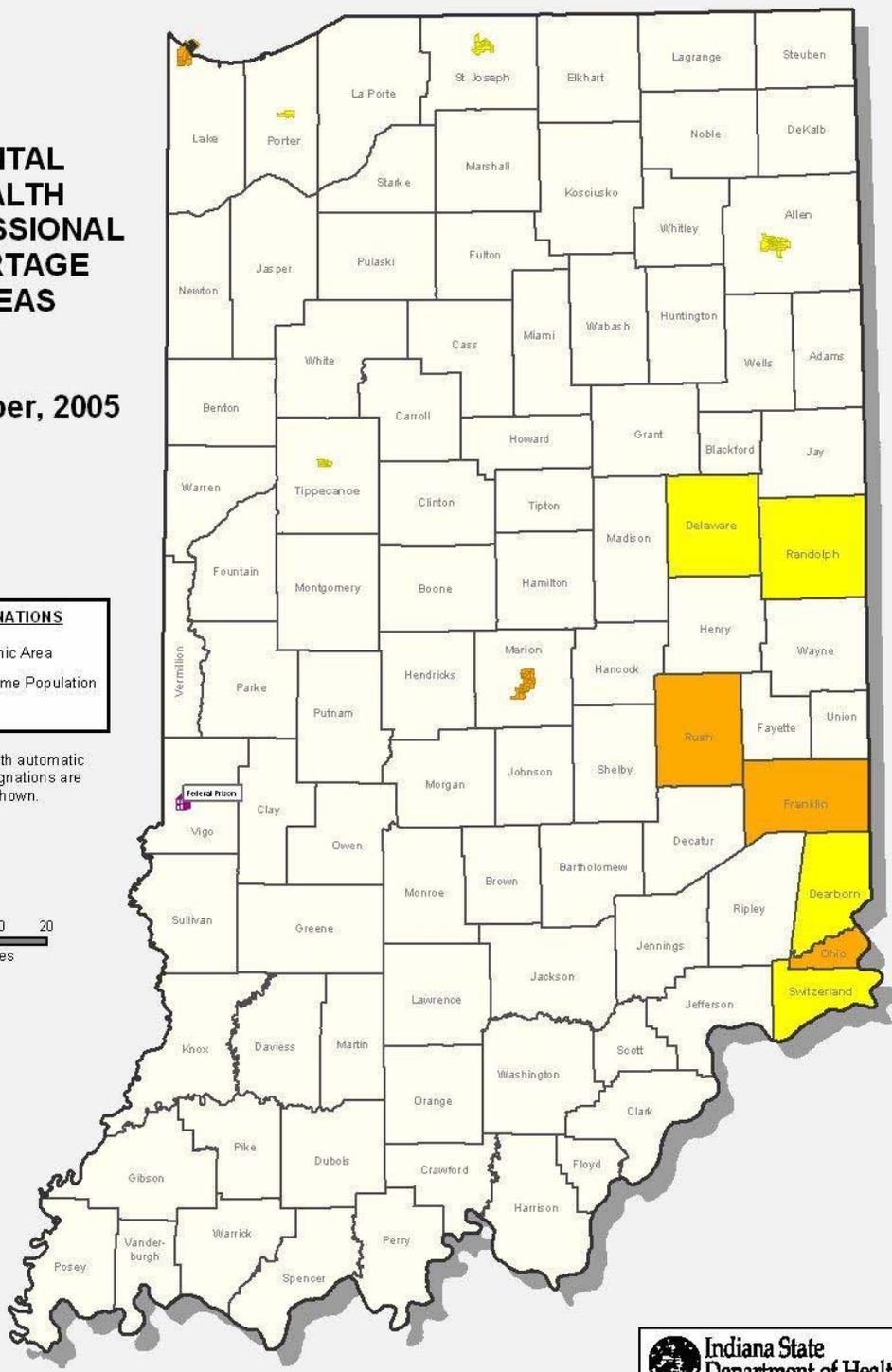
# DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS

November, 2005

**DESIGNATIONS**

-  Geographic Area
-  Low-Income Population
-  Facility

Facilities with automatic HPSA designations are not shown.

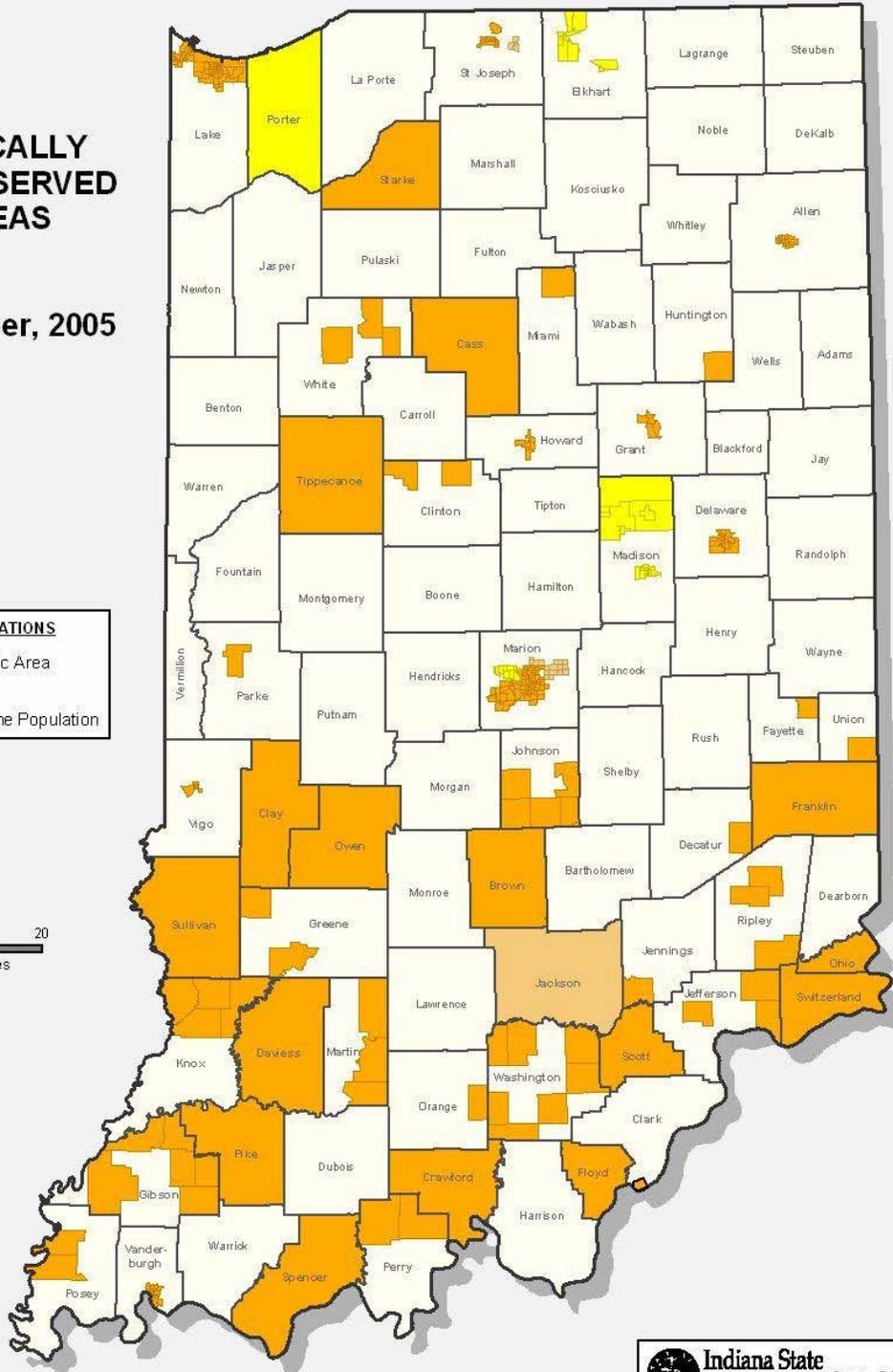


# MEDICALLY UNDERSERVED AREAS

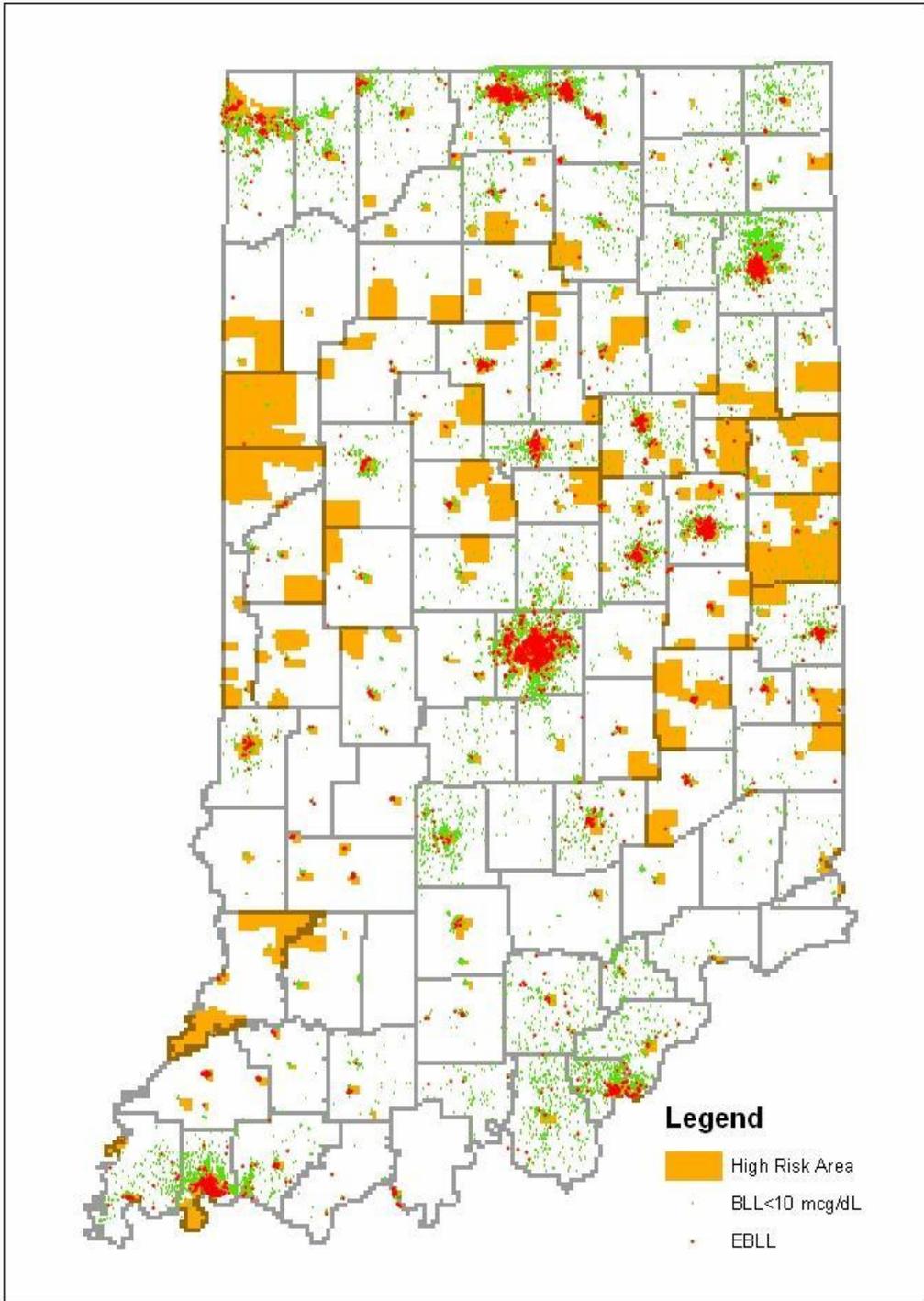
November, 2005

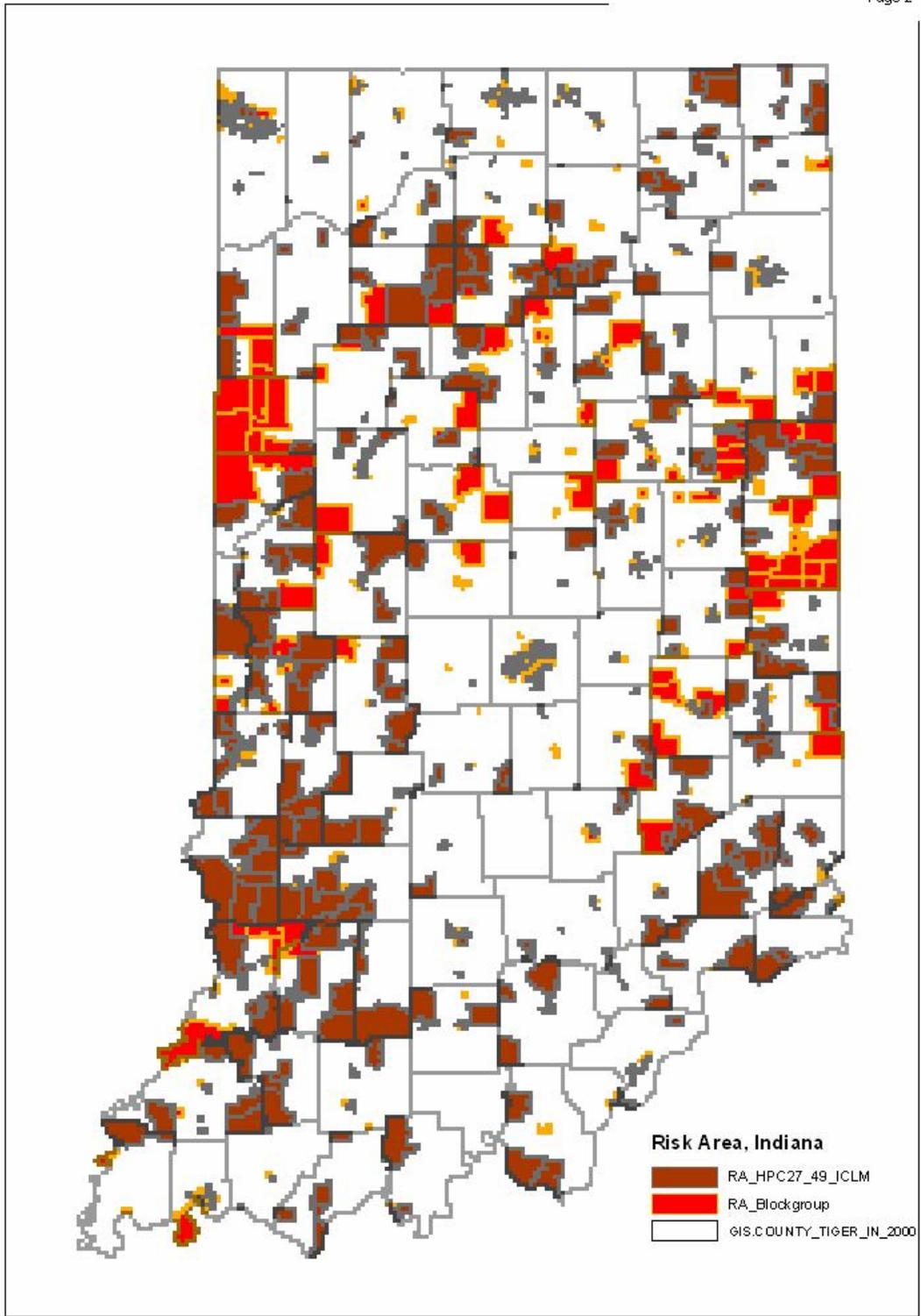
**DESIGNATIONS**

- Geographic Area
- Governor
- Low Income Population



### Blood Lead Tests in Children aged 9 to 35 months, IN, 1997-2002





Updated January 24, 2006

**District 1**

**Dist. Coord.**, Shawn George, 219-738-1976  
**EPI**, Donna Allen, 317-430-3844  
**Hosp. Area Coord.**, Murray Lawry, 317-439-9631;  
**PIO**, Kevin Thompkins, 317-508-6497  
**Education Coord.**, Lynette Tucker, 219-613-7331

**Mental Health:**

Swanson Ctr., 219-879-4621  
 Tri-City MH Ctr., 219-398-7050  
 Edgewater Systems, 219-885-4264  
 Southlake Ctr. for MH, 219-736-7169  
 Porter-Starke Svcs., 219-531-3500  
 Wabash Valley Hosp., 765-463-2555

**District 4**

**Dist. Coord.**, Catherine Went, 765-742-6255; **EPI**, Jennifer Wyatt, 765-742-6244; **Hosp. Area Coord.**, Joe Shelton, 317-508-8159; **PIO**, Kevin Thompkins, 317-508-6497;  
**Education Coord.**, Lynette Tucker, 219-613-7331

**Mental Health:**

Wabash Valley Hosp., 765-463-2555;  
 Four County Counseling Ctr., 574-722-5151; Behavioral Health Svcs., 765-453-8555

**District 7**

**Dist. Coord.**, Stephen Cradick, 812-829-3476; **EPI**, Robert Allen, 317-430-3851;  
**Hosp. Area Coord.**, Dan Gettelfinger, 317-416-8905;  
**PIO**, Kimberly Wilkerson, 317-439-9679; **Education Coord.**, Larry Long, 317-221-3138; Chief Nurse Conslnt., Janet Archer 317-234-3915

**Mental Health:** Ctr. for Behavioral Health, 812-339-1691; Southern Hills Counseling Ctr., 812-482-3020; Hamilton Ctr., 812-231-8323; Cummins Behavioral HC, 317-272-3333;

**District 10**

**Dist. Coord.**, Stephanie Terry, 812-897-8605  
**EPI**, Karen Gordon, 317-430-3852  
**Hospital Area Coord.**, Dan Gettelfinger, 317-416-8905  
**PIO**, Kimberly Wilkerson, 317-439-9679  
**Education Coord.**, Dana Stidham, 812-343-2030  
**Mental Health:** Samaritan Ctr., 812-886-6800; Southern Hills Counseling Ctr., 812-482-3020; Southwestern Ind. MH Ctr., 812-423-7791

**District 2 Dist. Coord.**, Deb Fulk, 574-293-9393  
**EPI**, vacant  
**Hosp. Area Coord.**, Murray Lawry, 317-439-9631  
**PIO**, Kristen Garcia, 317-416-8904;  
**Education Coord.**, Lynette Tucker, 219-613-7331  
**Mental Health:** Madison Ctr. & Hosp., 574-234-0061; Oaklawn Psychiatric Ctr., 574-533-1234; Bowen Ctr. for Human Svcs., 574-267-7169; Four County Counseling Center, 574-722-5151

**District 3**

**Dist. Coord.**, Joe Hilt, 317-439-9650  
**EPI**, Brad Beard, 317-430-3845  
**Hosp. Area Coord.**, Murray Lawry, 317-439-9631  
**PIO**, Kristen Garcia, 317-416-8904  
**Education Coord.**, Lynette Tucker, 219-613-7331  
**Mental Health:** Northeastern Ctr., 260-347-2453; Bowen Ctr. for Human Svcs., 574-267-7169; Park Center, 260-481-2700; Four Cnty. Counseling Ctr., 574-722-5151

**District 6 Dist. Coord.**, Deb Hopseker, 317-508-5746; **EPI**, Stephanie Jackson, 317-430-3850;  
**Hosp. Area Coord.**, Joe Shelton, 317-508-8159; **PIO**, Keylee Wright, 317-439-9643; **Education Coord.**, Larry Long, 317-221-3138; Chief Nurse Conslnt., Janet Archer 317-234-3915

**Mental Health:** Behavioral Health Svcs., 765-453-8555; Grant-Blackford MH, 765-662-3971; Ctr. for MH, 765-649-8161; Comprehensive MH Svcs., 765-741-1928; Dunn MH Ctr., 765-983-8006

**District 5 Dist. Coord.**, Lloyd Flowers, 317-234-2816; **EPI**, Sandy Gorsuch, 317-430-3848;  
**Hosp. Area Coord.**, Joe Shelton, 317-508-8159; **PIO**, Keylee Wright, 317-439-9643; **Education Coord.**, Larry Long, 317-221-3138; Chief Nurse Conslnt., Janet Archer 317-234-3915

**Mental Health:** BehaviorCorp, 317-587-0502; Gallahue Mental Health Svcs., 317-621-7600; Cummins Behavioral HC, 317-272-3333; Hamilton Ctr., 812-231-8323; Ctr. for Behavioral Health, 812-339-1691; Adult & Child MH Ctr., 317-882-5122; Midtown MHC, 317-554-2704

**District 8**

**Dist. Coord.**, Judith Gilliland, 812-472-3714; **EPI**, Robert Allen, 317-430-3851; **Hospital Area Coord.**, Dan Gettelfinger, 317-416-8905;  
**PIO**, John Sodrel, 317-416-8946;  
**Education Coord.**, Dana Stidham, 812-343-2030  
**Mental Health:** Quinco Behavioral Health Sys., 812-348-7449; Lifespring MH Svcs., 812-280-2080; Southern Hills Counseling Ctr., 812-482-3020; Ctr. for Behavioral Health, 812-339-1691

**District 9**

**Dist. Coord.**, Rebecca Lair, 317-431-9105; **EPI**, Steve Allen, 317-430-3853; **Hosp. Area Coord.**, Dan Gettelfinger, 317-416-8905;  
**PIO**, John Sodrel, 317-416-8946;  
**Education Coord.**, Dana Stidham, 812-343-2030  
**Mental Health:** Lifespring MH Svcs., 812-283-4491; Quinco Behavioral Health Sys., 812-348-7449; Community MH Center 812-537-1302

