Fiscal Year 2025

Human Services Agreements

Local Health Department

Conditions of Awards

PREVENTION AND HEALTH PROMOTION ADMINISTRATION (PHPA)LHD

LHD FY 2025 CONDITIONS OF AWARD

GENERAL CONDITIONS/INSTRUCTIONS FOR PHPA

1. 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.

2. 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:

    a. 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;

    b. Cash payments to intended recipients of health service;

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

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

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

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

    g. 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

    h. 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).

3. Collection of fees in accordance with MDH Policy 3416 is required for all clinical services that are not on the Department's Non-Chargeable Services List.

4. 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.

5. 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.

    a. 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.

    b. The Prevention and Health Promotion 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.

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

    d. 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 Prevention and Health Promotion Administration or the Maryland Department of Health.

    e. 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.

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

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

6. Allowable indirect costs are limited to a maximum of ten percent (10%) of direct cost. Note: Cigarette Restitution Fund and Breast and Cervical Cancer Program indirect costs are capped at seven percent (7%) of direct cost. WIC indirect costs are capped at fifteen percent (15%) of salary and wages.

    a. The Department's payment obligation under this Local Health Department Award is subject to the following:

        - Proper completion and timely submission of each invoice by the Awardee;
        - Timely completion by the Awardee and acceptance by the Department of services performed and/or deliverables submitted by the Awardee as specified in each invoice.

b. If the Awardee fails to perform in a satisfactory and/or timely manner, the Department may limit or refuse approval of any invoice for payment, thereby causing payment to the Awardee to be reduced or withheld until such time as the Awardee's performance and/or timeliness become acceptable to the Department, subject to #7 below.

c. No payment(s) is due from the Department for the value of services and/or deliverables provided by the Awardee that have not been accepted by the Department and/or have not been properly invoiced by the Awardee, as of the date that funds identified to pay for these services and/or deliverables have expired or been eliminated.

7. To receive the entire amount of budgeted indirect cost for an award, it must spend at 90% of its approved direct cost. Approved direct cost is defined as Total Budget minus Budgeted IDC plus Budgeted Collections. If less than 90% of direct cost is spent, it will be allowed to claim up to the same percentage of budgeted indirect cost as direct cost spent. This does not apply to awards funded with Cigarette Restitution Funds which indirect cost is capped at 7% of the expended award.

8. To comply with applicable procurement procedures when subcontracting with another organization or entity, non-Federal entities operating Federal programs as sub-recipients of States must use their own documented procurement procedures, which reflect applicable State and local laws and regulations, provided that the procurements conform to applicable Federal statutes and the procurement requirements identified in 2 CFR sections 200.318 through 200.326. A non-Federal entity must:

   a. Meet the general procurement standards, which include oversight of contractors' performance, maintaining written standards of conduct for employees involved in contracting, awarding contracts only to responsible contractors, and maintaining records to document history of procurements; and

   b. Conduct all procurement transactions in a manner providing full and open competition; and

   c. Use the micro-purchase only for procurements for which the aggregate dollar amount does not exceed $10,000 ($3,000 prior to January 1, 2018) ($2,000 in the case of acquisition for construction subject to the Wage Rate Requirements (Davis-Bacon Act)). Micro-purchases may be awarded without soliciting competitive quotations if the non-Federal entity considers the price to be reasonable; and

   d. Use the small purchase procedures for purchases that exceed the micro-purchase amount but do not exceed the simplified acquisition threshold ($150,000). If small purchase procedures are used, price or rate quotations must be obtained from an adequate number of qualified sources; and

   e. For acquisitions exceeding the simplified acquisition threshold ($150,000), the non-Federal entity must use either the sealed bid method, or the competitive proposal method, or the noncompetitive proposals method. (2 CFR section 200.320(c – f).

f. Perform a cost or price analysis in connection with every procurement action in excess of the simplified acquisition threshold ($150,000), including contract modifications. The cost plus a percentage of cost and percentage of construction cost methods of contracting must not be used.

g. Ensure that every purchase order or other contract includes applicable provisions required by 2 CFR section 200.326:

h. Must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for sanctions and penalties as appropriate; and

i. Must address termination for cause and for convenience by the non-Federal entity including the manner in which it will be effected and the basis for settlement; and

j. Must include the Federal Equal Employment Opportunity clause; and

k. Must include the Davis-Bacon Act as amended for all construction contracts in excess of $2,000; and

l. Must stipulate that all the standard work week used for payroll of overtime payment is 40 hours and hours in excess of the standard work week must be compensated at a rate not less than one and a half times the basic rate; and

m. Must comply with 37 CFR Part 41, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts, and Cooperative Agreements"; and

n. Must comply with Federal Clean Air Act and Federal Water Pollution Control Act as amended; and

o. Must comply with all mandatory standards and policies relating to energy efficiency in Maryland's Energy Conservation Plan; and

p. Must not be made to parties listed on the government-wide Excluded Parties List System; and

q. Must include the Byrd Anti-Lobbying Amendment

r. These provisions are described in full Appendix II to 2 CFR part 200, "Contract Provisions for Non-Federal Entity Contracts under Federal Awards."

9. Awards may not become effective until all required affidavits have been signed and returned to the Maryland Department of Health (the Department).

10. Failure to comply with conditions of award may result in delay, suspension, and possible cancellation of funding.

11. Each distinct award is subject to the requirements and conditions as set forth in the Local Health Department Funding System Manual.

12. Conditions, requirements, and restrictions which apply to specific sources of funding are not included within this document and will be communicated/sent directly by each Program Administration of the Department, where applicable.

13. All funds received in connection with this award must be utilized for the purpose of the approved project. All expenditures not in accordance with the purpose of the award, or its modifications, are the responsibility of the local health department.

14. 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.

15. The Maryland Department of Health's federal grants have a finite availability period which must also be adhered to by Local Health Departments. Therefore, expenditures cannot exceed award amount and they must occur between the provided "Authorized Federal Award Start Date" and "Mandatory Federal Award End Date" indicated on the Unified Funding Document.

    a. If it uses the Department for payment of its payroll and operating expenses, any federal fund award amounts not recorded as spent on an accrual basis, in FMIS, within 30 days following the Mandatory Federal Award End Date will be designated as unavailable to the LHD by the Department.
    b. If it does not use the Department for payment of its payroll and operating expenses, any federal fund award amount not invoiced and received by the Department, within 45 days following the Mandatory Federal Award End Date will be designated as unavailable to the LHD by the Department.

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

17. The Maryland Department of Health assumes no responsibility for paying from its funds an amount greater than the amount appearing on the Unified Funding Document.

18. If it fails to deposit sufficient funds with the Department to satisfy their share of expenditures, the Department may cease to be a disbursing agent until sufficient funds are remitted to meet its financial obligations.

19. That a fiscal, program, and facilities review, of it and its independent contractors, including meetings with consumers, review of service records, review of service policy and procedural issuances, review of staffing ratios and job descriptions, and meetings with any staff directly or indirectly involved in the provision of services may be conducted upon reasonable notice at any reasonable time by Federal and/or State personnel or other persons as authorized by the Department.

The Local Health Department Agrees

1. To provide the type of service and to serve the number of clients indicated in their budget package or conditions of award.

2. 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 services provided a client under this award 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

3. To comply with MDH Policy 01.03.02 (Policy on Research Involving Human Subjects and the MDH Institutional Review Board (IRB)) when conducting research involving human subjects.

4. To serve individuals who are unable to pay for services.

5. To comply with Maryland Department of Health (MDH) regulation, COMAR 10.02.01, Charges for Services Provided through the Maryland Department of Health, which requires that recipients of services and chargeable persons shall be liable for payment of services based on their ability to pay.

6. To submit a Schedule of Charges as requested by the Division of Cost Accounting and Reimbursement, and to charge recipients of services the fee approved by the Department.

7. To determine the recipient's ability to pay the fee set by the Department, as stipulated in COMAR 10.02.01.08.

8. To use only the MDH approved ability to pay schedules, unless the Secretary has approved another schedule.

9. To adopt accounting procedures and practices and maintain books, records and other evidence for each distinct award. which sufficiently and properly reflect all direct and indirect costs of any nature, expended in the performance of this award.

10. To make available its program records for inspection and audit by Federal and/or State personnel or other persons as authorized by the Department.

11. To require and ensure that their independent contractors maintain accounting records, which are adequate to provide accountability for the use of MDH human service funds, and maintain a written cost allocation plan, where applicable.

12. To deposit revenues in a federally insured interest-bearing account until the funds are required to meet current expenses.

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

14. To cooperate during site reviews by Maryland Department of Health personnel or their contractor.

15. To attend all meetings as required by the Maryland Department of Health

16. To maintain program records as are required by the Department and produce/complete reports concerning the award at times prescribed by, and on forms, or within formats furnished by the Department

17. To complete reports and statements concerning the award in the manner and form prescribed by the Maryland Department of Health, and shall be submitted as prescribed. Failure to submit a report when due may result in suspension of funding until the report is received.

18. The vendor and its independent contractors will make available its project records for inspection and audit within a reasonable time, upon request by the Maryland Department of Health. In addition, the vendor must comply with all information and data request from MDH or its representatives.

19. To submit Annual Report forms MDH 440 and 440A within 60 days after the end of the award period.

20. To submit a MDH 440 signed by each of its sub-grantee included in the amount reported as disbursed for Human Services Contracts (Item 0896) and Special Projects (Item 0899) on their Annual Report (MDH 440).

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

    a. 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 Division of Grants & Local Health Accounting. The basis for the returned funds will be the amount reflected in FMIS at January 31st.
    b. 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(s) on or before March 1st. The Payment of Unliquidated Accrual Balances form must be used and can be found at http://health.maryland.gov/Pages/sf_gacct.aspx. A single check can be submitted with an attachment identifying the applicable grant(s) and amount(s).

22. To comply with the "Standards for Audit of Human Services Sub-Vendors" issued by the MDH Office of the Inspector General - External Audit Division.

23. To complete and electronically submit the Schedule of Sub Vendors to the MDH Office of the Inspector General Audit Division, at: charlesl.thomas@maryland.gov. within 60 days after the end of the agreement period or fiscal year, whichever is earlier. The Schedule of Sub Vendors can be found at http://www.MDH.maryland.gov/pages/sf_gacct.aspx

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

Federal Conditions: The Local Health Department Understands

1. 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 II 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.

2. Conditions, requirements, and restrictions which apply to specific sources of federal funding and are not included within this document may be communicated through an alternate means, if applicable.

3. "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 that Federal funding is 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 MDH 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).]

4. 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 Granting Administration to determine if your program falls under Title V.

5. Federal regulations mandate that grant recipients and their sub-recipient adhere to OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

The Local Health Department Agrees

1. To comply with OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal, which requires that certain recipients of federal funds have an independent "single audit" prepared.

a. Baltimore City; and Baltimore, Montgomery, Anne Arundel and Prince George's counties must submit, within 30 days of issuance, a copy of their "single audit" required by OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards to:

Maryland Department of Health
Office of the Inspector General - External Audit Division
201 West Preston Street, Room 522
Attn: Vanessa Jordan
Baltimore, Maryland 21201

2. To comply with Title IX of the Education Amendments of 1972 (20 U.S.C. Sections 1681 et seq.) which prohibits sex discrimination in federally assisted education programs, including those in health care institutions.

3. To comply with the Age Discrimination Act of 1975 (ADA) (426. S.C. Section 6101) which prohibits exclusion of any person on the basis of age from participating in any program or activity receiving federal financial assistance.

4. To comply with the requirements of the Americans with Disabilities Act of 1990, where applicable, and will contact Program Administrator for specific compliance information.

5. To submit an Affirmative Action Plan, (including, if applicable, a plan for Section 503 of the Rehabilitation Act.), to the Maryland Department of Health Office of Community Relations within six (6) months after the date of the award letter if it has not already been submitted. If a current Affirmative Action Plan has been submitted, give the date of submission.

6. To complete and submit Certification Regarding Lobbying and Disclosure of Lobbying Activities.

   Public Law 101-121, Section 1352, prohibits any recipient of funds, which originated as federal funds, from using such funds to lobby Congress or any federal agency in connection with the award of a particular contract, grant, cooperative agreement or loan. A recipient of more than $100,000 of such funds must: (1) file a certification that they have neither used nor will use such funds for federal lobbying and, (2) disclose, on Standard Form LLL, the details of any agreements with lobbyists paid, with profits from federal contracts or with funds other than federal funds. Failure to file the required certification may be punishable by a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

   Prohibitions and Limitations on Lobbying by Grantees: Lobbying can be an attempt to influence legislation, or any government decision making, in the legislative or executive branches of government. It can be direct, or indirect, such as urging members of a special interest group or the public to support a member of a special interest group or the public to support a certain policy.

2 CFR Part 230, Cost Principles for Non-Profit Organizations, specific lobbying cost as unallowable.

7. To complete and submit the Certification Regarding Environmental Tobacco Smoke, P.L. 103-227, also known as the Pro-Children Act of 1994.

8. The vendor agrees to complete and submit the Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions and, where applicable, have its sub vendors complete Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions.

9. The vendor agrees to complete and submit the Federal Fund Accountability and Transparency Act – Sub Recipient information form.

APPENDIX A

MEMORANDUM

Date: [DATE]

To: [NAME OF PROGRAM]
Prevention and Health Promotion 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 Prevention and Health Promotion 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.

[List the name(s) of subcontractors and award period]

_____ _____
Health Officer/Designee Date

MATERNAL AND CHILD HEALTH BUREAU

1. Title V Maternal and Child Health Services Block Grant

Title V Maternal and Child Health Services (MCH) Block Grant federal funds distributed as part of the State's Core Public Health Funding will be expended to improve the health of the State's women, infants, children, adolescents, and children and youth with special health care needs (CYSHCN). Services and activities must be directed to the priority areas as outlined in the State's most recent Title V Needs Assessment.. A copy of the Needs Assessment can be located online at: https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadStateUploadedPdf?filetype=PrintVersion&state=MD&year=2022

For more information about the state's Title V priorities, contact mdh.titlev@maryland.gov.

Activities conducted with Title V MCH Block Grant funds shall be consistent with the 10 MCH essential services and the three levels of the MCH pyramid of services while ensuring that the services provided are family-centered, community based, and culturally competent. In addition, this year's Title V LHD application aligns with the Statewide Integrated Health Improvement Strategy that is focused on decreasing disparities in severe maternal morbidity and asthma-related Emergency Department visits.

Three Levels of MCH Pyramid of Services:

1. **Direct Services** are preventive, primary or specialty clinical services to pregnant women and children, including CYSHCN. Block Grant funds are used to reimburse or fund providers for these services through a process similar to paying a medical billing claim or managed care costs that are not reimbursable by another funding source (i.e. Medicaid). Examples include, but are not limited to preventive, primary or specialty care visits, emergency department visits, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies, medical foods, dental care and vision care. **This may NOT be used for family planning or reproductive health services.**

2. **Enabling Services** are non-clinical services that enable individuals to access health care and improve health outcomes. 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. Block Grant funds should not be used to pay for services that can be reimbursed by another funding source (i.e., Medicaid.) Salary and operational support that enables individuals to access care or improve health outcomes may be considered enabling services.

3. **Public Health Services and Systems** are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, along with the ten essential public health services (listed below). Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement and population-based disease prevention and health promotion such as newborn screening, immunization, injury prevention, safe-sleep education, and smoking cessation.

Ten Essential Public Health Services:

1. Assess and monitor health status
2. Investigate, diagnose, and address health problems and hazards
3. Inform and educate the public
4. Strengthen, support, and mobilize community partners
5. Develop and implement support health policies, plans, and laws
6. Improve and protect the public's health through legal and regulatory actions
7. Assure effective and equitable health systems
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through program evaluation and continuous quality improvement
10. Build and support a strong public health organizational infrastructure

Per Section 504 of the Title V Social Security Act, Title V MCH Block Grant funds shall not be used for inpatient services, other than inpatient services provided to CYSCHN or high-risk pregnant women and infants; cash payments to intended recipients of health services, purchase or improvement of land, construction or other permanent improvements (other than minor remodeling) of any building or facility, 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; funds for research or training to any entity other than a public or nonprofit private entity; or for any item or service where the individual or entity is excluded.

Funded Title V Health Domains **(Please note these have changed from previous years)**
Local Health Departments should focus their population-based health efforts in one of the following four Title V health domains:

Title V Health Domains	**County Code**	**Allowable Services**
Primary and Preventive Infant Health Services - Up to One Year	F911N	● Home Birth Certification ● Home Visiting ● Administration to include program planning, implementation, and evaluation, quality assurance and development, health promotion campaigns (Limit to 20% of domain's funds)
Primary and Preventive Child Health Services	F914N	● Hearing and Vision Screening ● School Based Health Services including screening and referral for mental health and/or substance use ● Immunizations ● Childhood Asthma Related Programming/Services ● Administration to include program planning, implementation, and evaluation, quality

		assurance and development, health promotion campaigns (Limit to 20% of domain's funds)
Primary and Preventive Health Services for Pregnant People and Mothers	F915N	• Home Visiting • Care Coordination for Pregnant or Recently Postpartum Birthing People • Administration to include program planning, implementation, and evaluation, quality assurance and development, health promotion campaigns (Limit to 20% of domain's funds)
Health Services for Children and Youth with Special Health Care Needs	F916N	• Care Coordination for CYSHCN • Infants and Toddlers • Lead Case Management • Administration to include program planning, implementation, and evaluation, quality assurance and development, health promotion campaigns (Limit to 20% of domain's funds)

1. Jurisdictions will submit a quarterly report with the required performance measure data by the 15th of the month following the end of the state fiscal quarter. The quarterly report will be provided by the Title V Manager.

2. Jurisdictions will complete quarterly financial reports using MDH Form 438 and submit to mdh.ugacmch@maryland.gov. Home Rule jurisdictions must submit both MDH Form 437 and 438. These forms must be emailed to DGLHA at mdh.dpcabox@maryland.gov in addition to the Program Monitor and mdh.ugacmch@maryland.gov.

3. Reports are due 15 days following the end of the quarter and are required even if no expenditures have occurred during the quarter.

4. Quarterly budget reports, MDH Form 438, must show actual expenditures and not planned expenditures.

5. An annual expenditure report, MDH Form 440, is due no later than August 30, 2025 to the UGA mailbox mdh.ugacmch@maryland.gov. Even if final reconciliation instructions from DGLHA differ, MCHB must receive the final 440.

6. Budget modifications with narrative justification must be approved by the Title V Program Manager prior to submission to the UGA mailbox. Budget modifications are due no later than March 15, 2025.

7. Jurisdictions will participate in training, webinars, conference calls, and/or quarterly meetings, as requested by the Maternal and Child Health Bureau.

8. Jurisdictions will provide acknowledgement to the Maryland Department of Health when issuing or distributing statements, promotional materials, or publications, press releases, requests for proposals/information/applications/etc., bid solicitations, or for meetings and/or conferences that are funded fully or in part with Title V MCH Block Grant funds. Please use the following phrase when referencing MDH support: *"This article/conference/publication/etc. was supported in part/fully by the Title V Maternal and Child Health Block Grant as administered by the Maryland Department of Health."*

9. Publications, including pamphlets, posters, and/or media campaigns funded in part or fully with Title V funds must be forwarded to the Maternal and Child Health Bureau for review and approval prior to publication to assure compliance with Federal and State guidelines. The following language will be included on all publications: *"This project is/was supported by the Health Resources and Services Administration, Title V Maternal and Child Health Services Block Grant Program, as administered by the Maryland Department of Health. The information or content presented are those of the author and shall not be construed as the official position or policy, nor any endorsement, by HRSA or the Federal Government."*

2. Maryland School-Based Health Center Program

General Conditions of Award

1. The grantee will periodically monitor the program provider (if services are subcontracted) to assure that services are being provided to target populations and that funds are being spent for the purpose awarded.
2. The grantee must review the budgets of all sub-providers 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 sub-providers covered under any Unified Grant Award.

    a. 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.
    b. The Prevention and Health Promotion 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.
    c. The budget review must be conducted by a person familiar with the grant requirements, preferably the grant monitor, with acknowledgement from the Health Officer or his/her designee.
    d. 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 Prevention and Health Promotion Administration or the Maryland Department of Health.
    e. 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.
    f. Subprovider budgets for any amount must be audited if there is any suspicion of fraud or misuse of funds.
    g. Acknowledgement of the receipt of the attestation will be returned to the grantee Health Officer/or designee.

3. Allowable indirect costs are limited to a maximum of ten percent (10%) of direct costs.
    a. The Department's payment obligation under this Local Health Department Award is subject to the following:
        i. Proper completion and timely submission of each invoice by the Awardee;
        ii. Timely completion by the Awardee and acceptance by the Department of services performed and/or deliverables submitted by the Awardee as specified in each invoice.
    b. If the Awardee fails to perform in a satisfactory and/or timely manner, the Department may limit or refuse approval of any invoice for payment, thereby causing payment to the Awardee to be reduced or withheld until such time as the Awardee's performance and/or timeliness become acceptable to the Department, subject to #7 on page 4.

c. No payment(s) is due from the Department for the value of services and/or deliverables provided by the Awardee that have not been accepted by the Department and/or have not been properly invoiced by the Awardee, as of the date that funds identified to pay for these services and/or deliverables have expired or been eliminated.

Additional Conditions of Award

1. Subcontractor budget
    a. If the grantee will pursue funding a subcontractor (s), the grantee must submit:
        - List of the name(s) of subcontractors and award period
        - At a minimum, a submission of the budget justification narrative for each subcontract with details (e.g., Salary, fringe, equipment, supplies)
        - For the budget submission for the subcontract(s), the subcontractor has the option to complete and submit a 432 form or a 4542 form with a budget justification narrative.
    b. The grantee should also include:
        - Documentation of the deliverables expected from the subcontractor(s)
        - Details on the subcontractor monitoring processes in line that include:
        - Determination of the reasonableness of the subcontractor's budgeted resources for providing the expected deliverables
        - Approval of line-item expenses in the subcontractor's budget based on historical data or recent financial analysis

2. The grantee is responsible for the actions and compliance of any contractors or subcontractors it retains that perform all or part of any obligations of the grantee under the grant. All such contractors or subcontractors must comply with the conditions of the grant award contained in this document, including all requirements, limitations, and conditions in this and all other grant documents, to the same extent as the grantee itself.

3. Grantee will submit a quarterly report with the required performance measure data by the 15th of the month following the end of the state fiscal quarter. The quarterly performance measures must be submitted via Redcap *unless* a QPM Excel report template was provided to the Grantee by the Grant Monitor.

4. Quarterly budget reports (MDH Form 438) must show actual expenditures and not planned expenditures. Home rule jurisdictions must submit both MDH Forms 437 and 438. An annual expenditure report (MDH Form 440) is due no later than August 15, 2025.

5. Budget modifications with narrative justification must be approved by the Program Manager prior to submission to md.sbhcprogram@maryland.gov. Budget modifications are due no later than March 15, 2025.

6. Grantee will participate in training, webinars, conference calls, and/or quarterly meetings, as requested by the Maternal and Child Health Bureau.

7. Grantee will provide acknowledgment to the Maryland Department of Health when issuing or distributing statements, promotional materials or publications, press releases, requests for proposals/information/applications/etc., bid solicitations, or for meetings and/or conferences that are funded fully or in part with funds awarded through MCHB. Please use the following phrase when referencing MDH support: *"This article/conference/ publication/etc. was supported in part/fully by the Maryland Department of Health."*

8. Publications, including pamphlets, posters, and/or media campaigns funded in part or fully with MDH funds must be forwarded to the Maternal and Child Health Bureau for review and approval prior to publication to assure compliance with Federal and State guidelines. The following language will be included on all publications: *"This project is/was supported by the Maryland Department of Health (MDH). The information or content presented are those of the author and shall not be construed as the official position or policy, nor any endorsement, by MDH."*

9. Grantee will participate in quality improvement activities to advance outcomes as directed by the Maternal and Child Health Bureau. Brief updates on CQI projects (Plan-Do-Study-Act cycle results, progress towards goals, etc.) shall be included in the quarterly report.

10. Grantee will complete the Annual SBHC Survey administered by the Maternal and Child Health Bureau to report services delivered and populations served during the 2024 - 2025 school year.

11. Grantee must notify the MDH Grant Monitor via email to md.sbhcprogram@maryland.gov of anticipated changes to clinic registration procedures, management of HIPAA-protected data, or the population eligible to enroll in the SBHC. Please also communicate any relevant updates (i.e. changes to staffing, hours of operation, site closing or serving new feeder schools, etc.) through the quarterly reports.

Performance Measures

Anticipated performance measure totals should be reported on tab C of the submitted budget form 4542 as completed in prior years (further guidance under section: *Budget Package and Justification* is provided on page 9). Actual quarterly performance measure totals will be submitted via Redcap or on a *provided* QPM Excel spreadsheet (please see the below header: *Reports and Invoicing* for more information).

Scope of Work

The Grantee shall sponsor the SBHCs specified on their annual funding application. This sponsorship ensures that all necessary administrative and clinical requirements of the SBHC System Standards are met. All students enrolled in the school where each SBHC is located are eligible to be registered in the SBHC program and to receive care regardless of insurance status or ability to pay. Patients may not be denied access to services based on race, ethnicity, color, national origin, religion, immigration status, sexual orientation, gender identity, disability, or handicap.

1. Staffing
    a. Each sponsoring agency will have an SBHC administrator who will serve as the SBHC point of contact for the Maryland SBHC program
    b. Clinical Services For Enrolled Patients:
        - Obtain signed consent from the parent, guardian, or custodian of all minors who seek care at the SBHC and all patients 18 years old and older.
    c. Create and maintain a Consent Form that details the services provided, confidentiality practices, and HIPAA information for the SBHC.
    d. Provide patients with a clinical space that is clean, safe, and maintains patient confidentiality.
    e. Each SBHC must be open and offer clinical services with a licensed medical clinician onsite for a minimum of two days per week and a minimum of eight hours total per week when the school is open.
    f. Offer both same-day and scheduled appointments for preventive and acute visits during operating hours.
    g. Healthcare services must be aligned with state- and nationally-recognized standards including Early and Periodic Screening and Diagnostic Treatment (EPSDT) and the American Academy of Pediatrics Bright Futures Guidelines.
    h. Provide somatic services, including:
        - Preventive health services that include the provision of age-appropriate anticipatory guidance, standardized age-appropriate risk factor assessment
        - Comprehensive Primary Care
            - Diagnosis and treatment of minor injuries and illnesses
            - Routine well-child checks
            - Physical examinations, including sports physicals
            - Prescriptions and dispensing of medications by authorized personnel
            - Laboratory testing, including on-site point-of-care testing
            - Diagnosis and treatment of sexually transmitted infections
            - Ongoing management of chronic conditions, such as asthma, obesity, and diabetes
            - Immunizations (optional service)
            - Nutrition counseling and weight management (optional service)
            - Substance use/misuse and smoking cessation counseling (optional service)
            - Reproductive and sexual health care as appropriate
            - Follow-up and referral to community-based health providers or the patient's medical home for needed services outside of the scope of the SBHC practice.
    i. Provide mental/behavioral health services (if offered), including:
        - Assessment, diagnosis, and treatment of psychological, social, and emotional problems
        - Individual, family, or group counseling or referrals to counseling
        - Crisis intervention and mental health assessments
        - Advocacy and case management
        - Outreach to students at risk
        - Referral to community-based providers/organizations to address needs outside the scope of the SBHC practice.

j. Provide oral health services (if offered), including:
    - Dental screenings, hygiene, and restorative dental services
    - Fluoride treatments
    - Oral health education
    - Referral & follow-up to community-based dental providers for services that are beyond the scope of the SBHC practice.

k. Offer health promotion/education activities on topics pertinent to the population served.

l. SBHC staff must have knowledge of local social service referral resources and documentation of standard referral protocols.

m. Telehealth visits must be conducted in compliance with state and federal laws and regulations, including those concerning the privacy and security of protected health information.

n. Maintain a 24-hour phone system so that patients can receive instructions on how to obtain urgent care and advice when the SBHC site is closed.

o. Create, maintain, and securely store medical records for patients in a manner that complies with state and federal regulatory requirements.

p. Develop and maintain a schedule of standard charges for services rendered by the most current "Current Procedure Terminology" (CPT) and "Code on Dental Procedures and Nomenclature (CDT) codes.
    - Bill for services provided to Medicaid-enrolled patients.
    - Bill for services provided to patients enrolled in other insurance programs if the SBHC has a contract with that program.
    - Develop and maintain a written policy for determining discounts for the standard charges based on ability-to-pay, or other criteria, if needed.

q. Provide appropriate staffing for each SBHC, to include at a minimum one office/health/medical assistant and one advanced practitioner (physician or nurse practitioner) during hours of operation.
    - Maintain medical malpractice insurance for all providers working in each SBHC.
    - Ensure all providers providing services to patients hold an active license to practice medicine in the State of Maryland and are credentialed for the specific specialty and scope of services they provide.
    - Clinical staff must have active certification in basic life support (BLS).
    - Provide clinical staff with continuing education and professional development opportunities
    - Requisite training, license/certification, and experience of mental health services staff should be commensurate with the scope of services provided.

2. Administrative Duties to Maintain Quality
    a. Update written policies and procedures at least every 2 years. SBHC staff should review these annually.
        - Written procedures for enrollment of patients into the SBHC should exist for all individuals that the SBHC serves, including students, school staff members, family members of students, and community members.
    b. Maintain an organizational chart that details the reporting structure for each SBHC.

c. Each SBHC is subject to quality assurance site visits by Maryland School-Based Health Center Program staff. These site visits will be announced by the Program at least 30 days in advance of the site visit.
d. Conduct at least one continuous Quality Improvement (CQI) initiative as chosen in the funding application.
e. Ensure that the school district in which each SBHC resides includes the SBHC in their General Liability Insurance coverage.
f. Maintain compliance with Clinical Laboratory Improvement Amendment (CLIA) standards and post an active CLIA certification in public view in each SBHC.
g. Store medications in a safe location that is only accessible to SBHC staff.
h. Conduct necessary maintenance of medical equipment, including any necessary formal inspections. Maintain a copy of the inspecting agency's documentation on-site at the SBHC.
i. Maintain the SBHC facility in compliance with the Facility Requirements described in the SBHC System Standards.

3. Data Collection and Reporting
    a. Maintain a data collection system, preferably electronic, which allows for data import/export, aggregation, and analysis
    b. Complete the annual SBHC survey for School Year 2024 - 2025 by the deadline that the Department provides with the survey.
    c. Collect the following data on every patient enrolled in the SBHC:
        - Home Address
        - Date of Birth
        - Race and Ethnicity (with option to not provide if desired)
        - Gender
        - Grade level
            - Primary Care Provider at the time of SBHC enrollment (if known)
            - Type of Insurance at the time of SBHC enrollment
4. Reporting
    a. The grantee will submit quarterly reports describing any changes or significant events that have occurred in each SBHC or the Grantee's organization.
        - This report should include an update on the Performance Measures and selected CQI initiatives.
    b. A representative from the grantee will attend the quarterly SBHC Administrator meetings run by the Maryland Department of Health.

3. Statewide Integrated Health Improvement Strategy (SIHIS) Home Visiting Expansion

The goal of the SIHIS Home Visiting Expansion is to expand home visiting programs within-six months of receiving the grant award that will provide services to high priority families. High priority families include those that meet one or more of the following criteria: 1) previous history of Severe Maternal Morbidity event 2) pregnant under 21 or greater than 40. 3) previous poor birth outcomes including low birth weight preterm birth.

Conditions of Award

1. Grantees must comply with all applicable regulations and program guidelines.
2. As requested, the grantee shall participate fully in the MDH Maternal and Child Health Bureau Quality Improvement and Technical Assistance activities, which may include, but are not limited to:
    a. Comprehensive site visits at the Department's request within the project period;
    b. Interviews of staff, review of fiscal and program records, monitoring, risk assessment, review of inventory purchased against federal funding, interviews with administrators, and observation of program activities/facility.
3. Grantees must report the performance measures indicated by the Department using the methodology indicated by the Department.
4. Grantees must designate a staff person as the program coordinator, who will serve as the point of contact for the Department.
5. Grantees must comply with quarterly reporting requirements as designated in the Scope of Work and submit quarterly grant activity and expenditure reports as outlined in the SGA and guidance provided.

Reporting Requirements

Quarter Ending	Due Date
September 30, 2024	October 15, 2024
December 31, 2024	January 15, 2024
March 31, 2025	April 15, 2025
June 30, 2025	July 15, 2025

6. Budget modifications, supplements, and reductions are due by March 15, 2025. 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 grant monitor.

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

8. The maximum allowed indirect cost for all categorical grants administered by the Maternal and Child Health Bureau is limited to 10% of the direct costs.

Performance Measures

1. Number of individuals who enrolled in home-visiting who experienced a severe maternal morbidity event during delivery.

2. The percent of infants (among mothers who enrolled in home-visiting prenatally before 37 weeks) who are born preterm following program enrollment

3. Percent of mothers enrolled in home-visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider with 8 weeks (56 dyas) of delivery

4. Office of Family and Community Health Services

Maryland Family Planning Program

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

2. Grantees must submit quarterly grant activity and expenditure reports on the forms provided by the OFCHS via email at mdh.ugacmch@maryland.gov.

Programmatic 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. Expenditure reports should be cumulative.

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

3. 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.

4. Budget modifications, supplements, and reductions are due by March 15, 2025. 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 OFCHS.

5. Jurisdictions must make programmatic staff available for appropriate training/conference opportunities upon request from the OFCHS.

6. This award may be adjusted based on the availability of funds and/or program performance.

7. The subrecipient itemized budgets must be on file at the Local Health Department by August 31, 2025 and forwarded to your Maryland Family Planning Nurse Consultant by the same date.

8. Family Planning activities proposed must be in accordance with the most recent Maryland Family Planning Program guidance located in the most recent version of the Maryland Family Planning Program Program Administrative Guidelines.

9. Jurisdictions must ensure the Local Health Department's staff and any family planning subrecipient follows evidence-based medicine as related in the most current Maryland Family Planning Program Clinical Guidelines and interim practice updates issued by OFCHS.

10. Jurisdiction's Family Planning programs must comply with the Maryland Family Planning Clinical, Fiscal and Administrative Site Review Process, including any required self-reviews and on-site state reviews.

11. Jurisdictions must participate in the Maryland Family Planning 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 your designated Maryland Family Planning Program Program Nurse Consultant. Subrecipients are required to submit data in a timely manner on the 15th day of each month. Correction with data inaccuracies must be completed within 60 days of notification from the Maryland Family Planning Program. Subrecipients that are unable to maintain timely data submission and/or adversely impact the scheduled OPA Family Planning Annual Report (FPAR) submission may jeopardize future funding.

12. Jurisdictions cannot alter the Maryland Family Planning Program Data System in any manner. Any violation of the OFCHS licensing agreement with the vendor is strictly prohibited.

13. Jurisdictions must develop a list of charges that are based on a cost analysis of all the services they provide. Jurisdictions must adhere to the following Maryland Family Planning Program guidance; 1) Clients whose documented income is at or below 100% of the Federal poverty level must not be charged. 2) A schedule of discounts is required for individuals with family incomes between 101% and 250% of the Federal poverty level. The schedule of discounts must slide to $0. Fees must be waived for individuals with family incomes above this amount who are unable, for good cause, to pay for family planning services. 3) Projects must bill all third parties authorized or legally obligated to pay for services. 4) Bills to third parties must show total charges without applying any discount. 5) Bills to clients must show total charges less any allowable discounts.

14. Jurisdictions that accrue income from the delivery of family planning services must invest any income generated in their family planning program. Income earned shall be expended prior to seeking any reimbursement from the Department. The Jurisdiction may add income generated to the amount awarded by the Department; however, all income should be expended prior to requesting reimbursement for services delivered from the Department

True You Maryland (TYMD)

1. Jurisdictions must present medically accurate, trauma-informed, age-appropriate, culturally and linguistically appropriate materials and information as part of an evidence-based curriculum.

2. Jurisdictions must champion the selected evidence-based program(s) and comprehensive sexuality education curriculum(s) during the curriculum review and approval process, and implementation within schools, community settings, and clinics.

3. Jurisdictions are expected to replicate programs to scale including participants and/or in communities with the greatest need for services. The jurisdiction must coordinate with all organizations funded to implement teen pregnancy prevention programs within the same service areas to ensure that services provided through the award will not duplicate services and/or programs that already exist in the populations or communities to be served.

4. Each jurisdiction must verify their ability to have the largest impact possible on their community/population of need through replication of effective programs. Each jurisdiction must work toward the goal of implementation to scale in schools, community settings, and clinics.

5. Jurisdictions must implement an effective program(s) with fidelity and quality. All proposed adaptations must be shared with MDH and OPA. Major adaptations must be approved by MDH and OPA in writing prior to implementation, regardless of guidance provided by the program developer. Five percent of all EBP program sessions and 100% of facilitators must be observed.

6. Local Project Leads must meet regularly with their implementation partners to gauge successes and opportunities for growth or improvement, represent the project within other existing initiatives on adolescent health, and annually convene local champions for a stakeholder summit.

7. Jurisdictions must promote community-based programs including parent education programs and peer education and youth-led events and, when appropriate, consider attending youth-led events.

8. Jurisdictions shall distribute promotional materials, paper and electronic, to networks and intended audiences, including via social media.

9. Jurisdictions must recruit members to the Youth Advisory Board and lead them in activities that closely align with the goals of this project and provide meaningful ways for youth to contribute to and guide programmatic work.

10. Jurisdictions must ensure that TYMD activities are welcoming and accessible to lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth. Jurisdictions must require that each sub-grantee has a policy in effect that prohibits harassment based on race, sexual orientation, gender, gender identity (or expression), religion, or national origin. Jurisdictions must also require sub-grantees to monitor for and address harassment or bullying during TYMD activities.

11. Jurisdictions must comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities.

12. Grantees must submit quarterly reports to the MDH OFCHS (October 15th, January 15th, April 15th, and July 15th). These reports must cover program activities for the quarter and a cumulative report of fiscal expenditures.

13. The grantee must submit final activity and fiscal reports within 30 days after the end of the grant period, June 30, 2025 reflecting all budgetary expenses, accomplishments, and success stories during the funding period.

14. Grantees must collect and submit data to the grant evaluator for use in the Federal Semi Annual Performance progress reports required by the Department of Health and Human Services, Office of Population Affairs. The TYMD Coordinator will provide further guidance.

15. Jurisdictions are expected to collect a common set of performance measures to assess project implementation. Jurisdictions must collect all performance measures and report to MDH on a semi-annual basis. Final performance measures will be provided to recipients during the first six months of the project period and will include measures on reach, dosage, implementation of effective programs according to fidelity, quality, sustainability, partnerships, training, and dissemination.

16. Funded local teams must participate in training, workshops, webinars, quarterly check-in calls, and quarterly program-wide grantee meetings sponsored by the OFCHS for TYMD Program Grantees.

17. Jurisdictions are required to participate in at least one annual site visit.

18. Jurisdictions are required to participate in OPA research and evaluation activities, if selected, and must agree to follow all evaluation protocols established by OPA or its designee.

19. In addition to monitoring and technical assistance, (e.g., assistance from assigned TYMD project coordinator, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance), MDH programmatic involvement may include:

a. Reviewing and recommending to the State Adolescent Health Coordinator/TYMD Project Coordinator prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that is responsible for the day-to-day management and oversight of the project, and those assisting the awardee to establish review and update priorities for activities conducted under the auspices of this grant.
b. Consulting with the jurisdiction throughout the preparation and dissemination of materials.
c. Review of recipient progress during the planning period and approval to move forward with full implementation.
d. Review and approval of programs selected for replication, implementation plans prior to replication, and proposed adaptations to effective programs.
e. Ensuring review of all program materials prior to use in the project to ensure the materials are medically-accurate, age-appropriate, culturally appropriate, and trauma-informed.

20. Jurisdictions receiving these funds may have additional conditions contained in the grant award letter and supplementary directives.

21. Budget modification requests are due no later than March 15th of the current State Fiscal Year.

22. Allowable indirect costs are limited to a maximum of ten percent (10%) of direct cost.

23. Institutional Review Board (IRB) approval, when required by regulation, must be submitted to MDH within 5 business days of receipt.

24. When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements") — describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:
    a. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
    b. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

    When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

    If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

    This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S.

Government. For more information, please visit [PROGRAM OFFICE website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be approved by the OASH grants management officer after consultation with the federal project officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance with sufficient time to allow for coordination. Issue of statements, press releases, or any publications, including pamphlets, posters, and/or media campaigns, funded through awards from the TYMD must be forwarded to the MDH contract monitor for review and approval prior to publication to ensure compliance with federal and state guidelines.

State Sexual Risk Avoidance Education

1. In order to qualify for continued funding, programs must submit signed assurance of compliance with federal guidelines. The State Sexual Risk Avoidance Education (SRAE) Coordinator will provide further guidance.

2. Jurisdictions must address topics described in federal legislation, provided by the SRAE Coordinator.

3. Information presented with these funds must be medically accurate, complete, age-appropriate, and culturally appropriate and recognize the advantage of refraining from non-marital sexual activity in order to improve the future prospects and physical and emotional health of youth.
4. All staff involved in implementing the program's curriculum and working directly with youth must receive training in the approved model from the model developer or a certified trainer at least once.

5. In accordance with the federal legislation, grantee programs must address the following topics:
    a. The holistic, individual, and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future.
    b. The advantage of refraining from non-marital sexual activity to improve the future prospects, and physical and emotional health of youth.
    c. The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.
    d. The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
    e. The effect of other youth risk behaviors, such as drug and alcohol usage, on increasing the risk for teen sex.
    f. Strategies on how to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that—even with consent—teen sex remains a youth risk.
    g. Contraception. For programs that provide information on contraception, the information must be medically accurate and complete, and ensure students understand that contraception offers physical risk reduction, but not risk elimination, and the education cannot include demonstrations, simulations, or distribution of contraceptive devices.

6. Funds may not be used for sectarian worship, instruction, prayer or proselytization.

7. Grantees must submit quarterly reports to the MDH OFCHS (October 15th, January 15th, April 15th, and July 15th). These reports must cover program activities for the quarter and a cumulative report of fiscal expenditures.

8. Grantees must collect and submit data for use in the Federal Semi-Annual Performance progress reports required by the Department of Health and Human Services Administration for Children Youth and Families as well as data for biannual submission to the federal SRAE evaluation via the data portal. The SRAE Coordinator will provide further guidance.

9. Scope of Work Coordination with MDH Grantees shall participate in trainings, webinars, conference calls, and/or quarterly meetings, as requested by the Office of Family and Community Health Services. Grantees shall participate in an annual site visit as requested by the Office of Family and Community Health Services.

10. Grantees shall provide acknowledgement of funding support by MDH. This acknowledgment is required when issuing or distributing statements, promotional materials or publications, press releases, requests for proposals/information/applications/etc., bid solicitations, or for meetings and/or conferences that are funded fully or in part with the Sexual Risk Avoidance Education Program Grant funds

    Publications, including pamphlets, posters, and/or media campaigns funded in part or fully with Personal Responsibility Education Program funds must be forwarded to the Office of Family and Community Health Services for review and approval prior to publication to assure compliance with Federal and State guidelines. The following language shall be included on all publications:

    "This project is/was supported by the Department of Health and Human Services, Sexual Risk Avoidance Education Program Grant, as administered by the Maryland Department of Health. The information or content presented are those of the author and shall not be construed as the official position or policy, nor any endorsement, by HHS or the Federal Government."

11. Publications, including pamphlets, posters and/or media campaigns, funded with SRAE funds must be forwarded to the State SRAE Program for review prior to publication to assure compliance with Federal and State guidelines.

12. Jurisdictions must ensure that SRAE activities are welcoming and accessible to lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ) youth. Jurisdictions must require that each sub-grantee has a policy in effect that prohibits harassment based on race, sexual orientation, gender, gender identity (or expression), religion, or national origin. Jurisdictions must also require sub-grantees to monitor for and address harassment or bullying during SRAE activities. Within 60 days of the grant award, written policies and policy enforcement plans must be submitted to the awarding jurisdiction. Jurisdictions directly administering Sexual Risk Avoidance Education must similarly have written policies and policy enforcement plans completed and in effect within 60 days of the grant award.

13. Jurisdictions and any sub grantees may use MDH funds for participant incentives that do not exceed $25 per participant. While the use of incentives, other than gift cards, is encouraged, gift cards may be used for SRAE activities that are related to each program's goal and objectives, such as recruitment, retention, and evaluation activities. Gift cards must be used in accordance with a) MDH-approved budgets; b) any applicable local requirements; and c) the following guidance from the federal Family and Youth Services Bureau, noting that copies of written agreements between grantees and gift card vendors might be requested from the federal Office of Grants Management: "Gift cards" are allowable as participant incentives provided that the grantee has established a way to ensure that the gift card cannot be used to purchase non-allowable items, such as tobacco and alcohol, in a written agreement with the gift card vendor. The value of the gift card may not exceed $25 and should be one time only per participant. Jurisdictions will ensure that sub grantees comply with the requirements described in this condition. Grantees must keep a log which tracks the distribution of gift cards.

14. Jurisdictions must make programmatic staff available for appropriate training/conference opportunities upon request from the OFCHS.

15. Jurisdictions receiving these funds may have additional conditions contained in the grant award letter and supplementary directives.

16. Budget modification requests are due no later than March 15, 2025, of the current State Fiscal Year

17. Jurisdictions that use **sub-vendors** must submit signed copies of annual contracts to MDH on or before the end of the first quarter (9/30/24) for federal auditing purposes.

Personal Responsibility Education Program (PREP)

1. Jurisdictions are to implement an evidence based program model that emphasizes both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections as stipulated in the federal program guidance and the law (Section 513 (b) (2) (B) of the Social Security Act.)

2. Jurisdictions must supplement the approved curriculum or implement components of an approved curriculum that address at least three of the following six adult preparation subjects:

    a. Healthy relationships, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions.
    b. Adolescents development such as growth and development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects;
    c. Financial literacy;
    d. Parent-child communication;
    e. Educational and career success; and,
    f. Healthy life skills, such as goal setting and decision making.

3. All staff involved in implementing the program's curriculum and working directly with youth must receive training in the approved model from the model developer or a certified trainer.

4. All State and federally required performance reporting and data collection activities must be completed. The State PREP Coordinator will provide further guidance.

5. Scope of Work Coordination with MDH Grantees shall participate in trainings, webinars, conference calls, and/or quarterly meetings, as requested by the Office of Family and Community Health Services. Grantees shall participate in an annual site visit as requested by the Office of Family and Community Health Services.

6. Grantees shall provide acknowledgement of funding support by MDH. This acknowledgment is required when issuing or distributing statements, promotional materials or publications, press releases, requests for proposals/information/applications/etc., bid solicitations, or for meetings and/or conferences that are funded fully or in part with the Sexual Risk Avoidance Education Program Grant funds

    Publications, including pamphlets, posters, and/or media campaigns funded in part or fully with Personal Responsibility Education Program funds must be forwarded to the Office of Family and Community Health Services for review and approval prior to publication to assure compliance with Federal and State guidelines. The following language shall be included on all publications:

    "This project is/was supported by the Department of Health and Human Services, Personal Responsibility Education Program Grant, as administered by the Maryland Department of Health. The information or content presented are those of the author and shall not be construed as the official position or policy, nor any endorsement, by HHS or the Federal Government."

7. Grantees must submit quarterly reports to the MDH OFCHS (October 15th, January 15th, April 15th, and July 15th). These reports must cover program activities for the quarter and a cumulative report of fiscal expenditures.

8. Publications, including pamphlets, posters and/or media campaigns, funded through PREP funds must be forwarded to the State PREP Program for review prior to publication to assure compliance with federal and State guidelines.

9. Jurisdictions must ensure that PREP activities are welcoming and accessible to lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) youth. Jurisdictions are required to include victims of human trafficking as a potential target population. Jurisdictions must require that each sub-grantee has a policy in effect that prohibits harassment based on race, sexual orientation, gender, gender identity (or expression), religion, or national origin. Jurisdictions must also require sub-grantees to monitor for and address harassment or bullying during PREP activities. Within 60 days of the grant award, written policies and policy enforcement plans must be submitted to the awarding jurisdiction. Jurisdictions directly administering PREP must similarly have written policies and policy enforcement plans completed and in effect within 60 days of the grant award.

10. Jurisdictions and any sub grantees may use MDH funds for participant incentives that do not exceed $25 per participant. While the use of incentives other than gift cards is encouraged, gift cards may be used for PREP activities that are related to each program's goal and objectives, such as recruitment, retention, and evaluation activities. Gift cards must be used in accordance with a) MDH-approved budgets; b) any applicable local requirements; and c) the following guidance from the federal Family and Youth Services Bureau, noting that copies of written agreements between grantees and gift card vendors might be requested from the federal Office of Grants Management: “Gift cards” are allowable as participant incentives provided that the grantee has established a way to ensure that the gift card cannot be used to purchase unallowable items, such as tobacco and alcohol, in a written agreement with the gift card vendor. The value of the gift card may not exceed $25 and should be one time only per participant. Jurisdictions will ensure that sub grantees comply with the requirements described in this condition.

11. Jurisdictions receiving these funds may have additional conditions contained in the grant award letter and supplementary directives.

12. Budget modification requests are due no later than March 15, 2025, of the current State Fiscal Year.

13. Jurisdictions must make programmatic staff available for appropriate training/conference opportunities upon request from the OFCHS.

14. Jurisdictions that use **sub-vendors** must submit signed copies of annual contracts to MDH on or before the end of the first quarter (9/30/24) for federal auditing purposes.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Jurisdictions agree to implement evidence-based home visiting models as identified by the Maternal Child Health Bureau in the federal program guidance and the law (section 511 of Title V of the Social Security Act). Sites receiving MIECHV funds agree to specific conditions of this award, including:

1. **Performance Measures**
    a. Jurisdictions that have been active for a year or longer will maintain an enrollment of at least 85% of their maximum service capacity. The maximum service capacity is the highest number of households that could potentially be enrolled at the end of the quarterly reporting period if the program were operating with a full complement of hired and trained home visitors.

    b. Home Visitor Personnel Cost Method (25% Rule): The Home Visitor Personnel Cost Method designates families at enrollment based on the home visitor they are assigned. In using this methodology, MIECHV sites establish all families served by home visitors for whom at least 25 percent of their personnel costs (salary/wages including benefits) are paid for with MIECHV funding.

2. **Data Reporting Requirements: MIECHV**
    a. A reporting matrix listing all required data and due dates is updated and distributed with the Quarter 1 monitoring tool. Recipients are expected to submit their data in a timely fashion; at least 90% of jurisdictions' client data is expected to be complete and error free.

Reporting Period	Report Due Date
July 1, 2024- September 30, 2024	October 15, 2024
October 1, 2024 - December 31, 2024	January 15, 2025
January 1, 2025 - March 31, 2025	April 15, 2025
April 1, 2025 - June 30, 2025	July 15, 2025

    b. Jurisdictions will comply with all requests from the MIECHV Data Coordinator or State Team in the time frame specified.
    c. Jurisdictions will comply with data reporting schedules established by the MIECHV State Team.
    d. In accordance with the 25% funding rule (Home Visitor Personnel Cost Method), all home visitors funded to meet this requirement shall include all positively consented families in their caseload in data reports. It is strongly encouraged that 25% of all home visitor salaries are supported by MIECHV funds to streamline and condense data collection methods.

3. **Data Reporting Requirements: The Governor's Report on the Implementation and Outcomes of State-Funded Home Visiting Programs in Maryland**
    a. In accordance with Maryland Code, Human Services § 8-507 (the Home Visiting Accountability Act of 2012), home visiting programs will provide all required data to meet this State reporting requirement. Failure to complete the survey to provide data to be included in the report may result in the withholding of State funding.

4. **Continuous Quality Improvement (CQI) Requirements**
    a. All jurisdictions must partake in federally required Continuous Quality Improvement initiatives to include the implementation of CQI, standard practices, and all CQI-related assignments.
    b. All sites will be required to complete a quarterly report that answers specific federal questions specific to the MD MIECHV CQI annual report. The files are real time documentation of the CQI team meetings and work conducted. The name of your program should always be included on any documents submitted.
    c. All site leads are required to participate in quarterly calls to report on CQI. Each site should have two CQI leads and must study a topic throughout the entire funding cycle that is reported out in quarterly monitoring calls.

5. **Training Requirements**
    Jurisdictions are to be represented at all MIECHV meetings/training and participate in all required webinars, conference calls, and any technical assistance meetings or additional training as required by the State Team.

    a. All MIECHV-funded staff who have completed one year of service and work directly with families must enroll in the UMBC Home Visiting Training Certificate Program. Sites must ensure that new hires (of at least one year) as well as the existing staff who have not completed the training certificate sign up for the next possible opportunity.
    b. All members of a program's CQI team must complete the online The Ohio State University CQI modules and submit their certificates of completion. All CQI teams should participate in any webinars or training by the MD MIECHV program.

6. **Evaluation Requirements**
    Jurisdictions, if asked, will agree to participate in any federally directed or required evaluation of home visiting programs and/or services.

7. **Publication Requirements**
    MDH/MIECHV support is to be acknowledged in all materials publicizing or resulting from project activities. Grantees are to use the following text:

    "This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount, and percentage financed with non-governmental sources-- this information is available through the State MIECHV Team). 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."

The grantee shall assure acknowledgment of MDH support when issuing or distributing statements, promotional materials, press releases, requests for proposals, bid solicitations, publications, or holding meeting or conferences that are funded all or in part with MDH Funds by including the following statement:

> "This (article, conference, publication, etc.) was supported by funds through the Maryland Department of Health MIECHV Program."

Publications, including pamphlets, posters, and/or media campaigns funded through awards from the MIECHV Program must be forwarded to the MIECHV State Team Administrator for review prior to publication to assure compliance with federal and state Guidelines.

8. Fiscal Requirements

- **a.** Jurisdictions are allowed to use MIECHV dollars to purchase materials for program participants, including car seats and playpens. Any items distributed that have a specific way to open, close, or set up should be accompanied by a training (e.g., if car seats are distributed, the Kids in Safety Seats (KISS) program is available to provide installation information and car seat checks).
- b. Jurisdictions that use sub-vendors must submit signed copies of annual contracts to MDH on or before the end of the first quarter (9/30) for federal auditing purposes.

9. **Miscellaneous Requirements**

Jurisdictions receiving these funds may have additional conditions contained in the grant award letter and supplementary directives including, but not limited to, benchmark and data collections.

Jurisdictions are solely responsible for communicating these conditions of awards to any sub-grantees and/or Program Managers. Jurisdictions are to immediately report to the MD MIECHV Team any circumstances that impact the operation of the home visiting program that will directly impact any of the above requirements.

10. Gift Card Policy

Your site must comply with Statewide regulations as it pertains to gift cards at all times. Under the statewide code, "a gift card, store-value card or a prepaid credit card, collectively referred to as a gift card, is considered a cash or cash equivalent that is subject to taxes regardless of the face value. The value of gift cards given to participants is taxable and reportable income on IRS form 1099-MISC if the value of gift cards received aggregates to an amount of $600 or more per calendar year."

In addition, gift cards can be susceptible to fraud or misappropriation because they lack the audit trail that exists with a check or other forms of payment. As a result, strict restrictions are placed on the purchase and distribution of gift cards. The policies and procedures outlined below must be adhered to at all times. Gift cards of up to $50 may be purchased for participants after a determination of need is completed (i.e., does a family need food, clothing, PPE, etc). Individual gift cards may not have a face value greater than $25.

Maintaining and Distributing Gift Cards: Gift cards will be purchased, distributed and monitored by the program manager. The MD MIECHV Grants and Contracts Coordinator will monitor the submitted invoices to ensure each invoice aligns with the purchasing

methodology. Gift cards should only be purchased as needed and be secured at all times (in a safe, locked cabinet, locked drawer or other secure location) until distributed.

Gift card issuances will be documented weekly in a log (spreadsheet) that must uniquely identify each payment in order to document the appropriate use of the card for audit purposes. Information to be included for each card shall include at a minimum: recipient name (date; purpose of payment; type of gift card; serial number of gift card: payment amount; signature or initials of participant.

It is understood that failure to follow the policies and procedures as stated above and to maintain appropriate supporting documentation can result in the suspension of the privilege to purchase and distribute gift cards.

11. Regional Models

If multiple jurisdictions are operating in a regional model, the following is required:

a. Memorandum of understanding or an agreement with the participating jurisdictions.
   - The Agreement shall include, but is not limited to the following:
     - description of the roles and responsibilities of each party;
     - assurances of regular meetings between representatives;
     - assurance of a co-developed plan for administrative operations for regional model of the MIECHV Program;
     - plan to share data with the other jurisdictions
     - A county or jurisdiction (County A) that receives funds to operate services in another jurisdiction (County B) must provide County B's data to the County B local health department upon request in a timely manner. As a reminder, data must be entered into Maxwell at the county level; therefore, this data should be readily available.

Definitions

1. Meeting Federal Requirements: Any site or agency that fails to meet the federal requirements will be asked to enter into a corrective action plan. If the corrective action plan goals and timeline cannot be met within an agreed-to timeline, jurisdictions may lose funding.

2. Voluntary Home Visiting: Maryland MIECHV assures that home visiting services offered through the MIECHV program are provided on a voluntary basis to eligible families. Our local sites ensure that enrollee participation is voluntary, through their consent procedures.

5. Office of Quality Initiatives (OQI)

Babies Born Healthy (BBH)

The goal of Babies Born Healthy is to contribute to the reduction in disparities in infant mortality, specifically addressing the gap of excess infant mortality between non-Hispanic Black and non-Hispanic white populations. Grantees will provide perinatal care coordination and navigation services to pregnant individuals who are identified as high-risk for adverse birth outcomes due to medical or social needs.

1. Grantees must comply with all applicable regulations and program guidelines.

2. Grantees' Babies Born Healthy programs must comply with at least one Babies Born Healthy site visit annually, as requested by the contract monitor, and mandatory quarterly conference calls.

3. Grantees must report the performance measures indicated by the Department using the methodology indicated by the Department.

4. Grantees must designate a staff person as the "Babies Born Healthy Coordinator". This individual will be the main point of contact for the MDH contract monitor.

5. Grantees must comply with quarterly reporting requirements as designated in FY25 Application Guidance, including submitting quarterly grant activity and expenditure reports.

Quarter Ending	Due Date
September 30, 2024	*October 15, 2024*
December 31, 2024	*January 15, 2025*
March 31, 2025	*April 15, 2025*
June 30, 2025	*July 15, 2025*

6. Budget modifications, supplements, and reductions are due by March 15, 2025. 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 MDH contract monitor.

7. Grantees must make programmatic staff available for appropriate training/conference opportunities upon request from the Department.

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

9. The maximum allowed indirect cost for all categorical grants administered by the Maternal and Child Health Bureau is limited to 10% of the direct costs.

Scope of Work:

1. Grantee must provide perinatal care coordination services until **6-months postpartum**.

2. Grantee must implement a prenatal support group within their BBH program.

3. Grantee must foster communication and collaboration between fatality review programs, prevention activities, and care coordination activities.

4. Grantee must address health equity in the implementation of their BBH program

5. Grantee must meet the following staffing requirements:
    a. FTE CHW or Perinatal Navigator, and
    b. 0.5 FTE Registered Nurse Supervisor

Surveillance and Quality Initiatives (SQI)

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

2. All jurisdictions must receive prior approval from the Office of Quality Initiatives for any subsequent budget modifications or reallocation of expenditures once the budgets are approved for each grant.

3. Jurisdictions must report the performance measures indicated by the Department using the methodology indicated by the Department.

4. Jurisdictions must comply with quarterly reporting requirements as designated in FY25 Application Guidance and submit quarterly grant activity and expenditure reports as outlined in the SF25 Application Guidance provided.

5. Budget modifications, supplements, and reductions are due by March 15, 2025. 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 Office of Quality Initiatives.

6. Jurisdictions must make programmatic staff available for appropriate training/conference opportunities upon request from the Office of Quality Initiatives.

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

8. Jurisdictions must designate a Health Department staff person (full or part-time) as a Fetal and Infant Mortality Review (FIMR) Coordinator and a staff person (full or part-time) as a Child Fatality Review (CFR) Coordinator. These may or may not be the same person and can be in-kind.

9. The maximum allowed indirect cost for all categorical grants administered by the Maternal and Child Health Bureau is limited to 10% of the direct costs.

Reporting Requirements

Quarter Ending	**Due Date**
September 30, 2024	*October 15, 2024*
December 31, 2024	*January 15, 2025*
March 31, 2025	*April 15, 2025*
June 30, 2025	*July 15, 2025*

Scope of Work:

1. Grantee must address health equity in the implementation of their SQI program.

2. Grantee must convene a multidisciplinary team to review all unexpected child fatalities under the age of 18 in their jurisdiction.

3. Grantee must fulfill the Local Child Fatality Review Team membership requirements outlined in Maryland Family Law Code Ann. § 5-701 - § 5-709.

4. The purpose of the local team is to prevent child deaths by:
5. Promoting cooperation and coordination among agencies involved in investigations of child deaths or in providing services to surviving family members;
    a. Developing an understanding of the causes and incidence of child deaths in the county;
    b. Developing plans for and recommending changes within the agencies the members represent to prevent child deaths; and
    c. Advising the State Team on changes to law, policy, or practice to prevent child deaths.
5. To achieve its purpose, the local team shall:
    a. In consultation with the State Team, establish and implement a protocol for the local team;
    b. Set as its goal the investigation of child deaths in accordance with national standards;
    c. Meet at least quarterly to review the status of child fatality cases, recommend actions to improve coordination of services and investigations among member agencies, and recommend actions within the member agencies to prevent child deaths;
    d. Collect and maintain data as required by the State Team
    e. Provide requested reports to the State Team, including discussion of individual cases, steps taken to improve coordination of services and investigations, steps taken to implement changes recommended by the local team within member agencies, and recommendations on needed changes to State and local law, policy, and practice to prevent child deaths.

6. If funded for the FIMR component of the SQI grant, the grantee shall:
    a. Convene a FIMR team to conduct reviews of priority fetal and infant mortalities. Teams may choose to review select cases of interest to their review team in addition to required cases. As part of the case selection, teams should:
    b. Identify a health disparity in fetal and infant deaths within your jurisdiction, and
    c. Review summary case information

7. FIMR teams must conduct reviews on the following FIMR cases:
    a. High-Priority cases in which one or more of following were present:
        - Substance use during pregnancy
        - Birth defects or congenital abnormalities
        - Racial and ethnic minorities
        - Please coordinate with your local STI/HIV Partner Services to identify appropriate congenital syphilis and perinatal HIV case information.

8. Grantees must convene a FIMR Community Action Team (CAT) and identify an annual focus area for the CAT team.

Thrive by Three

Thrive by Three grantees implement programs to expand access to prenatal care and perinatal care coordination.

1. Grantees must comply with all applicable regulations and program guidelines.

2. Grantees receiving Thrive By Three funds must comply with one site visit annually and quarterly calls, as requested by the Department.

3. Grantees must report the performance measures indicated by the Department using the methodology indicated by the Department.

4. Grantees must designate a staff person as the "Thrive By Three Coordinator."

5. Grantees must comply with quarterly reporting requirements as designated in FY25 Application Guidance and submit quarterly grant activity and expenditure reports as outlined in the SFY25 Application Guidance provided.

Quarter Ending	Due Date
September 30, 2024	*October 15, 2024*
December 31, 2024	*January 15, 2025*
March 31, 2025	*April 15, 2025*
June 30, 2025	*July 15, 2025*

6. Grantees must comply with Senate Bill 777's requirement of submitting an annual report to the Secretary and the General Assembly. The Department will provide a template to complete the report. At a minimum the annual report should include data describing: 1) the services provided, 2) the number of individuals receiving services, 3) outcomes for individuals receiving services, and 4) an assessment of the funding activities' ability to scale. This report will be submitted to the MDH contract monitor by October 1, 2024.

7. The bill and the provisions of the annual report can be accessed at: https://mgaleg.maryland.gov/2021RS/bills/sb/sb0777t.pdf

8. Budget modifications, supplements, and reductions are due by March 15, 2025. 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 Office of Quality Initiatives.

9. Grantees must make programmatic staff available for appropriate training/conference opportunities upon request from the Office of Quality Initiatives.

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

11. The maximum allowed indirect cost for all categorical grants administered by the Maternal and Child Health Bureau is limited to 10% of the total direct costs.

Scope of Work:
The grantee shall:

1. Abide by the Americans with Disabilities Act: The Americans with Disabilities Act (https:www.ada.gov/) protects qualified individuals with disabilities from discrimination on the basis of disability in services, programs, and activities. Accessibility and inclusion of diverse populations are essential to reduce health disparities for vulnerable populations. Contractors must comply with all ADA requirements in their work to ensure the needs of persons with disabilities and other vulnerable populations are met. This includes, but is not limited to: - facilities and any venues used for meetings/conferences are accessible; - requested accommodations are provided in a timely manner; and - written and printed materials developed in accessible formats (easy to read, large print, etc.), or providing access to alternative formats. For contracts which include direct patient care or service delivery through a program, the ADA requires entities provide full and equal access for people with disabilities. This includes, but is not limited to: - reasonable modifications of policies, practices, and procedures; - effective communication; and - accessible facilities.

2. Program Development
    a. Develop a new program or add to an existing program within the organization, that expands access to prenatal care services for those that otherwise would not be able to access prenatal care, including those who cannot obtain prenatal care due to their immigration status.
        - Prenatal care may include behavioral and oral health services necessary for maintaining a healthy pregnancy.
        - The program shall either be integrated into an existing model at the organization, or be an add-on program to existing services offered by the organization.
        - The program must expand access to prenatal care through addressing the social needs of the priority population. Examples of programs eligible for funding include, but are not limited to:
            - Care Coordination
            - Planning and establishing telehealth services
            - Programs that address transportation or childcare needs that are a barrier to accessing prenatal care services
            - Programs that increase the availability of culturally appropriate prenatal care services
            - Programs that partner with, and leverage, community partners and services

- Program must include activities to address perinatal mental health needs of the priority population.
- The program may include direct clinical services, however, the services that are provided cannot otherwise be reimbursed through a third party payer. Direct clinical services can only comprise 30% of the budget.
- The program may include engagement with program participants via a variety of modalities as appropriate. These modalities include in-person, phone (voice), phone (text), and video conferencing.
- Eligible program participants are:
  - Pregnant people at any point in pregnancy.
  - If providing care coordination services, pregnant people up to 6-months postpartum and infants from birth to three years of age.

2. Priority Population
   a. Provide services to those who would not otherwise be able to access prenatal care.
      - Grantee will identify their priority population, and demonstrate an understanding of the population's needs and challenges in accessing prenatal care.
      - Pregnant people will be eligible for participation in the program, regardless of their citizenship status or ability to pay for prenatal services.
   b. If the priority population includes individuals with Limited English Proficiency (LEP), the grantee must ensure clear, effective, and user-friendly language access services at all points of program engagement.

3. Outreach and Referral
   a. Referral
      - Coordinate with local health systems and community-based organizations to identify eligible program participants and receive client referrals to the program.
      - Create a mechanism so that eligible individuals can self-refer to the program.
   b. Outreach
      - Conduct outreach to providers and community partners to provide education on the purpose of the program, and the process for referral to the program.
      - Conduct outreach to engage the priority population and enroll eligible individuals.

4. General Requirements of Providing Care Coordination Services
   a. If providing care coordination services, the grantee will fulfill the following requirements:

- provide care coordination services for eligible participants throughout pregnancy, the postpartum period, and to infants from birth to three years old. Eligible participants for Care Coordination are: - Pregnant people at any point in pregnancy - Individuals who are up to 6-months postpartum - Infants from birth to 3 years old
- provide services to all enrollees until 6-months postpartum.
- may continue to serve enrollees as needed, until 1-year postpartum.
- provide care coordination services via a variety of modalities as appropriate. These modalities include in-person, phone (voice), phone (text), video conferencing.

b. Assessment and Screening
    - Conduct a comprehensive risk assessment, and administer screenings to all enrollees throughout the enrollment period. All screening components are required to enroll participants into Thrive by Three Care Coordination. The results of these screenings may influence the care plan, and inform the prioritization of the enrollees' needs.

c. Care Planning
    - Develop and implement a care plan for all Thrive by Three care coordination participants. Care plans should be developed based on an initial assessment of participant needs, and updated throughout the period of enrollment. The care plan process should include:
        - Jointly developing measurable goals and activities— prioritizing the leadership of participants and taking into consideration the participants' cognitive and physical abilities, available resources, support networks and motivations—that result in a more realistic model of person-centered care planning.
        - Providing a copy of the care plan to the participant, reinforcing participant ownership and involvement in the care coordination process.
        - Documenting changes or updates to the care plan.
        - Documenting outcomes to track participant progress.
        - Meeting any accessibility needs to complete care planning in a participant lead approach.
        - Based on the initial assessment and screenings, prioritize the participants' safety concerns. Safety concerns could be related to Intimate Partner Violence (IPV) substance use, or any experience in which participants have expressed safety concerns, or where there may be heightened risk. This could involve, but is not limited to:
            (1) Safety planning
            (2) Discussion of IPV housing options

(3) Planning or discussing options around recovery, rehabilitation, harm reduction or syringe service programs, naloxone access, or medication assisted recovery options
(4) Acute medical, prenatal or mental health challenges
(5) Safe Sleep
(6) Other situations that the participant identifies as urgent

- grantee will revisit, and update, the Care Plan regularly throughout the participant's enrollment in the program.

d. Linkages to Care
   - Connect participants to resources as appropriate, based upon the outcomes of screenings, and the needs identified in the care plan. The referral to resources process will entail:
     - review available resource options with the participant, and support the participant in choosing preferred resources.
     - receive consent from the participant before referring the participant to a resource.
     - confirm and document receipt of resource(s), and as appropriate, will conduct follow-up to ensure contact has been made.
     - continue to conduct linkage to resources throughout the duration of the participant's enrollment.
     - build and maintain relationships with community organizations, hospitals and health systems, Local Health Department (LHD) programs, and Local Behavioral Health Authorities (LBHAs) to leverage unique local opportunities and programs for Thrive by Three care coordination participants.
     - ensure that medical appointments for participants are made, such as prenatal care visits and specialty behavioral health care visits.
     - coordinate care and establish and/or increase communication among participant's providers across systems of care.

5. Staffing Requirements
   a. Identify a Program Coordinator, and necessary support staff. Staff could include a variety of positions, including Public Health Nurses, Community Health Workers, or outreach and marketing staff.
   b. Provide a resume and a description of relevant experience for each staff member involved in grant activities.
   c. The grantee may employ or subcontract with other members as needed to satisfy all grant requirements.

6. Reporting Requirements
   a. Agree to share de-identified, aggregated demographic data, process indicators, and outcome indicators.

b. Report data to MDH via a standardized form. Mandatory fields will include, but is not limited to:
    - Engagement and Outreach
        - Number of outreach events conducted by type of outreach
    - Program Participants:
        - Number of referrals received by location, age, race/ethnicity, languages spoken, trimester referred, insurance type and zip code
        - Number of referrals contacted for enrollment by location, age, race/ethnicity, languages spoken, trimester contacted, insurance type and zip code
        - Number of referrals received by referral source
        - Number of participants enrolled in program by age, race/ethnicity, languages spoken, trimester enrolled, insurance type and zip code
        - Number of participants who refused services by age, race/ethnicity, languages spoken, trimester enrolled, insurance type and zip code
    - Screening
        - Number of screenings completed, by screening type, screening tool, trimester screened
    - Care Coordination
        - Number of care coordination encounters by modality
        - Number of referrals made to services by service type
        - Number of referrals complete by service type
        - Number of durables provided by type
    - Health, Pregnancy, and Birth Metrics:
        - Number of live births
        - Number of cesarean section births
        - Number of preterm births
        - Breastfeeding initiation
        - Number of low birth weight births
            (1) Number of live births < 2,500 g
            (2) Number of live births < 1,500 g
        - Planned mode of delivery
        - Actual mode of delivery
        - Number of births to multiples
        - Number of Maternal Mortalities
        - Number of Infant Mortalities
        - Number of cases of Severe Maternal Morbidity

c. The grantee will be required to submit a quarterly report to the Department detailing program activities on the 15th of the month following the end of the quarter using a standardized form that covers:

- Budget and expenditures
- Performance measures
- Technical Assistance

ELC Enhancing Detection Project W: SET-NET

The ELC Enhancing Detection Project W:SET-NET supplement from the Centers for Disease Control and Prevention (CDC) is supporting a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities. In conjunction with optimizing testing and increasing test volumes for COVID-19/SARS-CoV-2, ELC also accelerates efforts to conduct robust contact tracing and then identify and isolate new cases of COVID-19 among symptomatic or asymptomatic individuals. As part of this cooperative agreement, MDH has identified Local Health Departments (LHDs) as key partners to address COVID-19/SARS-CoV-2 surveillance, case detection, reporting, response, and prevention needs at the local level by:

1. Building capacity for outbreak response and infection prevention and control

2. Enhance testing, particularly for vulnerable populations and minority communities

3. Conduct contact tracing and implementing prevention strategies for high risk settings

4. Strengthen laboratory testing and using laboratory data to enhance investigation, response and prevention for COVID-19/SARS-CoV-2.

REPORTING REQUIREMENTS

1. Quarterly Fiscal Expense Reports.

2. Quarterly progress reports on status of timelines, goals, and objectives as defined by MDH in approved work plans.

3. MDH may require recipients to develop annual progress reports (APRs). MDH will provide APR guidance and optional templates should they be required

4. Quarterly reporting of test results, both positive and negative

5. Clarity on how the jurisdictions will focus on high socially vulnerable index counties, rural and urban areas, etc. (Vulnerable populations must be specific).

ADDITIONAL TERMS AND CONDITIONS

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to:

1. Comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19;

2. In consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and

3. Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to MDH copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. MDH will specify in further guidance and directives what is encompassed by this requirement. This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any sub-award, to the extent applicable to activities set out in such sub-award.

Unallowable Costs

Research

1. Clinical care

2. Publicity and propaganda (lobbying):
    a. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
        - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
        - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
    b. See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/AntiLobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

All unallowable costs cited in CDC-RFA-CK19-1904 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Freda Johnson, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 1 2939 Flowers Road, MS-TV-2
Atlanta, GA 30341
Email: WVE2@CDC.GOV (Include "Mandatory Grant Disclosures" in subject line)
AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Integrated Maternal Health Services Initiative

This funding opportunity provides resources to local health departments to integrate digital perinatal risk assessment forms into their perinatal care coordination workflow, coordinate with regional birthing hospitals and providers of prenatal care, and engage with stakeholders to understand challenges to and opportunities for improving referral completion. Grantees will document current workflows, modify those workflows as needed to receive and act upon digital perinatal risk assessment forms, partner with local birthing hospitals and pregnancy care practices that serve their community, and establish internal procedures to ensure the result of a referral can be documented in CRISP.

1. Grantees must comply with all applicable regulations and program guidelines.
2. Grantees must attend quarterly conference calls and trainings as requested by the Department.
3. Grantees must report the performance measures indicated by the Department using the methodology indicated by the Department.
4. Grantees must designate a staff person as the program coordinator, who will serve as the point of contact for the Department.
5. Grantees shall provide acknowledgement of funding support by the Department and the Health Resources and Services Administration (HRSA). This acknowledgment is required when issuing or distributing statements, promotional materials or publications, press releases, requests for proposals/information/applications/etc., bid solicitations, or for meetings and/or conferences that are funded fully or in part with the Integrated Maternal Health Services Grant (IMHS) funds

    a. Publications, including pamphlets, posters, and/or media campaigns funded in part or fully with IMHS funds must be forwarded to the Grant Monitor for review and approval prior to publication to assure compliance with Federal and State guidelines. The following language shall be included on all publications:

    This [project/publication/program/website, etc.] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $XX with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

6. Grantees must comply with quarterly reporting requirements as designated in FY25 Guidance and submit quarterly grant activity and expenditure reports as outlined in the SFY25 Guidance provided.

Quarter Ending	Due Date
September 30, 2024	*October 15, 2024*
December 31, 2024	*January 15, 2025*
March 31, 2025	*April 15, 2025*
June 30, 2025	*July 15, 2025*

7. Budget modifications, supplements, and reductions are due by March 15, 2025. 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 grant monitor.

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

9. The maximum allowed indirect cost for all categorical grants administered by the Maternal and Child Health Bureau is limited to 10% of the direct costs.

Scope of Work

The Grantee shall:

1. Transition the local perinatal care coordination program to receiving and acting upon digital Perinatal Risk Assessment forms (currently the Maryland Prenatal Risk Assessment (MPRA) and Postpartum Infant & Maternal Referral (PIMR) forms) as they become available.
    a. Evaluate and document current workflows to receive MPRA and PIMR forms, to engage with birthing persons, and to refer them to necessary social services in their jurisdiction, e.g. WIC, SNAP, Home Visiting, Doula, etc.
        - Describe the flow of referrals and sharing of information between LHD staff and Administrative Care Coordination Unit (ACCU) staff.
        - Examine current efforts to engage and collaborate with extra-departmental stakeholders such as MCOs to collect and standardize service provision.
    b. Develop and implement innovative workflows tailored to address challenges unique to the local jurisdiction to enhance service coordination for birthing persons.
    c. Establish internal procedures to ensure the result of a referral (whether a patient is connected with the resource) can be documented in CRISP once this tool is available.
2. Coordinate with local birthing hospitals, pregnancy care practices, and primary care providers to ensure PIMR and MPRA form completion.

3. Survey stakeholders to understand challenges and opportunities to referral completion.

4. Ensure care coordination staff participate in training provided by MDH.

Staffing:

1. The Grantee(s) will identify a Project Director who will coordinate quarterly with the MDH Grant Monitor and be a point of contact for questions/information.

2. The Grantee(s) will provide staffing to coordinate tasks, e.g. training of staff for care coordination, evaluation of workflow, stakeholder engagement.

3. The Grantee(s) will consider sending a staff member to participate in the Maryland Perinatal Risk Assessment Working Group.

Reporting:

1. The Grantee(s) will track progress of previously defined performance outcome metrics and provide this in an updated quarterly report to MDH Grant Monitor.

2. By the end of FY 2025, the Grantee will
    a. Conduct a needs assessment of current workflows for care coordination for peripartum persons in the jurisdiction and submit a needs assessment report.
    b. Create a preliminary workflow that addresses systematic challenges to the referral/coordination of services for birthing persons identified in the needs assessment.
        - Submit to the MDH Grant Monitor a work plan to put this workflow into operation.
    c. Create SFY26 goals for performance measure outcomes that use SFY25 baseline information collected.

6. Office of the Maryland WIC Program

1. Budgets for State fiscal year 2025 must be submitted electronically in accordance with the WIC Program Budget Instructions, no later than June 3, 2024.

2. Local WIC Programs must be allowed to expend WIC or Breastfeeding Peer Counselor funds for any item that meets the following conditions:
   a. The item is an allowable cost under federal WIC regulations; and
   b. Sufficient funding is available in the budget that has been approved by the State WIC Office.

3. 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 (more than 10%) from the approved budget.

4. One budget budget modification may be filed per year, submitted on the third quarter expenditure report due on April 30th. All unbudgeted items for which approval was obtained by the State WIC Office must be included in the April budget modification

5. The local agency must serve at least 97% of their assigned caseload. Local agencies that fail to meet 97% of their caseload assignment by October 31, 2024 may have their caseload assignment reduced effective January 1, 2025. The SFY 2025 award will also be reduced in accordance with the reduced caseload assignment.

6. 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.

7. Nutrition education expenditures must be at least twenty percent (20%) of the grantee's total expenditures. In addition, expenditures for breastfeeding promotion and support must be at least five percent (5%) of the grantee's total expenditures.

8. Time studies are to be performed either quarterly or daily in accordance with WIC Policy and Procedure 6.01.

9. Quarterly or monthly expenditure reports must adhere to the expenditure reporting guidelines in the WIC Program Budget Instructions. The reports shall be submitted electronically within 30 days after the end of the quarter or month being reported as specified in the WIC Program Budget Instructions.

10. Quarterly or monthly expenditure reports that are submitted after the due dates specified in the WIC Budget instructions will be considered non-compliant unless an extension has been granted by the WIC Finance Chief prior to the due date. Actions for non- compliance as stated in the MD WIC Policy and Procedure 6.00 Section F will then be applied.

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

12. The local agency Coordinator or their representative must attend the 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.

13. The State WIC Director or their designee must be consulted in the search for and selection of space for a new or relocated WIC clinic which will be paid for with WIC funds.

14. Written approval from the State WIC Director or their designee must be obtained before signing a lease for a new or relocated WIC clinic that will be paid for with WIC funds as stated in the Maryland WIC Policy and Procedure 6.07.

15. The State WIC Director or their designee must provide prior written approval for any new clinic as stated in the Maryland WIC Policy and Procedure 6.07.

16. The State WIC Director or their designee must provide advanced written approval for any clinic relocation or closure as stated in the Maryland WIC Policy and Procedure 6.07.

17. The local agency shall ensure that each clinic site has adequate space for each WIC function.

18. The local agency shall schedule sufficient days, hours, and staff to provide timely WIC certification, food instrument distribution, or other activities to achieve and maintain the assigned caseload.

19. All expenditures must directly support the operation of WIC or Breastfeeding Peer Counselor Programs.

20. Maintain a separate, complete, documented, accurate, and current accounting of all WIC Program and Breastfeeding Peer Counselor Program expenditures.
    a. All expenditures charged to the WIC or Breastfeeding Peer Counselor Program budgets must be traceable to source documentation. Any expenditure that does not have supporting documentation will be disallowed.

21. The local agency health officer or their representative shall review the USDA Assurances and sign the acknowledgment annually.

22. The local agency shall adhere to the requirements and regulations in the Local Agency Policy and Procedures Manual.

7. Office of Children and Youth with Specific Health Care Needs

Grant guidelines and expectations for State FY 2025 are described below.

Reporting:

1. Grantees must submit quarterly programmatic narrative reports to the Department detailing program activities on the 15th of the month following the end of the quarter using a standardized form that will be provided.

2. Grantees must submit quarterly budget reports 15 days following the end of the quarter. Budget reports are required even if no expenditures or activities have occurred during the quarter.

3. Grantees must submit data and narrative reports to the Department using REDCap via a link provided by the Office of Children and Youth with Specific Health Care Needs, unless informed otherwise.

4. Grantees must submit budget reports to the Department to the Department via an email to mdh.ugacmch@maryland.gov, unless informed otherwise

5. Grantees must comply with quarterly reporting requirements. Additionally, grantees must submit a final report that includes: (1) performance and outcome measures and (2) budgetary expenditures within 45 days following the end of the fiscal year. Final payments will not be made until all required reports are received.

6. Reports are due in accordance with the following schedule:

JULY 1, 2024 TO JUNE 30, 2025

Quarter Ending	Due Date
September 30, 2024	*October 15, 2024*
December 31, 2024	*January 15, 2025*
March 31, 2025	*April 15, 2025*
June 30, 2025	*July 15, 2025*
Final Report	*August 30, 2025*

General

1. Grantees must comply with all applicable regulations and program guidelines.

2. Grantees must comply with mandatory quarterly grantee conference calls. Grant monitor may request an annual site visit.

3. Grantees must report the performance measures indicated by the Department using the methodology indicated by the Department.

4. Grantees must designate appropriate staff to fulfill the activities of the grant.

5. Budget modifications, supplements, and reductions are due by March 15, 2025. 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 OCYSHCN.

6. Grantees must make programmatic staff available for appropriate training/conference opportunities upon request from the OCYSHCN.

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

8. The maximum allowed indirect cost for all categorical grants administered by the Office of Children and Youth with Specific Health Care Needs is limited to 10% of the direct costs.

   Grantees will provide acknowledgement to the Maryland Department of Health when issuing or distributing statements, promotional materials, or publications, press releases, requests for proposals/information/applications/etc., bid solicitations, or for meetings and/or conferences that are funded fully or in part with Title V MCH Block Grant funds. Please use the following phrase when referencing MDH support: *"This article/conference/publication/etc. was supported in part/fully by the Title V Maternal and Child Health Block Grant as administered by the Maryland Department of Health."*

9. Publications, including pamphlets, posters, and/or media campaigns funded in part or fully with Title V funds must be forwarded to the Maternal and Child Health Bureau for review and approval prior to publication to assure compliance with Federal and State guidelines. The following language will be included on all publications: *"This project is/was supported by the Health Resources and Services Administration, Title V Maternal and Child Health Services Block Grant Program, as administered by the Maryland Department of Health. The information or content presented are those of the author and shall not be construed as the official position or policy, nor any endorsement, by HRSA or the Federal Government."*

10. Grantee must provide copies of any brochures, surveys conducted, assessment tools, curricula, and any other materials developed through project activities to OCYSHCN.

CANCER AND CHRONIC DISEASE BUREAU

1. Grantees may be subject to additional conditions as stated in the award letter.

2. Grantees must agree to make staff available for site visits, meetings, and training opportunities as appropriate or at the request of the Cancer and Chronic Disease Bureau (CCDB).

3. Issuing statements, press releases, or any publications, including pamphlets, posters and/or media campaigns, funded through awards from the CCDB must be forwarded to the contract manager for review and approval prior to publication to ensure compliance with Federal and State guidelines.

4. Grantees must participate in evaluation activities upon request from CCDB to meet other funder requirements.

5. Incentives must follow LHD procurement guidelines, the FY 2025 Gift Card and Incentive Guidance, and must be used to either reduce barriers to participation and/or encourage healthy behaviors. The use of funding for incentives requires prior approval by the contract monitor. Programs may have additional specific guidance tailored to the needs of the projects that may limit the type and/or value of the incentive. Questions, clarifications, and exceptions may be directed to the contract monitor.

6. Grantees must submit final activity and fiscal reports 30 days after the grant period reflecting budgetary expenses, accomplishments, and success stories during the funding period.

7. Grantees must submit quarterly financial reports and grant activity reports in the format provided by the contract monitor, and as directed in the original RFA/RFP, via email to the designated contract monitor; measurable outcome reports should only cover the reporting periods in accordance with the original RFA/RFP, and financial reports must be submitted on time to assume proper payments.

8. Budget modifications, supplements, and reductions are due by April 15, 2025. 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 contract monitor.

9. Awards may be adjusted based on the availability of funds.

10. Grantees must ensure the needs of persons with disabilities and other vulnerable populations are included in their work plan activities, to eliminate anticipated barriers to participation by persons with disabilities and ensure that facilities and venues are accessible.

1. Cigarette Restitution Fund Program

GENERAL CONDITIONS OF AWARD FOR ALL LHD CRF PROGRAMS

1. The Local Health Department shall collect and submit data on the services provided under this grant in the format and intervals specified by the program.

2. The Local Health Department shall maintain accounting of line item expenditures by PCA code (e.g. FT--- or FC---).

3. Administrative expenses for the Cigarette Restitution Fund Programs are limited to seven percent (7%) of the total program budget for the fiscal year in accordance with Health General Articles § 13.1014 and § 13.1119.

4. In accordance with Health General Article § 13.1008 (C)(6) and § 13.1109 (D)(7) the Local Health Department shall provide a report after reconciliation of the most recently completed fiscal year identifying all persons who received money under this grant and the amount of money that was received by each person for the prior completed fiscal year.

5. This grant shall not be used to supplant a county/city's base year funding. Base year funding is defined as the amount of county/city funds that are being spent on all of the local programs identified in the inventory of existing, publicly funded programs related to the grant in the county/city in Fiscal Year 2025.

6. The Local Health Department shall provide a copy of their MDH Form 440 – Annual Report along with a MDH Form 440 - Annual Report for each sub-provider having a cost reimbursement contract (Purchase of Service Agreement) under this grant to the Division of General Accounting's Grants Section not later than 60 days after the close of the fiscal year. Cigarette Restitution Fund-Cancer Prevention, Education, Screening and Treatment (CRF-CPEST) funded cancer programs are to submit their originally signed and electronic copy of their MDH Form 440/440A to the Center for Cancer Prevention and Control Fiscal Coordinator according to guidance provided by the Cancer Screening Programs Unit not later than **August 15** prior to submission to the Division of General Accounting's Grants Section.

7. The Local Health Department shall make staff available for training sessions as scheduled by the program.

8. The grantee shall ensure acknowledgement of MDH support when issuing or distributing statements, promotional materials, press releases, requests for proposals, bid solicitations, publications, or holding meeting or conferences that are funded all or in part with MDH funds by including the following statement: This (article, conference, publication, etc.) was supported by funds through the Maryland Department of Health (insert name of program) Program.

9. Additional Terms and Conditions
   The parties agree as follows:
   a. The Awardee is obligated to complete services and/or submit deliverables to the Department by the due date(s) specified in the Local Health Department Award.

Any changes to the scope of work or due date(s) for the submission of deliverables must be executed in writing by both parties.

b. Invoices are due to the Department within thirty (30) days following the end of each billing period.

Cigarette Restitution Fund – Tobacco Use Prevention and Cessation Program

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

2. Each element (FT02 and FT06) of the Local Public Health Component is a separate project (PCA) and must be budgeted, tracked and reconciled separately.

3. Each Local Health Department must submit semi-annual 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, summary of any grant agreements and quantified performance measures.

   These reports are due to the Center for Tobacco Prevention and Control on the following dates:
   a. January 25, 2025
   b. July 25, 2025

4. 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

5. For all sub vendors/subcontractors, the Local Health Department shall provide the following to the Center for Tobacco Prevention and Control within 60 days of executing an agreement:
   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).

6. 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.

7. 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.

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

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

10. All promotional and marketing materials must be sent to the MDH Center for Tobacco Prevention and Control for approval prior to use and shall credit the Maryland Department of Health and/or the Maryland Cigarette Restitution Fund Program, as instructed.

11. Local Tobacco Enforcement Program must use Counter Tools software to report compliance activities.

12. Local Tobacco Enforcement Programs must conduct an additional compliance check within 180 days on any retailer found non-compliant on Synar and Local Health Department generated compliance checks.

13. Local Tobacco Enforcement Programs may refer tobacco retail violators to the Maryland Alcohol and Tobacco Commission.

14. The CRF Tobacco Enforcement reports are due January 15 and July 15

Cigarette Restitution Fund Program - Cancer Prevention, Education, Screening, and Treatment Program (CRF-CPEST)

The Local Health Department shall adhere to the following:

1. Adhere to the most current CRF-CPEST Standards and Requirements.

2. Pursuant to Maryland statute Health-General §13-1107 through 1113, the local health officer shall establish and coordinate a Community Health Coalition or identify another coalition approved by MDH. The Coalition shall:
    a. Recruit membership that reflects the demographics of the jurisdiction and includes representatives of community-based groups including minority, and medically underserved populations, that, taken together, are familiar with all the different communities and cultures in the jurisdiction.
    b. Recruit membership from major community hospitals that treat residents with targeted cancers.
    c. Identify all existing cancer prevention, education, screening, and treatment programs that relate to the targeted cancers in the jurisdiction that are publicly funded (not just by CRF-CPEST).
    d. Evaluate the effectiveness of the publicly funded programs identified with the assistance of the coalition.
    e. Develop a Comprehensive Plan for Cancer Prevention, Education, Screening, and Treatment that outlines a strategy for meeting the goals and requirements established for the jurisdiction by MDH.
    f. Update, each year, the Comprehensive Plan.

2. Implement education, outreach, and recruitment efforts to reach cancer screening goals for selected targeted cancers through strategic partnerships to include Federally Qualified Health Centers (FQHCs), community clinics, providers, and non-traditional partner organizations.

3. Assure that all educational materials developed under this grant are reviewed and approved by the Cancer Screening Programs Unit (CSPU).

4. Acknowledge CRF-CPEST support when issuing or distributing statements, promotional materials, press releases, requests for proposals, bid solicitations, publications, or holding meeting or conferences that are funded all or in part with MDH funds by including the following statement: This (article, conference, publication, etc.) was supported by the Maryland Department of Health's Cigarette Restitution Fund.

5. Follow the Minimal Clinical Elements (MCE), guidance, and/or recommendations provided by MDH for breast, cervical, colorectal, lung, oral, prostate, and skin cancer detection and diagnosis, MDH-approved Minimal Standards and all current MDH clinical guidance when providing direct cancer screening, patient navigation, case management, diagnostic follow-up, and linkage to treatment services for selected targeted cancers. These were developed by the Medical Advisory Committees established for the Center for Cancer Prevention and Control and shall serve as the standard for education, screening, and diagnosis of target cancers.

6. Implement a continuum of care for cancer screening and treatment services of individuals enrolled in the program by providing appropriate nurse case management in accordance with all current Breast and Cervical Cancer Program (BCCP) / CRF-CPEST Program Minimal Standards (BCCP/CPEST Program Minimal Standards) provided by the CSPU.

7. Ensure that program policies and procedures are read and reviewed annually and when updated.

8. Assess at intake and at least annually all individuals for tobacco use and refer those who smoke to tobacco cessation resources, including the Maryland Tobacco Quitline. Document the assessment and referral in the medical record and the cancer database.

9. Provide funding for or linkage to cancer treatment, for clients who are diagnosed with a targeted or non-targeted cancer as a result of cancer screening under this grant.

10. Assist clients in applying for funding for further diagnostic services and/or treatment with local hospitals' charity care/financial assistance programs, the Maryland Cancer Fund (MCF), and/or other payment sources, if applicable.

11. To adhere to COMAR 10.14.06.01-07, the Local Health Department that sets aside a portion of their grant award to pay cancer treatment services shall submit the Minimal Standards for Determining Eligibility for Enrollment template to use the financial eligibility criteria for cancer treatment services funded by the CRF-CPEST Program. Submit any updates and/or revisions to the above Minimal Standards within 30 days of the change.

12. Maintain a medical record for each client who receives clinical services through this program in accordance with MDH-approved Minimal Standards for Documentation in Program Medical Record. The medical record shall include, at a minimum, CRF-CPEST consent form, HIPAA form, progress notes including documentation of all contacts with patients and providers, tests, procedures and laboratory reports, and, if applicable, data entry forms, database reports, Case Management Care Plan(s), and documentation related to the linkage to the treatment services and treatment initiation.

13. Conduct data management and quality assurance/quality improvement for CPEST activities in compliance with database and reporting requirements provided by the CSPU.

14. Enter required client information into a database or tracker maintained by MDH's Surveillance and Evaluation Unit. Enter data for each client once information is received (e.g., at the time of enrollment, when appointments are scheduled and completed, recall is determined, and results are received). Utilize "Learn of Program" codes to evaluate and develop effective outreach activities.

15. Follow the Reimbursement Rate Chart for clinical services as such:

    a. At ambulatory facilities: For screenings, reimburse at a rate no higher than the federal Medicare rate. For diagnostic and treatment services, if provided, reimburse at the Maryland Medical Assistance (MMA) rate.

b. At Health Services Cost Review Commission (HSCRC)-regulated hospitals: The organization shall reimburse for facility fees for colonoscopy at the region's Medicare reimbursement rate applicable to non-HSCRC regulated facilities. The HSCRC-regulated facility must bill the full HSCRC-regulated rate. For procedures billed, any remaining balance between the HSCRC-regulated rate and the allowable reimbursement rate shall be treated pursuant to the facility's charity care policy or be considered a contractual allowance in accordance with HSCRC regulations and policies.

16. Implement processes to verify client's health insurance status prior to the delivery of clinical services and prior to payment of invoices for client services to ensure that program funds are the payer of last resort. Request, obtain, and maintain documentation of client's insurance information and the Explanation of Benefits (EOB), as part of the clinical billing record, for any client who has partial or full health insurance coverage. Funds under this grant cannot be used to cover the portion of services paid for by third party insurance.

17. Complete and submit reports (e.g., on progress, database, quality assurance, finance and billing) using the templates and instructions provided by CSPU.

18. For Local Health Departments on the State FMIS system, update financial expenditures on a monthly basis. For Local Health Departments not on the FMIS system (i.e. home rule and hybrid county LHDs), financial expenditures via Pay Blocks must be submitted to the Division of Grants and Local Health Accounting (DGLHA) on a quarterly basis. MDH will not have access to federal grant funds to reimburse local health departments that submit expenditures to FMIS more than 45 days after the close of the federal grant period.

19. Submit financial expenditure reports quarterly according to the schedule below using the templates and instructions provided by CSPU.

Quarter Ending	Due Date
September 30, 2024	October 30, 2024
December 31, 2024	January 30, 2025
March 31, 2025	April 30, 2025
June 30, 2025	July 30, 2025 or current guidance by DGLHA

20. Submit all required budget modification documents to the CSPU no later than March 15 of the fiscal year prior to submission to the DGLHA. Submit a budget modification request when moving any amount between cost centers (FC01N, FC02N, or FC03N). When expenditure for a budgeted controlled line item is revised and exceeded by greater than 10% (or $5,000) **or** a non-controlled line item is revised and exceeded by greater than 25% **or** when adding a new line item for unbudgeted expenses, then a budget modification

request must also be completed and submitted. The controlled line items under the CRF-CPEST include:

a. the total of salaries, consultants, special payments payroll and fringe costs;
b. equipment;
c. purchase of service/care;
d. renovation;
e. construction;
f. real property purchase; and
g. third party income including fee collections.

21. Submit a Request for Approval form submission if a proposed budget change does not meet a budget modification requirement and if the line item expenditure change is for a non-controlled line item being increased within 25%.

22. Cap Cigarette Restitution Fund indirect costs at 7% of the expended award. Any expenditure not complying with these requirements will be considered a disallowed expenditure, and the Local Health Department will be required to remit this amount to MDH during grant reconciliation at the end of each fiscal year.

23. MDH may reallocate projected unspent funds awarded to a county to another county as needed during the fiscal year in order to address any unmet county funding needs. This will be done in consultation with the affected county.

24. Submit a copy of the fiscal year Annual Report (MDH 440/440A) to the DGLHA no later than August 15. Email a copy to mdh.ugacrfcancer@maryland.gov.

25. The Local Health Department may encumber funds at the end of the fiscal year for cancer treatment services only following the guidelines of the memo to "Recipients of CRFP Funds" dated May 9, 2001. Encumbrances shall include a Treatment Plan as outlined in Health Officer Memo 05-29, dated July 14, 2005 and additional guidance provided by the CSPU. A Cancer Treatment Plan with estimated or final treatment costs must be submitted for review to the CSPU. Fiscal year encumbered amounts should be reported on an accrual basis as part of the Annual Report (MDH 440). The Local Health Department must return unliquidated encumbrances included in Treatment Plan up to one year after the grant award period. Unspent funds are to be returned by notifying the DGLHA and CSPU via written correspondence).

26. Assure that any sub-contract between the organization and a clinical provider to conduct screening, diagnostic, or treatment is modeled after, and includes the conditions in the contract templates developed by MDH.

27. Submit copies of signed contracts with HSCRC-regulated facilities within 30 calendar days of execution of an agreement, using the most current template and instructions provided by the Center.

28. Submit copies of signed contracts for Human Service Contracts funded under budget line item 0896 or 0899 within 30 calendar days of contract execution to include:

    a. A copy of the signed agreement,

b. A copy of the detailed line item budget,
c. A copy of the performance measures (e.g. number of individuals screened, or other specific measures of services to be provided), and
d. 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).
e. See General Condition Instructions for PHPA above.

29. Annually, verify and document evidence that all providers and facilities meet all clinical service and documentation standards specified in the contract to include a current license, malpractice insurance, appropriate accreditation and certifications applicable to contracted clinical services and in accordance with the contract template provided by MDH. Additionally, the following accreditations must be verified annually:

    a. Radiology providers under contract to provide breast cancer screening services for individuals 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.

    b. Radiology providers under contract to provide lung cancer screening services for individuals in the program must be designated as an American College of Radiology Lung Cancer Screening Center or Lung Cancer Alliance Screening Centers of Excellence, or provide documentation that the facility performs low-dose computed tomography (LDCT) with a volumetric CT dose index (CTDIvol) of < 3.0mGy for standard size patients (defined to be 5’7’’ and approximately 155 pounds) with appropriate reductions in CTDIvol for smaller patients and appropriate increase in CDTIvol for larger patients, and utilizes Lung RADS as a standard lung nodule identification, classification and reporting system. Contracted radiology providers must be fully certified by the U.S. Food and Drug Administration to provide screening LDCT.

    c. Laboratories under contract to provide cytopathology and pathology services to individuals in the program must comply with the Clinical Laboratory Improvement Act and have passed the Cytology Proficiency Testing Program of the American Society of Clinical Pathologists or the College of American Pathologists.

30. Monitor all sub-awarded vendors (fee-for-service providers contracted in order to provide services not directly available through the organization) to assure that services are provided to target populations and funds are spent for the purpose awarded. Maintain documentation of sub-contracting monitoring and submit documents as required by MDH.

31. The Local Health Department, sub-contractors, and their independent contractors will make available their program records for inspection and audit by the MDH at any reasonable time, upon request. In addition, all the grantees must comply with all aspects of information and data gathering requirements as stipulated by the MDH Audit Division’s Audit Engagement Scheduling notice.

32. Assist with the transition of the program to a new grantee if not selected or elects not to participate as a CRF-CPEST Program grantee in the subsequent fiscal year. The Local Health Department shall adhere to prescribed closeout instructions provided by MDH and CSPU, including but not limited to: completion of case management of all clients, communicating program transition to clients and partners, taking inventory of grant-funded equipment, detailed data entry/review for quality assurance and completion of all fiscal and administrative reporting requirements.

2. Center for Cancer Prevention and Control
Maryland Breast and Cervical Cancer Program (BCCP)

The Local Health Department shall adhere to the following:

1. Adhere to the most current BCCP Standards and Requirements.

2. Follow MDH-approved Maryland Breast and Cervical Cancer Minimal Clinical Elements (MCE) and Minimal Standards guidance when providing direct cancer screening, patient navigation, case management, diagnostic follow-up, and linkage to treatment services to program-eligible clients for breast and cervical cancer. These were developed by the Medical Advisory Committees established for the Center for Cancer Prevention and Control and shall serve as the standard for education, screening, and diagnosis of target cancers.

3. Implement a continuum of care for cancer screening services of individuals enrolled in the program by providing appropriate nurse case management in accordance with all current Breast and Cervical Cancer Program Minimal Standards provided by the CSPU.

4. Ensure that program policies and procedures are read and reviewed annually and when updated.

5. Conduct a tobacco use assessment of all individuals during intake and repeat it yearly. If anyone is found to smoke, they should be referred to the cessation resources, which include the Maryland Tobacco Quitline. The program is required to document the assessment and referral in both the medical record and the cancer screening software (CaST database).

6. Provide mammograms and clinical breast examinations to individuals ages 40 to 64 years and Pap and Human Papillomavirus tests, as applicable, to individuals ages 21 to 64 who are low income (250% or below federal poverty level), uninsured or underinsured (and 65 and older without Medicare coverage Part B), per the current MCE for selected targeted cancer(s).

7. Provide cancer screening and diagnostic services, patient navigation, case management, and linkage to treatment for breast and cervical cancer and sub-contract with other fee-for-service providers in locations convenient for residents in their county or region.

8. Maintain a medical chart for each client who receives clinical services through the BCCP. The medical chart shall include at a minimum: a BCCP consent form, HIPAA form, all patient results, progress notes including documentation of all contacts with patients and providers, BCCP CaST data entry form, recall tracking forms, BCCP Case Management Care Plan, documentation related to the linkage to the treatment services (e.g., Breast and Cervical Cancer Diagnosis and Treatment Program application), and treatment initiation, as applicable.

9. Assess all individuals, at least annually, for barriers to screening and/or the need for additional, non-health services (e.g., housing, transportation, food) and, as appropriate, individuals are referred to community resources. The assessment and referral are documented in the medical record and CaST.

10. Assist clients in need of funding for further diagnostic services or treatment with the Maryland Breast and Cervical Cancer Diagnosis and Treatment Program application.

11. Conduct data management and quality assurance/quality improvement for BCCP activities in compliance with database and data reporting requirements provided by the CSPU.

12. Enter patient data into CaST. Ensure data is entered promptly into CaST for each client once information is received (e.g., at the time of enrollment, when appointments are scheduled and completed, recall is determined, and results are received). Please note that MDH staff runs a monthly service delivery report on the 10th of each month or the next business day if the 10th falls on the weekend. Hence, any data that is not entered by that time will not be included in the monthly BCCP Screening Target Report. Utilize "Learn of Program" codes to evaluate and develop effective outreach activities.

13. Perform community and provider outreach to recruit medically underserved program-eligible individuals living in the grantees's identified region. The targeted outreach is to recruit program-eligible individuals from populations experiencing a greater burden of breast and cervical cancer (i.e., higher mortality and higher rates of late-stage disease). Ensure that any outreach workers recruiting individuals are from the community where the priority population resides and have similarities with the population in terms of income and education levels.

14. Purchase of breast self-examination materials is not permitted based on funding policies of the Centers for Disease Control and Prevention (CDC).

15. Assure that all educational materials and supplies purchased under this contract are requested in writing and approved by MDH before purchase.

16. Acknowledge BCCP support when issuing or distributing statements, promotional materials, press releases, requests for proposals, bid solicitations, publications, or holding meeting or conferences that are funded all or in part with MDH funds by including the following statement: This (article, conference, publication, etc.) was supported by funds through the Maryland Breast and Cervical Cancer Program. If using federal funds, funding from the Centers for Disease Control and Prevention must also be acknowledged in consultation with MDH.

17. Complete and submit reports (e.g., on progress, database, quality assurance, finance and billing) using the templates and instructions provided by CSPU.

18. Use funds awarded under this grant to support staff to carry out responsibilities in accordance with COMAR 10.14.04.06 that can be found here https://dsd.maryland.gov/regulations/Pages/10.14.04.06.aspx, "Reimbursement for Breast and Cervical Cancer Diagnosis and Treatment."

19. Ensure that indirect costs do not exceed 7% of total direct costs.

20. Adhere to the "Time Study Policy and Procedure Manual" effective date July 1, 2006 and revised October 26, 2017 and account for time in the federal F676N budget.

21. If the local BCCP utilizes its grantees Family Planning (FP)/Reproductive Health (RH) provider to deliver BCCP-funded services, the program must send a memo attesting that the local BCCP is meeting the four conditions described in the "Partnering with Family Planning Clinics to provide Breast and Cervical Cancer Program (BCCP) Funded Services" memo dated May 12, 2021. **Note:** BCCP and FP/RH time studies are *different* from the general BCCP times studies. Please utilize the correct template provided by MDH for each time study.

22. Pursuant to the current "National Breast and Cervical Cancer Early Detection Program Manual," this program is the "payor of last resort." Verify, as a payer of last resort, client health insurance status prior to the delivery and payment of medical services. Before medical services are rendered, local programs must verify clients' insurance status; and before paying 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. For further information, please refer to the Minimal Standards for Determining Eligibility for Enrollment.

23. Consult with MDH regarding program eligibility of Medicare clients. Individuals enrolled in Medicare Part B are not eligible for funding of BCCP screening-services. However, if an individual enrolled under Medicare Part B is not able to pay the 20% cost share required for diagnostic services and does not have any other payment sources (Medicaid and other insurance), the individual may be eligible for the BCCP if the individual meets all the other program eligibility requirements. Consult with MDH to determine if these individuals can fall under the underinsured category and can be enrolled for diagnostic services.

24. Reimburse clinical screening services at a rate at no more than the Medicare rate for screening services, the Medicaid rate for diagnostic services and the Health Services Cost Review Commission (HSCRC) rate for HSCRC-regulated facilities.

25. For each **screening** service that is funded by F676N and F667N cost centers, the reimbursement rate may not exceed the Medicare rates and must be consistent with the Maryland Medicare Waiver approved by the Centers for Medicare and Medicaid Services. For each **diagnostic** service that is funded by F676N and F667N cost centers, the reimbursement rate may not exceed Maryland Medicaid rates and must be consistent with the Maryland Medicare Waiver approved by the Centers for Medicare and Medicaid Services. Follow the Reimbursement Rate Chart.

26. For Local Health Departments on the State FMIS system, update financial expenditures on a monthly basis. For Local Health Departments not on the FMIS system (i.e. home rule and hybrid county LHDs), financial expenditures via Pay Blocks must be submitted to the Division of Grants and Local Health Accounting (DGLHA) on a quarterly basis. MDH will not have access to federal grant funds to reimburse local health departments that submit expenditures to FMIS more than 45 days after the close of the federal grant period.

27. Monitor expenditures on a monthly basis and develop strategies to avoid over or underspending grant funds. Submit abbreviated line item expenditure reports and a diagnostic tracker on a monthly basis, within 9 days following each month, using templates provided by CSPU.

28. Submit detailed expenditure reports on a quarterly basis according to the schedule below, using the tabs in the approved 4542 budget packages. The CDC F676N grant, in particular, must include detailed clinical vs non-clinical line item expenditures and time studies (if salaries are being charged). If requested, the Local Health Department must submit journal entry detail for all line items.

Quarter Ending	Due Date
September 30, 2024	October 30, 2024
December 31, 2024	January 30, 2025
March 31, 2025	April 30, 2025
June 30, 2025	July 30, 2025 or current guidance by DGLHA

29. Submit all required budget modifications documents to the CSPU no later than March 15 of the fiscal year prior to submission to the DGLHA. Submit a budget modification request and updated Form 2 / Form 3 if a new line item is added or if any line item change of $2,500 or more is made. For any budget changes that do not require an official budget modification, prior approval must be requested from CSPU.

30. Submit matching funds reports on a semi-annual basis, using the most current instructions provided by the CSPU.

31. MDH may modify awards as needed during the fiscal year in order to reallocate funds awarded to a Local Health Department to another program based on actual performance as compared to projected performance level.

32. Submit a copy of the fiscal year Annual Report (MDH 440/440A) to the DGLHA no later than August 15. Email a copy to mdh.ugabccpcancer@maryland.gov. This information is required to accurately reflect expenditures on the Federal Financial Report (FFR) that is due to the Centers for Disease Control and Prevention (CDC) by September 29.

33. The CSPU does not permit the accrual or encumbrances of BCCP invoices; therefore, if a program has a problem with delayed billing from a clinical provider, the Local Health Department must submit a written request to accrue funds to the CSPU Fiscal Lead for approval no later than 30 days prior to the end of the fiscal year.

34. Assure that any sub-contract between the organization and a clinical provider to conduct screening, diagnostic, or treatment is modeled after, and includes the conditions in the contract templates developed by MDH.

35. Annually, verify and document evidence that all providers and facilities meet all clinical services and documentation standards specified in the contract to include the current license, malpractice insurance, appropriate accreditation and certifications applicable to contracted clinical services and in accordance with the contract template provided by the MDH.

    a. Radiology providers under contract to provide breast cancer screening services for individuals 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.

    b. Laboratories under contract to provide cytopathology and pathology services to individuals in the program must comply with the Clinical Laboratory Improvement Act and have passed the Cytology Proficiency Testing Program of the American Society of Clinical Pathologists or the College of American Pathologists.

36. The Local Health Department, sub-contractors, and their independent contractors will make their program records available for inspection and audit by the MDH at any reasonable time, upon request. In addition, the grantee must comply with all aspects of information and data gathering requirements as stipulated in the MDH Audit Division's Audit Engagement Scheduling notice.

37. Assist with the transition of the program to a new grantee if not participating as a BCCP grantee in the subsequent fiscal year. The grantees shall adhere to prescribed closeout instructions provided by the CSPU, including but not limited to, completion of case management of all clients, communicating program transition to clients and partners, taking inventory of grant-funded equipment, detailed data entry/review for quality assurance and completion of all fiscal and administrative reporting requirements.

3. Center for Tobacco Prevention and Control

Tobacco, Diabetes and Chronic Disease Prevention and Management Initiatives – Center for Tobacco Prevention and Control and Center for Chronic Disease Prevention and Control

1. Local Health Department programs must utilize health equity strategies to integrate tobacco, diabetes and chronic disease activities for local level programs to address health disparities in priority populations, while incorporating community engagement and participation strategies.
2. In an effort to support expanded capacity building and implementation of the proposed activities, Local Health Departments will address the following utilizing a health equity approach to reach priority populations:
    a. Prevent initiation of tobacco and nicotine products, promote quitting and reduce exposure to secondhand smoke and vape products.
    b. Reduce prevalence of overweight and obesity.
    c. Reduce prevalence of diabetes and improve care management outcomes.
    d. Eliminate tobacco, diabetes and chronic disease prevention related disparities.

3. In FY 2025, $4.2M has been allocated to local health departments (LHDs). Each of the 24 jurisdictions are eligible to receive $175,833; indirect costs may not exceed 10%.

4. Local Health Departments must budget at least 40% of the award to focus on tobacco control programs including Community-Based Partnerships (required) and Youth Engagement Strategies and Activities (optional).

5. Local Health Departments must budget at least 33% of the award to focus on prevention and/or management of type 2 diabetes and the risk factors for type 2 diabetes. The risk factors for type 2 diabetes include: overweight, obesity, prediabetes, a history of gestational diabetes, and hypertension. Local Health Departments must select from the following evidenced-based or evidenced-informed lifestyle change programs:
    a. National Diabetes Prevention Program (National DPP),
    b. Taking Off Pounds Sensibly (TOPS),
    c. Healthy Hearts Ambassadors (HHA),
    d. Diabetes Self-Management Program (DSMP).

6. Incentives must follow LHD procurement guidelines, the FY 2025 Gift Card and Incentive Guidance, and must be used to either reduce barriers to participation and/or encourage healthy behaviors. Incentives are capped at $250/participant. Incentives include program support activities such as
    a. Outreach and education programs/activities
    b. Program support rewards tied to participant outcomes
    c. Transportation support
    d. Child or elder care costs
    e. Vouchers for healthy foods at a local community garden (addressing SDOH).

7. LHDs may utilize no more than 3% of the program budget towards transportation/travel expenses including oil, maintenance, mileage, in-state and out-of-state travel, including conferences that support Tobacco Control and/or Diabetes/Chronic Disease efforts and result in lessons learned that can be applied to jurisdiction activities.

8. All Local Health Departments must follow instructions and guidance provided by the Contract Monitor for budget modifications. All Local Health Departments must submit a budget modification request when moving any amount between cost centers. When expenditure for a line item is revised and exceeded by greater than 10% (or $5,000) **or** when adding a new line item for unbudgeted expenses, then a budget modification request must be completed and submitted.

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

10. For all sub vendors/subcontractors, the Local Health Department shall provide the following to the contract monitor within 60 days of executing an agreement:
    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).

11. All promotional and marketing materials must be sent to the Contract Monitor for review and approval prior to use. Media developed by Maryland Department of Health, Cancer and Chronic Disease Bureau, Center for Chronic Disease Prevention and Control, or the Center for Tobacco Prevention and Control must be unaltered unless otherwise noted.

12. LHDs must submit semi-annual reports using the template provided to update on the progress toward achieving the program objectives and action plans. The report should include a 3-5 sentence qualitative summary of accomplishments for each selected strategy/activity that outlines progress towards reaching priority populations, a quantitative update on selected performance measures, a summary of any grant agreements, and updates on barriers to program activities and how programs overcome those barriers. The reports are due on February 7, 2025 and August 1, 2025.

Cannabis Branch: Local Health Departments (LHDs) Cannabis Prevention and Control Planning Grants

1. This funding aims to increase the capacity of LHDs to implement programs and strategies that address public health impacts related to adult-use cannabis legalization utilizing a community-based approach rooted in health equity. LHDs should build infrastructure and select strategies that can carry over into fiscal year 2026 and beyond.

2. In FY 2025, each of the 24 jurisdictions are eligible to receive an award. Awards will be based on availability of funding. Competitive funding may be available for supplemental awards.

3. LHDs must ensure grant activities abide by State Statute. LHDs may use funding to establish local partnerships and develop tailored, community-based approaches to cannabis use and prevention by:
    a. Supporting data collection and research on the effects of cannabis legalization;
    b. Providing funding for education and public awareness campaigns related to cannabis use, including funding for educational programs to be used in schools;
    c. Supporting substance use disorder counseling and treatment for individuals through provider training and education.

4. Incentives must follow LHD procurement guidelines, the FY 2025 Gift Card and Incentive Guidance, and must be used to either reduce barriers to participation and/or encourage healthy behaviors. Grantees may be subject to additional conditions as stated in the award letter. Incentives include program support activities such as
    a. Outreach and education programs/activities
    b. Program support rewards tied to participant outcomes
    c. Transportation support

5. LHDs may utilize no more than 5% of the program budget towards transportation/travel expenses including oil, maintenance, mileage, in-state and out-of-state travel, including conferences that support Cannabis Prevention and Control efforts and result in lessons learned that can be applied to jurisdiction activities.

6. All LHDs must follow instructions and guidance provided by the Contract Monitor for budget modifications. All LHDs must submit a budget modification request when moving any amount between cost centers. When expenditure for a line item is revised and exceeded by greater than 10% (or $5,000) **or** when adding a new line item for unbudgeted expenses, then a budget modification request must be completed and submitted.

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

8. For all sub vendors/subcontractors, the LHD shall provide the following to the contract monitor within 60 days of executing an agreement:
    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).

9. All promotional and marketing materials must be sent to the Contract Monitor for review and approval prior to use. Media developed by Maryland Department of Health, Cancer and Chronic Disease Bureau, or the Center for Tobacco Prevention and Control must be unaltered unless otherwise noted.

10. LHDs must submit semi-annual reports using the template provided to update on the progress toward achieving the program objectives and action plans. The report should include a 3-5 sentence qualitative summary of accomplishments for each selected strategy/activity that outlines progress towards reaching priority populations, a quantitative update on selected performance measures, a summary of any grant agreements, and updates on barriers to program activities and how programs overcome those barriers. The reports are due on January 31, 2025 and July 31, 2025.

4. Office of Oral Health

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

2. Grantees must agree to make staff available for meetings and training opportunities from the MDH Office of Oral Health.

3. Budgets for human service contracts and special projects must be itemized on tabs 4542i or 4542j of the LHD Electronic UFD Budget Package (4542).

4. The grantee must acknowledge MDH support when issuing or distributing statements, promotional materials, press releases, requests for proposals, bid solicitations, publications, or holding meetings or conferences that are funded all or in part with MDH Funds by including the following statement: "This (article, conference, publication, etc.) was supported by funds through the Maryland Department of Health's Office of Oral Health."

5. Publications, including pamphlets, posters and/or media campaigns produced using MDH funds must include the MDH logo in accordance with the approved branding guidelines, and all publications must be submitted to MDH's Office of Oral Health for review and approval prior to publishing.

6. Grantees must submit quarterly activity and expenditure reports for each component of the grant on the templates provided by the MDH Office of Oral Health. Reports must be submitted via email to mdh.ugaoralhealth@maryland.gov. 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

The required Oral Disease and Injury Prevention Program and School Dental Sealant Program quarterly activity and expenditure reporting templates are available on the Office of Oral Health's website: https://phpa.health.maryland.gov/oralhealth/Pages/funding-ops.aspx.

7. Budget modifications, supplements, and reductions are due by March 15, 2025.
   An official LHD Electronic UFD Budget Package modification must be submitted if a new line item is added or if any line item change of $5,000 or more is made. Approval for an official modification must be acquired prior to submission of the modification. Approval for official modifications must be requested via email to mdh.ugaoralhealth@maryland.gov.

   For any budget changes that do not require an official budget modification (i.e. less than $5,000 in any given line item), prior approval must be requested via email to mdh.ugaoralhealth@maryland.gov.

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

9. An estimate of the amount of unspent funds for the current budget period must be provided in a timely manner when requested by the MDH Office of Oral Health.

10. Awardees must make staff available for site visits by the MDH Office of Oral Health.

11. A copy of the FY 2025 MDH 440/440A must be submitted to the Division of Grants and Local Health Accounting (per DGLHA instructions) no later than August 31, 2025. A courtesy copy must be emailed to the Office of Oral Health at mdh.ugaoralhealth@maryland.gov.

5. Center for Chronic Disease Prevention and Control

1. Grantees may be subject to additional conditions as stated in the award letter.

2. Grantees must agree to make staff available for site visits, meetings, and training opportunities as appropriate or at the request of the Center for Chronic Disease Prevention and Control (CCDPC).

3. The sub-provider itemized budgets must be on file at the local health department. Completed itemized sub-provider budgets must be reported on worksheet 4542i or 4542j as appropriate on the original electronic budget submission.

4. Issuing statements, press releases, or any publications, including pamphlets, posters and/or media campaigns funded through awards from the CCDPC must be forwarded to the CCDPC contract manager for review and approval prior to publication to ensure compliance with Federal and State guidelines.

5. Grantees will incorporate the following language within the text of the announcement: "Full (or partial) funding for this project was provided by the Center for Chronic Disease Prevention and Control." CCDPC will advise the Local Health Departments on the Federal source of funding at the time of approval, to be added to this statement.

6. Grantees must participate in evaluation activities upon request from CCDPC to meet CDC or other funder requirements.

7. Grantees must submit final activity and fiscal reports 30 days after the grant period reflecting budgetary expenses, accomplishments, and success stories during the funding period.

8. Grantees must submit quarterly financial reports and grant activity reports in the format provided by the CCDPC, and as directed in the original RFP or grant agreement, via email to the designated CCDPC contract monitor; measurable outcome reports should only cover the reporting periods in accordance with the original RFP or grant agreement. Financial reports must be submitted on time to assure proper payments.

9. Budget modifications, supplements, and reductions are due by April 15, 2025. 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 Center for Chronic Disease Prevention and Control contract monitor. Purchase of Care and Purchase of Service budget lines should not be used; direction can be provided by the contract monitor.

10. Awards may be adjusted based on the availability of funds.

11. Budget modifications, supplements, and reductions are due no later than April 13th of the current State Fiscal Year.

12. Grantees must ensure the needs of persons with disabilities and other disparate populations are included in their workplan activities to eliminate anticipated barriers to participation by persons with disabilities and ensure that facilities and venues are accessible. Workplan activities must also incorporate strategies to address social determinants of health to improve access to programs and improve health outcomes of disparate populations.

Financial and Grant Dates

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

ENVIRONMENTAL HEALTH BUREAU

1. Lead Case Management

1. Lead case management funds will be available for a limited number of LHDs in SFY 23. LHDs will be informed by the Environmental Health Bureau as to the availability of funding and may apply by submission of a plan that addresses the following issues:
    a. How the LHD intends to respond to questions regarding blood leads of 3.5 μg/dL or greater;
    b. How the LHD intends to improving rates of testing for children within the LHD's jurisdiction.

2. The plan and the budget should be submitted electronically to the Director of the Environmental Health Bureau (cliff.mitchell@maryland.gov). Progress reports will be submitted on a quarterly basis, documenting activity in the above three areas. THE DUE DATE FOR SUBMISSION OF THE NARRATIVE AND BUDGET IS JUNE 30, 2022.

3. Performance measures:
    a. Number of children under case management with blood lead levels of 3.5 mg/dL and above; and
    b. Case management/environmental investigations performed; and
    c. Outreach activities to increase lead testing rates.
    d. Enter case management data into REDCap system accurately and timely for quarterly reporting purposes

2. Childhood Lead Poisoning Prevention and Environmental Case Management Program (Medicaid/MCHP Home Visiting Program)

Conditions of Award

LHDs are responsible for adhering to all Conditions of Award that are issued at the time of the award and for assuring that staff is made aware of these requirements. LHDs may subcontract program (ECM or CHW) functions in whole or in part with prior written permission from the Environmental Health Bureau (EHB). Subcontractors are subject to the same requirements, limitations, and Conditions of Award as the LHD. The following Program-specific Conditions of Award apply.

General

1. 100% of staff's time charged to the Program must be spent on Program duties. If Program staff engage in activities supported by other federal funds, they may not charge that time to the Program.

2. The agency must provide the resources and capability to engage with Program beneficiaries face-to-face, including in their homes, as described in the Program overview.

3. The agency must implement sufficient internal controls and quality measures to ensure that activities performed under the Program are not a component of, nor could be construed as clinical services or direct medical services.

Allowed Activities

1. Enrollment, completion of the baseline asthma and lead modules, case management activities, and closeout may be conducted telephonically.

2. The home environmental assessment and interim home visits MAY be conducted virtually if required due to health and safety considerations, with approval from the Grant Monitor.

3. Eligibility and verification activities are all permitted activities and may be invoiced.

4. Outreach events by LHD program staff may be invoiced as allowed activities IF they are specifically focused on Program outreach and are providing a method to follow up on outreach participants (e.g., distributing Program contact information, collecting names and contacts that are subsequently followed up).

5. Training related to Program goals and objectives is allowed. Training that is not provided by the Program MAY be eligible as an allowed activity, if approved by in writing by EHB.

Reporting and Invoicing

All LHDs are expected to adhere to the general Conditions of Award and Conditions for PHPA in the *2022 Local Health Departments Conditions of Award*. LHDs are responsible for adhering to all Conditions of Award that are issued and for assuring that staff is made aware of these requirements. LHDs may subcontract program (ECM or CHW) functions in whole or in part with prior written permission from the grant monitor. Subcontractors are subject to the same requirements,

limitations, and Conditions of Award as the LHD. Grantees and subcontractors, hereafter referred to in this document as the LHD, must ensure that:

1. Invoiced funds are used for the sole purpose described in the Program overview and requirements.

2. Funds invoiced under this grant are not duplicative of other services and initiatives that the LHD is obligated to perform.

3. If uncertain as to whether a particular activity can be reimbursed under this program, request a determination in writing from the PHPA grant monitor.

4. Participants must use the REDCap system to enter each case application and case management data.

5. Information on REDCap needs to be completed and be accurate at the end of each quarter to be able to complete reports. LHD are responsible for performing Quality and Assurance checks to ensure data is complete and accurate.

6. The LHD Program will report to PHPA, on a monthly basis, Program metrics not captured in REDCap as specified by PHPA and the Office of Health Care Financing, including:
    a. Expenditures;
    b. Outreach activities; and
    c. Other Program Activity Reports, including metrics required by CMS and/or Medicaid

Allowed Direct and Indirect Costs

Allowed direct costs include personnel costs, travel, training, durable goods and other supplies as specified in the budget instructions. Any budget items or categories not specifically authorized in the Budget Instructions must be approved in advance by the PHPA Grant Monitor.

Budget Redirection

LHDs are permitted to redirect up to 15% of their budget without prior approval of the PHPA Grant Monitor. The Grant Monitor should be informed of the decision no later than submission of the invoice for the period in which the redirection was implemented.

Background and Purpose

The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control provides funding through the Core State Injury Prevention Program (Core SIPP) to 23 state health departments to implement, evaluate, and disseminate strategies to address injury. Maryland Core SIPP through the Environmental Health Bureau's (EHB) Center for Injury and Violence Prevention (CIVP) implements strategies in three priority focus areas: Adverse Childhood Experiences (ACEs), Traumatic Brain Injury (TBI), and transportation safety. Core SIPP funding is used to implement an evidence-based or evidence informed project and/or initiative that applies a shared risk and protective factor approach to address and reduce injuries in ACEs, transportation safety, and/or TBI.

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

2. Funds awarded by Core SIPP are to be used exclusively for implementing an evidence-based project and/or initiative that address the shared topics of ACE's, transportation safety, and/or TBI.

3. The grantee must agree to make staff available for site visits, meetings, and training opportunities as appropriate or on request from the CIVP. The Grantee must participate in evaluation activities upon request from CIVP to meet CDC or other requirements.

4. Issuing statements, press releases, or any publications, including pamphlets, posters and/or media campaigns, funded through awards from the CIVP must be forwarded to the contract monitor (jasmine.williford1@maryland.gov) for review and approval prior to publication to ensure compliance with Federal and State guidelines.

5. The grantee must participate in Core SIPP collaborative meetings, including:
    a. Core SIPP team monthly meetings
    b. Monthly meetings with MDH contract monitor
    c. Core SIPP forum planning meetings
    d. Ongoing online communication with contract monitor as needed

6. The grantee must identify and use key, qualified personnel who will be responsible for:
    a. Implementing and/or coordinating the implementation of the primary prevention strategy(ies).
    b. Developing and submitting invoices and budget/budget requests including administrators and fiscal contacts.
    c. Notify grant monitor of changes in personnel and organizational capacity that may impact project activities within 5 business days.
    d. Report any vacancy and steps taken to fill that vacant position.

7. The grantee must collaborate on evaluation activities with the Core SIPP evaluators and staff, such as:
    a. Participating in needs assessment activities as needed such as partnership surveys or interviews.

8. The grantee must agree to sharing program information and outcomes to determine the extent of effectiveness and to identify quality improvement opportunities.

9. The grantee must submit a work plan for the awarded grant period with the first invoice, grant activity reports that includes the component outlined in the "LHD Scope of Work", and a copy of each quarterly expenditure report on the forms provided by the Center to the contract monitor (jasmine.williford1@maryland.gov). Activity reports and expenditure reports are due following the schedule below and should follow the reporting periods listed.

Reporting Period	Due Date
July 1, 2024 - September 31, 2024	October 15, 2024
October 1, 2024 - December 31, 2024	January 15, 2025
January 1, 2025 - March 30, 2025	April 15, 2025
April 1, 2025 - June 30, 2025	July 15, 2025

10. The grantee must submit final activity and fiscal reports within 30 days after the end of the grant period, June 30, 2025, reflecting all budgetary expenses, accomplishments, and success stories during the funding period.

11. Budget modification requests are due no later than June 15, 2025, of the current State Fiscal Year.

12. Allowable indirect costs are limited to a maximum of ten percent (10%) of direct cost.

INFECTIOUS DISEASE EPIDEMIOLOGY AND OUTBREAK RESPONSE BUREAU

1. Immunization

2. Immunization funds awarded by the MDH PHPA Center for Immunization are to be used exclusively for immunization activities (see FY2025 LHD Budget Instructions for additional details). These activities include, but are not limited to:
    a. Implement and evaluate immunization activities within targeted areas to raise immunization coverage rates;
    b. Perinatal Hepatitis B case management
    c. Vaccine preventable disease (VPD) surveillance and control

3. The immunization action plan and budget should be submitted electronically to the Immunization Program (ronday.wilson2@maryland.gov and greg.reed@maryland.gov). Please cc lucia.donatelli1@maryland.gov. The due date for submission of the immunization plan and budget is by COB Tuesday, May 31, 2024.

4. Grantees must submit quarterly financial reports using the form 440 in the budget package. Quarterly reports should be submitted via email to the Center for Immunization contract monitor (greg.reed@maryland.gov) and grant specialist (ronday.wilson2@maryland.gov). Reports are due 15 days following the end of the quarter (October 15, 2024; January 15, 2025; April 15, 2025, and July 15, 2025).

5. Budget modifications, supplements, and reductions are due by COB April 15, 2025.

6. Grantees must file final activity and financial reports no later than August 30, 2025, which is 60 days following the end of the grant period.

7. Grantees must also submit the following required program reports to the Center for Immunization in a manner designated by the Center, before payment will be honored:
    a. Private school validation reports- Annually via online survey. Due date will be designated in a Health Officer memo sent in December 2024 or January 2025.
    b. Immunization Delayed Outreach/Tracking Reports - Monthly via online survey. The report should be received by the 15th of the following month (e.g. February's report needs to be submitted by March 15th).

2. Immunization – COVID #3

1. Immunization COVID funds awarded by the MDH PHPA Center for Immunization are to be used exclusively for COVID planning and vaccination activities (see FY2025 LHD Budget Instructions for additional details). These activities include, but are not limited to:
    a. Increasing COVID-19 vaccination capacity across the jurisdiction, focusing on high risk and underserved populations.
    b. Ensure high-quality and safe administration of COVID-19 vaccine.
    c. Ensure equitable distribution and administration of COVID-19 vaccine.
    d. Increase vaccine confidence through education, outreach, and partnerships.

2. The COVID vaccination action plan and budget should be submitted electronically to the Immunization Program (ronday.wilson2@maryland.gov and greg.reed@maryland.gov). Please cc lucia.donatelli1@maryland.gov. The due date for submission of the COVID-19 vaccination plan and budget is by COB Friday, May 31, 2024.

3. Grantees must submit **quarterly progress reports** on milestones in the COVID vaccination action plans. Quarterly reports should be submitted via email to the Center for Immunization contract monitor (greg.reed@maryland.gov). Reports are due 15 days following the end of the quarter (October 15, 2024; January 15, 2025; April 15, 2025, and July 15, 2025).

4. Grantees must submit **monthly financial reports** using the form 440 in the budget package. Monthly reports should be submitted via email to the Center for Immunization contract monitor (greg.reed@maryland.gov) and grant specialist (ronday.wilson2@maryland.gov). Reports are due 15 days following the end of the month.

5. Budget modifications, supplements, and reductions are due by COB April 15, 2025.

6. Grantees must file final activity and financial reports no later than August 30, 2025, which is 60 days following the end of the grant period.

3. Immunization – COVID #4

1. Immunization COVID funds awarded by the MDH PHPA Center for Immunization are to be used exclusively for COVID planning and vaccination activities (see FY2025 LHD Budget Instructions for additional details). These activities include, but are not limited to:
    a. Improve understanding of disproportionately affected populations and barriers to vaccination access and uptake.
    b. Develop, cultivate, and/or strengthen community-based partnerships to reach disproportionately affected populations.
    c. Improve access to COVID-19 vaccines (expand and diversify opportunities for getting vaccinated).

2. The COVID vaccination action plan and budget should be submitted electronically to the Immunization Program (ronday.wilson2@maryland.gov and greg.reed@maryland.gov). Please cc lucia.donatelli1@maryland.gov. The due date for submission of the COVID-19 vaccination plan and budget is by COB Friday, May 31, 2024.

3. Grantees must submit **quarterly progress reports** on milestones in the COVID vaccination action plans. Quarterly reports should be submitted via email to the Center for Immunization contract monitor (greg.reed@maryland.gov). Reports are due 15 days following the end of the quarter (October 15, 2024; January 15, 2025; April 15, 2025, and July 15, 2025).

4. Grantees must submit **monthly financial reports** using the form 440 in the budget package. Monthly reports should be submitted via email to the Center for Immunization contract monitor (greg.reed@maryland.gov) and grant specialist (ronday.wilson2@maryland.gov). Reports are due 15 days following the end of the month.

5. Budget modifications, supplements, and reductions are due by COB April 15, 2025.

6. Grantees must file final activity and financial reports no later than August 30, 2025, which is 60 days following the end of the grant period.

4. Tuberculosis Prevention and Control

1. Funds awarded by the Center for TB Control and Prevention (CTBCP) are to be used exclusively for tuberculosis prevention and control activities These activities include, but are not limited to:
    a. Treatment of individuals with tuberculosis (TB) disease, including nurse case management and management of any non-adherence.
    b. Conducting contact investigations for all infectious TB cases and source case investigations for children ≤5 years of age.
    c. Establishment of local TB program goals consistent with the CDC National TB Indicators.
    d. Evaluation of immigrants and refugees with assigned B-waiver (TB) status.
    e. Reporting of all TB cases, suspected cases in NEDSS (National Electronic Surveillance System database).
    f. Checking ELRs in NEDSS and updating on a daily basis.
    g. Reporting of latent TB infection to CTBCP.
    h. Participation in CTBCP case and cohort reviews.
    i. Participation in state TB program evaluation activities.

2. Funds awarded may be used to support general TB control and prevention activities, including patient support and for education and training purposes. Federal law prohibits the use of these Federal funds for the purchase of medications, hospitalization costs or for construction/renovation purposes. Program projections and budgets are applicable for all awarded funding. Questions regarding proposed expenditures should be directed to CTBCP (410-767-6698).

3. The local health department Program Plan/Narrative and Budget Proposal should be submitted electronically to the CTBCP Program to Donnie Dukes Donnie.Dukes2@maryland.gov with cc. to Nancy Baruch (nancy.baruch@maryland.gov) Submission deadline is May 31, 2024.

4. Grantees must submit quarterly financial reports using the forms DHMH-437 and DHMH-438 in the budget package. Quarterly reports should be submitted via email to Donnie Dukes Donnie.dukes2@maryland.gov with cc to Nancy Baruch nancy.baruch@maryland.gov Reports are due 15 days following the end of each quarter:
    a. October 15, 2024;
    b. January 15, 2025
    c. April 15, 2025;
    d. July 15, 2025

5. Grantees must submit file final activity and financial reports no later than 60 days following the end of the grant period which is August 30, 2025 using form DHMH-440 in the budget package.

5. Migrant Health (F742N)

1. Funds awarded by the Center for Global Migration and Immigrant Health (CGMIH) are to be used exclusively to support language-accessible and culturally-informed health-related activities for migrant/seasonal/agricultural workers and their dependents. These activities include, but are not limited to:
    a. Use of language services (in-person, telephonic, written) in the provision of culturally-informed health care and medical services, as well as communication of relevant health information (e.g. services available in the county, how to access transportation to health care delivery sites, prevention messages, etc.) for the migrant population, regardless of residence status.
    b. Reporting of all reportable communicable diseases per COMAR 10.06.01 and into the National Electronic Disease Surveillance System (NEDSS).
    c. Documenting client-level outreach touchpoints and relevant health encounters, dates, and other health and demographic information.
    d. At least one (1) documented annual site visit by the LHD sanitarians and migrant health coordinator to each migrant camp or housing site (including "non-camp" sites such as trailer parks, apartment complexes, etc.) at the onset of the season for the purpose of evaluating the general environment, public health risks, and living conditions.
    e. General public health activities, including immunizations, medications, health education, referrals, and screening for the migrant/seasonal/agricultural worker population.

2. Funds are contingent on partnering and coordinating activities with other migrant worker-focused organizations (e.g. CATA, Legal Aid, MCN, faith-based organizations, etc.) to leverage existing resources and avoid any duplication of activities.

3. Local health departments serving migrant populations must electronically submit a Program Plan/Narrative and Budget Proposal to the CGMIH Program (Dipti Shah: dipti.shah@maryland.gov) **by COB on May 31, 2024**.

4. Grantees must submit quarterly financial reports using the forms DHMH-437 and DHMH-438 in the budget package. Quarterly reports should be submitted via email toDipti Shah (dipti.shah@maryland.gov). Reports are due 15 days following the end of each quarter:
    a. October 15, 2024;
    b. January 15, 2025;
    c. April 15, 2025;
    d. July 15, 2025

5. Budget modifications, supplements, and reductions are due by COB April 15, 2025.

6. Grantees must file final activity and financial reports no later than August 30, 2025 (60 days following the end of the grant period).

6. ELC Enhancing Detection Expansion (F795N) Grant

The ELC Enhancing Detection Expansion grant supplement from the Centers for Disease Control and Prevention (CDC) is supporting a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities. In conjunction with optimizing testing and increasing test volumes for COVID-19/SARS-CoV-2, ELC also accelerates efforts to conduct robust contact tracing and then identify and isolate new cases of COVID-19 among symptomatic or asymptomatic individuals. As part of this cooperative agreement, MDH has identified Local Health Departments (LHDs) as key partners to address COVID-19/SARS-CoV-2 surveillance, case detection, reporting, response, and prevention needs at the local level by:

1. Building capacity for outbreak response and infection prevention and control
2. Enhance testing, particularly for vulnerable populations and minority communities
3. Conduct contact tracing and implementing prevention strategies for high risk settings
4. Strengthen laboratory testing and using laboratory data to enhance investigation, response and prevention for COVID-19/SARS-CoV-2.

BUDGET REQUIREMENTS

1. Any unspent funds from SFY24 can be awarded as supplemental to SFY25 and must be spent by 6/30/2025.

2. Grant award numbers will remain the same. Each local health department will submit:
    a. MDH 4542 budget package with the appropriate tabs/schedule
    b. a line-item budget justification
    c. a program narrative for funded programs

3. Please submit in electronic format to the ELC Program Grants Manager – renee.stanford1@maryland.gov
    a. Failure to submit the required information in a timely manner may adversely affect the future funding of the project.
    b. If the information cannot be provided by the due date, you are required to contact your MDH project officer or grant management specialist.

REPORTING REQUIREMENTS

1. Quarterly Progress and Fiscal Expense Reports. Templates will be provided at the ELC Mid-Year Review meetings in April 2025.

2. MDH may require recipients to develop annual progress reports (APRs). MDH will provide APR guidance and optional templates should they be required

3. Clarity on how the jurisdictions will focus on high socially vulnerable index counties, rural and urban areas, etc. (Vulnerable populations must be specific).

ADDITIONAL TERMS AND CONDITIONS

FY25 Quarter	Reporting Period	Due Date
Q1	7/1/2024 - 9/30/2024	11/15/2024
Q2	10/1/2024 - 12/31/2024	2/15/2025
Q3	1/1/2025 - 3/31/2025	5/15/2025
*Q4	4/1/2025- 6/30/2025	8/15/2025

* In lieu of a fiscal Q4 report, you may submit a reconciled and signed 4542 440 and/or FMIS DFAR 7410 report. Please note that 440a - Annual Progress Report is still required.

As a recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to:

1. Comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19;

2. In consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and

3. Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, recipients will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to MDH copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. MDH will specify in further guidance and directives what is encompassed by this requirement. This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any sub-award, to the extent applicable to activities set out in such sub-award.

Unallowable Costs

Research

1. Clinical care

2. Publicity and propaganda (lobbying):
    a. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
        - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
        - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
    b. See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/anti-lobbying_restrictions_for_cdc_grantees_july_2012.pdf

All unallowable costs cited in CDC-RFA-CK19-1904 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

INFECTIOUS DISEASE PREVENTION AND HEALTH SERVICES

1. Center for HIV/STI Integration and Capacity
Sexual Health Integration Activities

This award is subject to the conditions stated in the contract between the Prevention and Health Promotion Administration, herein known as the Department, and the Grantee and subcontractor(s). The Department will only award funds and continue to contract with agencies that maintain substantial compliance with all of the process objectives, program, personnel, fiscal, reporting, and federal funding requirements listed below. Failure to meet the requirements and objectives identified in these conditions of award (COA) may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications.

1. GENERAL PROGRAM REQUIREMENTS

    a. The Grantee and any relevant subcontractor(s) must comply with all relevant Federal, State and Local grant requirements pursuant to the law.
    b. All activities conducted under this award shall support the goals and objectives of the HIV National Strategic Plan and the Maryland Integrated HIV Plan.
    c. The local health department/sub-recipients shall document referral relationships with key points of entry that detail linkages to promote access to HIV/STI prevention and care services for individuals who are vulnerable to HIV/STI acquisition or are undiagnosed. Examples of key points of entry are:
        - Emergency rooms,
        - Substance use treatment programs,
        - Detoxification programs,
        - Adult and juvenile detention facilities,
        - Sexually transmitted infection (STI) clinics,
        - Federally qualified health centers (FQHC's),
        - HIV counseling, testing, and referral sites,
        - Mental health service programs, and
        - Shelters serving homeless and unstably housed individuals.
    d. Any publications, presentations, conference abstracts, or planned promotional events partially or fully funded by this award must be **reviewed and approved** by the Prevention and Health Promotion Administration and must acknowledge the Prevention and Health Promotion Administration and Behavioral Health Administration, MDH, and the Substance Abuse and Mental Health Services Administration (SAMHSA).
        - Suggested wording: "Funding for this work was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) through an agreement with the Maryland Department of Health."

2. HIV PREVENTION PROGRAM ACTIVITIES

a. Program Goals:
This award supports the implementation of HIV prevention activities to:
- Increase the number of Marylanders who are aware of their HIV serostatus and linked to appropriate HIV care, prevention and support services;
- Increase the number of Marylanders with sexually transmitted infections (STI's) who are screened for behavioral health disorders and primary care needs, and referred when appropriate;
- Increase the number of Marylanders who are aware of and utilize biomedical therapies, including pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP), as HIV prevention tools;
- Support Marylanders in substance use treatment; and
- Decrease sexual and drug-using behaviors among persons at high-risk for acquiring or transmitting HIV.

b. Outcome Objectives:
HIV prevention activities will support participants in achieving increases in:
- Knowledge of HIV serostatus;
- Knowledge of HIV/STI transmission and risk-reduction strategies;
- Perceived risk for acquiring or transmitting HIV and sexually transmitted infections (STI), including viral hepatitis, to sexual and/or needle-sharing partners;
- Skills for safe disclosure of serostatus to sex and needle-sharing partners;
- Skills and self-efficacy to support safer sexual and needle-sharing behaviors (i.e. harm reduction);
- Intentions to adopt safer sexual and needle-using behaviors;
- Intentions to access applicable prevention, medical and support services, including STI/HIV partner services;
- Awareness of biomedical therapies, including pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP),and routine STI/HIV screening;
- Awareness of the link between sex and substance use;
- Self-reflection skills; and
- Ability to evaluate sexual situations as healthy or unsupportive of recovery.

c. Client Promotion and Recruitment Activities:
The Grantee shall ensure that sexual health programs serve those at greatest risk of transmitting or acquiring HIV, by:
- Targeting services to the current HIV prevention priority populations identified by utilizing most recent (2022) HIV and STI surveillance data and developing strategies based on the local epidemiology;
- Collaborating with community organizations and programs who are serving disproportionately impacted populations (i.e. higher incidence and prevalence); and
- Participating in local cultural events frequented by members of targeted communities.

d. Sexual Health in Recovery (SHIR):
The following process objectives, including specific program and evaluation conditions and requirements for the implementation of Sexual Health in Recovery, must be observed by all Grantee and any relevant subcontractor(s) who shall:

- Maintain MDH certified SHIR facilitators and ensure that all new SHIR facilitators have completed the following required training before implementing the intervention:
  - ➢ Infectious Disease 101
  - ➢ Group Facilitation Skills for Behavioral Interventions
  - ➢ Motivational Interviewing for Sexual Health Groups
  - ➢ Suspending Sexual Judgement
  - ➢ Sexual Health in Recovery Curriculum Training
  - ➢ Sexual Health for gay, Bisexual, and Same Gender Loving Men
  - ➢ Living Out Loud: Serving Transgender Clients in Recovery
- Implement the Sexual Health in Recovery intervention within agencies and programs directly serving participants engaged in behavioral health services by initiating positive relationships with these agencies, and promoting the benefits of SHIR to clients as a relapse and HIV prevention intervention. Behavioral health services may include substance use treatment facilities, substance use programs housed in detention centers, within criminal justice programs and halfway houses, and/or recovery houses.
- Implement SHIR activities in accordance with the guidelines and protocols provided by the Department.
- Adhere to administrative guidance regarding reporting and documentation requirements as per the Department.

e. Performance Measures:
The Grantee will achieve the following performance measures:

- Ensure that 100% of SHIR facilitators have completed all required training prior to implementing the intervention.
- Implement the agreed upon cycles of SHIR.
- Provide SHIR programming to the minimum agreed upon number of clients.
- Report 100% of SHIR activities supported by this award to PHPA according to the protocols and timelines established by the Department.

Note: MDH form 4542C shall be completed to include these Performance Measures, and returned to the Department as a part of the program plan by June 14, 2024.

3. PERSONNEL REQUIREMENTS

a. As per instructions in the budget package, the Grantee and any relevant subcontractor(s) shall provide to the appropriate Program Monitor at the Department, within 30 days of hiring or assignment, the names, job titles, resume and applicable certificates/licenses, salaries and percentage of full time equivalency (FTE) of all personnel funded by this award and hired during this funding period.
b. The Grantee shall notify the appropriate Project Monitor at the Department of all changes in prevention personnel. Prior to the effective changes or filling vacant positions, the Grantee shall submit a written request to change or fill positions. The request must include a job description in the format of the Department of Personnel

(DOP) MS-22, a work plan detailing assignments and timeline, the position classification, FTE contribution and salary.

c. The Grantee shall provide to the relevant Program Monitor at the Department electronic copies of any contract or financial agreement with a sub-grantee providing services under this award within 30-days of signing said contract or financial agreement.
d. All staff who implement HIV-specific projects shall be trained and educated in HIV knowledge and skills relevant to the funded project(s), and attend competency-based training as required by the Department.
e. Due to the assigned work in clinical, non-clinical, and community settings, any person employed under this agreement, either directly or indirectly through a subcontractor to administer the services, shall be pre-screened by the Grantee to ensure that none appear in the: (1) Maryland Sex Offender Registry maintained by the Maryland Department of Public Safety and Correctional Services at http://www.dpscs.state.md.us/sorSearch/ or (2) the National Sex Offender Public Registry maintained by the United States Department of Justice at https://www.nsopw.gov/en//.

4. FISCAL REQUIREMENTS

a. All budget modification requests shall have prior approval by the appropriate Program Monitor for the Department. Written requests for modifications to the budget shall be submitted by the Grantee at least thirty (30) days before the effective date of the proposed changes, and shall have prior written approval from the Department before being implemented.
b. All budgets reflecting this award, including subcontracts funded under this award, shall be submitted electronically by June 14, 2024 to: stacey.dyce@maryland.gov
c. Per previous instructions to local Health Officers, cost of living allowances (COLAs) for contract employees funded under this grant shall be consistent with COLAs granted to merit state, county, or municipal employees within their jurisdiction.
d. Copies of any subcontracts funded under this award shall be forwarded with budgets to the appropriate Program Monitor at the Department within 30 days of execution.

5. MONITORING ROLES AND RESPONSIBILITIES

a. The Program Monitors for this award are Stacey Dyce (phone: 443-469-1957 or email stacey.dyce@maryland.gov) for SHIR program management, and Jean-Michel Brevelle for performance measure reporting or SHIR facilitator training (phone: 443-301-4681 or email: jean-michel.brevelle@maryland.gov).
b. The Grantee shall provide to the appropriate Program Monitor, the names of the contact person(s) responsible for programmatic concerns, all communications regarding this program, the contact person for fiscal issues, and the names of the contact persons for each of the sub-grantees/vendors (if applicable).
c. The Grantee shall maintain expertise in all subcontracted project content, protocols and methods, and provide technical assistance to subcontractor staff as needed.

d. The Grantee and any relevant subcontractor(s) or volunteer(s) shall cooperate with the Department's policies for addressing any and all concerns or problems identified during the award period.
e. The Grantee shall provide to any and all subcontractors implementing program services under this award a complete copy of these conditions of award, and shall ensure subcontractor(s) compliance with them.
f. The Department's Program Monitor shall make available statistical reports, samples of educational materials, model curricula, and evaluation forms as well as provide technical assistance on program development, coordination and evaluation methodology.
g. The Grantee (and each subcontractor or volunteer, if applicable) shall cooperate with the direct monitoring by the Department. Monitoring will be conducted via site visits annually, at minimum, and may be announced, or unannounced. This monitoring may consist of the review of records and reports, interviews of staff, required forms, educational materials and other materials pertaining to this project, including rapid HIV testing documents.
h. The monitoring of program activities of subcontractors and volunteers is the primary responsibility of the Grantee. However, the Department staff may also monitor the subcontractor's activities and conduct periodic site visits, with notification to the Grantee.
i. The Grantee shall maintain written documentation of monitoring activity and findings, and any follow-up corrective action taken or recommended. This written documentation shall be made available for review upon the request of the Department's Program Monitors.
j. If Grantee performance is deficient, the Department's Program Monitor will notify the Grantee in writing. The Program Monitor will identify the corrective action required by the Grantee to address the deficiency. The Program Monitor will deliver, or coordinate the delivery of, additional technical assistance to support the Grantee in taking the corrective action. If the corrective action is successful in resolving the problem, the Department will notify the Grantee in writing that resolution has been achieved. If the corrective action is unsuccessful in resolving the problem, the Department has all of the following options:
    - Revise deliverables to the COA (e.g., requiring Grantees to report with increased frequency).
    - Require the Grantee to provide a revised staffing plan that demonstrably supports the realization of program requirements.
    - Progressively reduce the total award in response to repeated failures to comply with requirements.
    - Suspend payment on the contract pending correction of the deficiency by the Grantee.
    - Terminate the award.

6. REPORTING REQUIREMENTS

a. The Grantee and any relevant subcontractor(s) shall ensure that communicable disease reporting requirements, per COMAR, have been met for all clients served under this award, including but not limited to reporting by name those persons with HIV or AIDS. Healthcare providers must also comply with health department communicable disease investigations as requested.

b. The Grantee and any relevant subcontractors shall have a **written policy** in place to address reporting of HIV seropositive persons' names to the state surveillance system.
c. The Grantee shall maintain current knowledge of data collection and reporting requirements and provide technical assistance to subcontractor staff to ensure that all data are collected and submitted as required by the Department.
d. The Grantee and subcontractor(s) are prohibited from altering any of the Department-provided and required data collection and reporting forms without prior written approval from the Department. Unapproved alterations to forms may result in a loss of data and the inability to properly credit the Grantee with meeting performance measures related to this award.
e. The Grantee shall submit all programmatic reports, including positive testing logs, from subcontracted vendors and discuss any concerns or discrepancies with subcontractor staff before sending them to the Department Program Monitor. Program reports must be submitted according to the schedule outlined in the reporting protocol provided by the Department. Reports may be transferred electronically, according to specifications provided by the Department.
f. Other monitoring forms provided to the Grantee by the Department must be completed and returned to the Program Monitor by the dates specified on the form for each quarter of the fiscal year.
g. The Grantee and any subcontractors shall adhere to all data collection and handling protocols to maintain client confidentiality and ensure compliance with federal, state, and PHPA data security and confidentiality policies.
h. The Grantee shall ensure complete, accurate, and timely submission of all data and reports as required and scheduled by the Department.
i. The Grantee shall comply with any other requests from the Department for information regarding activities undertaken with this award.
j. Additional Reporting Requirements for agencies implementing SHIR Projects:
    - All Sexual Health in Recovery activities funded through this award (including activities conducted by subcontractors) shall be documented and reported through the Survey Monkey and Smartsheet submission link provided by the Department, using the most current set of forms, and in the time frame specified in the protocols provided by the Department.
k. Failure to comply with the reporting requirements outlined above will result in a reassessment of funding level for the following year with a possible reduction in support.

7. FEDERAL FUNDING REQUIREMENTS

The receipt of federal funds by the Maryland Department of Health, by Local Health Departments, and by sub-recipients requires compliance with all laws and regulations pertaining to the following:

a. Small, minority, and woman-owned business: It is a national policy to place a fair share of purchases with small, minority, and woman-owned business firms. The Department of Health and Human Service is strongly committed to the objective of this policy and encourages all recipients of its grants and cooperative agreements to take affirmative steps to ensure such fairness. In particular, recipients should:
    - Place small, minority, and woman-owned business firms on bidders' mailing lists.

- Solicit these firms whenever they are potential sources of equipment, construction, or services.
- Where feasible, divide total requirements into smaller needs, and set delivery schedules that will encourage participation by these firms.
- Use the assistance of the Minority Business Development Agency of the Department of Commerce, the office of Small Disadvantaged Business Utilization, DHHS, and similar state and local offices.
- For Maryland, use the assistance of the Governor's Office of Minority Affairs at http://www.oma.state.md.us/

b. Local health departments and subcontractor(s), if any, shall make every effort to accommodate both cultural and linguistic needs of targeted populations. Per the Presidential Executive Order issued August 11, 2000, every program that receives federal funds is required to take reasonable steps to assure reasonable access to their programs by Limited English Proficiency (LEP) persons. Each covered entity that provides services or benefits DIRECTLY to the public shall develop language assistance procedures for 1) assessing the language needs of the population served; 2) translating both oral and written communications and documentation; 3) training staff in the language assistance program requirements; and 4) monitoring to assure that LEP individuals are receiving equal access to services and are not treated in a discriminatory manner. Language resources are available through your Project Monitor.

c. The Grantee shall implement policies and practices that prohibit discrimination and promote access and inclusion. The planning and provision of activities funded and supported under this award shall be conducted with capacity in culture, language, disabilities, developmental stage, socioeconomic status, sexual orientation, age, and gender identity. The following knowledge, skills, and attitudes are critical to the successful implementation of culturally competent services:
    - Understanding of the cultural factors affecting responsiveness to varying strategies;
    - Understanding of clients' cultural norms, biases, and preferences;
    - Knowledge and understanding of the impact that cultural norms can have on clients' decision making processes;
    - Ability to adapt strategies to unique client characteristics and circumstances;
    - Development of the readiness and ability to be flexible in meeting clients' needs; and
    - Development of a nonjudgmental and respectful acceptance of cultural, behavioral, and value differences.

8. REQUIRED MEETINGS

Representatives for the Grantee shall attend all relevant mandatory meetings (in-person, conference calls, or web-based) required by the Department.

At a minimum, the Grantee shall attend and participate in:

a. Annual statewide SHIR meeting (virtually, in person, or hybrid).
b. Quarterly monitoring meetings as scheduled and announced by the grant monitor.
    - More frequent monitoring meetings will be requested if the Grantee is not meeting performance or fiscal requirements.

2. HIV Prevention and Health Services

This award is subject to the conditions stated in this contract between the Prevention and Health Promotion Administration (PHPA), herein known as the Department, and the local health departments and sub-recipients. The Department will only award funds and continue to contract with agencies that maintain compliance with all of the process objectives, program, personnel, quality management (QM) activities, fiscal, performance reporting, and federal funding requirements listed below. Failure to meet the requirements and objectives identified in these Conditions of Award (COAs) may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications.

The requirements for services funded by the following grants are described in this section

a. Ryan White HIV/AIDS Program (RWHAP) Part B which includes the following streams:
    - ➢ RWHAP Part B Supplemental (F500N);
    - ➢ RWHAP Part B Flex (F655N);
    - ➢ RWHAP Part B MAI (F681N);
    - ➢ RWHAP Part B State Special Funds (F760N)
    - ➢ RWHAP Part B Part B (F763N);
b. CDC (F765N) HIV Prevention Activities which include CDC-funded HIV Testing, Linkages to Care, and Health Education Risk Reduction (HERR).
c. HUD-HOPWA Program (F790N)

1. GENERAL PROGRAM REQUIREMENTS

    a. The subrecipient and any relevant subcontractor(s) must comply with all relevant Federal, State and Local grant requirements pursuant to the law.
    b. All services and activities implemented under this award must be consistent with priorities set by the Maryland Integrated HIV Plan, federal guidelines, and the goals of the HIV National Strategic Plan.
    c. The local health departments and sub-recipients must plan and implement approaches to ensure their activities explicitly address inequities in the access to and use of HIV Prevention and Health Services, and facilitate equitable opportunities for all clients to achieve the expected health outcomes.
    d. The local health departments and sub-recipients must maintain and retain financial records, supporting documents, statistical records and programmatic records pertinent to the grant for three (3) years from the date of submission of the final form 440 expenditure report in accordance with 45 CFR 75.361.
    e. The local health departments/sub-recipients must submit all research projects involving human subjects as specified by Maryland Department of Health (MDH) Policy #1100 to the MDH Institutional Review Board for review.
    f. Any publications, presentations, conference abstracts, or planned promotional events and materials (including print and digital media) partially or fully funded by this award must be reviewed and approved by the Prevention and Health Promotion Administration and must acknowledge the Prevention and Health Promotion Administration and the federal funding agency, if applicable.

g. The local health departments and sub-recipients must implement whistleblower protection policies that: encourage staff and volunteers to come forward with credible information on illegal practices or violations of adopted policies of the organization; specify that the organization will protect the individual from retaliation, intimidation, harassment or other adverse action; and identifies those staff or board members or outside parties to whom such information can be reported.
h. The local health departments and sub-recipients must implement policies and practices that prohibit discrimination and promote access and inclusion. The planning and provision of activities funded and supported under this award shall be conducted with capacity in culture, language, disabilities, developmental stage, socioeconomic status, sexual orientation, age, and gender identity. The following knowledge, skills, and attitudes are critical to the successful implementation of culturally competent services:
    - Understanding of the cultural factors affecting responsiveness to varying strategies;
    - Understanding of clients' cultural norms, biases, and preferences;
    - Knowledge and understanding of the impact that cultural norms can have on clients' decision-making processes;
    - Ability to adapt strategies to unique client characteristics and circumstances;
    - Development of the readiness and ability to be flexible in meeting clients' needs; and
    - Development of a nonjudgmental and respectful acceptance of cultural, behavioral, and value differences.

2. FEDERAL FUNDING REQUIREMENTS

The receipt of federal funds by the Maryland Department of Health, by Local Health Departments, and by sub-recipients requires compliance with all laws and regulations pertaining to the following:

a. The local health departments and sub-recipients funding under the Ryan White Program must comply with Federal grant requirements pursuant to the law and program guidelines of the Ryan White HIV/AIDS Treatment Modernization Act.
b. The local health departments and sub-recipients shall ensure that activities supported by Ryan White, CDC/SAMHSA HIV Prevention, and HUD/HOPWA are delineated from all other sources of funding.
c. Small, Minority, and Woman-Owned Business: It is a national policy to place a fair share of purchases with small, minority, and women-owned business firms. The Department of Health and Human Services is strongly committed to the objective of this policy and encourages all recipients of its grants and cooperative agreements to take affirmative steps to ensure such fairness. In particular, recipients should:
    - Place small, minority, and woman-owned business firms on bidders' mailing lists.
    - Solicit these firms whenever they are potential sources of equipment, construction, or services.
    - Where feasible, divide total requirements into smaller needs, and set delivery schedules that will encourage participation by these firms.
    - Use the assistance of the Minority Business Development Agency of the Department of Commerce, the Office of Small Disadvantaged Business Utilization, DHHS, and similar state and local offices.

- For Maryland, use the assistance of the Governor's Office of Minority Affairs at http://www.oma.state.md.us/

d. Limited English Proficiency (LEP): Per Presidential Executive Order issued August 11, 2000, every program that receives federal funds is required to take reasonable steps to assure meaningful access to their programs by Limited English Proficiency (LEP) persons. Each covered entity that provides services or benefits directly to the public shall develop language assistance procedures for 1) assessing the language needs of the population served; 2) translating both oral and written communications and documentation; 3) training staff in the language assistance program requirements; and 4) monitoring to assure that LEP individuals are receiving equal access to services and are not treated in a discriminatory manner. Sub-recipients must ensure compliance with the MDH Limited English Proficiency Policy effective March 22, 2016 (Attachment 9). Language resources are available through your Health Service Administrator.

e. 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements For HHS Awards

f. Office of Management and Budget (OMB) Uniform Grant Guidance – 2 CFR Chapter II Part 200: Entities that receive federal funds are subject to audit requirements that are commonly referred to as single audits. Among other things, the Single Audit Act Amendments of 1996 (the Single Audit Act) (Public Law [P.L.]104-156) is intended to promote sound financial management, including effective internal control, with respect to federal awards administered by state and local governments and Not-for-Profit Organizations (NPO)s. Governments and non-profit organizations that expend $750,000 or more in federal awards during the fiscal year must do the following:
   - Maintain internal control for federal programs.
   - Comply with the laws, regulations, and the provisions of contracts or grant agreements.
   - Prepare appropriate financial statements, including the schedule of expenditures of federal awards (SEFA).
   - Ensure that the required single audits or program-specific audits are properly performed and submitted when due.
   - Follow up and take corrective actions on audit findings.

3. PERSONNEL REQUIREMENTS

a. In accordance with federal regulations, state and the local health departments employees whose salaries are totally or partially funded by federal grants managed by the Infectious Disease Prevention and Health Service Bureau must report on a daily basis the time allocated to each grant activity by Program Cost Account (PCA).
   - For the local health departments under the Maryland Department of Health, employees must report daily grant activities using Workday® and the corresponding PCA tag. It means that each activity should use a single Workday® row including start and end time and the corresponding work tag. Refer to Attachment 19 - IDPHSB Time & Effort Policy for more details.
   - For the local health departments not under the Maryland Department of Health and/or do not use Workday®, systems must be in place to allow employees to report grant activities to the corresponding PCA tag. Refer to

Attachment 19 - IDPHSB Time & Effort Policy for more details.
- Time and effort accountability not recorded through Workday, must include documented supervisory approval prior to processing of payroll.

b. All personnel that provide services funded by the RWHAP Part B shall meet any minimum requirements as set forth in the Ryan White Standards of Care and Policy Clarification Notice 16-02 located at https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters
c. Personnel of all sponsored HIV testing programs must attend HIV Linkage to Care training offered by MDH or provide documentation of proof of completion of a reputable HIV testing training program taken within 5 years of start date for new personnel only.
d. Per instructions in the budget package, the local health departments shall notify the Compliance Monitoring Officer at the Department of all changes in prevention and health services personnel within 30 days of hiring or assignment. The local health departments/sub-recipient shall provide the names, job titles, resume and applicable certificates/licenses, salaries and percentage of full-time equivalency of all personnel funded by this award and hired during this funding period.
e. The local health departments and sub-recipients shall obtain written approval from the Department before affecting changes regarding positions funded under this award. Requests for changes in personnel must include a job description in the format of the Department of Personnel (DOP) MS-22, a resume of staff hired, a revised work plan detailing assignments and timeline (if this is a new position), and information on FTE equivalency.
f. Personnel training:
    - All personnel who implement services funded by the RWHAP Part B and/or CDC HIV Prevention grants shall be trained and educated in HIV knowledge and skills relevant to the funded activities and service categories and attend periodic training as required by the Department.
    - All personnel that collect, manage, and/or access client-level data with personally-identifiable information (PII) and/or protected health information (PHI) must receive initial and annual training in Health Insurance Portability and Accountability Act of 1996 (HIPAA), the CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs, and the Department's data security and confidentiality policies and procedures.
g. Criminal Background investigation records must be obtained on all employees and volunteers who work with youth under the age 18, pursuant to Sec. 5-560 through 5-568 of the Family Law Article of the Annotated Code of Maryland.

4. FISCAL REQUIREMENTS

a. **Client eligibility**: The local health departments and sub-recipients providing direct client services shall certify the eligibility of clients before delivering services funded by the RWHAP Part B. Clients must meet each of the following criteria:
    - HIV status: Have a documented diagnosis of HIV
    - Income: The household income must be under 500% of the Federal Poverty Level
    - Residency: Must be a resident of Maryland.
    -

Detailed information about the documentation that can be used to prove eligibility can be found in the current version of the Maryland Integrated HIV Program Service Standard.

b. **Payor of last resort:** RWHAP Part B funds are the reasonable payor of last resort and as such, may not be used to provide items or services for which payment has already been made, or reasonably can be expected to be made, by third party payers, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance.
    - It is, therefore, incumbent upon the local health departments and sub-recipients to assure that eligible individuals are expeditiously enrolled in Medicaid or other healthcare coverage programs/providers and that state funds and Ryan White Care Act funds are not used to pay for any services covered by other sources. **IDPHSB reserves the right to audit records and/or require proof that grant funding is not being used to support clients enrolled in third-party reimbursement programs**.
    - The local health departments and sub-recipients must ensure that reasonable efforts are made to use non-RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite RWHAP funds. **The local health departments and sub-recipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible**.
c. **Program income** means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as HIV/AIDS BUREAU Policy Clarification Notice 15-03 located at https://ryanwhite.hrsa.gov/grants/policy-notices and provided on 45 CFR § 75.307(f).
    - Program income includes but is not limited to income from fees for services performed, the use or rental of [sic.] real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them.
    - **Program income must be used for the purposes for which the award was made, and may only be used for allowable costs under the award**: core medical and support services, clinical quality management, and administrative expenses (including planning and evaluation) as part of a comprehensive system of care for low-income individuals living with HIV

d. The local health departments and sub-recipients may provide services not covered by Medical Assistance to Medicaid recipients (for example, food vouchers, housing assistance) on the same basis as services are provided to non-Medicaid recipients. Further details can be found in HRSA document, "Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program," Policy Clarification Notice (PCN) #13-01 located at https://ryanwhite.hrsa.gov/grants/policy-notices
e. In regard to the purchase of medications by the local health departments and sub-recipients, funds from any RWHAP Part B grant may only be used to purchase medications on the MADAP formulary and must be used as payer of last resort. Use of Maryland Department of Health funding for medications must be documented in the client record.
f. The local health departments and sub-recipients providing services funded by RWHAP Part B grants must follow the current service category definitions and guidelines established by the Health Resources and Services Administration (HRSA) in Policy Clarification Notice (PCN)) #16-02 located at https://ryanwhite.hrsa.gov/grants/policy-notices
g. The local health departments and sub-recipients must comply with the fiscal standards, performance measures/methods and the local health departments and sub-recipient responsibilities outlined in the HRSA/HAB Division of State Ryan White HIV/AIDS Program Part B National Fiscal Monitoring Standards located at: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf
h. The local health departments and sub-recipients must ensure compliance with the following guidelines related to Indirect Cost:
    - HOPWA Grants – the Indirect Cost Rate must not exceed 7%
    - Other Grants – the Indirect Cost Rate must not exceed 10%
    - Indirect Cost for Federally funded grants must be posted to FMIS and internal accounting systems quarterly.
    - Indirect Cost expenditure amounts must be calculated based on total expenditures rather than budgeted expenditures.
i. The local health departments and sub-recipients are required to have internal controls in place to ensure that contract reimbursement for grant salary and wage expenditures are based on records that accurately reflect the actual time and effort for work performed.
    - When requests for reimbursement of expenditures are based on budgeted percentages of full-time equivalent, internal control procedures must exist to ensure that actual time and effort studies are conducted and recorded so that when necessary, adjustments can be posted to ensure that the final amount charged to each contract is proper.
    - Time studies must be completed, at minimum on a quarterly basis. For example: If the time study is performed the first month of each quarter, the results of the first month time study can be used as a reference for billing the employee's time and effort during the second and third months of that quarter.
    - If the employee's payroll time and effort is between multiple service categories but all under the same funding source, time studies are required to ensure the accuracy of costs for each service category.

- Time studies must be maintained on file along with other payroll documentation and according to the retention period required for other payroll records.

5. BUDGET REQUIREMENTS

a. Budget submissions for HIV Prevention and Health Services Programs will be as follows:
   - June 30, 2024
     - RWHAP Part B (F763N)
     - RWHAP Part B Flex (F7655N)
     - RWHAP Part B MAI (F681N)
     - RWHAP Part B Supplement (F500N)
   - July 31, 2024
     - CDC Prevention (F765N)
     - RWHAP Part B State Special Funds (F760N)
     - HOPWA (F790N)

b. All programmatic and budgetary attachment documents should be submitted at the same time as one complete annual packet to HIV Prevention and Health Services electronically to the following budget submission portal: http://bit.ly/MDHCHPHSBudgetPkg

c. The local health departments will submit Budget Forms 4542A through 4542M electronically to the following budget submission portal: http://bit.ly/MDHCHPHSBudgetPkg.

d. The local health departments that provide billable services funded by RWHAP Part B must estimate and include fee collections (third party and self-paying clients) as well as the related expenditures on Budget Form 4542A.

e. The local health departments that provide services funded by RWHAP Part B must submit a separate Budget Narrative Justification for each service category and the total of all the justifications must support the line item amounts on Budget Form 4542A. (Reference Attachment 7 – Budget Packet Instructions and Attachment 8 – Instructions for Budget Narrative Justifications.)

f. All other Programs must submit a Budget Narrative Justification, in Excel format, to support Budget Form 4542A for each contract. (Reference Attachment 7 – Budget Packet Instructions and Attachment 8 – Instructions for Budget Narrative Justifications.)

g. Budget Narrative Justifications must be submitted electronically to the following budget submission portal: http://bit.ly/MDHCHPHSBudgetPkg.

h. The local health departments must submit Budget Forms 432A through 432H and Budget Narrative Justifications electronically, in Excel format, to the following budget submission portal: http://bit.ly/MDHCHPHSBudgetPkg.

i. The local health departments must submit documents requested in the Programmatic Requirements (Attachment 10) electronically to the following budget submission portal: http://bit.ly/MDHCHPHSBudgetPkg. Cost of living allowances (COLAs) for contract employees funded under these grants shall be consistent with COLAs granted to state, county, or municipal employees within this jurisdiction.

j. The local health departments must ensure that the methods used to calculate indirect costs under these contracts are consistently applied throughout the agency for all

grants and that the rate does not exceed 10%.

k. The local health departments that provide services funded by RWHAP Part B shall ensure that administrative costs, including indirect, do not exceed 10% of the total award. Indirect costs are considered as administrative costs under federal guidelines. Refer to Attachment 10 for definition of administrative costs. Also reference Policy Clarification Notice 15-01 located at https://ryanwhite.hrsa.gov/grants/policy-notices.

6. BUDGET MODIFICATION REQUIREMENTS

a. Email requests, with brief explanation, for modifications shall be submitted by the local health departments to the Compliance Monitoring Officer at least thirty (30) days before the effective date of the proposed changes.
b. For each contract, the local health departments may re-direct 10% of a line item budget amount or $5,000 whichever is greater, without advance approval of the Department's Compliance Monitoring Officer. Budget Modification documents are not required. However, when changes occur, the Compliance Monitoring Officer should be notified in writing as soon as practicable.
c. Specific to HOPWA Programs
    - The local health departments may redirect cost within each type of assistance without going over the total per type; without advance approval of the Compliance Monitoring Officer. Example: if the total budget for STRMU is $10,000 and the line item budgets are: rent $3,000, mortgage $4,500, and utilities $2,500. The Health Department may redirect from mortgage to utilities as needed without exceeding the total STRMU budget of $10,000.
    - The local health departments may redirect 10% of a line item budget amount or $5,000 whichever is greater without advance approval of the Compliance Monitoring Officer. Example: redirect from PHP to STRMU or redirect from Communications to Salaries or redirect from Educational Materials to Fringe. Budget Modification documents are not required. However, when changes occur, the Compliance Monitoring Officer should be notified in writing as soon as practicable.
d. If the local health departments would like to redirect funds to a new budget line item type (not included in the original budget), advance approval must be obtained from the Compliance Monitoring Officer regardless of the percent or amount redirected. Budget Modification documents must be submitted.
e. The local health departments must obtain advance approval from the Compliance Monitoring Officer and submit Budget Modification documents to re-direct line item budget amounts > 10% or > $5,000.
f. Budget Modification Forms (4542A thru 4542K) must be submitted electronically to the following budget submission portal: http://bit.ly/MDHCHPHSBudgetPkg.
g. Budget Narratives must be submitted electronically, according to the same requirements in the original budget to the following budget submission portal: http://bit.ly/MDHCHPHSBudgetPkg.
h. Budget Modification requests may be submitted as early as October 1, 2024 and as late as March 31, 2025. Budget Modification requests and documents will not be accepted after March 31, 2025.

7. PROGRAM AND QUALITY MANAGEMENT REQUIREMENTS

a. The local health departments and sub-recipients providing core medical and support services services funded by the RWHAP Part B shall follow the programmatic and service standards, performance measures/methods and the local health departments/sub-recipient responsibilities outlined in the HRSA/HAB Division of State HIV/AIDS Programs RWHAP Part B National Monitoring Standards located at: https://ryanwhite.hrsa.gov/grants/manage/recipient-resources and the Maryland service standards located at: https://health.maryland.gov/phpa/OIDPCS/CHP/pages/home.aspx
b. The local health departments and sub-recipients funded to provide CDC HIV Prevention activities shall ensure that all activities conducted under this award are in compliance with the program requirements of the current HIV prevention cooperative agreements between Maryland and the US Centers of Disease Control and Prevention (CDC) for Human Immunodeficiency Virus (HIV) prevention services and that all HIV testing is performed in accordance with current HIV testing guidelines from the US Department of Health Services, Public Health Service, Centers for Disease Control and Prevention (CDC) and following COMAR 10.18.08.
c. The local health departments and sub-recipients must document referral relationships with key points of entry that detail linkages to promote access to HIV related services by HIV positive individuals not in care. Examples of key points of entry are: emergency rooms, substance abuse programs, detoxification programs, adult and juvenile detention facilities, sexually transmitted disease clinics, federally qualified health centers, HIV counseling, testing and referral sites, mental health programs and homeless shelters.
d. The local health departments and sub-recipients must establish a mechanism to ensure that referrals occur at the client level for needed health or support services outside the local health departments agency.
e. The local health departments and sub-recipients must ensure easy access to their service facilities by public transportation.
f. The local health departments and sub-recipients must have policies in place to consider clients receiving VA services as uninsured.
g. The local health departments and sub-recipients must keep all staff salaries funded by Federal funds below the maximum allowed salary. Fringe benefits must be calculated for the percentage of salary below the maximum allowed salary.
h. Quality Management: The local health departments and sub-recipients funded by RWHAP Part B must participate fully in the activities described in the Maryland HIV Quality Management Framework (MHQMF) to ensure that all HIV services funded by Infectious Disease Prevention and Health Services Bureau (IDPHSB) are consistently of high quality. Full participation in MHQMF activities includes the following:
    - The local health departments and sub-recipients shall ensure their QM program consists of a solid infrastructure, performance measures and QI activities. The goals and objectives for these activities will be determined by the Health Outcome Measurements in the MHQMF. The Improvement strategies outlined in the MHQMF will guide the development of QI projects.

- Following the Maryland HIV Quality Management Framework, the local health departments and sub-recipients must develop, implement, and maintain effective, ongoing, data-driven quality assessment and performance improvement programs. Sub-recipients' QM program shall specify health outcome goals and barriers, supported by identified leadership, dedicated resources, and use of data and measurable outcomes to determine quality improvement progress.
- The local health departments and sub-recipients must have a quality improvement representative in attendance at all Maryland Quality Management Group meetings.
- The local health departments and sub-recipients must encourage participation of clients enrolled in their programs and put in place their own mechanisms for listening to clients' feedback that may include, but is not limited to, exit interviews, focus groups, suggestion boxes, and/or a complaints book.

i. Required meetings
   - The local health departments Program Manager, Fiscal Manager and relevant personnel must participate in Monitoring Calls coordinated by the Compliance Monitoring Officer or Grants and Contracts Compliance Monitor.
   - The local health departments and sub-recipients shall have a program representative in attendance at all quarterly HIV/AIDS Planning Group (HPG) meetings and shall encourage participation of program participants.
   - The local health departments and sub-recipients must have a Program Manager and Fiscal Manager attend the mandatory All Grantees Statewide Meetings.
   - The local health departments and sub-recipients must have relevant case management staff participate in annual MADAP training to ensure up-to-date knowledge is attained on MADAP enrollment requirements.
   - All the local health departments/sub-recipients must attend any other mandatory meetings scheduled by IDPHSB during the contract period.

j. HOPWA program requirements:
   - Program sponsors must operate and administer the HOPWA program according to federal regulations outlined in 24 CFR Part 574 [81 FR 90659, Dec. 14, 2016, as amended at 82 FR 8811, Jan. 31, 2017] – Housing Opportunities for Persons with AIDS, other HUD regulations, and state and local housing regulations.
   - Program sponsors must ensure compliance with 24 CFR Part 574.320 - Maximum Subside, Rent Standard, and Rent Reasonableness:
     - Maximum Subsidy: The amount of grant funds used to pay monthly assistance for an eligible person may not exceed the difference between the lower of the rent standard or reasonable rent for the unit and the resident's rent payment. In keeping with maximum allowed subsidy, limit maximum household unit size (bedrooms) assisted based on bedrooms count and number of eligible household members.
     - Rent Standard: The rent standard shall be no more than the published Section 8 Fair Market Rent for the unit size. HOPWA vendors may take exceptions and make rent assistance payments that exceed the

fair market rent by up to 10%, however this exception can only be made for up to 20% of all rent assistance units.

- Rent Reasonableness: Rental assistance files must contain documentation that rent charged for a unit is reasonable in relation to rents currently being charged for comparable units in the private unassisted market and is not in excess of rents currently being charged by the owner for comparable unassisted units.

- Program sponsors must ensure compliance with Housing quality standards. All housing assisted under §574.300(b) (3), (4), (5), and (8) must meet the applicable housing quality standards.
- Program sponsors must ensure compliance with Conflict of Interest regulations of 24 CFR Part 574.625 in addition to conflict of interest requirements in OMB Circular A-102 and 24 CFR 85.36(b)(3). Ensure that no person who is an employee, agent, consultant, officer, or elected or appointed official of your agency who exercises or has exercised any functions or responsibilities with respect to HOPWA program activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter. Conflict of Interest Statements should be signed by all employees directly involved in the HOPWA Program activities and maintained on file.
- Program sponsors must maintain compliance with Fair Housing Laws and applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101-12213), and implementing regulations at 28 CFR part 35 (States and local government grantees) and part 36 (public accommodations and requirements for certain types of short-term housing assistance), which may include fair housing guidance for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap.
- Program sponsors must adopt affirmative outreach policies and procedures to ensure that all persons who qualify for rental assistance, regardless of their race, color, religion, sex, age, national origin, familial status, or handicap, know of the availability of the HOPWA program, including facilities and services accessible to persons with a handicap. Maintain documentation to support implementation of these procedures.
- Program sponsors must adopt policies and procedures governing selection of participants in the rental assistance program (and waitlists, if/where applicable). Providers agree to use, and make available for viewing, an objective assessment tool that determines the participation based on applicant vulnerability and need, ensuring applicants with the greatest need are prioritized to support over those with lesser needs
- Program sponsors must adopt policies and procedures that minimize barriers to eligibility for housing services and support. Some examples of barriers to eligibility are:

    - Commitment to be drug free
    - Participation in religious services
    - An absence of felony convictions
- Program sponsors must ensure that no fee, except rent, will be charged to any eligible person for any housing or services provided with HOPWA funding.
- Program sponsors must ensure the confidentiality of the name of any individual receiving HOPWA assistance and any other information regarding individuals receiving assistance.
- Program sponsors must ensure the adequate provision of Supportive Services, as described in §574.300(b)(7), including:
    - Enroll clients into the program.
    - Provide assistance to understand and complete leases. Serve as liaison between the client and landlord in lease negotiation and in case of disputes, when needed.
    - Calculate participant payments and HOPWA subsidy amounts utilizing the Community Planning and Development (CPD) Income Eligibility Calculator, applying the Earned Income Disregard for eligible participants when available.
    - Serve as liaison between the client and Ryan White case manager, when applicable, to ensure that services necessary to maintain independent living, engagement in health care, case management and other support services are received.
    - Complete a comprehensive housing plan for each program participant, updating that plan annually for rental assistance program participants, and provide information and referral services to assist clients to locate affordable, suitable, and more permanent housing outside of HOPWA assistance when applicable.
    - Conduct assessment of the housing assistance and supportive service needs required by program participants at program entry, updated annually for rental assistance program participants.
    - Conduct annual recertification of income and residency for all program participants.
    - Conduct annual housing inspections to ensure compliance with federal, state and local housing quality standards.
- Program sponsors must ensure that reasonable steps are taken to minimize displacement of persons and provide relocation assistance for persons displaced in accordance with 24 CFR Part 574.630.
- Program sponsors must adopt policies and procedures covering termination of rental assistance.
    - Written notice to the participant containing a clear statement of the actions that may cause termination of housing assistance. Files should provide signed acknowledgement that this notice was reviewed with the participant during intake.
    - Written disclosure of the steps a participant can take to request reconsideration

- Program sponsors must adopt clearly written grievance policies and procedures for program participants and maintain proof of acknowledgement and receipt of this policy by program participants at program intake and annually, if applicable.
- Program sponsors must ensure compliance with VAWA (Violence Against Women Act) requirements, including grace periods to allow for relocations not less than 90 days, adopting and administering an emergency transfer plan, and the maintenance of confidentiality of tenants requesting emergency transfers and tenant's housing location. See 24 CFR part 5, subpart L.
- Program sponsors must ensure compliance with The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations at part 35, subparts A, B, H, J, K, M, and R.

8. MONITORING ROLES AND RESPONSIBILITIES

a. The local health departments and sub-recipients must participate fully in IDPHSB's program monitoring and improvement activities which may include, but not be limited to:
    - periodic comprehensive site visits; (b) monitoring conference calls
    - record reviews as needed (including access to electronic medical/health records)
    - reviews of required prevention forms, rapid testing documents, educational and other materials
    - completion of surveys (or other requested information); and
    - completion of an organizational assessment.
b. The local health departments and sub-recipients must provide to the appropriate Compliance Monitoring Officer, the names of the contact person(s) responsible for programmatic concerns, all communications regarding this program, the contact person for fiscal issues, the contact person for quality management, and the contact person for CAREWare and data concerns. The local health departments must provide the same contact information and the names of the contact persons for each of the sub-recipient grantees/vendors (if applicable).
c. The local health departments and sub-recipient site visits may include, but not be limited to: interviews of staff, review of fiscal and clinical records, interviews with clients, and observation of service delivery. The site visit may be conducted by IDPHSB staff and subcontractors. Records must be made available to Federal Agencies upon request; Health Resources Services Administration (HRSA), Centers for Disease Control (CDC), Department of Housing and Urban Development (HUD) or a subcontractor appointed by them.
d. For the purpose of site visits, IDPHSB staff and subcontractors must be allowed access to electronic medical records. The local health departments and sub-recipients cannot subject IDPHSB staff to measures that would hinder access to electronic medical records. If not allowed access your agency/health department will be considered out of compliance resulting in a corrective action.
e. The results of Client Satisfaction Surveys will be provided to the local health departments and sub-recipients and will be utilized in the evaluation of the local health departments/sub-recipient performance.

f. The local health departments must provide technical assistance to sub-recipient staff as needed.
g. The local health departments must monitor the activities of each sub-recipient to ensure that the sub-award is used for authorized purposes (allowable activities and allowable costs) and that sub-award performance goals are achieved. However, the Department staff may also monitor the sub-recipient's activities and conduct periodic site visits, with notification to the local health departments.
h. The local health departments shall monitor any HIV testing activities included in the subgrantee's award, including HIV testing quality assurance activities. An annual HIV testing site visit must be conducted by the LHD with each subgrantee receiving funding to conduct HIV testing activities. A copy of the annual HIV testing site visit report must be provided to the MDH Compliance Monitoring Officer.
i. The local health departments must provide a complete copy of these Conditions of Award to each sub-recipient and shall ensure sub-recipient's compliance with them.
j. The local health departments and sub-recipients or volunteer(s) must cooperate with the Department's policies for addressing any and all concerns or problems identified during the award period.

9. EXPECTATIONS FOR The local health departments MONITORING OF THEIR SUB-RECIPIENTS

a. The local health departments must monitor the activities of each contracted sub-recipient to ensure that the sub-award is used for authorized purposes (allowable activities, allowable costs, focus on vulnerable populations, etc.) and that sub-award performance goals are achieved. However, the Department staff may also monitor the sub-recipient's activities and conduct periodic site visits, with notification to the local health departments.
b. The local health departments will provide the Department with documentation of active contracts and contact information for each sub-recipient.
c. The local health departments must provide an operational manual to all sub-recipients relative to the funding source and the services they will be implementing. These can include, but are not limited to, the following:
    - HRSA Ryan White HIV/AIDS Program Policy Clarification Notices (including PCN 16-02) https://ryanwhite.hrsa.gov/grants/policy-notices
    - Ryan White HIV/AIDS Program Part B National Monitoring Standards https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf
    - National HIV/AIDS Strategy (https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/)
    - Maryland Integrated HIV Program Service Standards (https://health.maryland.gov/phpa/OIDPCS/CHP/pages/home.aspx)
    - Maryland Department of Health HIV Testing Policies and Procedures Manual and other updated HIV testing guidance
    - Maryland Department of Health Rapid Testing Manual
    - CAREWare Manual
    - HOPWA Rental Assistance Guidebook https://files.hudexchange.info/resources/documents/HOPWARentalAssistanceGuidebook.pdf

d. The local health departments shall monitor any HIV testing activities included in the sub-recipient 's award, including HIV testing quality assurance activities in accordance with COMAR requirements. An annual HIV testing site visit must be conducted by the local health departments with each sub-recipient receiving funding to conduct HIV testing activities. A copy of the annual HIV testing site visit report must be provided to the MDH Compliance Monitoring Officer.
e. The local health departments will coordinate training for new sub-recipient agencies and new staff of existing sub-recipients at the start of program implementation including HIV testing procedures through Testing and Linkage to Care (TLC), data reporting on HIV testing through established MDH mechanisms relative to funding source, and direct client-level data entry using Maryland CAREWare when applicable.
f. The local health departments are responsible for ensuring timely and complete data reporting of all funded activities of the sub-recipient including, but not limited to, timely client-level data entry in CAREWare for Ryan White Services and completion of the annual Ryan White HIV/AIDS Program Services Report (RSR), and other appropriate data reporting mechanisms.
g. The local health departments must provide technical assistance to sub-recipient staff as needed.
h. The local health departments shall uphold and enforce the same standards of monitoring listed in these Conditions of Award with each sub-recipient.
i. The local health departments must provide a complete copy of these Conditions of Award to each subgrantee and shall ensure subrecipient compliance with them.
j. The local health departments will provide updates on sub-recipient performance and challenges to the Department through various mechanisms including monthly and bi-monthly agency monitoring calls, quarterly narrative and other annual reports, and annual site visits.
k. The local health departments and any relevant sub-recipient(s) or volunteer(s) must cooperate with the Department’s policies for addressing any and all concerns or problems identified during the award period.

10. PERFORMANCE AND REPORTING REQUIREMENTS

a. The local health departments and sub-recipients are required to provide a description of the scope of work to be completed with RWHAP Part B and/or CDC HIV Prevention awarded and provide brief explanations as to how you plan to implement the required key activities (Attachment 4 - Scope of Work Template)
b. The local health departments and sub-recipients are required to document goals and outcomes for each funded RWHAP Part B service category and CDC HIV Prevention activity using the Universal Performance Measures (Attachment 5) and according to the Performance Measures Definitions (Attachment 6):
    - Any subsequent changes to the scope of work or due dates for the submission of deliverables must be executed in writing by both parties.
    - The local health departments/sub-recipient is obligated to complete services and submit the performance deliverables to the Department according to due dates specified in Attachment 3 – Timeline of Important Dates.

- The local health departments/sub-recipient agrees to monitor satisfactory completion of the performance deliverables, provide explanations to the Department when goals are not met and assure timely and appropriate action will be taken on all deficiencies.

c. The local health departments and sub-recipients shall collect and report quality management data and reports to PHPA according to the protocols and timelines established by the Department.
    - The local health departments/sub-recipient shall participate as directed in IDPHSB's Client Satisfaction Survey process.
d. The local health departments and sub-recipients shall ensure that communicable disease reporting requirements, per COMAR 10.06.1, 10.18.02, 10.18.03 have been met for all clients served under this award and comply with health department communicable disease investigations as requested. Further information on these reporting requirements can be found at: https://phpa.health.maryland.gov/pages/reportable-diseases.aspx
e. The local health departments and sub-recipients shall have a written policy in place to address reporting of HIV seropositive persons' names to the state surveillance system.
f. The local health departments and sub-recipients shall adhere to all data collection and handling protocols to maintain client confidentiality by ensuring compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs and MDH data security and confidentiality policies.
g. The local health departments and sub-recipients shall collect and electronically report client-level performance data to PHPA for all services supported by the Department:
    - The local health departments shall maintain current knowledge of data collection and reporting requirements and provide technical assistance to sub-recipients to ensure that all data collected and submitted as required by the Department.
    - Client-level performance data submitted by The local health departments/sub-recipient shall meet data quality standards specified by the Department to ensure the completeness and accuracy of submitted data.
h. The local health departments and sub-recipients shall collect and report client-level data for CDC HIV testing and linkages activities using an approved electronic form according to the protocols and timelines specified by the Department.
i. The local health departments and sub-recipients performing rapid HIV testing under this award shall comply with all reporting and documentation related to the purchase and inventory of rapid HIV testing kits.
j. The local health departments and sub-recipients shall collect and report client-level data for CDC Health Education and Risk Reduction (HERR) activities using an approved format according to the protocols and timelines specified by the Department.
    - Client-level HERR data shall be collected using approved Prevention Reporting System (PRS) forms.
    - Original copies of PRS forms shall be submitted via U.S. mail or other secure delivery service in a timely manner so that all paper data forms are received within 15 days of the service delivery date.

k. The local health departments and sub-recipients shall collect and report client-level data for Ryan White Program services according to the protocols and timelines specified by the Department.
    - The local health departments/sub-recipient must ensure that all client-level data required for each funded service are entered or uploaded into the Maryland Centralized CAREWare by the 15th of the month following each monthly reporting period.
    - The local health departments/sub-recipient who elects to upload client-level data into the Maryland Centralized CAREWare shall ensure local data systems are configured to collect, manage and report all required data elements. All local data system modifications necessary to ensure timely reporting of complete and accurate data are the sole responsibility of the local health departments/sub-recipient.
    - Monthly client-level performance data submitted by the local health departments/sub-recipient shall include all required data for all eligible clients and all services provided to eligible clients from all funded sources.

l. The Ryan White HIV/AIDS Program Services Report (RSR) shall be submitted according to the Timeline from HRSA and the Department.
    - The local health departments/sub-recipient shall perform due diligence procedures to ensure that all data is complete according to the reporting standards outlined in the RSR Manual.
    - The local health departments/sub-recipient must conduct edits of its client level data to ensure that there are zero validation errors.
    - The local health departments/sub-recipient will submit the RSR Client Level Data in the XML File Format, uploaded to the HRSA Performance Website, in “Review” or “Submitted” status by the RSR provider report target deadline

m. The local health departments and sub-recipients that provide HOPWA Services must submit quarterly data reports detailing demographic information about program participants, rental units, and cost. Progress Report templates will be provided by the Compliance Monitoring Officer on or before July 1, 2024

n. The local health departments and sub-recipients shall submit Expenditure Reports quarterly in the format specified by IDPHSB.
    - RWHAP Part B Expenditure Report templates will be distributed by the Compliance Monitoring Officer on or before July 1, 2024.
    - RWHAP Part B Expenditures Reports must include third-party collections and self-paying client fees.
    - CDC HIV Prevention Program Expenditure Report templates will be distributed by the Compliance Monitoring Officer on or before July 1, 2024.
    - HOPWA Expenditure Report templates will be distributed by the Compliance Monitoring Officer on or before July 1, 2024.
    - Submit the quarterly Expenditure Reports to mdh.chphshealthservicesreports@maryland.gov
    - Expenditure reports are due the 15th of the month following each quarterly reporting period.

o. The local health departments and sub-recipients shall submit a Program Narrative Report quarterly.
    - The template will be distributed by the Compliance Monitoring Officer on or before July 1, 2024.

- Each agency is required to submit one Program Narrative that includes responses to address the agency's Ryan White Programs, CDC Prevention Programs to the email address of the Compliance Monitoring Officer and mdh.idbhealthservicesreports@maryland.gov
- HOPWA Programs will submit a separate Program Narrative to the email address of the Compliance Monitoring Officer and mdh.chphshealthservicesreports@maryland.gov .
- Reports are due the 15th of the month following each quarterly reporting period.

p. The local health departments and sub-recipients must monitor their budget and expenditures to ensure that spending levels are appropriate and timely to coincide with the closing dates for MDH federal grants as follows:
   - RWHAP Part B Base (F763N), RWHAP Part B MAI (F681N), and RWHAP Part B FLEX (F655N). The federal grant closes on March 31; of the total amount awarded 75% must be expended by March 31 and 25% is available for expenditure during the fourth quarter of the fiscal year.
   - CDC HIV Prevention(F765N). The federal grant closes on December 31; of the total for your contract 50% is available for expenditure from July to December and 50% is available from January to June.
   - RWHAP Part B Supplemental (F500N). The federal grant closes on September 29; of the total amount awarded 75% must be expended October 1 - June 30 and 25% is available for expenditure during the first quarter of the next state fiscal year.
   - RWHAP Part B State Special Funds (F760N) and HOPWA (F790N) close on June 30th.

q. The local health departments that invoice the Maryland Department of Health, either partially or in whole for reimbursement of expenditures must agree to the following:
   - Submit Pay Blocks to the MDH General Accounting Department on a monthly or quarterly frequency. Quarterly frequency will cover periods as follows: (a) July through September, (b) October through December, (c) January through March, and (d) April through June and in agreement with the Expenditure Report.
   - Submit Pay Blocks to obtain reimbursement of expenditures and funds paid to carry out program activities under the contract. The local health departments will not include amounts in the Pay Block request that represent an advance of funds to be disbursed in the future.
   - Ensure that expenditure reimbursements are calculated net of third party and self-pay collections.
   - Submit Form 438 Expenditure Report according to the same frequency that Pay Blocks are submitted.
   - Submit Form 438 and a copy of the Pay Block to: mdh.chphshealthservicesreports@maryland.gov on the same date the Pay Block is submitted to MDH General Accounting Office.
   - All expenditures will be submitted for posting to FMIS in a timely manner to be included in the federal grant closing report. The Maryland Department of Health may not have access to federal grant funds to reimburse the local health departments that submit expenditures to FMIS more than 45 days after the close of the federal grant period.

r. The local health departments and sub-recipients billing healthcare coverage providers are subject to HRSA Policy Clarification Notice 15-03 *Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income.*
    - For all the local health departments/sub-recipients, the use of program income will be "additive". Under the "additive" alternative, program income must be used for the purposes for which the award was made, and may only be used for allowable costs under the award.
    - The local health departments/sub-recipients are required to track and account for all program income in accordance with 45 CFR § 75.302(b)(3).
    - The local health departments/sub-recipients are required to maintain documentation of investment of program income to enhance HIV programs. **Compliance Monitoring Officers may request copies of documentation about the collection and use of program income.**

s. The local health departments/sub-recipient must submit an Annual Report Form 440 statement of expenditures within 45 days after the close of the grant year. Actual fee collections must be reported on the Annual Form 440 Report.

t. No payment(s) is due from the Department for the value of services and/or deliverables provided by the local health departments/Sub-recipient that have not been accepted by the Department and/or have not been properly invoiced by the local health departments/Sub-recipient, as of the date that funds identified to pay for these services and/or deliverables have expired or been eliminated.

u. Failure to comply with the above Reporting Requirements may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications.

3. Sexually Transmitted Infection Prevention and Control

This award is subject to the conditions stated in this contract between the Prevention and Health Promotion Administration **(PHPA)**, herein known as the Department, and the Local Health Department and sub-recipients. The Department will only award funds and continue to contract with agencies that maintain substantial compliance with all the process objectives, program, personnel, quality management (QM) activities, fiscal, performance reporting, and federal funding requirements listed below. Failure to meet the requirements and objectives identified in these Conditions of Award (COAs) may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications.

PCA	GRANT
N220F	PS24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments
N230F	PS19-1901: CDC STD Prevention and Control CDC 19-1901 Strengthening STD Prevention and Control for Health Departments CDC STI Prevention PCHD FAQs
N207F	PS21-2103: CDC Integrated Viral Hepatitis Surveillance and Prevention
N211S	MDH State Specials Rebate Funds which is monitored by Ryan White Early Intervention Services guidelines
N234F	CDC DIS Workforce Development Funding Supplement DIS Workforce Development Supplement DIS Workforce Supplement FAQs

1. GENERAL PROGRAM REQUIREMENTS

    a. The Grantee must comply with all relevant Federal, State and Local grant requirements pursuant to the law. See more specific information below in E - F)
    b. It is the responsibility of the Grantee to be fully cognizant of the limitations on uses of funds as outlined in the following statutes and regulations:
        - 45 CFR 75.361
        - Ryan White HIV/AIDS Program Part B Manual (hrsa.gov)

- PCN #13-02 Ryan White Program Client Eligibility Determinations and Re-certifications Requirements (hrsa.gov)
- RWHAP Part B Monitoring Standards
- HHS Grants Policy Statement
- HRSA National HIV/AIDS Strategy-Updated in 2020
- CDC STD Prevention Plan 2022-2026

c. ***Grant funds are for use to serve the uninsured and/or underinsured clients only.***
d. Grantees and subrecipients must maintain and retain financial records, supporting documents, statistical records and programmatic records pertinent to the grant for three (3) years from the date of submission of the final form 440 expenditure report in accordance with 45 CFR 75.361.
e. All services and activities implemented under this award must be consistent with priorities that align with the CDC STI Cooperative Agreement (CDC 19-1901 Strengthening STD Prevention and Control for Health Departments). Additionally, to the extent possible, services and activities should align with priorities within Maryland's Integrated HIV Plan for Ending the HIV Epidemic and the HIV National Strategic Plan.
f. Grantees funded to provide CDC/SAMHSA HIV Prevention activities shall ensure that all activities conducted under this award are in compliance with the program requirements of the current HIV prevention cooperative agreements between Maryland and CDC for Human Immunodeficiency Virus (HIV) prevention services, and between Maryland and the Substance Abuse and Mental Health Services Administration for substance abuse treatment, and that all HIV testing is performed in accordance with current HIV testing guidelines from the CDC HIV Testing Guidelines.
g. Grantees shall implement all services and activities in accordance with program guidance and performance standards specified by the Department.
h. Grantees must adhere to screening and treatment best practices as recommended in the most current published U.S. Centers for Disease Control and Prevention (CDC) STI Treatment Guidelines (2021) and CDC- Preventing New HIV Infections.
    - Screening for chlamydia and gonorrhea should include all anatomic sites of exposure.
    - Partner treatment should include Expedited Partner Therapy when direct partner evaluation is unlikely or impractical.
i. All personnel that collect, manage, and/or access client-level data with personally-identifiable information (PII) and/or protected health information (PHI) shall receive initial and annual training in Health Insurance Portability and Accountability Act of 1996 (HIPAA), the CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs, and the Department's data security and confidentiality policies and procedures.
j. The Grantee and any relevant subrecipients shall have a written policy in place for mandatory STI and HIV reporting.
k. The Grantee shall implement Whistleblower Protection Policies that: encourage staff and volunteers to come forward with credible information on illegal practices or violations of adopted policies of the organization; specify that the

organization will protect the individual from retaliation, intimidation, harassment or other adverse action; and identifies those staff or board members or outside parties to whom such information can be reported.

l. The Grantee shall have in place the ability to collect fees for billable services, as detailed in COMAR 10.02.01.
    - The Department has made available MDH LDH Billing Manual for guidance
    - Grantee shall refer to the MDH Non-Chargeables List prior to billing for services
    - For all Grantees, the use of program income will be "additive". Under the "additive" alternative, program income must be used for the purposes for which the award was made, and may only be used for allowable costs under the award
    - Grantees shall project total program income and the expenditure intent on the Electronic UFD Budget Package Form (4542) and Budget Narrative.
    - The Grantee is required to track and account for all program income in accordance with 45 CFR § 75.302(b)(3), and
    - The Grantee is required to maintain documentation of investment of program income to enhance HIV programs

2. PERSONNEL REQUIREMENTS

a. All program personnel shall annually complete required MDH CSTIP Security and Confidentiality Training(s).
    - Security or Protocol Incidents must be reported within two business days to ensure timely follow-up with the MDH Security Officer.

b. In accordance with federal regulations, state and local health department employees whose salaries are totally or partially funded by federal grants managed by the Department must report on a daily basis the time allocated to each grant activity by Program Cost Account (PCA).
    - For the local health departments under the Maryland Department of Health, employees must report daily grant activities using Workday® and the corresponding PCA tag. It means that each activity should use a single Workday® row including start and end time and the corresponding work tag.
    - For the local health departments not under the Maryland Department of Health and/or do not use Workday®, systems must be in place to allow employees to report grant activities to the corresponding PCA tag. Refer to
    - Time and effort accountability not recorded through Workday, must include documented supervisory approval prior to processing of payroll.

c. As per instructions in the budget package, the Grantee and any relevant subcontractor(s) shall provide to the appropriate Program Officer and Fiscal Monitor at the Department, within 30 days of hiring or assignment, the names, job titles, resume and applicable certificates, salaries and percentage of full-time equivalency of all personnel funded by this award and hired during this funding period.

d. Grantees shall obtain written approval from the Department before affecting changes regarding positions funded under this award. Requests for changes in personnel must include a job description in the format of the Department of Personnel (DOP) MS-22, a resume of staff hired, a revised work plan detailing assignments and timeline (if this is a new position), and information on FTE equivalency.
e. Health Departments can visit our portal to update all personnel changes and to verify which staff should be included on various communications. Please keep in mind that anyone who is marked to be included on budget communications will have access to salary information. New Staff, Staff Role Change, or Separation from LHD Contact Portal
f. All staff that implement STI-funded projects, Ryan White services and/or CDC/SAMHSA HIV Prevention activities shall be trained and educated in STI and HIV prevention and treatment knowledge and skills relevant to the funded activities and service categories and attend periodic Departmental trainings as required by the Department.
g. All personnel that provide Ryan White Program services shall meet any minimum requirements as set forth in the Ryan White Standards of Care and Policy Clarification Notice 16-02 located at HRSA Policy Clarification Notices.
h. Personnel of all sponsored HIV testing programs must attend HIV Linkage-to-Care training.
i. Criminal background investigation records shall be obtained on all employees and volunteers who work with youth under age 18, pursuant to section 5-560 through 5-568 of the FAMILY LAW 5-560 - 568 Criminal Background Investigation.

3. STI PREVENTION PROGRAM ACTIVITIES

Sexually Transmitted Infections (STI) categorical grant funds awarded through the Center for STI Prevention (CSTIP) are for STI prevention and control activities only and are based on availability of funding. Allowable uses for STI categorical grant funds may include (based on a specific funding source):

a. Public Health Follow-up (performed by Disease Intervention Specialists)
    - Partner Services and follow-up
    - HIV care engagement
    - STI case management including referral and linkage to HIV pre-exposure prophylaxis (PrEP) and doxyPEP for bacterial STIs
    - Quality improvement and quality assurance activities
    - Treatment assurance and verification for public sector and private sector STI cases
    - STI reporting and case management into the STI/HIV National Electronic Disease Surveillance System (NEDSS) Based System (NBS)
b. STI surveillance and reporting activities
c. Outreach to health care providers and the local community
d. Educational materials
e. Health Education/Risk Reduction (HERR) services
f. Collaboration with community-based organizations and neighboring jurisdictions
g. Training and staff development activities

h. Participation in STI continuing education opportunities such as webinars, chalk talks, regional meetings, special training, and STI annual meetings.
i. Participation in relevant collaborative workgroups
j. Travel necessary for training, coordination, or field investigations
k. Other uses as discussed with and approved in writing by the Center for STI Prevention (CSTIP)

4. PROGRAM REQUIREMENTS

a. All records, reports or other information assembled during an STI/HIV contact investigation which identifies a person or entity shall be kept confidential in accordance with MDH policy and the Maryland Annotated Code, Health- General §4-102 and be retained in accordance with the PHPA Record Retention and Disposal Schedule.
b. The Grantee shall ensure that communicable disease reporting requirements, per COMAR 10.06.01, 10.18.02, 10.18.03 have been met for all clients served under this award and comply with health department communicable disease investigations as requested. Further information on these reporting requirements can be found at https://phpa.health.maryland.gov/pages/reportable-diseases.aspx
c. Grantees shall monitor services and deliverables of contractors, consultants, and/or human services contractors on a quarterly basis and submit documentation to the Department with quarterly reports.
    - Monitoring shall include:
        - ➢ Services provided meet the Scope of Work approved by the Department
        - ➢ Performance measures on the 4542.d are captured and submitted to the LHD
        - ➢ Services are provided solely to the uninsured and/or underinsured
d. Educate clients about the financial assistance available (e.g., Medicaid, cost sharing reductions, advanced premium tax credits, and co-pay programs) to support health insurance and pharmacy coverage.
e. Ensure that clients receive appropriate medical follow-up, including phone calls, lab testing and non-medical visits to ensure that appropriate supportive services are received including risk reduction counseling; STI testing, and treatment as needed; HIV testing; and pregnancy testing as appropriate.
f. Partner Services
    - The Grantee must adhere to Partner Services standards as described in the CDC Program Operations Guidelines for STD Prevention CDC guidance and all relevant chapters/appendixes of the Partner Services Program Operating Procedures and Standards (PS POPS)
    - The Grantee conducting or supervising partner services shall attend a minimum of one health equity or one cultural competency training per calendar year.
    - The Grantee shall request approval for any local modifications to the MDH Syphilis Reactor Grid.

- Within a minimum of six (6) months of hire, all new Disease Intervention Specialists (DIS) must complete mandatory training as identified and provided by the Department including but not limited to:
    - ➢ DIS Fundamentals Training Plan (Course ID 4401) or Disease Intervention Training Plan with Outbreak Response (Course ID 5110),
    - ➢ Maryland Essentials of STI Prevention for Partner Services (MESTIP), and
    - ➢ other relevant training as directed
    - ➢ Services provided meet the Scope of Work approved by the Department
    - ➢ Performance measures on the 4542.d are captured and submitted to the LHD on a quarterly basis for submission to the Department
    - ➢ Services are provided solely to the uninsured and/or underinsured
- DIS with at least two years of experience and completion of required initial training must complete mandatory training as identified and provided by the Department including but not limited to:
    - ➢ Maryland Advanced STI Prevention for Partner Services (MASTIP), and;
    - ➢ other relevant training as directed.
- Front Line Supervisors (FLS) of DIS must attend mandatory training as identified and provided by the Department.
- DIS and FLS may be invited to participate in workgroups or activities developed to address quality improvement in identified areas.

g. Clinical Services
- Newly hired clinicians providing STI clinical services must demonstrate competency within 3 months by reviewing the National STD Curriculum and passing all tests with a Certificate of Completion emailed to CSTIP.
- The Grantee must periodically monitor their subrecipients (if STI clinical services are contracted out) to ensure that screening and treatment services are being provided in accordance with the U.S. Centers for Disease Control and Prevention (CDC) or STI Treatment Guidelines.
- The Grantee and sub-recipient shall ensure that STI disease reporting, treatment assurance, and control requirements per COMAR 10.06.01 have been met.

h. Any publications, presentations, conference abstracts, or planned promotional events partially or fully funded by this award must be reviewed and approved by the Prevention and Health Promotion Administration and must acknowledge the Prevention and Health Promotion Administration and Behavioral Health Administration, MDH, and the Substance Abuse and Mental Health Services Administration and the federal funding agency, if applicable.

i. Grantees and sub-recipients shall document referral relationships with key points of entry that detail linkages to promote access to HIV/STI prevention and care services for individuals who are vulnerable to HIV/STI acquisition or are undiagnosed. Examples of key points of entry are:
    - Emergency rooms
    - Substance use treatment programs
    - Detoxification programs
    - Adult and juvenile detention facilities
    - Sexually transmitted infection (STI) clinics
    - Federally qualified health centers (FQHCs)
    - HIV counseling, testing, and referral sites
    - Mental health service programs, and
    - Shelters serving homeless and unstably housed individuals.

j. The Grantee shall establish a mechanism to ensure that referrals occur at the client level for needed health or support services outside the local health department.

k. Comply with all reporting and documentation requirements as per the Department.

5. PERFORMANCE MEASURES

The Grantee, in collaboration with CSTIP, will develop, track, and report on the performance measures for STI Prevention:

a. Partner Services Performance Measures
    - Syphilis: (includes all stages of acquired syphilis):
        - ➢ Percentage of persons with new syphilis diagnosis interviewed
        - ➢ Median days to interview a person with a syphilis diagnosis
        - ➢ Average days to interview a person with a syphilis diagnosis
        - ➢ Median days to interview a person with a syphilis diagnosis
        - ➢ Number of persons with a syphilis diagnosis interviewed within seven days of assignment to a Disease Intervention Specialist
        - ➢ Partner Index (number of partners elicited) from persons interviewed
        - ➢ Disease intervention index (number of elicited partners preventatively treated)
        - ➢ Percentage of syphilis diagnoses with documentation of adverse syphilis outcomes (neurological, ocular, otic, tertiary)
        - ➢ Percentage of persons receiving non-penicillin treatment without a documented allergy
        - ➢ Percentage of persons with a new syphilis diagnosis with documentation regarding substance use
        - ➢ Percentage of new syphilis diagnoses with a documented HIV status
        - ➢ Percentage of new syphilis diagnoses and a negative HIV status with documentation of PrEP status

- Maternal and Congenital Syphilis:
  - ➢ Percentage of persons of childbearing capacity with a new syphilis diagnosis with a documented pregnancy status
  - ➢ Percentage persons of childbearing capacity with a new syphilis diagnosis interviewed within seven days of assignment to a Disease Intervention Specialist
  - ➢ Percentage of syphilis cases with adequate treatment among persons of childbearing age (13-50)
  - ➢ Percentage of pregnant people initiating adequate treatment within 10 days of a syphilis diagnosis
  - ➢ Percentage of congenital syphilis investigations submitted within 30 days of initiation
- Newly and Previously Diagnosed HIV:
  - ➢ Percentage of persons with a new HIV diagnosis interviewed
  - ➢ Average number of days to interview a person newly diagnosed with HIV following assignment to a DIS
  - ➢ Median number of days to interview a person newly diagnosed with HIV following assignment to a DIS
  - ➢ Percentage of persons newly diagnosed with HIV receiving a partner services interview within seven days of assignment to a DIS
  - ➢ Partner Index (number of partners elicited) from persons interviewed
  - ➢ Number of partners elicited who received HIV testing
  - ➢ Number of elicited partners referred to PrEP
  - ➢ Number of new HIV diagnoses interviewed by partner services that identify another new HIV diagnosis
  - ➢ Percentage of persons of childbearing capacity diagnosed with HIV with a documented pregnancy status
  - ➢ Percentage of persons newly diagnosed with HIV with a documented syphilis test
  - ➢ Percentage of persons newly diagnosed with HIV documentation regarding substance use
  - ➢ Percentage of persons newly diagnosed with HIV linked to medical care within 30 days of the DIS interview

b. Rapid Tests Provided and Outcomes (if applicable)
- Number of clients receiving rapid syphilis and/or rapid syphilis/HIV dual tests and results by the grantee or subrecipients
- Number of rapid syphilis tests performed
- Number of rapid positive results for syphilis
- Number of confirmatory positive results for syphilis
- Number of rapid HIV/syphilis dual tests performed
- Number of rapid positive results for HIV
- Number of rapid positive results for syphilis
- Number of rapid positive results for both HIV and syphilis
- Number of confirmatory positive results for HIV
- Number of confirmatory positive results for syphilis

c. Process Objectives for STI Clinic Services:
    - Number of STI Clinic Visits
    - Number of Unduplicated Patients Served
    - Number of "Turnaways" (unmet need)
    - Number of insured, underinsured, and uninsured clients served
    - Number of clients offered and received screening and/or testing for gonorrhea and chlamydia at each of the following sites:
        - ➢ urogenital
        - ➢ oropharyngeal
        - ➢ rectal

d. Each Grantee is required to provide a description of the Scope of Work to be completed with STI, RWHAP Part B, CDC, SAMHSA, and/or HIV Prevention funds and provide brief explanations as to how you plan to implement the required key activities

e. The Grantee is required to document goals and outcomes for each funded CDC, RWHAP Part B, SAMHSA, and HIV Prevention activity using the Universal Performance Measures and according to the Performance Measures Definitions:
    - Any subsequent changes to the Scope of Work or due dates for the submission of deliverables must be executed in writing by both parties.
    - The Grantee is obligated to complete services and submit the performance deliverables to the Department according to due dates specified in Timeline of Important Dates.
    - The Grantee agrees to monitor satisfactory completion of the performance deliverables, provide explanations to the Department when goals are not met and assure timely and appropriate action will be taken on all deficiencies.

f. The Grantee shall collect and electronically report client-level performance data to PHPA for all services supported by the Department:
    - Shall maintain current knowledge of data collection and reporting requirements and provide technical assistance to subrecipients to ensure that all data collected and submitted as required by the Department.
    - Client-level performance data submitted by each Grantee shall meet data quality standards specified by the Department to ensure the completeness and accuracy of submitted data.

g. Additional Performance Measures may be established by the Department. MDH form 4542C shall be completed to include these Performance Measures and returned to the Department as a part of the final budget by June 30, 2024. *Please note that Performance Measures may be required of the subgrantees and they should be included in the 4542C and in the quarterly reports.*

h. The Grantee and subrecipients shall ensure that communicable disease reporting requirements, per COMAR, have been met for all clients served under this award, including but not limited to reporting by name those persons with HIV or AIDS. Healthcare providers must also comply with health department communicable disease investigations as requested. Maryland - What and How to Report

i. Any requests for additional data should be directed to sti.datarequest@maryland.gov or complete the STI data request form

6. FISCAL REQUIREMENTS

a. It is the responsibility of the Grantee to be informed of requirements of the funding streams utilized to provide their total allocation.
    - Programs will be notified of the PCAs that make up the allocation in the award email or in the Unified Funding Document (UFD).
    - The Grantee shall make a determination of eligibility for services funded by this grant and make such determination part of the client's permanent record.
    - Any service for which a Grantee receives reimbursement from third parties constitutes a billable service for the purpose of client charges.
    - Grant funds shall be considered as the payer of last resort and as such, may not be used to provide items or services for which payment has already been made, or reasonably can be expected to be made, by third party payers, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance.
    - It is, therefore, incumbent upon the Grantee and subrecipients to assure that eligible individuals are expeditiously enrolled in Medicaid or other applicable programs and that state funds are not used to pay for any services covered by other sources. IDPHSB reserves the right to audit records and/or require proof that grant funding is not being used to support clients enrolled in third-party reimbursement programs.
b. The Grantee must ensure compliance with the following guidelines related to Indirect Cost:
    - Indirect Cost Rate must not exceed 10%;
    - Indirect Cost for the federally funded grants must be posted to FMIS and internal accounting systems quarterly; and
    - Indirect Cost expenditure amounts must be calculated based on total expenditures rather than budgeted expenditures.
c. At the start of the fiscal year, the Grantee is required to have internal controls in place to ensure that contract reimbursement for grant salary and wage expenditures are based on records that accurately reflect the actual time and effort for work performed.
d. Per previous instructions to Local Health Officers, cost of living allowances (COLAs) for contract employees funded under this grant shall be consistent with COLAs granted to state, county, or municipal employees within this jurisdiction.
e. The Grantee must monitor their budget and expenditures to ensure that spending levels are appropriate and timely to coincide with the closing dates for federal and state grants as documented on the UFD.
f. All expenditures will be submitted for posting to FMIS in a timely manner to be included in the federal grant closing report. The Maryland Department of Health may not have access to federal grant funds to reimburse Grantees that submit expenditures to FMIS more than 45 days after the close of the federal grant period.
g. Each Grantee must submit an Annual Report Form 440 statement of expenditures within 45 days after the close of the grant year. Actual fee collections must be reported on the Annual Form 440 Report.

h. No payment(s) is due from the Department for the value of services and/or deliverables provided by the Local Health Department/Sub-recipient that have not been accepted by the Department and/or have not been properly invoiced by the Local Health Department/Sub-recipient, as of the date that funds identified to pay for these services and/or deliverables have expired or been eliminated.
i. Grantees that invoice the Maryland Department of Health, either partially or in whole for reimbursement of expenditures by must agree to the following:
    - Submit Pay Blocks to the MDH General Accounting Department on a monthly or quarterly frequency. Quarterly frequency will cover periods as follows: (a) July through September, (b) October through December, (c) January through March, and (d) April through June and in agreement with the Expenditure Report.
    - Submit Pay Blocks to obtain reimbursement of expenditures and funds paid to carry out program activities under the contract. Local health departments will not include amounts in the Pay Block request that represent an advance of funds to be disbursed in the future.
    - Ensure that expenditure reimbursements are calculated net of third party and self-pay collections.
    - Submit Form 438 Expenditure Report according to the same frequency that Pay Blocks are submitted.
    - Submit Form 438 and a copy of the Pay Block to: dlcstip_grants_mdh@maryland.gov on the same date the Pay Block is submitted to MDH General Accounting Office.

7. BUDGET REQUIREMENTS

a. The Fiscal Monitor for this award is Kimberly Hernandez (410) 767-5930. All email communications to CSTIP staff can be sent to dlstip_grant_mdh@maryland.gov.
b. Each LHD will be assigned a Program Officer for all programmatic needs. The name of your Program Officer will be provided in the award email.
c. Budget submissions for the Center for STI Prevention (F741N and F912N)) are due annually on the date listed on the Timeline of Important Dates.
    Please note that these deadlines may not be the same as the rest of the Bureau so please plan accordingly
d. The Grantee will submit Budget Forms 4542A through 4542M and all required documents may be submitted electronically to: CSTIP Budget Submission Portal
e. Budget Submissions must include:
    - Electronic Budget Package document 4542A through 4542M
    - Budget Justification
    - Scope of Work
    - Employee Salary Allocation Worksheet
    - Current LHD Organization Chart that includes all staff on the grant
    - Job Descriptions for each staff member on grant
    - Most recent audit with LHD response of corrective actions
    - Copy of all Human Services contracts paid from grant

- Contracts Review Certification Form
- Travel Mileage Reimbursement Policy - if different that state rates
- Any other document the Department requests

f. Please note that if the budget package is incomplete at submission, it will be rejected. It must be a complete package in order to be accepted.
g. Copies of any subcontracts funded under this award shall be forwarded with budgets to the appropriate Program Officer and Fiscal Monitor.
    - These contracts must include salary, hours or FTE being paid, and deliverables.
h. The Grantee must use appropriate Expenditure Agency Object Codes MDH Expenditure Agency Objects Codes
i. The Grantees should be knowledgeable with the MDH LDH Billing Manual in order to meet the regulations in COMAR 10.02.01.

8. BUDGET MODIFICATION REQUIREMENTS

a. All budget modification requests shall have prior approval by the appropriate Program and Fiscal Monitor for the Department. Written requests for modifications to the budget shall be submitted by the Grantee at least thirty (30) days before the effective date of the proposed changes and shall have prior written approval from the Department before being implemented.
b. The Grantee may re-direct 10% of an approved line item budget amount or $5,000 whichever is greater to another approved line item, without advance approval of the Department's Program Officer. Budget Modification documents are not required. However, when changes occur, the Fiscal Officer should be notified in writing as soon as practicable.
c. If the Grantee would like to redirect funds to a new budget line item type (not included in the original budget), advance approval must be obtained from the Program Officer regardless of the percent or amount redirected. Budget Modification documents must be submitted.
d. Budget Modification Forms (4542A thru 4542K) must be submitted electronically to: CSTIP Budget Submission Portal
e. Budget Narratives must be submitted electronically, according to the same requirements in the original budget to:CSTIP Budget Submission Portal
f. Budget Modification requests may be submitted as early as October 1, 2024 and as late as March 15, 2025. Budget Modification requests and documents will not be accepted after March 1, 2025 without an approved deadline extension.

9. MONITORING ROLES AND RESPONSIBILITIES

a. The Program Monitors for this award are:
    - Kenneth Ruby, III, Chief, STI Prevention- (410) 767-6686
    - Kimberly Hernandez, Fiscal Manager- (410) 767-5930
    - Program Officer as assigned to your LHD
b. Emailed communications can be sent to dlcstip_grants_mdh@maryland.gov.
c. The Grantee shall participate fully in IDPHSB's program monitoring and improvement activities which may include, but not be limited to:

- periodic comprehensive site visits and reviews, announced or unannounced;
- monthly monitoring conference calls
- record reviews as needed (including access to electronic medical/health records);
- reviews of required prevention forms, rapid testing documents, educational and other materials
- completion of surveys (or other requested information); and
- completion of an organizational assessment.

d. The Grantee and sub-recipient site visits may include, but not be limited to:
    - interviews of staff
    - review of fiscal and clinical records
    - interviews with clients
    - observation of service delivery
e. The results of Client Satisfaction Surveys will be provided to the Grantee/subrecipient and will be utilized in the evaluation of Grantee/subrecipient performance. Grantee must submit a Corrective Action Plan to address the areas identified as needing corrective action on Agency Client Satisfaction Survey Reports.
f. For the purpose of site visits, IDPHSB staff and subrecipients must be allowed access to electronic medical records. Grantee/subrecipient cannot subject IDPHSB staff to measures that would hinder access to electronic medical records. If not allowed access, your agency/health department will be considered out of compliance resulting in a corrective action.
g. Records must be made available to Federal Agencies upon request; Health Resources Services Administration (HRSA), Centers for Disease Control (CDC), Substance Abuse and Mental Health Services (SAMHSA), Department of Housing and Urban Development (HUD), or a subcontractor appointed by them.
h. The Grantee shall monitor any STI and HIV testing activities included in the subgrantee's award, including testing quality assurance activities. An annual STI and HIV testing site visit must be conducted by the LHD with each subgrantee receiving funding to conduct testing activities. A copy of the annual STI and HIV testing site visit report must be provided to the MDH Program Officer.
i. The Grantee shall provide to the appropriate Program Officer, the names of the contact person(s) responsible for programmatic concerns, all communications regarding this program, the contact person for fiscal issues, and the names of the contact persons for each of the subrecipients/vendors (if applicable).
j. The Grantee shall maintain expertise in all subcontracted project content, protocols and methods, and provide technical assistance to subcontractor staff as needed.
k. The Grantee and any relevant subcontractor(s) or volunteer(s) shall cooperate with the Department’s policies for addressing all concerns or problems identified during the award period.
l. The Grantee shall provide to any and all subrecipients implementing program services under this award a complete copy of these Conditions of Award and shall ensure subcontractor(s) compliance with them.

m. The Department shall make available statistical reports, samples of educational materials, model curricula, and evaluation forms as well as provide technical assistance on program development, coordination and evaluation methodology.
n. The Grantee shall monitor the activities of each sub-recipient to ensure that the sub-award is used for authorized purposes (allowable, allocable, and reasonable activities and costs) and that sub-award performance goals are achieved. The Department staff may also monitor the sub-recipient's activities and conduct periodic site visits, with notification to the Grantee.
o. The Grantee shall maintain written documentation of monitoring activity and findings, and any follow-up corrective action taken or recommended. This written documentation shall be made available for review upon the request of the Department's Program Monitors.
p. If Grantee performance is deficient, the Department's Fiscal Manager and/or Program Monitor will notify the Grantee in writing. The Program Monitor will identify the corrective action required by the Grantee to address the area(s) of deficiency. The Program Officer will deliver, or coordinate, the delivery of additional technical assistance to support the Grantee in taking the corrective action. If the corrective action is successful in resolving the problem, the Department will notify the Grantee in writing that resolution has been achieved. If the corrective action is unsuccessful in resolving the problem, the Department has all of the following options:
    - Revise deliverables to the COA (e.g., requiring the Grantee to report with increased frequency).
    - Require the Grantee to provide a revised staffing plan that demonstrably supports the understanding of program requirements.
    - Progressively reduce the total award in response to repeated failures to comply with requirements.
    - Suspend payment on the contract pending correction of the deficiency by the Grantee.
    - Terminate the award.

10. QUARTERLY REPORTING REQUIREMENTS

a. The Grantee must submit quarterly expenditure reports on the forms provided by CSTIP. Expenditure reports are due 15 days following the end of the quarter.

Quarter	Reporting Period	Due Date
First	July 1 – September 30	October 15, 2024
Second	October 1 – December 31	January 15, 2025
Third	January 1 – March 31	April 15, 2025
Fourth	April 1 – June 30	July 31, 2025

b. The Department will provide the Grantee with current annual quarterly report templates no later than September 1, 2024.

c. The Grantee and subcontractor(s) are prohibited from altering any of the Department-provided and required data collection and reporting forms without prior written approval from the Department. Unapproved alterations to forms may result in a loss of data and the inability to properly credit the Grantee with meeting performance measures related to this award.
d. Quarterly reports will consist of the following documents:
    - Expenditure Worksheet,
    - Program Narratives,
    - Performance Measures, and;
    - any other report the Department requests.
e. Expenditures Reports must include third-party collections and self-paying client fees. COMAR 10.02.01
f. Home Rule and Home Rule Hybrid counties must include a copy of the 438 and pay block to CSTIP with their quarterly reports.
g. The Grantee shall submit all programmatic reports from subcontracted vendors and discuss any concerns or discrepancies with subcontractor staff before sending them to the Department.
h. Program reports must be submitted according to the schedule as presented on the Timeline of Important Dates
i. Submit the quarterly reports through CSTIP Quarterly Reports Submission Portal

11. REPORTING REQUIREMENTS

a. The Grantee shall ensure complete, accurate, and timely submission of all data and reports as required and scheduled by the Department.
b. The Department will provide a Timeline of Important Dates for reference.
c. The Grantees shall collect and report quality management data and reports to PHPA according to the protocols and timelines established by the Department.
    - Grantees shall provide QM Project Summary Cards as directed by the MHQMF.
    - The Local Health Department/sub-recipient shall participate as directed in IDPHSB's Client Satisfaction Survey process.
d. The Grantee and any subcontractors shall adhere to all data collection and handling protocols to maintain client confidentiality and ensure compliance with federal, state, and PHPA data security and confidentiality policies.
e. The Grantee shall comply with any other requests from the Department for information regarding activities undertaken with this award.
f. Failure to comply with any reporting requirements may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications.

12. FEDERAL FUNDING REQUIREMENTS

The receipt of federal funds by the Maryland Department of Health, by Local Health Departments, and by sub-recipients requires compliance with all laws and regulations pertaining to the following:

a. Small, Minority, and Woman-Owned Business: It is a national policy to place a fair share of purchases with small, minority, and woman-owned business firms. The Department of Health and Human Services is strongly committed to the objective of this policy and encourages all recipients of its grants and cooperative agreements to take affirmative steps to ensure such fairness. In particular, recipients should:
   - Place small, minority, and woman-owned business firms on bidders' mailing lists.
   - Solicit these firms whenever they are potential sources of equipment, construction, or services.
   - Where feasible, divide total requirements into smaller needs, and set delivery schedules that will encourage participation by these firms.
   - Use the assistance of the Minority Business Development Agency of the Department of Commerce, the office of Small Disadvantaged Business Utilization, DHHS, and similar state and local offices.
   - For Maryland, use the assistance of the Governor's Office of Minority Affairs at http://www.oma.state.md.us/

b. Local Health Departments and sub-recipient(s) subcontractor(s), if any, shall make every effort to accommodate both cultural and linguistic needs of targeted populations. Per the Presidential Executive Order issued August 11, 2000, every program that receives federal funds is required to take reasonable steps to assure reasonable access to their programs by Limited English Proficiency (LEP) persons. Each covered entity that provides services or benefits DIRECTLY to the public shall develop language assistance procedures for 1) assessing the language needs of the population served; 2) translating both oral and written communications and documentation; 3) training staff in the language assistance program requirements; and 4) monitoring to assure that LEP individuals are receiving equal access to services and are not treated in a discriminatory manner. Language resources are available through your Project Monitor. Further information on this policy can be found at http://www.health.maryland.gov/docs/01.02.05.pdf

13. REQUIRED MEETINGS

a. The Grantee's Program Manager, Fiscal Manager and relevant personnel must participate in monitoring coordinated by the Program Officer.
b. The Grantee shall have a Program Manager and Fiscal Manager attend the mandatory All Grantees Statewide Meetings.
c. The Grantee shall have a program representative attend all meetings of the Maryland Regional Group, either in person or remotely.

d. The Grantee must ensure that the program has appropriate representatives in attendance at all Community Learning Sessions coordinated by the Maryland Department of Health to provide technical assistance to providers according to services funded and/or target populations, as announced.
e. The Grantee/subrecipient must attend any other mandatory meetings scheduled by IDPHSB during the contract period.

4. Center for Sexually-Transmitted Infections Prevention (CSTIP) HIV Pre-exposure Prophylaxis (PrEP) Activities

This award is subject to the conditions stated in this contract between the Prevention and Health Promotion Administration, herein known as the Department, and the Grantee and subcontractor(s). The Department will only award funds and continue to contract with agencies that maintain substantial compliance with all of the process objectives, program, personnel, fiscal, reporting, and federal funding requirements listed below. Failure to meet the requirements and objectives identified in these Conditions of Award (COA's) may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications.

HIV Pre-exposure Prophylaxis (PrEP) categorical grant funds awarded through The Center for STI Prevention (CSTIP) are for Early Intervention Services (EIS)- PrEP services and related activities only and are based on availability of funding.

The F912N grant is supported by federal funds and it is the responsibility of the LHD to be familiar with the scope and allowable costs of the following project codes (PCA) that may make up the individual total award:

PCA	GRANT
N220F	PS24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments
N230F	PS19-1901: CDC STD Prevention and Control CDC 19-1901 Strengthening STD Prevention and Control for Health Departments CDC STI Prevention PCHD FAQs
N207F	PS21-2103: CDC Integrated Viral Hepatitis Surveillance and Prevention
N211S	MDH State Specials Rebate Funds which is monitored by Ryan White Early Intervention Services guidelines
N234F	CDC DIS Workforce Development Funding Supplement DIS Workforce Development Supplement DIS Workforce Supplement FAQs

1. GENERAL PROGRAM REQUIREMENTS

a. The Grantee must comply with all relevant Federal, State and Local grant requirements pursuant to the law. See more specific information below in E - F)
b. It is the responsibility of the Grantee to be fully cognizant of the limitations on uses of funds as outlined in the following statutes and regulations:
    - 45 CFR 75.361
    - Ryan White HIV/AIDS Program Part B Manual (hrsa.gov)
    - PCN #13-02 Ryan White Program Client Eligibility Determinations and Re-certifications Requirements (hrsa.gov)
    - RWHAP Part B Monitoring Standards
    - HHS Grants Policy Statement
    - HRSA National HIV/AIDS Strategy-Updated in 2020
    - CDC STD Prevention Plan 2022-2026
c. ***Grant funds are for use to serve the uninsured and/or underinsured clients only.***
d. Grantees and subrecipients must maintain and retain financial records, supporting documents, statistical records and programmatic records pertinent to the grant for three (3) years from the date of submission of the final form 440 expenditure report in accordance with 45 CFR 75.361.
e. All services and activities implemented under this award must be consistent with priorities that align with Maryland's Integrated HIV Plan for Ending the HIV Epidemic and the HIV National Strategic Plan, and the most current published U.S. Centers for Disease Control and Prevention (CDC) STI Treatment Guidelines (2021) and CDC- Preventing New HIV Infections.
f. Grantees funded to provide CDC/SAMHSA HIV Prevention activities shall ensure that all activities conducted under this award are in compliance with the program requirements of the current HIV prevention cooperative agreements between Maryland and the US Centers of Disease Control and Prevention (CDC) for Human Immunodeficiency Virus (HIV) prevention services, and between Maryland and the Substance Abuse and Mental Health Services Administration for substance abuse treatment, and that all HIV testing is performed in accordance with current HIV testing guidelines from the CDC HIV Testing Guidelines and CDC PrEP Guidelines.
g. The Grantee shall implement all services and activities in accordance with program guidance and performance standards specified by the Department.
h. Grantees must adhere to Partner Services standards as described in CDC guidance and any future CSTIP guidance regarding Partner Services Program Operating Procedures and Standards.
i. The Grantee and any relevant subcontractors shall have a written policy in place to address reporting of HIV seropositive person's names to the state.

j. All personnel that collect, manage, and/or access client-level data with personally-identifiable information (PII) and/or protected health information (PHI) shall receiving initial and annual training in Health Insurance Portability and Accountability Act of 1996 (HIPAA), the CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs, and the Department's data security and confidentiality policies and procedures.

k. Grantees shall implement Whistleblower Protection Policies that: encourage staff and volunteers to come forward with credible information on illegal practices or violations of adopted policies of the organization; specify that the organization will protect the individual from retaliation, intimidation, harassment or other adverse action; and identifies those staff or board members or outside parties to whom such information can be reported.

l. Grantees shall have in place the ability to collect fees for billable services, as detailed in COMAR 10.02.01.
    - The Department has made available the MDH LDH Billing Manual for guidance.
    - Grantee shall refer to the MDH Non-Chargeables List prior to billing for services.
    - For all Grantees, the use of program income will be "additive". Under the "additive" alternative, program income must be used for the purposes for which the award was made, and may only be used for allowable costs under the award.
    - Grantees shall project total program income and the expenditure intent on the Electronic UFD Budget Package Form (4542) and Budget Narrative.
    - Grantees are required to track and account for all program income in accordance with 45 CFR § 75.302(b)(3).
    - Grantees are required to maintain documentation of investment of program income to enhance HIV programs

2. PERSONNEL REQUIREMENTS

a. All program personnel shall annually complete required MDH CSTIP Security and Confidentiality Training(s).
    - Security or Protocol Incidents must be reported within two business days to ensure timely follow-up with the MDH Security Officer.

b. In accordance with federal regulations, state and local health department employees whose salaries are totally or partially funded by federal grants managed by the Department must report on a daily basis the time allocated to each grant activity by Program Cost Account (PCA).
    - For the local health departments under the Maryland Department of Health, employees must report daily grant activities using Workday® and the corresponding PCA tag. It means that each activity should use a single Workday® row including start and end time and the corresponding work tag.
    - For the local health departments not under the Maryland Department of Health and/or do not use Workday®, systems must be in place to allow employees to report grant activities to the corresponding PCA tag. Refer to

- Time and effort accountability not recorded through Workday, must include documented supervisory approval prior to processing of payroll.

c. As per instructions in the budget package, the Grantee and any relevant subcontractor(s) shall provide to the appropriate Program Officer and Fiscal Monitor at the Department, within 30 days of hiring or assignment, the names, job titles, resume and applicable certificates, salaries and percentage of full-time equivalency of all personnel funded by this award and hired during this funding period.
d. Grantees shall obtain written approval from the Department before affecting changes regarding positions funded under this award. Requests for changes in personnel must include a job description in the format of the Department of Personnel (DOP) MS-22, a resume of staff hired, a revised work plan detailing assignments and timeline (if this is a new position), and information on FTE equivalency.
e. Health Departments can visit our portal to update all personnel changes and to verify which staff should be included on various communications. Please keep in mind that anyone who is marked to be included on budget communications will have access to salary information. New Staff, Staff Role Change, or Separation from LHD Contact Portal
f. All staff that implement STI-funded projects, Ryan White services and/or CDC/SAMHSA HIV Prevention activities shall be trained and educated in STI and HIV prevention and treatment knowledge and skills relevant to the funded activities and service categories and attend periodic Departmental trainings as required by the Department.
g. All personnel that provide Ryan White Program services shall meet any minimum requirements as set forth in the Ryan White Standards of Care and Policy Clarification Notice 16-02 located at HRSA Policy Clarification Notices.
h. Personnel of all sponsored HIV testing programs must attend HIV Linkage-to-Care training.
i. Criminal background investigation records shall be obtained on all employees and volunteers who work with youth under age 18, pursuant to section 5-560 through 5-568 of the FAMILY LAW 5-560 - 568 Criminal Background Investigation.

3. HIV PRE-EXPOSURE PROPHYLAXIS (PREP) PREVENTION PROGRAM ACTIVITIES

Pre-exposure prophylaxis prevention activities grant funds awarded through the Center for STI Prevention (CSTIP) are for PrEP navigation activities only and are based on availability of funding. Allowable uses for grant funds may include:

a. PrEP navigation services include education, screening, linkage, and retention efforts related to PrEP and other HIV biomedical prevention activities (see below).
b. Conduct face-to-face encounters in non-clinical settings. Non-clinical encounters may be done through targeted community outreach events to build consumer demand for PrEP and education to potential clients in outreach settings about prep to increase PrEP awareness and uptake.

c. Provide PrEP services and case management to identified at-risk clients. Case management includes providing culturally appropriate harm reduction education and counseling, ensuring timely STI/HIV/HCV screening, and engagement to retain clients in PrEP services.
d. Provide case management support, referral, and linkage to identified clients in at least one of the following areas: medical and pharmacy insurance, patient assistance programs, housing, transportation, behavioral health services, public benefits, food support, and/or other areas of need as identified by PrEP staff or providers
e. Targeted educational and outreach materials.
f. Individual education and screening for PrEP eligibility and interest.
g. Assessment of the psychosocial barriers to HIV prevention services.
h. Assessment and linkage to available pharmacy assistance insurance coverage and other programs/resources required for access to PrEP;
i. Development and implementation of a plan with the consumer to address and overcome barriers.
j. Initial linkage of consumers to PrEP or other medical services including HIV care for those individuals who test positive for HIV.
k. Monitoring and retention of individuals active with PrEP;
l. Rapid HIV testing activities.
m. Collaboration with PrEP navigators and other providers, including those from other jurisdictions.
n. Collaboration and coordination with Disease Intervention Specialists providing partner services to identify and link vulnerable populations to PrEP and all associated costs to field work.
o. Collaboration with community-based organizations and neighboring jurisdictions.
p. Participation in molecular HIV cluster investigations and response relating to PrEP activities.
q. Partner with the Johns Hopkins AIDS Education and Training Center and MDH to ensure training on PrEP clinical care and programming for newly-hired PrEP staff, and continuing education for relevant staff on updated PrEP guidelines or research, as appropriate.
r. Ensure training of relevant/new staff on PrEP policies and procedures, including making referrals.
s. Develop policies and procedures related to non-occupational Post Exposure Prophylaxis (nPEP), including whether medications will be prescribed on a walk-in basis by clinical staff at the Health Department or if clients will be referred out. Policies and procedures should identify a provider/hospital/clinic to which same-day linkage to nPEP can be made for clients in need of nPEP.
t. Report 100% of PrEP activities supported by this award to PHPA according to the protocols and timelines established by the Department.
u. Treatment assurance and verification of PrEP activities.
v. Data entry and regular reporting of standard variables.
w. Other uses as discussed with and approved in writing by PHPA Center for STI Prevention (CSTIP).

4. PROGRAM REQUIREMENTS

a. All records, reports or other information assembled during an STI/HIV contact investigation which identifies a person or entity shall be kept confidential in accordance with MDH policy and the Maryland Annotated Code, Health- General §4-102 and be retained in accordance with the PHPA Record Retention and Disposal Schedule.
b. The Grantee shall ensure that communicable disease reporting requirements, per COMAR 10.06.01, 10.18.02, 10.18.03 have been met for all clients served under this award and comply with health department communicable disease investigations as requested. Further information on these reporting requirements can be found at https://phpa.health.maryland.gov/pages/reportable-diseases.aspx
c. Implement PrEP activities in accordance with the guidelines and protocols provided by CDC and the Department. Please refer to the following resources:
    - CDC-Preventing New HIV Infections Guidelines
    - CDC.Train.org
    - AIDS Education & Training Center Program
d. All PrEP Navigators must attend mandatory training as identified and provided by the Department.
e. PrEP Navigators may be invited to participate in workgroups or activities developed to address quality improvement in identified areas. Workgroups and other discussion groups may be offered through video conferencing, so video conferencing capability is strongly encouraged.
f. Grantees must ensure proper tracking and follow-up of abnormal laboratory findings for clients receiving STI services that is consistent with CDC guidelines.
g. Conduct screening for behavioral health disorders, primary care, health insurance, and ensure that patients receive testing for services based on the allowed amount for your funding PCA.
h. Grantees/Sub-recipients performing rapid HIV testing under this award shall comply with all reporting and documentation related to the purchase and inventory of rapid HIV testing kits.
i. Grantees shall monitor services and deliverables of contractors, consultants, and/or human services contractors on a quarterly basis and submit documentation to the Department with quarterly reports.
    - Monitoring shall include:
        - ➢ Services provided meet the Scope of Work approved by the Department
        - ➢ Performance measures on the 4542.d are captured and submitted to the LHD
        - ➢ Services are provided solely to the uninsured and/or underinsured
j. Educate clients about the financial assistance available (e.g., Medicaid, cost sharing reductions, advanced premium tax credits, and co-pay programs) to support health insurance and pharmacy coverage.

k. Ensure that clients receive appropriate medical follow-up, including phone calls, lab testing and non-medical visits to ensure that appropriate supportive services are received including risk reduction counseling; STI testing, and treatment as needed; HIV testing; and pregnancy testing as appropriate.
l. Any publications, presentations, conference abstracts, or planned promotional events partially or fully funded by this award must be reviewed and approved by the Prevention and Health Promotion Administration and must acknowledge the Prevention and Health Promotion Administration and Behavioral Health Administration, MDH, and the Substance Abuse and Mental Health Services Administration and the federal funding agency, if applicable.
m. Grantees and sub-recipients shall document referral relationships with key points of entry that detail linkages to promote access to HIV/STI prevention and care services for individuals who are vulnerable to HIV/STI acquisition or are undiagnosed. Examples of key points of entry are:
    - Emergency rooms
    - Substance use treatment programs
    - Detoxification programs
    - Adult and juvenile detention facilities
    - Sexually transmitted infection (STI) clinics
    - Federally qualified health centers (FQHCs)
    - HIV counseling, testing, and referral sites
    - Mental health service programs, and
    - Shelters serving homeless and unstably housed individuals.
n. The Grantee shall establish a mechanism to ensure that referrals occur at the client level for needed health or support services outside the local health department.
o. The Grantee shall maintain a current and accurate profile of all relevant services on PrEP Maryland (PrEPMaryland.org) using guidelines provided by the Department.
p. Comply with all reporting and documentation requirements as per the Department.

5. PERFORMANCE MEASURES

The Grantee, in collaboration with CSTIP, will develop, track, and report on the performance measures for Early Intervention and PrEP services.

a. Ryan White Early Intervention Services (EIS):
    - Number of unduplicated clients served.
    - Number of Early Intervention Services (EIS) encounters.
    - Number of HIV tests completed
    - Number of HIV test results delivered.
    - Number of new HIV diagnoses.
    - Percentage of clients with new HIV diagnoses linked to HIV medical care within 30 days of diagnosis.
    - Percentage of new HIV diagnoses reported to the LHD for partner services according to the protocols and timelines established by the Department.
    - Number of phone encounters.
    - Number of other encounters.
    - Number of referrals to HIV Medical Care.
    - Number of referrals to Primary Medical Care.

- Number of referrals to support/other services.

b. Additional Performance Measures
   - Were educated about PrEP.
   - Were screened for PrEP eligibility.
   - Were screened and who were eligible for PrEP.
   - Were eligible and who were referred for PrEP.
   - Were prescribed PrEP.
   - # of new individuals who started PrEP this quarter.
   - # of individuals who discontinued PrEP this quarter.
   - # of individuals who remain on PrEP at the end of this quarter.
   - # of outreach events
   - # of outreach event attendees
c. Each Grantee is required to provide a description of the Scope of Work to be completed with STI, RWHAP Part B, CDC, SAMHSA, and/or HIV Prevention funds and provide brief explanations as to how you plan to implement the required key activities.
d. Grantees are required to document goals and outcomes for each funded Ryan White service category and CDC/SAMHSA HIV Prevention activity using the Universal Performance Measures and according to the Performance Measures Definitions:
   - Any subsequent changes to the Scope of Work or due dates for the submission of deliverables must be executed in writing by both parties.
   - The Grantees are obligated to complete services and submit the performance deliverables to the Department according to due dates specified in Timeline of Important Dates.
   - The Grantees agree to monitor satisfactory completion of the performance deliverables, provide explanations to the Department when goals are not met and assure timely and appropriate action will be taken on all deficiencies.
e. Grantees shall collect and electronically report client-level performance data to PHPA for all services supported by the Department:
   - Shall maintain current knowledge of data collection and reporting requirements and provide technical assistance to sub-recipients to ensure that all data collected and submitted as required by the Department.
   - Client-level performance data submitted by each Grantee shall meet data quality standards specified by the Department to ensure the completeness and accuracy of submitted data.
f. Grantees shall collect and report client-level data for CDC/SAMHSA HIV testing and linkages activities using an approved format according to the protocols and timelines specified by the Department.
   - Approved client-level data submission mechanisms for HIV testing and linkages include: 1) Submission of original copies of the Maryland HIV Testing Encounter Form via U.S. mail or other secure delivery service; and 2) Submission of electronic data files in an approved file format using an approved secure data transmission method.
   - Client-level HIV testing data shall be submitted in a timely manner so that all paper data forms are received within 15 days of the HIV testing encounter and all electronic data files are received by the 15th of the following month.
g. Grantees shall collect and report client-level data for CDC Health Education and Risk Reduction (HERR) activities using an approved format according to the protocols and timelines specified by the Department.

- Client-level HERR data shall be collected using approved Prevention Reporting System (PRS) forms.
- Original copies of PRS forms shall be submitted via U.S. mail or other secure delivery service in a timely manner so that all paper data forms are received within 15 days of the service delivery date.

h. Grantees shall collect and report client-level data for Ryan White Program services using an approved format according to the protocols and timelines specified by the Department.
   - Grantees must ensure that all client-level data required for Early Intervention Services (EIS) are entered or uploaded into the Maryland Centralized CAREWare by the 15th of the month following each monthly reporting period.
   - Grantees who elect to upload client-level data into the Maryland Centralized CAREWare shall ensure local data systems are configured to collect, manage and report all required data elements. All local data system modifications necessary to ensure timely reporting of complete and accurate data are the sole responsibility of the Grantee.
   - Monthly client-level performance data submitted by each Grantee shall include all required data for all eligible clients and all services provided to eligible clients from all funded sources.

i. Additional Performance Measures will be established by the Department. MDH form 4542C shall be completed to include these Performance Measures and returned to the Department as a part of the final budget by July 15, 2024.

j. Any requests for additional data should be directed to kenneth.ruby@maryland.gov with specific parameters.

6. FISCAL REQUIREMENTS

a. It is the responsibility of the Grantee to be informed of requirements of the funding streams utilized to provide their total allocation.
   - Programs will be notified of the PCAs that make up the allocation in the award email or in the Unified Funding Document (UFD).
   - The Grantee shall make a determination of eligibility for services funded by this grant and make such determination part of the client's permanent record.
   - Any service for which a Grantee receives reimbursement from third parties constitutes a billable service for the purpose of client charges.
   - Grant funds shall be considered as the payer of last resort and as such, may not be used to provide items or services for which payment has already been made, or reasonably can be expected to be made, by third party payers, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance.
   - It is, therefore, incumbent upon the Grantee and subrecipients to assure that eligible individuals are expeditiously enrolled in Medicaid or other applicable programs and that state funds are not used to pay for any services covered by other sources. IDPHSB reserves the right to audit records and/or require proof that grant funding is not being used to support clients enrolled in third-party reimbursement programs.

b. The Grantee must ensure compliance with the following guidelines related to Indirect Cost:

- Indirect Cost Rate must not exceed 10%;
- Indirect Cost for the federally funded grants must be posted to FMIS and internal accounting systems quarterly; and
- Indirect Cost expenditure amounts must be calculated based on total expenditures rather than budgeted expenditures.

c. At the start of the fiscal year, the Grantee is required to have internal controls in place to ensure that contract reimbursement for grant salary and wage expenditures are based on records that accurately reflect the actual time and effort for work performed.
d. Per previous instructions to Local Health Officers, cost of living allowances (COLAs) for contract employees funded under this grant shall be consistent with COLAs granted to state, county, or municipal employees within this jurisdiction.
e. The Grantee must monitor their budget and expenditures to ensure that spending levels are appropriate and timely to coincide with the closing dates for federal and state grants as documented on the UFD.
f. All expenditures will be submitted for posting to FMIS in a timely manner to be included in the federal grant closing report. The Maryland Department of Health may not have access to federal grant funds to reimburse Grantees that submit expenditures to FMIS more than 45 days after the close of the federal grant period.
g. Each Grantee must submit an Annual Report Form 440 statement of expenditures within 45 days after the close of the grant year. Actual fee collections must be reported on the Annual Form 440 Report.
h. No payment(s) is due from the Department for the value of services and/or deliverables provided by the Local Health Department/Sub-recipient that have not been accepted by the Department and/or have not been properly invoiced by the Local Health Department/Sub-recipient, as of the date that funds identified to pay for these services and/or deliverables have expired or been eliminated.
i. Grantees that invoice the Maryland Department of Health, either partially or in whole for reimbursement of expenditures by must agree to the following:
    - Submit Pay Blocks to the MDH General Accounting Department on a monthly or quarterly frequency. Quarterly frequency will cover periods as follows: (a) July through September, (b) October through December, (c) January through March, and (d) April through June and in agreement with the Expenditure Report.
    - Submit Pay Blocks to obtain reimbursement of expenditures and funds paid to carry out program activities under the contract. Local health departments will not include amounts in the Pay Block request that represent an advance of funds to be disbursed in the future.
    - Ensure that expenditure reimbursements are calculated net of third party and self-pay collections.
    - Submit Form 438 Expenditure Report according to the same frequency that Pay Blocks are submitted.
    - Submit Form 438 and a copy of the Pay Block to: dlcstip_grants_mdh@maryland.gov on the same date the Pay Block is submitted to MDH General Accounting Office.

7. BUDGET REQUIREMENTS

a. The Fiscal Monitor for this award is Kimberly Hernandez (410) 767-5930. All email communications to CSTIP staff can be sent to dlstip_grant_mdh@maryland.gov.
b. Each LHD will be assigned a Program Officer for all programmatic needs. The name of your Program Officer will be provided in the award email.
c. Budget submissions for the Center for STI Prevention (F741N and F912N)) are due annually on the date listed on the Timeline of Important Dates.
   *****Please note that these deadlines may not be the same as the rest of the Bureau so please plan accordingly***

a. The Grantee will submit Budget Forms 4542A through 4542M and all required documents may be submitted electronically to: CSTIP Budget Submission Portal
b. Budget Submissions shall include:
   - Budget Form 4542A through 4542M
   - Budget Justification
   - Scope of Work
   - Employee Salary Allocation Worksheet
   - Current LHD Organization Chart that includes all staff on the grant
   - Job Descriptions for each staff member on grant
   - Most recent audit with LHD response of corrective actions
   - Copy of all Human Services contracts paid from grant
   - Contracts Review Certification Form
   - Travel Mileage Reimbursement Policy - if different that state rates
   - Any other document the Department requests
c. Please note that if the budget package is incomplete at submission, it will be rejected. It must be a complete package in order to be accepted.
d. Copies of any subcontracts funded under this award shall be forwarded with budgets to the appropriate Program Officer and Fiscal Monitor.
   - These contracts must include salary, hours or FTE being paid, and deliverables.
e. The Grantee must use appropriate Expenditure Agency Object Codes MDH Expenditure Agency Objects Codes
f. The Grantees should be knowledgeable with the MDH LDH Billing Manual in order to meet the regulations in COMAR 10.02.01.

8. BUDGET MODIFICATION REQUIREMENTS

a. All budget modification requests shall have prior approval by the appropriate Program and Fiscal Monitor for the Department. Written requests for modifications to the budget shall be submitted by the Grantee at least thirty (30) days before the effective date of the proposed changes and shall have prior written approval from the Department before being implemented.

b. The Grantee may re-direct 10% of an approved line item budget amount or $5,000 whichever is greater to another approved line item, without advance approval of the Department's Program Officer. Budget Modification documents are not required. However, when changes occur, the Fiscal Officer should be notified in writing as soon as practicable.
c. If the Grantee would like to redirect funds to a new budget line item type (not included in the original budget), advance approval must be obtained from the Program Officer regardless of the percent or amount redirected. Budget Modification documents must be submitted.
d. Budget Modification Forms (4542A thru 4542K) must be submitted electronically to: CSTIP Budget Submission Portal
e. Budget Narratives must be submitted electronically, according to the same requirements in the original budget to:CSTIP Budget Submission Portal
f. Budget Modification requests may be submitted as early as October 1, 2024 and as late as March 15, 2025. Budget Modification requests and documents will not be accepted after March 15, 2025 without an approved deadline extension.

9. MONITORING ROLES AND RESPONSIBILITIES

a. The Program Monitors for this award are:
    - Kenneth Ruby, III, Chief, STI Prevention (410) 767-6686
    - Kimberly Hernandez, Fiscal Manager (410) 767-5930
    - Program Officer as assigned
b. Emailed communications can be sent to dlcstip_grants_mdh@maryland.gov.
c. The Grantee shall participate fully in IDPHSB's program monitoring and improvement activities which may include, but not be limited to:
    - periodic comprehensive site visits, announced or unannounced;
    - monthly monitoring telephone conference calls
    - record reviews as needed (including access to electronic medical/health records);
    - reviews of required prevention forms, rapid testing documents, educational and other materials
    - completion of surveys (or other requested information); and
    - completion of an organizational assessment.
d. The Grantee and sub-recipient site visits may include, but not be limited to:
    - interviews of staff
    - review of fiscal and clinical records
    - interviews with clients
    - observation of service delivery
e. The results of Client Satisfaction Surveys will be provided to the Grantee/subrecipient and will be utilized in the evaluation of Grantee/subrecipient performance. Grantee must submit a Corrective Action Plan to address the areas identified as needing corrective action on Agency Client Satisfaction Survey Reports.

f. For the purpose of site visits, IDPHSB staff and subcontractors must be allowed access to electronic medical records. Grantee/subrecipient cannot subject IDPHSB staff to measures that would hinder access to electronic medical records. If not allowed access your agency/health department will be considered out of compliance resulting in a corrective action.
g. Records must be made available to Federal Agencies upon request; Health Resources Services Administration (HRSA), Centers for Disease Control (CDC), Substance Abuse and Mental Health Services (SAMHSA), Department of Housing and Urban Development (HUD) or a subcontractor appointed by them.
h. The Grantee shall monitor any HIV testing activities included in the sub-recipient's award, including HIV testing quality assurance activities. An annual HIV testing site visit must be conducted by the LHD with each sub-recipient receiving funding to conduct HIV testing activities. A copy of the annual HIV testing site visit report must be provided to the MDH Program Officer.
i. The Grantee shall provide to the appropriate Program Officer, the names of the contact person(s) responsible for programmatic concerns, all communications regarding this program, the contact person for fiscal issues, the contact person for quality management, and the contact person for NBS, CAREWare and data concerns. The Grantees shall provide the same contact information and the names of the contact persons for each of the sub-recipient grantees/vendors (if applicable).
j. The Grantee shall maintain expertise in all subcontracted project content, protocols and methods, and provide technical assistance to subcontractor staff as needed.
k. The Grantee and any relevant subcontractor(s) or volunteer(s) shall cooperate with the Department's policies for addressing all concerns or problems identified during the award period.
l. The Grantee shall provide to any and all subcontractors implementing program services under this award a complete copy of these Conditions of Award and shall ensure subcontractor(s) compliance with them.
m. The Department shall make available statistical reports, samples of educational materials, model curricula, and evaluation forms as well as provide technical assistance on program development, coordination and evaluation methodology.
n. The Grantee shall monitor the activities of each sub-recipient to ensure that the sub-award is used for authorized purposes (allowable, allocable, and reasonable activities and costs) and that sub-award performance goals are achieved. The Department staff may also monitor the sub-recipient's activities and conduct periodic site visits, with notification to the Grantee.
o. The Grantee shall maintain written documentation of monitoring activity and findings, and any follow-up corrective action taken or recommended. This written documentation shall be made available for review upon the request of the Department's Program Monitor.
p. If Grantee performance is deficient, the Department's Program Monitor will notify the Grantee in writing. The Program Monitor will identify the corrective action required by the Grantee to address the deficiency. The Fiscal Manager and/or Program Officer will deliver, or coordinate the delivery of, additional technical assistance to support the Grantee in taking the corrective action. If the corrective action is successful in resolving the problem, the Department will notify the Grantee in writing that resolution has been achieved. If the corrective action is unsuccessful in resolving the problem, the Department has all of the following options:

- Revise deliverables to the COA (e.g., requiring Grantees to report with increased frequency).
- Require the Grantee to provide a revised staffing plan that demonstrably supports the realization of program requirements.
- Progressively reduce the total award in response to repeated failures to comply with requirements.
- Suspend payment on the contract pending correction of the deficiency by the Grantee.
- Terminate the award.

10. QUARTERLY REPORTING REQUIREMENTS

a. Grantees must submit quarterly expenditure reports on the forms provided by CSTIP. Expenditure reports are due 15 days following the end of the quarter.

Quarter	Reporting Period	Due Date
First	July 1 – September 30	October 15, 2024
Second	October 1 – December 31	January 15, 2025
Third	January 1 – March 31	April 15, 2025
Fourth	April 1 – June 30	July 31, 2025

b. The Department will provide Grantees with current annual quarterly report templates no later than September 1, 2024.
c. The Grantee and subcontractor(s) are prohibited from altering any of the Department-provided and required data collection and reporting forms without prior written approval from the Department. Unapproved alterations to forms may result in a loss of data and the inability to properly credit the Grantee with meeting performance measures related to this award.
d. Quarterly reports will consist of the following documents:
    - Expenditure Worksheet,
    - Program Narratives,
    - Performance Measures, and;
    - any other report the Department requests.
e. Expenditures Reports must include third-party collections and self-paying client fees. COMAR 10.02.01
f. Home Rule and Home Rule Hybrid counties must include a copy of the 438 and pay block to CSTIP with their quarterly reports.
g. The Grantee shall submit all programmatic reports from subcontracted vendors and discuss any concerns or discrepancies with subcontractor staff before sending them to the Department.
h. Program reports must be submitted according to the schedule as presented on the Timeline of Important Dates
i. Submit the quarterly reports through CSTIP Quarterly Reports Submission Portal

11. REPORTING REQUIREMENTS

a. The Grantee shall ensure complete, accurate, and timely submission of all data and reports as required and scheduled by the Department.
b. The Department will provide a Timeline of Important Dates for reference.
c. The Grantees shall collect and report quality management data and reports to PHPA according to the protocols and timelines established by the Department.
    - Grantees shall provide QM Project Summary Cards as directed by the MHQMF.
    - The Local Health Department/subrecipient shall participate as directed in the IDPHSB Client Satisfaction Survey process.
d. The Ryan White HIV/AIDS Program Services Report (RSR) shall be submitted according to the Timeline from HRSA and the Department.
    - Each Grantees shall perform due diligence procedures to ensure that all data is complete according to the reporting standards outlined in the RSR Manual.
    - Each Grantee must conduct edits of its client level data to ensure that there is less than 10% unknown or missing data for priority RSR variables specified by the Department.
    - Each Grantees will submit the RSR Client Level Data in the XML File Format, uploaded to the HRSA Performance Website, in "Review" or "Submitted" status by the RSR provider report target deadline
e. The Grantee and any subcontractors shall adhere to all data collection and handling protocols to maintain client confidentiality and ensure compliance with federal, state, and PHPA data security and confidentiality policies.
f. The Grantee shall comply with any other requests from the Department for information regarding activities undertaken with this award.
g. Failure to comply with the above Reporting Requirements may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications.

12. FEDERAL FUNDING REQUIREMENTS

The receipt of federal funds by the Maryland Department of Health, by Local Health Departments, and by sub-recipients requires compliance with all laws and regulations pertaining to the following:

a. Small, Minority, and Woman-Owned Business: It is a national policy to place a fair share of purchases with small, minority, and woman-owned business firms. The Department of Health and Human Services is strongly committed to the objective of this policy and encourages all recipients of its grants and cooperative agreements to take affirmative steps to ensure such fairness. In particular, recipients should:
    - Place small, minority, and woman-owned business firms on bidders' mailing lists.
    - Solicit these firms whenever they are potential sources of equipment, construction, or services.

- Where feasible, divide total requirements into smaller needs, and set delivery schedules that will encourage participation by these firms.
- Use the assistance of the Minority Business Development Agency of the Department of Commerce, the office of Small Disadvantaged Business Utilization, DHHS, and similar state and local offices.
- For Maryland, use the assistance of the Governor's Office of Minority Affairs at http://www.oma.state.md.us/

a. Grantees and subcontractor(s), if any, shall make every effort to accommodate both cultural and linguistic needs of targeted populations. Per the Presidential Executive Order issued August 11, 2000, every program that receives federal funds is required to take reasonable steps to assure reasonable access to their programs by Limited English Proficiency (LEP) persons. Each covered entity that provides services or benefits DIRECTLY to the public shall develop language assistance procedures for 1) assessing the language needs of the population served; 2) translating both oral and written communications and documentation; 3) training staff in the language assistance program requirements; and 4) monitoring to assure that LEP individuals are receiving equal access to services and are not treated in a discriminatory manner. Language resources are available through your Project Monitor. Further information on this policy can be found at http://www.health.maryland.gov/docs/01.02.05.pdf
b. The Grantee shall implement policies and practices that prohibit discrimination and promote access and inclusion. The planning and provision of activities funded and supported under this award shall be conducted with capacity in culture, language, disabilities, developmental stage, socioeconomic status, sexual orientation, age, and gender identity. The following knowledge, skills, and attitudes are critical to the successful implementation of culturally competent services:
    - Understanding of the cultural factors affecting responsiveness to varying strategies;
    - Understanding of clients' cultural norms, biases, and preferences;
    - Knowledge and understanding of the impact that cultural norms can have on clients' decision making processes;
    - Ability to adapt strategies to unique client characteristics and circumstances;
    - Development of the readiness and ability to be flexible in meeting clients' needs; and
    - Development of a nonjudgmental and respectful acceptance of cultural, behavioral, and value differences.

13. REQUIRED MEETINGS

a. Grantees Program Manager, Fiscal Manager and relevant personnel must participate in Monitoring Calls coordinated by the Program Officer or Grants and Contracts Compliance Monitor.
b. Grantees shall have a Program Manager and Fiscal Manager attend the mandatory All Grantees Statewide Meetings.
c. Grantees must ensure that the program has appropriate representatives in attendance at all Community Learning Sessions coordinated by the Maryland Department of Health to provide technical assistance to providers according to services funded and/or target populations, as announced.
d.

e. All Grantees/sub-recipients must attend any other mandatory meetings scheduled by IDPHSB during the contract period.

5. Center for Viral Hepatitis
Maryland Community-based Program to Test and Cure Hepatitis C

This award is subject to the conditions stated in this contract between the Prevention and Health Promotion Administration, herein known as the Department, and the Grantee and subcontractor(s). The Department will only award funds and continue to contract with agencies that maintain substantial compliance with all of the process objectives, program, personnel, fiscal, reporting, and federal funding requirements listed below. Failure to meet the requirements and objectives identified in these Conditions of Award (COA) may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications. Budgets are due by June 30, 2024.

1. GENERAL PROGRAM REQUIREMENTS

    a. The Grantee and any relevant subcontractors must comply with all relevant federal, state and local grant requirements pursuant to the law.
    b. All activities conducted under this award shall support the goals and objectives of the National Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis, the Maryland Viral Hepatitis Elimination Action Plan, and other applicable state and local adult viral hepatitis prevention plans.
    c. Any publications, presentations, conference abstracts, or planned promotional events partially or fully funded by this award must be reviewed and approved by the Prevention and Health Promotion Administration (PHPA) and must acknowledge PHPA, MDH, and the CDC.

2. PROGRAM ACTIVITIES

    The Grantee shall:
    a. Provide hepatitis C virus (HCV) screening and treatment services in their primary care practice to individuals at risk for HCV infection;
    b. Facilitate clinicians' participation in the Johns Hopkins University Division of Infectious Disease Clinical HCV Training Certificate program including on-going education and case consultation through the telemedicine program;
    c. Initiate HCV treatment for HCV-infected clients (when clinically appropriate) and utilize case managers, nurses and other clinical staff as appropriate to ensure linkage to care upon patient's HCV diagnosis;
    d. Support clients in adhering to their HCV treatment though re-engagement support from the clinic infrastructure and/or the Baltimore City Health Department;
    e. Ensure that HCV testing and treatment are provided in accordance with clinical guidelines and standards of care;
    f. Bill the patient's insurance for HCV screening and treatment services upon HCV screening and treatment integration into primary care practice;
    g. Participate in required program meetings and bi-monthly clinical partner calls; and
    h. Participate in monthly partners coordination meeting

i. Conduct enhanced hepatitis C virus (infection) surveillance activities through data entry of HCV lab reports into the National Electronic Disease Surveillance System (NEDSS);
j. Analyze HCV data entered into NEDSS to identify persons never in care or lost to care and coordinate with linkage to care staff to connect identified individuals to clinical providers.

3. REPORTING REQUIREMENTS

The Grantee shall:

a. Modify EMR systems to track HCV service provision and outcomes, enhance HCV services, and inform quality improvements. EMR modifications may include:
    - New data elements;
    - Alerts to recommend HCV screening based on client demographics and risk factors;
    - Alerts or reports to flag HCV-positive clients who have not been linked to care or have dropped out of care;
    - Program performance reports to assess achievement of program objectives; and/or
    - Quality assurance reports to measure compliance with screening recommendations, standards of care, and treatment adherence;
b. Provide quarterly patient-level datasets via a secure transfer mechanism as required by MDH and CDC;
c. Provide semi-annual aggregate, site-level data reports as required by MDH and CDC;
d. Provide periodic brief narrative reports as required by MDH and CDC;
e. Ensure complete, accurate, and timely submission of all data and reports as set forth in the reporting schedule established by MDH;
f. Adhere to all data collection and handling protocols to maintain client confidentiality by ensuring compliance with the CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs and PHPA's data security and confidentiality policies; and
g. Ensure that communicable disease reporting requirements, per COMAR, have been met and comply with communicable disease investigations as requested.

6. Hepatitis C Testing and Linkage to Care Activities
Program Support for Hepatitis C

This award is subject to the conditions stated in this contract between the Prevention and Health Promotion Administration, herein known as the Department, and the Grantee and subcontractor(s). The Department will only award funds and continue to contract with agencies that maintain substantial compliance with all of the process objectives, program, personnel, fiscal, reporting, and federal funding requirements listed below. Failure to meet the requirements and objectives identified in these Conditions of Award (COA) may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications. Budgets are due by June 30, 2024

1. GENERAL PROGRAM REQUIREMENTS

    a. The Grantee and any relevant subcontractors must comply with all relevant federal, state and local grant requirements pursuant to the law.
    b. All activities conducted under this award shall support the goals and objectives of the National Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis, the Maryland Viral Hepatitis Prevention and Control Plan, and other applicable state and local adult viral hepatitis prevention plans, and be conducted in compliance with the cooperative agreement between MDH and the Centers for Disease Control and Prevention (CDC) under PS21-2103 (Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments).
    c. Any publications, presentations, conference abstracts, or planned promotional events partially or fully funded by this award must be reviewed and approved by the Prevention and Health Promotion Administration (PHPA) and must acknowledge PHPA, MDH, and the CDC.

2. PROGRAM ACTIVITIES

    The Grantee shall:
    a. Ensure that all program staff performing hepatitis B virus (HBV) and/or hepatitis C virus (HCV) testing are fully trained before implementing testing;
    b. Ensure that all program staff are knowledgeable about HBV and/or HCV and can effectively deliver appropriate counseling messages based on the test result and the client risk behaviors
    c. Ensure the site is appropriately stocked with the materials needed to conduct testing.
    d. Conduct quality control to ensure rapid HCV test kits perform properly and run rapid test kit controls according to the manufacturer's protocol.
    e. Provide HCV screening based on the Centers for Disease Control and Prevention's screening recommendations for persons at increased risk for HCV infection, including:
        - Adults aged 18 years and over
        - Pregnant women
        - Persons who have ever injected illegal drugs, including those who injected only once many years ago

- Recipients of clotting factor concentrates made before 1987
- Recipients of blood transfusions or solid organ transplants before July 1992
- Patients who have ever received long-term hemodialysis treatment
- Persons with known exposures to HCV, such as o health care workers after needle sticks involving HCV-positive blood o recipients of blood or organs from a donor who later tested HCV-positive
- All persons with HIV infection
- Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)
- Children born to HCV-positive mothers (to avoid detecting maternal antibody, these children should not be tested before age 18 months)
- Persons who snort drugs
- Persons who have received a tattoo or body piercing from an unlicensed tattoo artist or piercer

f. Provide HBV screening based on the Centers for Disease Control and Prevention's screening recommendations for persons at increased risk for HBV infection, including:
    - Adults aged 18 years and over
    - Persons born in regions of high and intermediate HBV endemicity (HBsAg prevalence 2%)
    - US born persons not vaccinated as infants whose parents were born in regions with high HBV endemicity (8%)
    - Injection-drug users
    - Men who have sex with men
    - HIV-positive persons
    - Persons needing immunosuppressive therapy, including chemotherapy, immunosuppression related to organ transplantation, and immunosuppression for rheumatologic or gastroenterologic disorders
    - Persons with elevated ALT/AST of unknown etiology
    - Donors of blood, plasma, organs, tissues, or semen
    - Hemodialysis patients
    - All pregnant women
    - Infants born to HBsAg-positive mothers
    - Household, needle-sharing, or sex contacts of persons known to be HBsAg positive
    - Persons who are the sources of blood or body fluids resulting in an exposure (e.g., needlestick, sexual assault) that might require postexposure prophylaxis
g. Ensure the provision of linkage to care services to each individual with a positive anti-HCV antibody test, reactive HCV RNA test, and/or positive HBV result (HBsAg, anti-HBc, and anti-HBs).
h. Establish written linkage agreements with referral providers (i.e., those performing HCV diagnostic testing or those performing further medical care and evaluation). All referral appointments must be tracked to ensure follow through by the client.
i. The Grantee shall comply with all reporting and documentation requirements as per the Department
j. Program Objectives:
    - Increase HBV and/or HCV testing to detect current infection; and

- Increase linkage to care for newly and previously diagnosed patients with HBV and/or HCV at health care centers within their respective communities.

3. REPORTING REQUIREMENTS

The Grantee shall:

a. Provide monthly reports including the HIV encounter form, HCV test inventory and positive log, and the HCV RNA testing and linkage to care form.
b. Provide periodic brief narrative reports as required by MDH and CDC;
c. Ensure complete, accurate, and timely submission of all data and reports as set forth in the reporting schedule established by MDH;
d. Adhere to all data collection and handling protocols to maintain client confidentiality by ensuring compliance with the CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs and PHPA's data security and confidentiality policies; and
e. Ensure that communicable disease reporting requirements, per COMAR, have been met and comply with communicable disease investigations as requested.

7. Ending the HIV Epidemic

This award is subject to the conditions stated in this contract between the Prevention and Health Promotion Administration **(PHPA)**, herein known as the Department, and the Local Health Department and sub-recipients. The Department will only award funds and continue to contract with agencies that maintain substantial compliance with all of the process objectives, program, personnel, quality management (QM) activities, fiscal, performance reporting, and federal funding requirements listed below. Failure to meet the requirements and objectives identified in these Conditions of Award (COAs) may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts and/or reduction in score for future competitive applications.

This section describes the requirements for MDH Ending the Epidemic (EHE) awards. EHE awards support comprehensive HIV programs in the Maryland counties identified as priority jurisdictions in phase 1 of the federal EHE initiative, using funds awarded through cooperative agreements between the Centers for Disease Control and Prevention and the Maryland Department of Health. Specific awards include: Implement Ending the HIV Epidemic (F789N), which supports core EHE activities, and Ending the HIV Epidemic in STD Clinics (F925N), which supports scaling up HIV prevention in STI speciality clinics.

1. GENERAL PROGRAM REQUIREMENTS

    a. The Grantee and any relevant subcontractor(s) must comply with all relevant Federal, State and Local grant requirements pursuant to the law.
    b. Local Health Departments and sub-recipients must maintain and retain financial records, supporting documents, statistical records and programmatic records pertinent to the grant for three (3) years from the date of submission of the final form 440 expenditure report in accordance with 45 CFR 75.361.
    c. The Local Health Department and any sub-recipients funded to provide Ending the HIV Epidemic activities shall ensure that all activities conducted under this award are in compliance with the program requirements of the current HIV and STI prevention Ending the HIV Epidemic cooperative agreements between Maryland and the US Centers of Disease Control and Prevention (CDC) and that all HIV and STI testing is performed in accordance with current testing guidelines from the US Department of Health Services, Public Health Service, Centers for Disease Control and Prevention (CDC).
    d. The Local Health Department and any sub-recipients shall implement all services and activities in accordance with program guidance and performance standards specified by the Department.
    e. The Local Health Department/sub-recipients must establish a mechanism to ensure that referrals occur at the client level for needed health or support services outside the Local Health Department agency.
    f. The Local Health Department/sub-recipients must submit all research projects involving human subjects as specified by Maryland Department of Health (MDH) Policy #1100 to the MDH Institutional Review Board for review.

g. Any publications, presentations, conference abstracts, or planned promotional events partially or fully funded by this award must be reviewed and approved by the Prevention and Health Promotion Administration and must acknowledge the Prevention and Health Promotion Administration and the federal funding agency, if applicable.
h. The Local Health Department/sub-recipients must implement Whistleblower Protection Policies that: encourage staff and volunteers to come forward with credible information on illegal practices or violations of adopted policies of the organization; specify that the organization will protect the individual from retaliation, intimidation, harassment or other adverse action; and identifies those staff or board members or outside parties to whom such information can be reported.
i. The Local Health Department/sub-recipients must implement policies and practices that prohibit discrimination and promote access and inclusion. The planning and provision of activities funded and supported under this award shall be conducted with capacity in culture, language, disabilities, developmental stage, socioeconomic status, sexual orientation, age, and gender identity.

2. PERSONNEL REQUIREMENTS

a. The Local Health Department shall notify the Program Officer at the Department of all changes in Ending the HIV Epidemic personnel within 30 days of hiring or assignment. The Local Health Department/sub-recipient shall provide the names, job titles, resume and applicable certificates/licenses, salaries and percentage of full-time equivalency of all personnel funded by this award and hired during this funding period.
b. All personnel that collect, manage, and/or access client-level data with personally-identifiable information (PII) and/or protected health information (PHI) must receive initial and annual training in Health Insurance Portability and Accountability Act of 1996 (HIPAA), the CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs, and the Department's data security and confidentiality policies and procedures.
c. Criminal Background investigation records must be obtained on all employees and volunteers who work with youth under the age 18, pursuant to Sec. 5-560 through 5-568 of the Family Law Article of the Annotated Code of Maryland.

3. FISCAL REQUIREMENTS

a. All budget modification requests shall have prior approval by the appropriate Program Monitor for the Department. Written requests for modifications to the budget shall be submitted by the Grantee at least thirty (30) days before the effective date of the proposed changes, and shall have prior written approval from the Department before being implemented.
b. All budgets reflecting this award, including subcontracts funded under this award, shall be submitted electronically by September 30, 2024:
c. Copies of any subcontracts funded under this award shall be forwarded with budgets to the appropriate Program Monitor at the Department within 30 days of established deadlines.

4. MONITORING ROLES AND RESPONSIBILITIES

a. The Program Monitor for this award is Hope Cassidy-Stewart, Hope.Cassidy-Stewart@Maryland.gov, (410-767-5250)
b. The Grantee shall provide to the appropriate Program Monitor, the names of the contact person(s) responsible for programmatic concerns, all communications regarding this program, the contact person for fiscal issues, and the names of the contact persons for each of the sub-grantees/vendors (if applicable).
c. The Grantee shall maintain expertise in all subcontracted project content, protocols and methods, and provide technical assistance to subcontractor staff as needed.
d. The Grantee and any relevant subcontractor(s) or volunteer(s) shall cooperate with the Department's policies for addressing any and all concerns or problems identified during the award period.
e. The Grantee shall provide to any and all subcontractors implementing program services under this award a complete copy of these Conditions of Award, and shall ensure subcontractor(s) compliance with them.
f. The Department's Program Monitor shall provide technical assistance or coordinate the delivery of technical assistance.
g. The Grantee (and each subcontractor or volunteer, if applicable) shall cooperate with the direct monitoring by the Department. Monitoring will be conducted via site visits annually, at minimum, and may be announced, or unannounced. This monitoring may consist of the review of records and reports, interviews of staff, required forms, educational materials and other materials pertaining to this project).
h. The monitoring of program activities of subcontractors and volunteers is the primary responsibility of the Grantee. However, the Department staff may also monitor the subcontractor's activities and conduct periodic site visits, with notification to the Grantee.
i. The Grantee shall maintain written documentation of monitoring activity and findings, and any follow-up corrective action taken or recommended. This written documentation shall be made available for review upon the request of the Department's Program Monitors.
j. If Grantee performance is deficient, the Department's Program Monitor will notify the Grantee in writing. The Program Monitor will identify the corrective action required by the Grantee to address the deficiency. The Program Monitor will deliver, or coordinate the delivery of, additional technical assistance to support the Grantee in taking the corrective action. If the corrective action is successful in resolving the problem, the Department will notify the Grantee in writing that resolution has been achieved. If the corrective action is unsuccessful in resolving the problem, the Department has all of the following options:
    - Revise deliverables to the COA (e.g., requiring Grantees to report with increased frequency).
    - Require the Grantee to provide a revised staffing plan that demonstrably supports the realization of program requirements.
    - Progressively reduce the total award in response to repeated failures to comply with requirements.
    - Suspend payment on the contract pending correction of the deficiency by the Grantee.
    - Terminate the award.

5. REPORTING REQUIREMENTS

   a. The Grantee and any relevant subcontractor(s) shall submit reports on a schedule and in a format defined by the Department prior to award. The format of these reports and any required attachment forms will be provided to the Grantee by the Department.
   b. The Grantee shall maintain current knowledge of data collection and reporting requirements and provide technical assistance to subcontractor staff to ensure that all data are collected and submitted as required by the Department.
   c. If requested by the Department, the Grantee shall submit all programmatic reports from subcontracted vendors and discuss any concerns or discrepancies with subcontractor staff before sending programmatic reports from subcontractors to the Department Program Monitor.
   d. Other monitoring forms provided to the Grantee by the Department must be completed and returned to the Program Monitor by the dates specified on the form for each quarter of the fiscal year.
   e. The Local Health Department/sub-recipients shall ensure that communicable disease reporting requirements, per COMAR 10.06.1, 10.18.02, 10.18.03 have been met for all clients served under this award and comply with health department communicable disease investigations as requested. Further information on these reporting requirements can be found at: https://phpa.health.maryland.gov/pages/reportable-diseases.aspx
   f. The Local Health Department/sub-recipient shall have a written policy in place to address reporting of HIV seropositive persons' names to the state surveillance system.
   g. The Local Health Department/sub-recipient shall adhere to all data collection and handling protocols to maintain client confidentiality by ensuring compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs and MDH data security and confidentiality policies.
   h. The Grantee shall ensure complete, accurate, and timely submission of all data and reports as required and scheduled by the Department.
   i. The Grantee shall comply with any other requests from the Department for information regarding activities undertaken with this award.
   j. Failure to comply with the above Reporting Requirements may at any point in the duration of the contract constitute grounds for added contract conditions, suspension of payment, reduction of contract maximum obligation, or contract termination at the discretion of the Department; and may result in a reduction in future award amounts.

6. FEDERAL FUNDING REQUIREMENTS

   The receipt of federal funds by the Maryland Department of Health, by Local Health Departments, and by sub-recipients requires compliance with all laws and regulations pertaining to the following:

a. Small, Minority, and Woman-Owned Business: It is a national policy to place a fair share of purchases with small, minority, and woman-owned business firms. The Department of Health and Human Service is strongly committed to the objective of this policy and encourages all recipients of its grants and cooperative agreements to take affirmative steps to ensure such fairness. In particular, recipients should:
    - Place small, minority, and woman-owned business firms on bidders' mailing lists.
    - Solicit these firms whenever they are potential sources of equipment, construction, or services.
    - Where feasible, divide total requirements into smaller needs, and set delivery schedules that will encourage participation by these firms.
    - Use the assistance of the Minority Business Development Agency of the Department of Commerce, the office of Small Disadvantaged Business Utilization, DHHS, and similar state and local offices.
    - For Maryland, use the assistance of the Governor's Office of Minority Affairs at http://www.oma.state.md.us/
b. Local Health Departments and subcontractor(s), if any, shall make every effort to accommodate both cultural and linguistic needs of targeted populations. Per the Presidential Executive Order issued August 11, 2000, every program that receives federal funds is required to take reasonable steps to assure reasonable access to their programs by Limited English Proficiency (LEP) persons. Each covered entity that provides services or benefits DIRECTLY to the public shall develop language assistance procedures for 1) assessing the language needs of the population served; 2) translating both oral and written communications and documentation; 3) training staff in the language assistance program requirements; and 4) monitoring to assure that LEP individuals are receiving equal access to services and are not treated in a discriminatory manner. Language resources are available through your Project Monitor. Further information on this policy can be found at https://health.maryland.gov/docs/01.02.05.pdf

7. REQUIRED MEETINGS
   Representatives for the Grantee shall attend all relevant mandatory meetings (in-person, conference calls, or web-based) required by the Department.