

TASK ORDER 21-25-5-01-004-0
TO BROADWATER COUNTY UNIFIED GOVERNMENT MASTER CONTRACT
THAT COVER THE PERIOD OF July 1, 2019 to June 30, 2026
Maternal and Child Health Block Grant Program

THIS TASK ORDER is entered into between the Montana Department of Public Health and Human Services (hereinafter referred to as the "Department"), whose address and phone number are 1400 E Broadway Room A116, PO Box 202951, Helena, MT 59620 and 406-444-4119 and Broadwater County Health Services (hereinafter referred to as the "Contractor"), whose federal ID number, mailing address, fax number, and phone number are 81-6001337, 124 N Cedar, Townsend, MT 59644, and 406-266-5209 for the purpose of committing the Contractor to provide health related services required by this task order. In consideration of the mutual covenants and stipulations described below, the Department and Contractor agree as follows:

SECTION 1: PURPOSE

The Contractor agrees to provide maternal and child health services, as described in the Contractor's June 2020 Pre-Contract Survey for the Maternal and Child Health Block Grant (MCHBG), for the timeframe of October 1, 2020 to September 30, 2021 and as outlined in Section 2: Services to be provided for all residents of Broadwater County.

A. COVID-19 Response:

1. The Health Resources and Services Administration allows redirection of MCHBG funds to support necessary response to COVID-19. Subject to the written approval of the Department, it can be used to support staffing, COVID-19 programmatic work, and emergency response.
2. There is flexibility in the MCHBG deliverables and due dates detailed in this Task Order. This is contingent upon approval from applicable State staff, expressly the MCHBG Program Specialist and FICMMR Program Specialist.

SECTION 2: SERVICES TO BE PROVIDED

The Contractor agrees to provide:

A. Maternal and Child Health (MCH) Services

1. Comply with the requirements of Title V: MCHBG, Section 501 to 510 [42 U.S.C. 701 to 710]; and ARM 37.57.1001 governing the MCHBG.

2. Except as permitted in Section 1(A), ensure that MCHBG funds are used solely for providing core MCH services to pregnant women, nonpregnant women of childbearing age, infants younger than one year of age, children and adolescents under age 22, or children with special health care needs.
3. Send the MCHBG Coordinator to the annual Family and Community Health Bureau sponsored MCHBG training.
4. Systematically collect data elements required by this task order and submit the reports by the designated due dates as outlined in Section 4.
5. Counties with an annual allocation amount greater than \$50,000 will submit an annual budget by October 1, 2020, on Attachment D, for the 10/1/20 to 9/30/21 time-period.
6. Assess county MCH services by conducting a Client Survey and use the results to help with program planning and selection of the national or state performance measure to be addressed by the Contractor. Results of the Client Survey must be retained by the Contractor and submitted with Attachment B, expressly referenced as the 2021 MCHBG Annual Financial and Data Report, to the Department's MCHBG Liaison.
7. Have on file a copy of the referral and follow-up procedure for MCH clients sent for care to other providers or facilities, such as: hospitals, Community Health Centers, Federally Qualified Health Centers, and private practice physicians.
8. Have on file a copy of the referral and follow-up procedure for clients who are children and youth with special health care needs (CYSHCN), *including referrals to care coordination*.
9. Provide any of the services described in this section, which the Contractor has contracted to provide hereunder, free of charge to an individual or member of a family whose income equals or falls below either the relevant level stated below, or any other level set by the Contractor which is higher:

<u>Size of family unit</u>	<u>Maximum income level/year</u>
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640

(For family units with more than eight members, add \$5,600 for each additional member.) Individual eligibility must be documented in the client's record. NOTE: Because the above maximum income levels are established by the U.S. Department of Health and Human Services and are subject to revision by that department, the Department may modify the above maximum income levels by sending the Contractor written notice of new levels. The modification will be effective upon the date the Contractor receives the notice.

10. Establish a fee schedule which adjusts the charges to the income, resources, and family size of each individual, and publish the fee schedule if the Contractor imposes any allowable charges for services funded under this task order to individuals other than those described in 2A (8).
11. Implement and evaluate two program activities to address national or state performance measure(s), as selected on the Contractor's June 2020 Pre-Contract Survey for the Maternal and Child Health Block Grant. Counties with an annual allocation greater than \$10,000 may implement activities for two different performance measures. Activity details are subject to approval by the Department's MCHBG Liaison. The Contractor's selected performance measure for federal fiscal year 2021 is as follows: *NPM 9: Bullying - Percent of adolescents, ages 12 through 17, who are bullied or who bully others.*
12. Conduct specific planning for, or implementation of a performance measure activity at least once every quarter as pertains to the national or state performance measure(s) referenced in 2A (10), until both activities have been completed. A report will be submitted 15 days after the end of every quarter on Attachment C.
13. Respond to requests from the Department within one week.
14. Include the following paragraph when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

"This project is/was 100% supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under CFDA # 93.994 for Maternal and Child Health Services, the total Broadwater County Health Services award

amount for October 1, 2020 to September 30, 2021 is \$4485. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”

- B. Fetal, Infant, Child, Maternal Mortality Review and Prevention (FICMMR)
1. Comply with the requirements of MCA 50-19-401 to 50-19-406 governing the Fetal, Infant, Child, and Maternal Mortality Reviews, and formally review with FICMMR team members annually.
 2. Review and report all fetal, infant, child, and maternal deaths occurring in the county jurisdiction by an existing Fetal, Infant, Child, and Maternal Mortality Review (FICMMR) Team - either the Contractor's own team or through written agreement with a neighboring county's team. Each county will have its own, local FICMMR Leader who is responsible for that county's FICMMR deliverables under this contract.
 3. The local FICMMR Leader must maintain on file annually a confidentiality statement signed by all team members and all in-coming new members. The confidentiality statement will also be reviewed and signed by team members at each meeting.
 4. The local FICMMR Leader must notify the Department of any change in review team membership, by updating and submitting their FICMMR County Operational Plan that includes the name, occupation, and phone number of each member within 30 days of the change.
 5. The local FICMMR Leader must ensure that all fetal, infant, and child deaths occurring in calendar year 2019 will be reported in the National Fatality Review Case Reporting System by November 1, 2020.
 6. The local FICMMR Leader must ensure that all maternal deaths occurring in calendar year 2019 will be completed electronically on the Montana Maternal Mortality Case Review Reporting Form and submitted to the Department's FICMMR Program Coordinator, by November 1, 2020. The maternal form must be sent through the State's Secure File Transfer System via e-PASS.
 7. Send the local FICMMR Leader to the Family and Community Health Bureau sponsored annual FICMMR Training.
 8. The local FICMMR Leader must attend the Department's FICMMR conference calls. If the local FICMMR Leader is unable to attend the call they must notify the Department's FICMMR Program Coordinator at least

48 hours prior to call time or identify a replacement.

9. Implement and evaluate one evidence-based/informed or best-practice injury-prevention activity (EBIBP), as detailed on the June 2020 Pre-Contract Survey, and subject to approval by the Department's FICMMR Coordinator.
- C. The Department agrees to provide the Contractor with statistical data reports, technical assistance and consultation concerning the services required by this Task Order, to the extent the Department's resources allow.

SECTION 3: EFFECTIVE DATE AND PERIOD OF PERFORMANCE

Performance of this task order shall begin October 1, 2020, and the services provided pursuant to Section 2 must be completed by September 30, 2021.

SECTION 4: COMPENSATION, REPORTS, DELIVERABLES, AND DUE DATES

The Department will pay the Contractor the following for the Title V MCH Block Grant Services outlined in this task order contingent upon the receipt and approval of the required reports and deliverables as outlined below. Failure to fulfill a deliverable requirement will result in a pro-rated deduction, based on the Contractor's annual funding amount divided by the annual number of deliverables.

Submitting these reports in a timely manner is important, and connected to reporting required from the Department by the Health Resources and Services Administration.

- A. \$897 as soon as possible after January 15, 2021, for the provision of Title V MCHBG services and the following required reports and deliverables have been received by the due date and approved by the Department Liaison or State FICMMR Program Coordinator as appropriate:
 1. Due by October 1, 2020: From counties with an annual allocation amount greater than \$50,000, a budget on the form requested by the department (Attachment D), for the 10/1/20 to 9/30/21 time-period.
 2. Due by October 15, 2020: From counties with their own FICMMR Review Team: an updated FICMMR Operational Plan; or from counties utilizing another county's FICMMR Review Team: an updated county to county Memorandum of Agreement.
 3. Due by November 1, 2020: All calendar year 2019 Fetal, Infant, Child, and Maternal Mortality review case reports;
 4. Due by January 15, 2021: The MCHBG Quarterly Report (Attachment C), for

the 10/1/20 to 12/31/20 time-period.

- B. \$897 as soon as possible after April 15, 2021, for the provision of Title V MCHBG services and the following required report has been received by the due date and approved by the Department Liaison:
1. Due by April 15, 2021: The MCHBG Quarterly Report (Attachment C), for the 1/1/21 to 3/31/21 time-period.
- C. \$897 as soon as possible after July 15, 2021, for the provision of Title V MCHBG services and the following required reports and deliverables have been received by the due date and approved by the Department Liaison or FICMMR Program Coordinator as appropriate:
1. Due by June 15, 2021: Completion of MCHBG Pre-Contract Survey
 2. Due by July 15, 2021: The MCHBG Quarterly Report (Attachment C), for the 4/1/21 to 6/30/21 time-period;
 3. Attendance by the Contractor's MCHBG Coordinator or Contract Liaison to the required annual MCHBG training
 4. Attendance by the Contractor's FICMMR Leader to the required FICMMR annual training during 2021.
- D. \$897 as soon as possible after October 15, 2021, for the provision of Title V MCHBG services and the following required reports and deliverables have been received by the due date and approved by the Department Liaison or FICMMR Program Coordinator as appropriate:
1. Due by October 15, 2021: The MCHBG Quarterly Report (Attachment C), for the 7/1/21 to 9/30/21 time-period;
 2. Due by October 15, 2021: The FICMMR Injury Prevention Activity Report (Attachment C);
- E. \$897 as soon as possible after November 15, 2021, for the provision of Title V MCHBG services and the following required reports and deliverables for October 1, 2020 to September 30, 2021 have been received by the due date and approved by the Department Liaison or FICMMR Program Coordinator as appropriate:
1. Due by November 15, 2021: The MCHBG Compliance and Activities Report (Attachment A)
 2. Due by November 15, 2021: The MCHBG Financial and Data Report (Attachment B)
 3. Due by November 15, 2021: A summary of the results from the Contractor's Client Surveys.
 4. Due by November 15, 2021: From counties with an annual allocation amount greater than \$50,000, actual spent on the budget form requested

by the department (Attachment D), for the 10/1/20 to 9/30/21 time-period.

SECTION 5: SOURCE OF FUNDS AND FUNDING CONDITIONS

- A. Payments under this task order are contingent upon receipt of funding from the Maternal Child Health Block Grant (CFDA # 93.994).
- B. Contractor receipt of their MCH Block Grant allocation under this task order is contingent upon submission of all previous years' required reports as indicated in the Contractor's FFY 2020 MCH Block Grant Task Order.
- C. Requests for an extension of time to submit deliverables or reports past their due date *must be made in writing to the Department's Liaison before the due date*. The request must include the compelling reason the original due date could not be met. An extension due date will be set by mutual agreement between the Department and Contractor liaisons. If no request for an extension is made before the original due date, or if the extension due date is not met, the payment associated with that deliverable or report is forfeited.
- D. If the Contractor does not completely expend by December 31, 2021, all of the funds received pursuant to Section 4 (1) through (6) for performance of this task order, the Contractor agrees to refund the balance of those funds to the Department by January 15, 2022.
- E. In providing the services under this task order, the Contractor agrees that it will expend from non-federal Contractor resources \$3 for every \$4 of the MCH Block Grant funds referred to in Section 4 and expended in performance of this task order. For purposes of this task order, non-federal Contractor resources do not include state general funds for which the Contractor is a recipient. Therefore, the Contractor may not include state general funds the Contractor receives as "contractor match" for purposes of this section. The Contractor must ensure that any program income (e.g., income from fees, or any interest or other investment income earned on funds advanced to the Contractor under this task order) accruing to the Contractor from activities funded, in whole or in part, under this task order is used only for the allowable program costs described in this task order.
- F. The Contractor is responsible for the establishment and implementation of policies and procedures for charging, billing, and collecting funds for the allowable services provided under this task order. Billing and collection procedures must have the following characteristics:
 - 1. Charges are based on a cost analysis of all services provided. Where applicable, bills are given directly to the client or to another payment source such as Medicaid, Medicare, or private insurance.

2. Clients whose documented income is at or below the income levels established in Section 2A (9) may not be billed, although third parties must be billed who are legally obligated to pay for the services.
3. Bills to third parties must show total charges without applying any discounts or adjustments based upon the fee schedule established by the Contractor pursuant to Section 2A (10).
4. Bills to clients must show total charges, less any discounts or adjustments, based upon the fee schedule established by the Contractor pursuant to Section 2A (10).
5. Bills for minors obtaining confidential services must be based on the resources of the minor.
6. Reasonable efforts to collect bills include mailing of bills when client confidentiality is not jeopardized.
7. A method of the aging of outstanding accounts must be established.
8. Clients must not be denied services because of the inability to pay.

SECTION 6: LIAISONS AND SERVICE OF NOTICES

- A. Blair Lund (406) 444-0276, blund@mt.gov or her successor will be the MCHBG Liaison for the Department. Kari Tutwiler (406) 444-3394, ktutwiler@mt.gov or her successor will be the FICMMR Liaison for the Department.
- B. Teresa Monson will be the MCHBG Liaison for the Contractor, and will be the FICMMR Liaison for the Contractor.

These persons serve as the primary contacts between the parties regarding the performance of the task order.

- C. Written notices, reports and other information required to be exchanged between the parties must be directed to the Department's Liaison at the parties' addresses set out in this task order.

SECTION 7: DISPUTE RESOLUTION PROCESS

The following process is to be used in the event of a disagreement between the Contractor and the Department about the terms of this contract. Written notification by the Contractor providing specific details about the disagreement must first be provided to the Department Bureau Chief identified as follows:

Kristen Rogers, Kristen.rogers@mt.gov, (406) 444-4743 is the Bureau Chief for the Department. The Department Bureau Chief shall attempt to resolve the dispute. If resolution of the disagreement is not obtained, then the Contractor may request a review

and determination to be made by the Division Administrator. The Contractor shall provide in writing specific details about the remaining issues that are in dispute. The Contractor may also request an in-person meeting with the Division Administrator to present its reasons or position on the disagreement. If the Division Administrator cannot resolve the dispute, the reasons for the Department's position on the issues in dispute must be presented to the Contractor in writing.

SECTION 8: SCOPE OF TASK ORDER

This task order consists of nine (9) numbered pages, Attachment A expressly referenced as the 2021 MCHBG Compliance and Activities Report, Attachment B expressly referenced as the 2021 MCHBG Annual Financial and Data Report, Attachment C expressly referenced as the 2021 MCHBG Quarterly County Progress Report Template, and Attachment D, expressly referenced as the County Public Health Department Budget Form.

IN WITNESS THEREOF, the parties through their authorized agents have executed this task order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date _____
Jamie Palagi, Administrator
Department of Public Health & Human Services
Early Childhood & Family Support Division
1625 11th Avenue
Helena MT 59620-2951
(406) 444-6676

BROADWATER COUNTY

By: _____ Date _____
Broadwater County Commissioner

(Attachment C)

October 2020 – SEPTEMBER 2021, MONTANA MATERNAL AND CHILD HEALTH BLOCK GRANT
QUARTERLY COUNTY CONTRACTOR PROGRESS REPORT

County Name:

Name of Person Completing Report:

This report is for the following quarter: (please check appropriate box below)

<input type="checkbox"/>	1 st Quarter: 10/1/20 – 12/31/20 (due 1/15/21)
<input type="checkbox"/>	2 nd Quarter: 1/1/21 – 3/31/21 (due 4/15/21)
<input type="checkbox"/>	3 rd Quarter: 4/1/21 – 6/30/21 (due 7/15/21)
<input type="checkbox"/>	4 th Quarter: 7/1/21 – 9/30/21 (due 10/15/21)

Performance Measure(s): (please check below)

<input type="checkbox"/>	NPM 1 -	Well-Woman Visit: Percent of women, ages 18 through 44, with a preventive medical visit in the past year. <i>Domain 1</i>
<input type="checkbox"/>	NPM 5 -	Infant Safe Sleep: a) percent of infants placed to sleep on their backs; b) percent of infants placed to sleep on a separate approved sleep surface; and, c) percent of infants placed to sleep without soft objects or loose bedding. <i>Domain 2</i>
<input type="checkbox"/>	NPM 9 -	Bullying: Percent of adolescents, ages 12 through 17, who are bullied or who bully others. <i>Domain 5</i>
<input type="checkbox"/>	NPM 13.2 -	Oral Health: b) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <i>Domain 3</i>
<input type="checkbox"/>	SPM 1 -	Access to Public Health Services: Number of clients ages 0 – 21, and women ages 22 – 44 who are served by public health departments in counties with a corresponding population of 4,500 or less. <i>Domain 6</i>
<input type="checkbox"/>	SPM 2 -	Family Support and Health Education: Number of clients ages 0 – 21, and women ages 22 – 44 who are assessed for social service and health education needs; and are then placed into a referral and follow-up system or provided with health education as needed. <i>Domain 6</i>

The six MCH population domains are: 1) Women / Maternal Health (Ages 15 - 44), 2) Perinatal / Infant Health (Age <1), 3) Child Health (Ages 1 - 10), 4) Children and Youth with Special Health Care Needs, 5) Adolescent Health (Ages 11 - 19), and 6) Cross-Cutting / Systems Building.

MCHBG Activities Undertaken / Planned - Please describe any significant activities or planning efforts during this quarter, pertaining to your county's performance measure(s). This might include progress towards activity goals, using the evaluation strategies described on the Pre-Contract Survey. Include any collaborative efforts with other organizations.

A large, empty rectangular box with a thin black border, intended for the user to provide details about MCHBG activities undertaken or planned during the quarter. The box is currently blank.

Operational Challenges - Please describe any challenges or issues in working towards activity goals during this quarter, and any lessons learned.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above. The box is currently blank.

For required EBIBP FICMMR Injury Prevention Activity – The FICMMR task order requires that counties plan, implement, and evaluate one injury-prevention activity per year that is evidence-based/informed, or a best practice (EBIBP) to be completed by 9-30-2021.

Please report on EBIBP progress and final results in detail:

ALSO, inform us early on if challenges or changes arise: how you addressed it; if you need help or ideas from other counties; or need to change your EBIBP?

Address each item below as applicable:

- a. Progress on goal(s)? When done, what went well? What are you proud of?
- b. Provide pre and post survey comparison results;
- c. Lessons learned;
- d. Who was served, for example: high school seniors;
- e. Were there partnerships with other organizations, if so, who?
- f. Provide numbers, for example:
 - Number of students that received SOS suicide prevention education
 - Pre/Post SOS training results, such as was there an “Increase in stated ability to implement Act, Care, Tell?”
 - Number of car seats inspected; number installed incorrectly; number donated?

For any other Injury Prevention Activity – Many counties continue to provide information on other injury prevention education and services. For this quarter, please tell us:

- a) What was the activity or service?
- b) Who participated, for example: middle school students;
- c) Were there partnerships with other organizations, if so, who?
- d) Total number served or best estimate you can provide.

Individuals Served with Primary Pay Source - Listed by Population Category

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Year 2021 (October 1, 2020 - September 30, 2021)

DUE: November 15, 2021

County:

DRAFT

MCHBG Population Category	Unduplicated number of persons served	Primary Pay Source For Each Person Served <i>For each population category, please count each person only once under their primary pay source.</i>			
		Medicaid Title XIX	CHIP	Private Insurance	None
Pregnant Women Any pregnant women receiving any service.					Unknown
Infants: < 1 year All infants under 1 year of age receiving services.					
Children: 1 to 22 years All children 1 year of age through their 21st year, not including CSHCN. DO NOT count school screenings.					
Children with Special Health Care Needs Children birth through their 21st year who have problems requiring more than routine and basic care and/or have a diagnosed disorder.					
Others Particularly non-pregnant women age 22 to 45 (through their 44th year)					
TOTALS					
Group Encounters Include school and day care screening numbers. Group Encounter numbers are not included in above categories, as there is probably some duplication.					

Individuals Served by Race - Listed by Population Category

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Year 2021 (October 1, 2020 - September 30, 2021)

DUE: November 15, 2021

County:

DRAFT

Population Category	Unduplicated number of persons served	Race <i>For each population category, please count each person only once by their race.</i>			
		White	American Indian	More than one race	Other/Unknown
Pregnant Women Any pregnant women receiving any service.					
Infants under 1 year All infants under 1 year of age receiving services.					
Children 1 year to 22 years All children 1 year of age through their 21st year, not including CSHCN. DO NOT count school screenings.					
Children with Special Health Care Needs Children birth through their 21st year who have problems requiring more than routine and basic care and/or have a diagnosed disorder.					
Others Particularly non-pregnant women age 22 to 45 (through their 44th year)					
TOTAL					
Group Encounters Include school and day care screening numbers. Group Encounter numbers are not included in above categories, as there is probably some duplication.					

Budget and Expenditures by Population Category

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Year 2021 (October 1, 2020 - September 30, 2021)

DUE: November 15, 2021

County:

DRAFT

Population Category	Non-Federal County Matching Funds		MCH Block Grant Funding	
	Budgeted (75% of MCHBG Funds)	Spent (Total County Expenditure)	Budgeted	Spent
Pregnant Women Any pregnant women receiving any service.				
Infants under 1 year All infants under 1 year of age receiving services.				
Children 1 year to 22 years All children 1 year of age through their 21st year, not including CSHCN. Do not include group encounter costs.				
Children with Special Health Care Needs Children birth through their 21st year who have problems requiring more than routine and basic care and/or have a diagnosed disorder.				
Others Particularly non-pregnant women age 22 to 45 (through their 44th year).				
Group Encounters For all clients ages 0 through 21, and women ages 22 through 44. Including costs for school and daycare screenings.				
TOTALS <i>(These need to match totals on Service Expenses tab.)</i>				

Budget and Expenditures by Types of Service

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Year 2021 (October 1, 2020 - September 30, 2021)

DUE: November 15, 2021

DRAFT

County:

Service Category	Non-Federal County Match		MCH Block Grant	
	Budgeted (75% of MCHBG Funds)	Spent (Total County Expenditure)	Budgeted	Spent
<p>1. Direct Health Care Services: preventive, primary, or specialty clinical services where MCHBG funds are used to reimburse or fund providers <i>through a formal process</i>. Do not include costs which are reimbursed by other payers. Any cumulative amounts entered here must be accounted for in detail on the Direct Service Detail tab. It is preferred to NOT use MCHBG funds for direct services if at all possible.</p>				
a. Preventive and primary care services for all pregnant women, mothers, and infants up to age one				
b. Preventive and primary care service for children				
c. Services for CYSHCN				
<p>2. Enabling Services: non-clinical services that enable individuals to access health care and improve health outcomes. Examples include: case management, care coordination, transportation, health education, and health professional salaries.</p>				
<p>3. Public Health Services and Systems: activities and infrastructure to carry out core public health functions and essential services. Examples include: needs assessment, program planning, quality assurance, workforce development, population-based disease prevention and health promotion campaigns.</p>				
<p>4. Administration: Limited to 10% of MCHBG funds. Examples include: bookkeeping, legal aid, and supervision of persons who are not health professionals.</p>				
TOTALS				
<i>(Needs to match totals on Population Expenses tab.)</i>				

Direct Service Expenditure Details by Service Type

Attachment B: MCHBG FINANCIAL & DATA REPORT, for Federal Fiscal Years 2021 (October 1, 2020 - September 30, 2021)

DUE: November 15, 2021

DRAFT

County:

Most counties will not have amounts to enter on this form -

Check the specific types of Direct Services as reported on the <i>Service Expenses Report</i> (previous tab). Provide the total amount of MCHBG funds expended for each.	Place an "X" if service provided	Non-Federal County Match		MCH Block Grant	
		Budgeted	Spent	Budgeted	Spent
1. Pharmacy					
2. Physician Office Services					
3. Hospital Charges (Includes Inpatient and Outpatient)					
4. Dental Care (Does Not Include Orthodontic Services)					
5. Durable Medical Equipment and Supplies					
6. Laboratory Services					
7. Other (Specify)					
TOTALS					