Fiscal Year 2010

Human Services Agreements

Conditions of Awards

FISCAL YEAR 2010 HUMAN SERVICES AGREEMENTS

LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD

1. GENERAL CONDITIONS

The Local Health Department understands

A. This award is subject to the requirements and conditions set forth in the Local Health Department Funding System Manual.

B. This award is based on estimated levels of State and/or Federal funds, and should the actual allocations differ from the current estimates, the award may have to be adjusted accordingly.

C. It may elect the Department of Health Mental Hygiene to serve as its disbursing agent for all or a portion of their expenditures; however, the Secretary of Health and Mental Hygiene may charge for the cost of services rendered.

D. The Department of Health and Mental Hygiene assumes no responsibility for paying from its funds an amount greater than the amount appearing on the Unified Funding Document.

E. If they fail to deposit sufficient funds with the Department to satisfy their share of expenditures, the Department may cease to be the disbursing agent until the local health department submits sufficient funds to meet its financial obligations.

The Local Health Department agrees

A. To provide the type of service and to serve the number of clients indicated in their award letter/package or conditions of award.

B. To maintain a system to protect, from inappropriate disclosure, individual patient records and data collection forms maintained in connection with any activity funded under this award. Furthermore, any information concerning a client provided services under this agreement shall not be used or disclosed for any purpose not directly connected with administration of such services, except upon written consent of the client or, if a minor, their responsible parent or guardian. The provisions of Health General Article 20-103 to 20-107 supersede and control, where applicable.

C. To maintain separate and distinct accounting records for each award.

D. To charge the award for all direct costs which can be specifically identified with a particular object/item? Furthermore, a written cost allocation policy will be maintained and made available for review by the DHMH's Audit Division for costs which are not readily identifiable as direct costs.

LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD

GENERAL CONDITIONS (cont.)

E. To cooperate during periodic site reviews.

F. To attend all meetings as required by the Department of Health and Mental Hygiene.

G. To comply with applicable procurement procedures when subcontracting with another organization or entity.

H. To abide to DHMH's Sexual Harassment Policy (DHMH .02.06.02) which applies to all facilities and programs operated by the DHMH; grant-in-aid programs; and health services providers/contractors/subcontractors receiving Federal or State funds. Furthermore, DHMH 02.06.02 will be incorporated by reference in all agreements, accordingly.

I. To sign and return within ten (10) days to the Division of General Accounting-Grants Division, 201 West Preston Street, Room 546, Baltimore, MD 21201, the enclosed Condition of Human Service Agreement Statement (DHMH 433) and the Assurance of Compliance (DHMH 434) forms.

J. To report, at least quarterly, its non – Core disbursements and revenue to DHMH if the local health department elects to be the disbursing agent. The report shall be in the form and under the conditions as the Department may specify, so that these transactions may be entered in the central accounting records.

K. To deposit revenues in an interest-bearing account until the funds are required to meet current expenses.

L. To return funds associated with prior year unliquidated accruals/ encumbrances as of January 31st.

- Local Health Departments using the State as their disbursement agent for non-payroll related costs, will have unspent funds returned to the Granting Administrations by the Grant Section. The basis for the returned funds will be the amount reflected in FMIS at January 31st.

- Local Health Departments not using the State as their disbursement agent for non-payroll related cost must submit a check equal to their January 31st unliquidated accrual balance on or before February 15th. The Payment of Unliquidated Accrual Balances Form must be used and can be found at, www.state.md.us/forms/sf_gaact.

LHD Conditions of Awards

II. FEDERAL CONDITIONS

A. All sub recipients of federal funds from SAMHSA (Substance Abuse and Mental Health Services Administration) or NIH (National Institute of Health) are prohibited from paying any direct salary at a rate in excess of Level 1 of the [federal] Executive Schedule. (This includes, but is not limited to, sub recipients of the Substance Abuse Prevention and Treatment and the Community Mental Health Block Grants and NIH research grants.)

B. Conditions, requirements, and restrictions which apply to specific sources of federal funding and are not included within this document will be included in your award letter/package or conditions of award documents if applicable.

C. "When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal money", the Department of Health and Human Services appropriation Act requires all recipients of Federal funds to acknowledge Federal funding involved. Such programs are required to "clearly state (1) the percentage of the total cost of the program or project which will be financed with Federal money and (2) the dollar amount of Federal funds for the program or project." [(It is understood by DHMH that such language may be couched, so as not to mention specific amounts, in situations where such amounts would compromise competitiveness (e.g., for bids).]

D. Title V of the Social Security Act (e.g. Maternal and Child Health Services Block Grant; Emergency Medical Services grants, etc.) Section 504, prohibits payment for any item, or service furnished by or at the medical direction of a provider or practitioner who has been sanctioned under the Medicare and Medicaid Patient and Protection Act of 1987 (P.L. 100-93). Contact grantor to determine if your program falls under Title V.

E. Federal regulations mandate that grant recipient and their sub-recipient adhere to the following OMB Circulars:

States, Local Governments and Indian Tribes follow:
A-87 for cost principles, Relocated to 2 CRF, Part 225
A-102 for administration requirements, and
A-133 for audit requirements

Educational Institutions (even if part of a State or Local Government) follow:
A-21 for cost principles, Relocated to 2 CRF, Part 220
A-110 for administration requirements, Relocated to 2 CFR, Part 215, and
A-133 for audit requirements

LHD Conditions of Awards

II. FEDERAL CONDITIONS

Non-Profit Organizations follow:

A-122 for cost principles, Relocated to 2 CRF, Part 230
A-110 for administration requirements, Relocated to 2 CFR, Part 215, and
A-133 for audit requirements

LHD Conditions of Awards

III. SPECIFIC PROJECT OR GRANT CONDITIONS ARE IDENTIFIED BY THE FOLLOWING ATTACHMENTS:

1)	Attachment I	▶ AIDS Administration
2)	Attachment II	▶ Alcohol and Drug Abuse Administration
3)	Attachment III	▶ Community Health Administration
4)	Attachment IV	▶ Family Health Administration
5)	Attachment V	▶ Cigarette Restitution Fund Program
6)	Attachment VI	▶ Developmental Disabilities Administration
7)	Attachment VII	▶ Mental Hygiene Administration
8)	Attachment VIII	▶ Office of Health Services (OHS)
9)	Attachment IX	▶ Office of Eligibility Services (OES)
10)	Attachment X	▶ Office of Preparedness and Response

ATTACHMENT I

AIDS ADMINISTRATION

LHD FY 2010 CONDITIONS OF AWARD

1) AIDS Case Management - F760N	▶	Attachment A
2) Surveillance/BSR- F761N	▶	Attachment A1
3) Ryan White B - Health Support Services - F763N	▶	Attachment A3
4) Health Education & Risk Reduction - F764N	▶	Attachment A4
5) Counseling, Testing, & Referral Services - F765N	▶	Attachment A5
6) Patient Services - F767N	▶	Attachment A6
7) Ryan White D - WICY Health Support and Youth Health Support - F773N	▶	Attachment A9
8) Seropositive Clinics – F771N	▶	Attachment A22
9) Needle Exchange Program - F799N	▶	Attachment A25

ATTACHMENT II

ALCOHOL AND DRUG ABUSE ADMINISTRATION

LHD FY 2010 CONDITIONS OF AWARD

1) Alcohol and Drug Abuse Administration
   Treatment and Prevention grants ▶ Attachment B

ATTACHMENT III

COMMUNITY HEALTH ADMINISTRATION

LHD FY 2010 CONDITIONS OF AWARD

I. GENERAL CONDITIONS/INSTRUCTIONS

A. The grantee must insure proper tracking and follow-up of abnormal laboratory findings for clients seen.

B. The grantee will periodically monitor the program provider (if services subcontracted) to assure that services are being provided to target populations and that funds are being spent for the purpose awarded.

C. Grantees receiving Maternal and Child Health (CFDA 93.994) monies must report annually the following information: number of clients served, number of clinic visits, age of clients seen, type of health insurance clients have, if applicable, and a narrative report on the services provided and clients served.

D. Grants funded with federal funds under the Maternal and Child Health Services Block Grant (CFDA 93.994) are expressly prohibited from the use of such funds for the following:

1. Inpatient services other than for children with special health care needs or high risk pregnant women and infants and such other inpatient services as the federal agency approve.

2. Cash payments to intended recipients of health services.

3. Purchase or improvement of land; the purchase, construction, permanent Improvement (other than minor remodeling) of any building or other facility; purchase of major medical equipment.

4. Satisfying any requirement for expenditure of non-federal funds as a condition to receive federal funds.

5. Providing funds for research or training to any entity other than a public or non-profit entity.

Community Health Administration
LHD 2010 Conditions of Award (Cont.)

Center for Immunization: FY 2010

1. Funds awarded by the Center for Immunization are to be used exclusively for immunization activities. These activities include:

   (a) Implementation and evaluation of immunization activities within the identified 'pocket of need' areas to raise immunization coverage rates.

   (b) Conducting school validation surveys at a minimum of 20% of the private schools within the jurisdiction and assuring 98% compliance with Maryland school immunization requirements; validation activities should begin after November 15 of the school year and completed by April 1; individual school reports should be submitted after the 30-day follow survey has been completed.

   (c) Implementation of WIC collaboration and outreach / tracking of 90% of WIC clients referred as immunization delayed.

   (d) Tracking of 90% of immunization delayed children; priority should be placed on 0-4 year olds (HGEN and provider referrals only).

   (e) Ensuring compliance with the *Communicable Disease Programs, Center for Immunization: Goals and Objectives for LHD's (Please contact Center for Immunization for details).*

   (f) Participation in the Maryland Immnization Registry, ImmunNet and the Perinatal Hepatitis B Preventative database, B-Free.

2. Grantees must submit the following reports to the Center for Immunization on required program areas, in a manner designated by the Center, before payment will be honored:

   (a) Private school validation reports- Final date for submission, via MS Access database, of all school reports (DHMH 1013c) is April 1, 2010.

   (b) Outreach/tracking Reports- Monthly.

   (c) Grantees must file final expenditure reports no later than 90 days following the end of the grant period; and

   (d) VPD Surveillance worksheets as completed.

Community Health Administration
LHD 2010 Conditions of Award (Cont.)

3. Perinatal Hepatitis B Prevention Funding:

   - Maintain systems to identify HBsAg-positive women who are pregnant.
   - Case manage pregnant HBsAg-positive women, identify, test, and when appropriate immunize their household and sexual contacts.
   - Track high-risk infants born to HBsAg-positive women and promote timely administration of HBIG and 3 doses of hepatitis B vaccine; ensure post-vaccination testing of infants for both HBsAg and anti-HBs at 9-15 months of age, or at least one month after the third hepatitis B vaccine dose.
   - Maintain up-to-date records on all perinatal hepatitis B cases and contacts, and enter appropriate data into the DHMH Center for Immunization hepatitis B case management database, B-Free, and the National Electronic Disease Surveillance System (NEDSS), when applicable.
   - Conduct a Lot Quality Assurance Survey (LQA) and Perinatal Hepatitis B Hospital Policy and practices Survey according to CDC guidelines, at one birthing hospital in the jurisdiction.
   - Grantee must submit to the Center for Immunization a copy of the LQA and Hospital Policy and Practices Survey report that was given to the birthing hospital.

Core Public Health Funding

4. An Annual Core Funding Performance Measures Report must be submitted to the Community Health Administration by September 1 after the close of the fiscal year.

5. Core Funds allocated to categorical grant funded programs must abide by all conditions set forth by the individual program administrations for their categorically funded grants. For instance, if core funds are designated for communicable disease, all conditions related to communicable disease programs are applicable to core funds as they are applicable to categorically-funded programs.

6. An agreement form signed by the local executive authority must be submitted before the start of the fiscal year. This agreement will reflect total State core dollars, the state's percentage, the local match requirement and all 100% local dollars.

7. Title V-MCH Block Grant federal funds distributed as part of core public health funding may be expended to improve the health of **all** mothers and children. Services and activities permitted:

   a. Direct Health Care Services ("gap filling") -- Examples: prenatal care, family planning, oral health, and services for children with special health care needs.

b. Enabling Services – Examples: Transportation, translation, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination with Medicaid, WIC and Education agencies.

c. Population-Based Services: Examples – Newborn screening, lead screening, immunization, SIDS counseling, oral health, injury prevention, nutrition and outreach/public education.

d. Infrastructure Building Services: Examples – Needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, system of care and information systems.

8. Title V-MCH Block Grant federal funds may not be used for:
   - Inpatient services, other than for children with special health care needs or high-risk pregnant women and infants and such other patient services as the federal agency may approve.
   - Cash payments to intended recipients of services.
   - Purchase or improvement of land; the purchase construction, permanent improvement of any building or facility (other than minor remodeling), or the purchase of major medical equipment.
   - Satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
   - Providing funds for research or training conducted by any entity other than a public or nonprofit private entity.

9. MCH federal funds in core funding must be matched by general state funds with $3 of non- federal funds for $4 of federal funds.

10. The expenditure of MCH federal funds in core funding and the matching non-federal funds must be documented in the year-end reconciliation report in PCA's F416 (child health), F417 (school health), F418 (maternal health), F419 (family planning), and F420 (children with special health care needs, "crippled children").

Division of Sexually Transmitted Diseases Control

11. Sexually Transmitted Diseases (STD) Prevention Funds are for STD prevention and control activities only and are based on availability of funding. Allowable uses for STD categorical funds include:
    a. Partner Services, coordination for partner services, and associated costs for field work.

    b. STD case management.

    c. Treatment assurance and verification for public and private STD cases.

d. Data entry and disease reporting into the STD*MIS system.

e. Outreach to health care providers and the local community.

f. Educational materials.

g. Collaboration with community based organizations and neighboring jurisdictions.

h. Training.

i. Participation in STD continuing education opportunities such as seminars, chalk talks, regional meetings, and STD Annual meeting.

j. Travel necessary for training, coordination, or field work.

12. Recipients of STD Federal Funds may not use those funds for STD medication purchases or construction and/or renovation of facilities.

13. Grantee will adhere to published CDC and Maryland standards for the treatment and care of STDs, including compliance with confidentiality standards.

14. Grantee will adhere to Partner Services standards as described in the Partner Services Management Team guidelines and in CDC guidance.

15. Sexually Transmitted Disease grantees will submit required morbidity, treatment, case management, partner services, investigative, and administrative reports in accordance with established STD Program Guidelines while assuring accuracy, consistency, and timeliness or reporting.

16. Budget modifications, supplements, and reductions are due by March 15 annually.

17. Grantees shall submit final expenditure reports according to Departmental guidelines.

Division of Tuberculosis Control, Refugee & Migrant Health

Tuberculosis Control

18. Tuberculosis (TB) grant funds are for Tuberculosis prevention and control activities only and are based on availability of funding.

Community Health Administration
LHD 2010 Conditions of Award (Cont.)

19. Recipients of TB federal funds may not use these funds for TB medication purchases or construction and/or renovation of facilities.

20. Grantee will adhere to published CDC and Maryland standards for the care of tuberculosis patients, and provide Directly Observed Therapy (DOT) for treatment of active TB cases. Directly Observed Therapy for treatment of latent TB infection to identified high-risk patients should be provided as resources permit.

21. Tuberculosis grantees will enter into NEDSS, TB data on all verified cases using the current Report of Verified Cases of Tuberculosis (RVCT). Grantees will also submit to Chief of TB Control contact investigation summaries and other clinical and /or surveillance information as requested.

22. Grantees will evaluate and submit reports for all notifications of Class-B immigrants with TB waivers.

23. Grantees will ensure that contact investigation activities are conducted in a timely manner and in accordance with the standards of the CDC and Maryland TB guidelines.

24. Grantees are responsible to ensure that TB prevention and control activities are provided in all correctional facilities within their jurisdiction. Services may be provided directly by LHD or through privately contracted medical services to the correctional facility. LHD TB Control programs should assist with an annual review of the institution(s) TB Control plan(s).

25. Grantees are expected to participate in research and evaluation activities specific to local and or statewide TB control programs conducted under the auspices of the Maryland TB Evaluation Team and/or the TB Epidemiologic Studies Consortium.

26. The performance objectives of the Maryland state TB Control program should be used as baseline measures to guide local program TB Control and prevention activities. At minimum, the following objectives should be used:

- **HIV testing of TB Cases:**
  The percentage of adults who are HIV tested will increase to 85%.

- **Initial four-drug treatment prescribed:**
  The percentage of TB patients who are started on at least Isoniazid (INH), Rifampin (RIF), Pyrazinamide (PZA), or Ethambutol (EMB) / Streptomycin (SM) will be $\geq$ 90%.

- **Drug susceptibility testing on initial TB cultures:**
  The percentage of patients with initial positive cultures who also are tested for and receive drug susceptibility results will be ≥ 95%.

- **Bacteriologic culture conversion in < 2 months:**
  Increase the percentage of sputum culture positive patients with documented sputum culture conversion in ≤ 2 months to 75%.

- **TB cases completion of therapy:**
  a. The percentage of TB patients who complete a course of curative TB treatment within 12 months of initiation of treatment will be ≥ 90%.
  b. The overall percentage of TB patients who complete a course of curative treatment will be ≥ 95%.

- **Directly observed therapy:**
  The percentage of TB patients receiving treatment that is directly observed will increase to 90%.

- **Rate of Number of Contacts Reported to Culture Positive TB Cases:**
  The percentage of cases for which no contacts are identified will decrease to ≤ 3%.

- **Contact Evaluation Rate:**
  The percentage of contacts that are completely evaluated (per CDC ARPE definition) will increase to 85%.

- **Treatment Rate for TB Infected Contacts**
  The percentage of infected contacts that initiate TLTBI will increase to 85%.

- **Treatment Completion Rate for TB Infected Contacts**
  The percentage of contacts initiating TLTBI that complete treatment will increase to 70%.

Refugee Health

27. Funding for the refugee health services fee-for-service reimbursement program are based upon the availability of federal funds. Reimbursement amounts are subject to annual adjustments depending upon volume of services rendered.

28. Recipients of refugee health screening funding will submit health screening activities and expenditures to the State Refugee Health Coordinator on the DHMH Refugee Reimbursement Invoice Summary Form no later than 15 days after the quarter ends. All

information will be reviewed and verified prior to processing for payment. The DHMH Refugee Reimbursement Invoice Summary Form must contain specific site, date and submitter information listed in the space provided. Payments will not be processed for items received after the 15 days or for items that are incomplete.

29. Grantees receiving refugee resettlement reimbursement funds will ensure that follow-up information on referrals to private providers and other health department programs is noted on the DHMH Refugee Health Assessment Form (DHMH Form 4391).

30. Local health department grantees will provide for the prevention and control of communicable diseases within local refugee populations that are determined to be a threat to the health of the general public (including, but not limited to reportable diseases) regardless of cost.

31. Grantees will assess and provide/update culturally appropriate patient information and educational materials in the refugees' spoken language as refugee populations change and as resources permit.

32. Grantees will ensure that appropriate interpretive services will be provided at each refugee encounter to refugees with limited English proficiency.

Migrant Health

33. Grantee will provide for access to the prevention and control of communicable diseases regardless of cost (including, but not limited to reportable diseases). Access to health care may be provided directly by the LHD, or through other sub-contracted public or private vendors. Medical vendors will be monitored for type and quality of services provided.

34. Grantees will review plan for expenditure of migrant health funding with the State Migrant Health Program. LHD will provide an annual summary on migrant health populations served. Health departments receiving grant funding for migrant health programs will participate in any annual and /or regional planning meetings for the provision of care for local migrant populations.

35. Grantees will inspect licensed migrant health camps and/or alternative identified housing sites (e.g., trailer parks, apartment complexes) at least once annually from both an environmental and a health care perspective. Grantees will ensure that all migrant camps or housing complexes have information on how health care can be accessed posted in English and other languages as appropriate to the population housed.

Community Health Administration
LHD 2010 Conditions of Award (Cont.)

36. LHD programs will monitor access to health care within their communities, and will notify the state migrant health program of changes in services provided through local providers that would impact negatively on health care services.

Epidemiology and Disease Control

37. All records, reports, or other information assembled during communicable disease investigations which identifies a "person" or entity must be kept confidential in accordance with DHMH policy and the Maryland Code Annotated, Health General §§4-102.

38. The LHD and subgrantee(s) shall ensure that communicable disease reporting and control requirements per COMAR 10.06.01 have been met.

39. Activities covered under this award shall address the goals and objectives outlined by the Epidemiology and Disease Control Program (EDCP) and success of these activities in meeting these goals and objectives will be evaluated during an annual site review conducted by EDCP at the LHD.

ATTACHMENT IV

FAMILY HEALTH ADMINISTRATION

LHD FY 2010 CONDITIONS OF AWARD

GENERAL CONDITIONS/INSTRUCTIONS FOR FHA

A. The grantee will periodically monitor the program provider (if services subcontracted) to assure that services are being provided to target populations and that funds are being spent for the purpose awarded.

B. Grants funded with federal funds under the Maternal and Child Health Services Block Grant (CFDA 93.994) are expressly prohibited from the use of such funds for the following:

1. Inpatient hospital services other than those provided to children with special health care needs, high risk pregnant women, infants and other such inpatient services as the federal agency approves;

2. Cash payments to intended recipients of health service;

3. Permanent improvement (other than minor remodeling) of any building or other facility; purchase of major medical equipment;

4. Satisfying any requirement for expenditure of non-federal funds as a condition to receive federal funds;

5. Research or training to any entity other than a public non-profit entity; and

6. Payment for any item or service (non-emergency) furnished:

   a. By an individual or entity during which they are excluded under this Title XVIII, XIX or XX, pursuant to section 1128, 1128A, 1156, or 1842(j)(2), or

   b. At the medical direction or on the prescription of a physician during such exclusion and when the person furnishing such item or service had reason to know of the exclusion (i.e., sufficient time).

C. Collection of fees in accordance with DHMH Policy 3416 is required for all services that are not on the Department's Non-Chargeable Services List. Special conditions may apply to Family Planning Services

D. Grants funded with federal funds under the Public Health and Health Services Block Grant (PHHS) are expressly prohibited from the use of such funds for inpatient hospital services.

E. The grantee must review the budgets of all subproviders receiving funds under cost reimbursement contracts. Review and certification of the review must occur at the beginning of the grant cycle and be complete before any money is awarded to the sub provider. This requirement applies to all current and future subproviders covered under any Unified Grant Award.

1. A **subprovider** is defined as an organization or individual receiving state or federal funds from a provider of record i.e. the local health department.

2. The Family Health Administration requires that, at minimum, the subprovider budget review include a line item analysis which accounts for all money distributed to the subprovider and that, based on historical data or recent financial analysis, each line item expense is reasonable.

3. The budget review must be conducted by a person familiar with the grant requirements, preferably the grant monitor, with acknowledgment from the Health Officer or his/her designee.

4. The subprovider budget and all correspondence between the LHD and the subprovider must be kept on record at the LHD and available for audit by the Family Health Administration or the Department of Health and Mental Hygiene..

5. Documentation of subprovider review must be made on Appendix A and a hard copy returned directly to the funding unit. The attestation must not be returned with the electronic budget package.

6. Subprovider budgets for any amount must be audited if there is any suspicion of fraud or misuse of funds.

7. Acknowledgement of the receipt of the attestation will be returned to the grantee Health Officer/or designee.

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APPENDIX A

MEMORANDUM

Date: [DATE]

To: [NAME OF PROGRAM]
Family Health Administration

From: [NAME OF HEALTH OFFICER/DESIGNEE]
[NAME OF LOCAL HEALTH DEPARTMENT]

Subject: Attestation of Comprehensive Review of Subprovider Budgets
[PROJECT NAME AND NUMBER]

This memorandum attests to our comprehensive review of all subprovider budgets that fall under the above referenced grants funded by the Family Health Administration to us. Our review process provides assurance that (1) subprovider budgets include the same level of detail as the provider's budget and (2) the steps performed in our comprehensive review of subprovider budgets include:

- Documentation of the **deliverables** expected from the subprovider
- Documentation of the **resources** needed by the subprovider to provide the deliverables
- Determination of the **reasonableness** of the subprovider's budgeted resources for providing the expected deliverables
- **Approval of line item expenses** in the subprovider's budget based on historical data or recent financial analysis.

_____ _____

Health Officer/Designee Date

Center for Maternal and Child Health (CMCH)

1. Jurisdictions must comply with all applicable federal regulations and program guidelines.

2. All jurisdictions must receive prior approval from the Director of the Center for Maternal and Child Health for any subsequent budget modifications or reallocation of expenditures once the budgets are approved for each grant.

3. All jurisdictions are required to submit a mid-year report for each funded grant indicating progress on performance measures and budgetary expenditures by February 15 of the current State fiscal year.

4. All jurisdictions are required to submit a final report for each grant that includes: (1) performance and outcome measures and (2) budgetary expenditures within 45 days following the end of the fiscal year.

5. All jurisdictions must make program and fiscal staff (family planning, improved pregnancy outcome, and any other CMCH funded categorical grant) available as needed for a conference meeting to review the mid-year reporting system, grant progress and identify areas for technical assistance and consultation.

6. Jurisdictions must make programmatic staff available for appropriate training/conference opportunities upon request from the Center for Maternal and Child Health.

7. All budget modifications, supplements, and reductions are due no later than March 15th of the current State Fiscal Year

Family Planning

8. The subprovider itemized budgets must be on file at the local health department and a copy of the complete itemized sub-provider budgets must be forwarded to CMCH upon request.

9. Jurisdictions must assure the local health department's staff and any family planning sub-provider follows evidence-based medicine as related in the most current Maryland State Family Planning Clinical Guidelines.

10. Jurisdictions must participate in the Maryland State Family Planning and Reproductive Health Program Data System. Jurisdictions wishing to use a third party data collection system must: 1) capture and edit all required data elements: 2) be compliant with the format furnished by the vendor; 3) transmit data to the vendor in the required format on a monthly basis: and 4) obtain approval in advance, in writing, from the Chief of Family Planning and Reproductive Health.

11. Jurisdictions cannot alter the Family Planning and Reproductive Health Data System in any manner. Any violation of CMCH's licensing agreement with the vendor is strictly prohibited.

12. Jurisdiction's family planning programs must comply with the Family Planning Clinical and Administrative Site Review Process, including self-reviews and on-site state reviews. (The CQI Forms are available on CMCH's website: www.fha.state.md.us/mch/html/form.html).

Improved Pregnancy Outcome

13. Improved Pregnancy Outcome (IPO) funds must be used to support perinatal systems building activities including Fetal and Infant Mortality Review (FIMR) and the implementation of the Community Action Team (CAT) intervention strategies.

14. Jurisdictions must designate a staff person (full-time or part-time) as the "Perinatal Coordinator" for the IPO Program.

Family Health Administration
LHD 2010 Conditions of Award (Cont)

Center for Health Promotion

15. Grantee will submit three written reports, which reflect activities and accomplishments for a four-month period. The report should include an evaluation of progress toward the achievement of program objectives, discussion of problems and proposed corrective actions. These reports are due to the Center for Health Promotion on November 15 for the period of July 1 – October 30, March 15 for the period of November 1 – February 28, July 15 for the period of March 1 – June 30.

16. Grantee must make staff available for training sessions.

17. Budget modifications, supplements and reductions are due by April 15th.

18. Award may be adjusted quarterly based on actual participation.

Center for Cancer Surveillance and Control
Breast and Cervical Cancer Program

19. Grantee must submit a final activity report by July 31, 2010 which reflects accomplishments during the funding period of July 1, 2009 – June 30, 2010.

20. Matching funds reports shall be submitted on a quarterly basis in conjunction with financial expenditure reports. These reports shall conform to the guidelines specified by the Center for Cancer Surveillance and Control.

21. A minimum of 75% of all program-eligible mammograms funded through CDC funds must be for Medicare Part B ineligible women aged 50-64.

22. An estimate of the amount of any funds which will be unexpended by the end of the control funding period must be submitted in writing to the Center for Cancer Surveillance and Control no later than ninety days prior to the end of the current State Fiscal year (March 31, 2010).

23. At least 80% of this award must be spent on screening and follow-up activities as defined in the "National Breast and Cervical Cancer Early Detection Program Administrative Requirements and Guidelines" dated April 1, 1994.

24. 20% or less of the total award may be spent for administrative and clerical activities, non patient transportation, surveillance, public education activities including printing and advertising, utilities, rental or indirect cost.

Family Health Administration
LHD 2010 Conditions of Award (Cont.)

25. The funds awarded under this grant shall be used to support staff to carry out responsibilities in accordance with COMAR 10.14.02, "Reimbursement for Breast and Cervical Cancer Diagnosis and Treatment."

26. Funds from this grant are to be used to hire women who are from the community where the target population resides and should be like the target population in income and education levels.

27. The outreach workers and BCCP Coordinators employed through this grant must attend all meetings as required by the Department of Health and Mental Hygiene.

28. The BCCP coordinator must meet at least bi-weekly with the outreach worker(s).

29. The grantee shall submit written semi-annual reports that should include an evaluation of progress towards objectives, discussion of the problems, and proposed corrective action. These reports are due at the Department of Health and Mental Hygiene, Center for Cancer Surveillance and Control by the time specified in the grant award letter.

30. No funds from this grant may be used to purchase breast self-examination (BSE) materials without prior written approval from the DHMH patient/public education and outreach coordinator.

31. Outreach and educational activities shall be targeted to women 40-64 years of age who are uninsured or underinsured and who have incomes at or below 250% of the federal poverty level.

32. All materials and educational supplies purchased under this grant must be requested in writing and approved by the patient/public education and outreach coordinator prior to purchase.

33. Women screened must meet financial and insurance eligibility requirements as outlined in the Policy and Procedure Manual of the program.

34. This award may be adjusted quarterly based on actual participation as compared to projected participation level.

Family Health Administration
LHD 2010 Conditions of Award (Cont)

35. Financial expenditure reports shall be submitted quarterly. These reports will include expenditures for all line items as well as a narrative explanation for any budget variance of 5% or greater. If requested, local health departments must submit journal entry detail for all line items. If requested, local health departments must submit these reports on a monthly basis.

36. The reimbursement rate paid for each of the screening and follow-up services under this grant may not exceed the Medicare rates and may be consistent with the Maryland Medicare waiver approved by the Center for Medicare and Medicaid Services.

37. Radiology providers under contract to provide screening services for women in the program must be accredited by the American College of Radiology, and be fully certified by the U.S. Food and Drug Administration to provide screening mammography in accordance with the Mammography Quality Standards Act (MQSA). They will report the results of mammography to both the program coordinator and the referring clinician using coding consistent with the lexicon recommended by the American College of Radiology.

38. Laboratories under contract to provide cytopathology and pathology services to women in the program must be in compliance with the Clinical Laboratories Improvement Act, and have passed the Cytology Proficiency Testing Program of the State of Maryland, and will report the results to both the program coordinator and the referring clinician using the Bethesda System terminology and indicating the presence or absence of endocervical cells.

39. All contracts and agreements entered into between the local health department and providers of radiology, laboratory cytology, and medical clinical services shall be made using the “boiler plate” contracts developed by the Center for Cancer Surveillance and Control.

40. The minimum clinical elements developed by the Medical Advisory Committee of the Maryland Cancer Consortium serve as the standard for breast and cervical cancer screening and diagnosis.

41. All budget modifications, supplements, and reductions are due March 15 of the current State Fiscal Year.

42. The Minimal Standards for Recall and Follow-up developed by consensus of the BCCP coordinators shall serve as the minimum standard for recall and follow-up procedures for the Breast and Cervical Cancer Program.

Family Health Administration
LHD 2010 Conditions of Award (Cont)

43. A chart will be maintained for each woman who receives screening services through this program.

44. For those local health departments (LHDs) on the State FMIS system, financial data must be updated at least on a quarterly basis, with the preference being submission on a monthly basis. For those LHDs not on the FMIS system, financial data must be submitted to the Center for Cancer Surveillance and Control.

45. As stipulated in the "National Breast and Cervical Cancer Early Detection Program Administrative Requirements and Guidelines", April 1, 1994, and Public Law 101- 354, this program is payer of last resort. Before medical services are rendered, LHD's must verify clients' insurance status; and before LHD's pay for a medical service, an explanation of benefits (EOB) from a third party payer must be received if a client has any type of insurance coverage.

46. Women enrolled in Medicare Part B are not eligible for screening services through the CDC-funded Breast and Cervical Cancer Program (BCCP).

47. The Breast and Cervical Cancer Program will not allow encumbrances or accruals. If a program has had a significant back-billing problem with a major provider of screening services and it is anticipated that the program must accrue funds for this type of problem, you must submit a written request to accrue funds to the BCCP program for approval no later than 30 days prior to the end of the fiscal year.

48. All local health departments are required to use the cancer screening software designated by DHMH to collect screening and follow-up data. These data are to be sent to the Department via electronic means (modem or e-mail) quarterly as specified by the Center for Cancer Surveillance and Control. A data collection form must be used for all screening cycles.

49. Staff hired through this program shall provide eligible women with applications for The Women's Breast and Cervical Cancer Health Program.

50. Budgets and time studies for state fiscal year 2010 must be submitted electronically in accordance with the BCCP Program Budget Instructions. Time studies are to be performed during FY 2010 according to the procedures and the schedule provided by the Center for Cancer Surveillance and Control Time Study Policy and Procedure Manual

51. A copy of the FY 2010 Annual Report (DHMH 440) must be submitted to the Center for Cancer Surveillance and Control by no later than August 31, 2010. This information is required to accurately reflect expenditures on the federal financial status report that is due to the Centers for Disease Control (CDC) by September 29, 2010.

Family Health Administration
LHD 2010 Conditions of Award (Cont)

Office of the Maryland WIC Program

52. Budgets for state fiscal year 2010 must be submitted electronically in accordance with the WIC Program Budget Instructions no later than May 29, 2009.

53. The grantee must serve at least 97% of their assigned caseload. Caseloads may be adjusted up or down during the year based on actual participation.

54. Expenses for travel, lodging, meals, conference fees, etc. for any staff that work for both WIC and another program must be approved in advance by the State WIC Director. This condition does not apply to the local agency WIC Coordinator.

55. Nutrition education expenditures must be at least twenty percent (20%) of the grantee's total expenditures. In addition, at least three dollars and fifty cents ($3.50) per participant must be spent for breastfeeding promotion and support.

56. An estimate of the amount of unspent funds for the current budget period may be requested by the Maryland WIC Program at anytime.

57. Time studies are to be performed during the months of July, October, January and April of each year in accordance with Policy and Procedure 6.01.

58. Quarterly expenditure reports must be submitted electronically within 30 days after the end of the quarter being reported as specified in the WIC Program Budget Instructions.

59. The grantee must maintain compliance with all provisions of the current WIC Program regulations, WIC bulletins, and any supplemental policies and procedures established by the WIC Program.

60. The local agency Coordinator or their representative must attend the monthly local agency Coordinators' meeting, the quarterly Nutritionists' meeting and the quarterly Breastfeeding Coordinators' meeting. The local agency Coordinator and WIC staff must attend all State Agency sponsored trainings and conferences as requested.

61. The WIC program limits budget modifications to one per year which is due with the third quarter expenditure report on April 30th of each year. Pre-approval via e-mail from the State WIC Office is still required for the purchase of unbudgeted equipment and for any other significant deviation from the approved budget.

Family Health Administration
LHD 2010 Conditions of Award (Cont)

Office for Genetics & Children with Special Health Care Needs

62. The grantee must insure proper tracking and follow-up of abnormal laboratory findings for client.

63. Grantees may be subject to additional conditions in the grant award letter.

64. Grantees must agree to make staff available for meetings and training opportunities as appropriate or on request from the Office for Genetics and Children with Special Health Care Needs.

65. All Office for Genetics and Children with Special Health Care Needs grantees are required to submit an Interim Report due February 1, 2010 and a Final Report due no later than August 2, 2010. Each report should include the results of performance measures and the following:

A. Respite Services (if applicable)

1. Total number of children served
2. Total number of families served
3. Child's DOB for each child
4. Child's special health care need or disability for each child
5. Jurisdiction in which the child resides (zip code) for each child
6. Monies allocated per child/family
7. Total number of respite hours received, or camp attended for each child
8. Total number of applications received
9. Total number approved
10. Total number of children/families on the waiting list
11. Insurance Status

B. Case Management (if applicable)

1. Total number of children served
2. Childs' DOB for each child
3. Child's special health care need or disability for each child
4. Total number of requests received.
5. Total number of child/family contacts
6. Total number of contacts/collaborations with medical home provider's i.e. PCPs
7. Total number of contacts/referrals to community resources i.e. funding, respite, advocacy other providers or agencies

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Family Health Administration
LHD 2010 Conditions of Award (Cont)

8. Total number of activities provided to support CSHCN in their transition **(if applicable)** from adolescents to adulthood, i.e. transition from a pediatric to an adult provider, transition from an educational to a vocational setting and from living in the home to living in the community

C. Clinics (if applicable)

1. Identify the clinics offered, their location, frequency, and duration
2. Total number of visits per clinic
3. Total number of unique/unduplicated patients per clinic
4. Total number unduplicated MA visits per clinic
5. Total number of unduplicated private pay patients per clinic
6. Total number of unduplicated patients with private/commercial insurance per clinic.
7. Child's DOB for each child
8. Jurisdiction in which the child resides
9. Insurance type
10. Activities in Genetics Clinics are reported through the academic center staffing the clinic.

Office of Oral Health

66. Grantees may be subject to additional conditions in the award letter

67. Grantees must agree to make staff available for meetings and training opportunities as appropriate or on request from the Office of Oral Health.

68. The sub-provider itemized budgets must be on file at the local health department and a copy of the complete itemized sub-provider budgets must be forwarded to OOH at the time of the original electronic budget submission.

69. When issuing statements, press releases, or any publications, grantees will incorporate the following language within the text of the announcement: Full or partial funding for this project was provided by the Office of Oral Health.

70. Publications, including pamphlets, posters and/or media campaigns, funded through awards from the Office of Oral Health must be forwarded to OOH for review prior to publication to assure compliance with Federal and State guidelines.

Family Health Administration
LHD 2010 Conditions of Award (Cont)

71. When funds provided as part of this grant are used to purchase assets, the Office of Oral Health reserves the right to reclaim these assets within three years of the date of the termination or non-renewal or before the asset may be considered fully depreciated. Depreciation will be determined using IRS Guidelines on the useful life of each asset.

72. All grantees are required to report on a quarterly basis on the Governor's State Stat initiatives. State Stat quarterly reports will be submitted to the Office of Oral Healthon a quarterly basis as part of the grantee quarterly report process.

73. Grantees must submit quarterly grant activity and fiscal reports, as well as State Stat Reports on the forms provided by the Office of Oral Health via email at fhauga-Oralhealth@dhmh.state.md.us;Quarterly reports should only cover the reporting periods listed below. Reports are due 15 days following the end of the quarter and are required even if no expenditures or activities have occurred in any given quarter.

Quarter	Reporting Period	Due Date
First	July 1 – September 30	October 15
Second	October 1 – December 31	January 15
Third	January 1 – March 31	April 15
Fourth	April 1 – June 30	July 15

74. Budget modifications, supplements, and reductions are due by March 15, 2010. An official electronic budget modification must be submitted for any line item change of $5,000 or more with the appropriate justification explaining the changes. For any budget changes that do not require an official budget submission, i.e. Less than $5,000 in any given line item, prior approval must be requested via email from the Director of the Office of Oral Health.

75. This award may be adjusted based on the availability of funds.

Office of Chronic Disease Prevention

76. Grantees must submit quarterly activity reports via email at fhauga-chronicdisease@dhmh.state.md.us; Quarterly activity reports should provide updates on the performance measures agreed upon in the budget package. Please submit within (10) days of the end of the quarter.

77. Budget modifications, supplements, and reductions are due no later than March 15th of the current State Fiscal Year.

ATTACHMENT V

CIGARETTE RESTITUTION FUND PROGRAM

LHD FY 2010 CONDITIONS OF AWARD

Cigarette Restitution Fund – Tobacco Use Prevention and Cessation Program

1. Grantee must submit a summary of any sub-grant awards in the quarterly reports.

2. Budget modifications can only be made within FT codes.

3. Budget modifications are due April 15th.

4. Each element of the Local Public Health Component is a separate project (PCA) and must be budgeted, tracked and reconciled separately.

5. Each LHD must submit quarterly reports that include the progress toward the achievement of program objectives, and action plans. The report should include a summary of accomplishments in each element (community, cessation, enforcement, and school based) of the local public health comprehensive tobacco prevention plan, a summary of outreach efforts to targeted minorities and quantified performance measures. These reports are due to the Center for Health Promotion on the following dates:

    a. October 30th
    b. January 30th
    c. April 30th
    d. July 30th

6. All direct services and interventions (smoking cessation, counseling, education sessions, and outreach) in the **cessation and community elements** must be tracked by the following population characteristics: Caucasians, Women, medically underserved, African Americans, Asian American, Hispanic/Latinos, and Native Americans.

7. For all sub vendors/subcontractors, the local health department shall provide the following to the Center for Health Promotion within 30 days of executing an agreement.

Cigarette Restitution Fund
LHD FY 2010 Conditions of Award (Cont'd)

a. A copy of the Request for Proposals.
b. A copy of the signed agreement that includes a line item budget and expected performance measures.
c. A summary document that describes the grant review process and a rationale for award(s) to chosen vendor(s).

8. Local health departments shall make tobacco treatment products available free of charge to an applicant participating in the Cigarette Restitution Fund Program regardless of race, religion, ethnic group, age, gender, sexual preference or insurance status.

9. A local health department may establish written requirements for eligibility for tobacco treatment products in accordance with conditions above. Those written requirements must be submitted to the Department when the requirements are initiated and when any changes are made.

10. All local health department sub vendors/grantees receiving over $100,000 are subject to site visits by DHMH program staff as part of the health department's CRFP Tobacco Program site visit.

11. All local health departments must track smoking cessation quit rates on all participants in local smoking cessation programs.

12. All promotional and marketing materials should give credit to the Maryland Cigarette Restitution Fund Program.

Cigarette Restitution Fund Program - Cancer Prevention, Education, Screening, and Treatment Program

13. The Minimal Elements for Education, Screening, Diagnosis, and Treatment developed by the Medical Advisory Committees established the Center for Cancer Surveillance and Control shall serve as the standards for education, screening, diagnosis, and treatment of target cancers.

14. A medical record shall be maintained for each participant who receive screening services through the Cancer Prevention, Education, Screening, and Treatment Program.

15. The Local Health Department shall assure that individuals with positive screening diagnostic tests are aggressively case managed in order to provide these individuals with needed diagnostic and/or treatment services.

Cigarette Restitution Fund
LHD FY 2010 Conditions of Award (Cont'd)

16. The Cancer Prevention, Education, Screening, and Treatment Program are the payer of last resort. Before medical services are rendered, Local Health Departments must verify client's insurance status, and before Local Health Departments pay for a medical service, an explanation of benefits from a third party payer must be received if the client has any type of insurance coverage.

17. The Local Health Department shall either provide treatment or linkages to treatment for uninsured individuals who are diagnosed with a targeted or non-targeted cancer as a result of being screened under this grant.

18. Screening services shall be reimbursed at a rate no higher than the federal Medicare rate. Diagnostic and treatment services, if covered, shall be reimbursed at the State Medical Assistance rate. Where diagnostic and treatment services are not available at the Medicaid rate, the grantee shall document non-availability 2001 for procuring diagnostic and treatment services at non-Medicaid rates. HSCRC regulated facilities and services shall be reimbursed at HSCRC rates or HSCRC-approved rates.

19. The Local Health Department may encumber funds at the end of the fiscal year for patient services following the guidelines of the memo to "Recipients of CRFP Funds" dated May 9, 2001. Encumbrances shall include a Treatment plan as outlined in CCSC Health Officer Memo 05-29, dated July 14, 2005.

20. For each sub-provider cost reimbursement contract (sub-vendor Human Service Agreement), the Local Health Department shall provide the following information within 30 days of execution of the agreement:

    - a copy of the signed agreement,
    - a copy of the detailed line item budget,
    - a copy of the performance measures, e.g. number of individuals to receive public education, number of providers educated, number of persons to be screened, or other specific measures of services to be provided, and

Cigarette Restitution Fund Program - Cancer Prevention, Education, Screening, and Treatment Program (Cont.)

- a summary documentation of the grantee review process, e.g. notes from internal review group, meetings with potential sub-provider, budget review notes and rationale for award to the chosen vendor.

21. The Local Health Department shall submit periodic progress reports in the format and intervals specified by the program.

22. In accordance with the Budget Reconciliation and Financing Act of 2004, and in accordance with Maryland Health General Section 13-1104, the Local Health Department shall spend at least 60% of the funds under this grant on screening, diagnosis and treatment cost as specified by program.

    Based on this requirement, no more than 40% of the program's expenditures can be spent on Non-Clinical and Administrative expenses. Any Non-Clinical and Administrative expenditure that exceeds the ceiling amount is considered a disallowed expenditure and the grantee will be required to remit this amount to DHMH.

23. In accordance with COMAR 10.14.06.01-07, the Local Health Department that receives CRFP funds and that sets aside a portion of their grant award to pay cancer treatment services for eligible clients shall:

    a. Develop written financial eligibility criteria for uninsured and underinsured individuals to receive treatment services funded by the CRFP program.

    b. Submit the written financial eligibility criteria for cancer treatment services to the Department of Health and Mental Hygiene (DHMH) when the criteria is initially developed and when any changes in the financial eligibility criteria are made.

24. All promotional and marketing materials should give credit to the Maryland Cigarette Restitution Fund Program.

ATTACHMENT VI

DEVELOPMENTAL DISABILITIES ADMINISTRATION

LHD FY 2010 CONDITIONS OF AWARD

1)	Resource Coordination	▶	Attachment D
2)	Summer Programs	▶	Attachment D1
3)	Supported Employment	▶	Attachment D2
4)	Individual Support Services	▶	Attachment D3
5)	Case Management	▶	Attachment D4
6)	Family Support Services	▶	Attachment D5

ATTACHMENT VII

MENTAL HYGIENE ADMINISTRATION

LHD FY 2010 CONDITIONS OF AWARD

1)	Community Mental Health Services	▶	Attachment E
2)	Community Mental Health Block Grant	▶	Attachment E1
3)	Shelter Plus Care	▶	Attachment E2
4)	PATH Grant	▶	Attachment E3
5)	Training Project	▶	Attachment E4
6)	Psychiatric Residency Training	▶	Attachment E5
7)	East Baltimore Partnership	▶	Attachment E6
8)	Service System Improvement	▶	Attachment E7
9)	Traumatic Brain Injury	▶	Attachment E8
10)	Anti Stigma Project	▶	Attachment E9
11)	Special Education and Treatment	▶	Attachment E10
12)	Senior Outreach	▶	Attachment E11
13)	Other	▶	Attachment E12

ATTACHMENT VIII

OFFICE OF HEALTH SERVICES

LHD FY 2010 CONDITIONS OF AWARD

1) Adult Day Care – F721N ▶ Attachment F
2) Adult Evaluation and Review Services (AERS) - F720N ▶ Attachment F1
3) Administrative Care Coordination/Ombudsman Program-F730N ▶ Attachment F2
4) General Transportation Grants –F738N ▶ Attachment F3

ATTACHMENT IX

OFFICE OF ELIGIBILITY SERVICES (OES)

LHD FY 2010 CONDITIONS OF AWARD

1) Maryland Children's Health Program Eligibility ▶ Attachment HI

ATTACHMENT X

OFFICE OF PREPAREDNESS AND RESPONSE
Office of the Deputy Secretary for Public Health Services

LHD FY 2010 CONDITIONS OF AWARD

See Attachment for the following Grants:

1. Public Health Emergency Preparedness – Base Grant
2. Pandemic Influenza
3. City Readiness Initiative