



## UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114  
288 North 1460 West, Salt Lake City, Utah 84116

2125207  
Department Log Number

212700505  
State Contract Number

1. **CONTRACT NAME:** The name of this contract is Maternal and Child Health FFY 2021 – San Juan County Health Department Amendment 8.
2. **CONTRACTING PARTIES:** This contract amendment is between the Utah Department of Health & Human Services (DEPARTMENT) and San Juan County (CONTRACTOR).

**PAYMENT ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**MAILING ADDRESS**

San Juan County  
735 S 200 W, Ste 2  
Blanding UT, 84511

**Vendor ID:** 06866HL

**Commodity Code:** 99999

3. **PURPOSE OF CONTRACT AMENDMENT:** The purpose of this amendment is to extend the contract by one year, add federal funding, and update attachments A, B, C, and D.
4. **CHANGES TO CONTRACT:**

1. The contract amount is being changed. The original amount was \$96,960. The funding amount will be increased by \$32,320 in federal funds. New total funding is \$129,280.
2. Attachment A, effective 10/01/2023, is replacing Attachment A, which was effective 10/01/2022.
3. Attachment B, effective 10/01/2023, is replacing Attachment B, which was effective 10/01/2022.
4. Attachment C, effective 10/01/2023, is replacing Attachment C, which was effective 10/01/2022.
5. Attachment D, effective 10/01/2023, is replacing Attachment D, which was effective 10/01/2022.

UEI: WCVABP2FEVA2

Indirect Cost Rate: 0%

Add

Federal Program Name:	Maternal and Child Health Services	Award Number:	6 B04MC45247-01-01
Name of Federal Awarding Agency:	HRSA	Federal Award Identification Number:	B0445247
Assistance Listing:	MATERNAL AND CHILD	Federal Award Date:	12/16/2021

	HEALTH SERVICES BLOCK GRANT TO THE STATES		
Assistance Listing Number:	93.994	Funding Amount:	\$32320.0

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective 10/01/2023.
6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
  - A. All other governmental laws, regulations, or actions applicable to services provided herein.
  - B. All Assurances and all responses to bids as provided by the CONTRACTOR.
7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

---

Intentionally Left Blank

**Contract with Utah Department of Health & Human Services and San Juan County, Log # 2125207**

IN WITNESS WHEREOF, the parties enter into this agreement.

**CONTRACTOR**

**STATE**

By: \_\_\_\_\_  
Bruce Adams                      Date  
County Commission Chair

By: \_\_\_\_\_  
Tracy S. Gruber                      Date  
Executive Director, Department  
of Health & Human Services

**Attachment A**  
**Special Provisions**  
**MCH Block Grant**  
**San Juan Public Health Department**  
**October 1, 2023 through September 30, 2024**

I. DEFINITIONS

- A. "ASQ" means Ages and Stages Questionnaire, by Paul Brookes Publishing.
- B. "ASQ SE-2" means the ASQ Social Emotional screen.
- C. "ASQ-3" means the ASQ overall development screen.
- D. "Department" means the Utah Department of Health and Human Services, Division of Family Health, Office of Maternal and Child Health.
- E. "FFY 2024" means Federal Fiscal Year 2023, which is October 1, 2023 through September 30, 2024.
- F. "FFY 2023" means Federal Fiscal Year 2023, which is October 1, 2022 through September 30, 2023.
- G. "MCH" means Maternal and Child Health.
- H. "MCH Block Grant" means the Federal Title V Maternal and Child Health Block Grant.
- I. "MER" means the Monthly Expenditure Report.
- J. "NPM" means National Performance Measures.
- K. "SPM" means State Performance Measures.
- L. "ESM" means Evidence Based Strategy Measure activities.
- M. "Sub-Recipient" means the San Juan Public Health Department.
- N. "WIC" means the Utah Women, Infants, and Children's program.

II. PURPOSE

- A. The purpose of this contract is to provide MCH Block Grant funding to Sub-Recipient to provide core public health services and activities that address maternal, infant, child and/or adolescent health population needs.

III. SUB-RECIPIENT RESPONSIBILITIES

- A. Sub-Recipient shall bill for direct services on a sliding fee scale based on 0% pay for all families at or below 133% of the Federal Poverty Level.
- B. Sub-Recipient shall expend all funds received to provide public health services to maternal, child and/or infant populations.
- C. Sub-Recipient shall select NPM and/or SPM identified during the 2020 MCH Summit and Needs Assessment process and set annual local goals and objectives that are appropriate for current work practices.
- D. Sub-Recipient shall use MCH Block Grant funding to select at least one or more NPM or SPM related to improving the health and well-being of women and/or infants as appropriate for current work practices:
  - NPM 1 – Well woman visit: Percentage of women ages 18 through 44, with a preventive medical visit in the past year;
  - NPM 4 – Breastfeeding:
    - i. Percent of infants who are ever breastfed; and
    - ii. Percent of infants breastfed exclusively through 6 months; and/or
  - SPM 1 – Increase the proportion of pregnant/postpartum women who are screened for depression.

- i. LHD can receive Maternal Mental Health screening training on the Edinburgh Postnatal Depression screening tool from the Maternal and Mental Health Program. Once trained, LHD can use screening tool to increase the number of pregnant/postpartum women who are screened for depression.
  
- E. Sub-Recipient shall use MCH Block Grant funding to select NPM 6 and may select NPM 13.B or other SPM's related to improving the health and well-being of children and/or youth (including infants, children and adolescents) as appropriate for current work practices:
  - NPM 6 Developmental Screening: Percent of children ages through 35 months who received a developmental screening using a parent-completed screening tool (ASQ) in the past year. LHD may select one of three levels:
    - i. Level 1 - Introduction to ASQ
      - (a) Help promote ASQ training within their community and promote use of ASQ screening with Local partner organizations; and
      - (b) At least one staff member trained in using the ASQ3 (Ages and Stages overall development screen) and ASQ SE-2 (Ages and Stages Social Emotional screen.). Use the online UDOH Brookes account to do screens to increase the data behind LHD's, apply the screens with children and further the important data collection to support the importance of NPM6;
    - ii. Level 2 - Trained and ready to use ASQ (Level 1 done by default if in Level 2)
      - (a) Use Family Access to have parents enter the ASQ screening responses directly into the Brookes system for at least 20% of all screenings. (ECU Program Manager will report on this quarterly.); and
      - (b) Assign a person from staff to attend the ECU Advisory Council Subcommittee of your choice. Encourage the voice of the Local Health Department to be included in the statewide work; and/or
      - (c) Pilot or Use the Maternal Mental Health Tool Kit
    - iii. Level 3 - Advanced ASQ Use (Levels 1 & 2 done by default if in Level 3); the LHD can work on any one or all of the following:
      - (a) Establish and implement a schedule for screenings to be done at the same intervals as the AAP, 9, 18 or 24 and 36 months;
      - (b) Partner with WIC to access that population to screen children receiving WIC; and/or
      - (c) Partner or refer to Integrated Services Program, use for additional referrals and care coordination for those children who would qualify for Special needs services.
  - Meet with Early Childhood Program staff regarding NPM 6 at least 4 times per year (may include early childhood trainings offered by Department, Nursing Director meetings and/or individual LHD meetings.)
  - NPM 13.B Oral Health: Percent of children ages 1 through 17 who had a preventive dental visit in the past year.
  
- F. Sub-Recipient agrees to participate in at least one workforce development opportunity as appropriate for current work practices.
  - Sub-Recipient may use the MCH Workforce Development resources included in this contract.
  
- G. Sub-recipient shall report all contract activities in the REDCap reporting system provided by the Dept. as required by Section VI.
  
- H. During FFY 2024, changes to specific objectives and activities shall be determined between Department and Sub-Recipient and included as contract amendments, as necessary.

#### IV. DEPARTMENT TASKS

A. Department agrees to provide:

The REDCap reporting system for the MCH Block Grant Annual PLAN, Annual YEAR END REPORT, Financial Report, and MCH Services Report;

- i. Financial Report (see Attachment B)
- ii. MCH Services Report (see Attachment C)
  - (a) MCH Services Report Instruction Sheet (Attachment D)

Technical assistance, consultation, and in-services, as needed or requested for any aspect of this contract and for the REDCap reporting system;

NPM and SPM list (see Attachment E); and

MCH Workforce Development Resources (see Attachment F).

Technical assistance, training and support for any NPM, SPM selected and NPM 6, including ESM activity suggestions.

#### V. FUNDING AND PAYMENTS

A. Department agrees to reimburse Sub-Recipient up to the maximum amount of the contract for actual expenditures made by the Sub-Recipient that are directly related to the program.

The funding for this contract is for expenses incurred during FFY 2024 (October 1, 2023 through September 30, 2024).

Maximum funding for FFY 2024 is \$32,320.00.

Department will reimburse Sub-Recipient reimbursements monthly, after Department review and approval of the MER.

This contract may be amended to change the funding amount or programmatic requirements.

If the contract is not amended to add additional funding, the contract shall terminate at the end of FFY 2024 (September 30, 2024).

#### VI. REPORTING REQUIREMENTS

A. By November 1, 2023, Sub-Recipient shall:

Submit an MCH Block Grant Annual PLAN for FFY 2024;

Submit the MCH Block Grant Annual YEAR END REPORT for FFY 2023 (including reporting on activities completed for women, mothers, children, youth and families); and

Report workforce development opportunities attended by relevant MCH staff for FFY 2023 if applicable.

B. By January 31, 2024, Sub-Recipient shall:

Submit the MCH Service Report for FFY 2023.

- i. An Instruction sheet is included with the Service Report template.

C. By March 31, 2024, Sub-Recipient shall:

Submit the MCH Financial Report for FFY 2023

D. All Plans, Reports and other documents shall be submitted by Sub-Recipient using the REDCap Reporting System.

**INSTRUCTIONS**  
**MCH FINANCIAL REPORT**

**Section 1A**

Report your actual contract expenditures in this section.

Amounts reported should equal the amounts reported on your RSS/MER and cannot exceed your contract amount.

**Section 1B**

Of the amounts reported in section 1A, please provide the percentages spent on types of services.

Percentages reported must equal 100%

Types of Services are defined as:

**Direct Services**

Direct services are preventive, primary, or specialty clinical services to pregnant women and children, including children with special health care needs, where MCH Services Block Grant funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. State reporting on direct services should not include the costs of clinical services which are delivered with Title V dollars but reimbursed by Medicaid, CHIP or other public or private payers. Examples include, but are not limited to, preventive, primary or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies, medical foods, dental care, and vision care

**Enabling Services**

Enabling services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCH Services Block Grant funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach. State reporting on enabling services should not include the costs for enabling services that are reimbursed by Medicaid, CHIP, or other public and private payers. This category may include salary and operational support to a clinic that enable individuals to access health care or improve health outcomes. Examples include the salary of a public health nurse who provides prenatal care in a local clinic or compensation provided to a specialist pediatrician who provides services for children with special health care needs.

**Public Health Services and Systems**

Public health services and systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns for services such as newborn screening, immunization, injury prevention, safe-sleep education and anti-smoking. State reporting on public health services and systems should not include costs for direct clinical preventive services, such as immunization, newborn screening tests, or smoking cessation.

**Section 2A**

This section will be completed only if the amount reported on the MER exceeds your MCH contract.

Example:

\$125,000.

Identify the funds used (Examples: federal grant, fee type, local funds, etc.)

Identify the general purpose of funds used

**Section 2B**

If amounts are reported in section 2A, please provide the percentages spent on types of services.

Percentages reported must equal 100%

Types of Services are defined in instructions for Section 1B.

**Attachment B**  
**MCH FINANCIAL REPORT - FFY 2023**  
**Period Reported: October 1, 2022 to Sept 30, 2023**

HEALTH DEPARTMENT: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DUE BY MARCH 31, 2024. ANY QUESTIONS CALL (801) 520-9674  
 Mykio Saracino, DIVISION OF FAMILY HEALTH, PO BOX 142002, SLC, UT 84112-2002  
[msaracino@utah.gov](mailto:msaracino@utah.gov)

**SECTION 1A**

Please report your contract expenditures in this section. Amounts reported should equal the amounts reported on your RSS/MER and cannot exceed your contract amount.

	TYPES OF INDIVIDUALS SERVED					MCH Block Grant Actual Expenditures TOTAL
	Pregnant Women	Infants < 1 year	Children 1-22 years	Children with Special Health Care Needs	All Others	
<b>MCH BLOCK GRANT CONTRACT ACTUAL EXPENDITURES (H17 should not exceed contract amount.)</b>						\$0.00

**SECTION 1B**

Of the amounts reported in section 1A, please provide the percentages spent on types of services. Percentages reported must equal 100%.

	TYPES OF SERVICES				MCH Block Grant Types of Services Percentages TOTAL
	Direct Services		Enabling Services	Public Health Services and Systems	
	Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	Preventative and Primary Care Services for Children	Services for CSHCN		
<b>MCH BLOCK GRANT TYPES OF SERVICE PERCENTAGES</b>					0%

**SECTION 2A**

This section will be completed only if the amount reported on the MER exceeds your MCH contract. Please identify the funds used (federal grant, fee type, local funds, etc.), and purpose of funds, for the expenditure amount exceeding the contract award.

	TYPES OF INDIVIDUALS SERVED					NON-MCH Block Grant Annual Expenditures TOTAL
	Pregnant Women	Infants < 1 year	Children 1-22 years	Children with Special Health Care Needs	All Others	
<b>NON-MCH Block Grant Dollars (Federal Grants, Fee Type, State and Local Funds, etc.), and general purpose of funds.</b>						

(If additional lines are needed, please attach on a separate sheet)

**Section 2B**

This section will be completed only if the amount reported on the MER exceeds your MCH contract. Of the amounts reported in section 2A, please provide the percentages spent on types of services. Percentages reported must equal 100%.

	TYPES OF SERVICES				NON-MCH Block Grant Types of Services Percentages TOTAL
	Direct Services		Enabling Services	Public Health Services and Systems	
	Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	Preventative and Primary Care Services for Children	Services for CSHCN		
<b>NON-MCH BLOCK GRANT TYPES OF SERVICE PERCENTAGES</b>					0%



# Local Health Department Maternal and Child Service Report

LHD	
-----	--

**Service Dates** Federal Fiscal Year 2023 - October 1, 2022 to September 30, 2023

	Name		Phone		Contact Email						
<b>Pregnancy Related</b>	<b>Health Insurance Coverage</b>										
	Total Women Served	Title XIX (Medicaid)		Title XXI (CHIP)		Private		Other		None	Unknown
Pregnancy Related Care	0										
<b>Family Planning</b>											
	Total Served	Title XIX (Medicaid)		Title XXI (CHIP)		Private		Other		None	Unknown
Family Planning	0										
<b>Children</b>											
	Total Children Served	Title XIX (Medicaid)		Title XXI (CHIP)		Private		Other		None	Unknown
Children Under 1 year old	0										
Children 1 to 22 years of age											
	Total Served	Title XIX (Medicaid)		Title XXI (CHIP)		Private		Other		None	Unknown
	0										

Please upload this form into REDCap no later than January 31, 2024

## Maternal and Child Health Service Report Instructions

The report time is for Federal Fiscal Year October 1, 2022 to September 30, 2023.

Please upload your form into REDCAP by 01/31/2024.

Please complete information at top of form with names of Health Department, the person who prepared the form and phone number. Where possible, provide actual counts of individuals broken down by the categories indicated. For additional questions contact Rob Satterfield:

[rsatterfield@utah.gov](mailto:rsatterfield@utah.gov)

### **Total Served:**

Total Served by Insurance Coverage: The number of unduplicated pregnant women, mothers and infants, and children served during the reporting period. \*The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

Health Coverage: Breakdown the numbers of "Total Served" by health coverage type.

### **Pregnancy-related Services:**

Total women served: The unduplicated number of women who received any type of pregnancy-related service. \*The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

### **Family Planning Services:**

Total served: The unduplicated number of individuals receiving family planning services. \*The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

### **Infants under one year Served:**

Total infants served: the unduplicated number of infants less than 1 year of age who received services. \*The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

### **Children 1 to 22 Served:**

Total children served: The number of children 1 to 22 years of age who received health services. \*This cell is locked and will sum the Medicaid, CHIP, Private, Other, and Unknown cells.

\*\*Note: the Work Sheet will only allow you to fill in your name, phone, contact email, and counts within each insurance category (Pregnancy Related counts, Family Planning counts, and Children counts, of individuals served).

Please ensure your total numbers equal the sum of the total reported in the 'Total Served' box, if they do not and all insurance categories are accurately reported then the balance must be entered into the 'Unknown' box. If your LHD does not participate in a program please leave the section blank.