Fiscal Year 2018

Human Services Agreements

Local Health Department

Conditions of Awards

FISCAL YEAR 2018 HUMAN SERVICES AGREEMENTS

LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD

I. ***GENERAL CONDITIONS***

The Local Health Department understands

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

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

C. The Department of Health and Mental Hygiene'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.

D. If it uses the Department for payment of its payroll and operating expenses, any 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.

E. If it **does not use** the Department for payment of its payroll **and** operating expenses, any amounts not invoiced the Department, within 45 days following the Mandatory Federal Award End Date will be designated as unavailable to the LHD by the Department.

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

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

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

I. A DHMH 440 must be submitted for each sub-grantee included in the amount reported as disbursed for Human Services Contracts (Item 0896) and Special Projects (Item 0899) on their Annual Report (DHMH 440).

The Local Health Department agrees

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

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

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

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

E. To cooperate during periodic site reviews.

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

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

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

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

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

- Local Health Departments using the State as their disbursement agent for non-payroll related costs, will have unspent funds returned to the Granting Administrations by Division of Grants & Local Health Accounting. The basis

for the returned funds will be the amount reflected in FMIS at January 31st.

LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD
GENERAL CONDITIONS (cont.)

- 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).

II. FEDERAL CONDITIONS

A. All sub recipients of federal funds from SAMHSA (Substance Abuse and Mental Health Services Administration) or NIH (National Institute of Health) are prohibited from paying any direct salary at a rate in excess of Level 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.)

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

C. "When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal money", the Department of Health and Human Services appropriation Act requires all recipients of Federal funds to acknowledge 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 DHMH that such language may be couched, so as not to mention specific amounts, in situations where such amounts would compromise competitiveness (e.g., for bids).]

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

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

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

DHMH Office of the Inspector General
Audit Division
201 W. Preston St.
Baltimore, Maryland 21201

LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD

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

1)	Attachment I	▶ Office of Population Health Improvement (OPHI)
2)	Attachment II	▶ Behavioral Health Administration (BHA)
3)	Attachment III-A	▶ Prevention and Health Promotion Administration (PHPA)
4)	Attachment III-B	▶ Prevention and Health Promotion Administration (PHPA) Infectious Disease Bureaus
5)	Attachment IV	▶ Developmental Disabilities Administration (DDA)
6)	Attachment VI	▶ Office of Health Services (OHS)
7)	Attachment VII	▶ Office of Eligibility Services (OES)
8)	Attachment VIII	▶ Office of Preparedness and Response (OP&R)

ATTACHMENT I

OFFICE OF POPULATION HEALTH IMPROVEMENT (OPHI)

LHD FY 2018 CONDITIONS OF AWARD- CORE PUBLIC HEALTH FUNDING

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

2. An agreement form supplied by DHMH must be signed and submitted by the local executive authority before the start of the fiscal year. This agreement will reflect the State match percentage and dollars, the local match percentage and dollars, and 100% local dollars (overmatch). This agreement letter must be returned signed to OPHI by August 31st, 2017 for FY18.

3. Performance measures for each PCA must be estimated for FY18 and reported to the Office of Population Health Improvement (OPHI) by October 15th, 2017 for FY18. OPHI will provide technical assistance and guidance to each local health department in identifying the performance measures. Each jurisdiction must report on the Performance Measures in each PCA of their approved budgets for the fiscal year. See budget instructions for further detail. Upon reconciliation, Performance Measures should be updated to reflect the actual performance within each PCA.

4. Title V-MCH Block Grant federal funds distributed as part of Core Public Health Funding may be expended to improve the health of mothers and children. Services and activities are to be directed to priority areas of need for the State and/or the local jurisdiction. Permitted services and activities include:

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

   (b) Enabling Services – Examples: translation, outreach, respite care, health education, family support services, and case management;

   (c) Population-Based Services: Examples: lead screening, immunizations, oral health, injury prevention, school based vision and hearing screening, school health,

adolescent pregnancy prevention, nutrition and outreach/public education

(d) Infrastructure Building Services: Examples: needs assessment, evaluation, and planning.

4. Title V-MCH Block Grant federal funds may not be used for:

(a) Inpatient services.

(b) Cash payments to intended recipients of services.

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

(d) Satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

(e) Providing funds for research or training conducted by any entity other than a public or nonprofit private entity.

5. MCH federal funds in Core Public Health Funding must be matched by state general funds with $3 of non-federal funds for $4 of federal funds.

6. The expenditure of MCH federal funds in Core Public Health Funding must be documented in the year-end reconciliation report in one or more of the following PCAs: F416 (child health), F417 (school health), F418 (maternal health), or F419 (family planning)). No general funds may be expended or recorder within these PCAs.

7. Local jurisdictions are to submit a final summary narrative report of program activities for any funds expended in PCA's F416 (child health), F417 (school health), F418 (maternal health), and F419 (family planning) to the Maternal and Child Health Bureau, Prevention and Health Promotion Administration (PHPA) upon request.

8. All budget packet submissions must be received in the Office of Population Health Improvement via email no later than October 15th. The budget packet must include:

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- Form B with all Tabs filled out (Tab 2: Staffing addendum; Tab 3: Performance Measures)
- Form 4542 for each PCA
- A PDF of the Agreement Letter signed by applicable county officials. NOTE: Agreement Letters signed by the DHMH Secretary will not be returned to the county/city until their respective budgets are approved.

- FTE Information

ATTACHMENT II
BEHAVIORAL HEALTH ADMINISTRATION (BHA)

LHD FY 2018 CONDITIONS OF AWARD

1) Substance Related Disorder Treatment, Prevention and Recovery Grants ▶ Attachment B
2) Community Mental Health Services ▶ Attachment E
3) Specific Conditions -Community Mental Health Block ▶ Attachment E1
4) Continuum of Care (CoC) ▶ Attachment E2
5) Projects for Assistance in Transition from Homelessness (PATH) ▶ Attachmer
6) LHD Interagency Agreement for Mental Health Services ▶ Attachment E12

ATTACHMENT III -A

PREVENTION AND HEALTH PROMOTION ADMINISTRATION (PHPA)

LHD FY 2018 CONDITIONS OF AWARD

GENERAL CONDITIONS/INSTRUCTIONS FOR PHPA

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

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

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

2. Cash payments to intended recipients of health service;

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

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

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

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

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

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

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

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

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

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

2. The 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.

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

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

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

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

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

F. 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 twenty percent (15%) of salary and wages.

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

a) Proper completion and timely submission of each invoice by the Awardee; and

b) 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.

2. 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 #5 below.

3. 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.

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

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 at the end of each 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 were 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 2018.

6. The Local Health Department shall provide a copy of their DHMH Form 440 – Annual Report along with a DHMH 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.

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

8. The grantee shall assure acknowledgement of DHMH 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 DHMH Funds by including the following statement: This (article, conference, publication, etc.) was supported by funds through the Department of Health and Mental Hygiene (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 LHD 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 31, 2018
b. July 31, 2018

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.
a. 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 DHMH 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 give credit to the Maryland Cigarette Restitution Fund Program.

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

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

1. The Local Health Departments must return unliquidated encumbrances included in Treatment Plan one year after the grant award period. Unspent funds are to be returned to the Cigarette Restitution Fund Program.

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

a. 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 to receive public education, number of providers educated, number of persons to be screened, or other specific measures of services to be provided, and

d. A summary documentation of the grantee review process, e.g. notes from internal review group, meetings with potential sub-provider,

budget review notes and rationale for award to the chosen vendor.

e. See General Condition Instructions for PHPA – Section E

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

4. In accordance with the Budget Reconciliation and Financing Act of 2004 and in accordance with Maryland Health General Section 13-1104, the Local Health Department shall spend at least 45% of the funds under this grant on screening, diagnosis and treatment cost as specified by program.

Based on this requirement, no more than 55% of the program's expenditures can be spent on non-clinical and administrative expenses. Any non-clinical and administrative expenditure that exceeds the ceiling amount is considered a disallowed expenditure and the grantee will be required to remit this amount to DHMH.

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

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

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

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

6. The Local Health Department shall submit copies of its signed contracts with HSCRC regulated facilities within 30 days of execution of an agreement.

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

8. A medical record shall be maintained for each participant who receives patient navigation or screening services through the Cancer Prevention, Education, Screening, and Treatment Program.

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

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

11. The Local Health Department shall either provide treatment or linkages to treatment for uninsured and underinsured individuals who are diagnosed with a targeted or no targeted cancer as a result of being screened under this grant.

12. Screening services shall be reimbursed at a rate no higher than the federal Medicare rate. Diagnostic and treatment services, if covered, shall be reimbursed at the State Medical Assistance rate. Where diagnostic and treatment services are not available at the Medicaid rate, the grantee shall document non-availability and follow the guideline in the CCSC Health Officer Memo 1-35, dated July 26, 2001 for procuring diagnostic and treatment services at non-Medicaid rates. HSCRC regulated facilities and services shall be reimbursed at HSCRC rates or HSCRC-approved rates.

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

Maternal & Child Health Bureau

Office of Family and Community Health Services (OFCHS)

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

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

All grantees are required to report on a quarterly basis on the Governor's Office of Performance Improvement initiatives. Office of Performance Improvement quarterly reports will be submitted to the Office of Family and Community Health Services on a quarterly basis as part of the grantee quarterly report process.

Grantee must submit quarterly grant activity and expenditure report on the forms provided by the Office of Family and Community Health Services via email at dhmh.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 15th
Second	October 1- December 31	January 15th
Third	January 1- March 31	April 15th
Fourth	April 1- June 30	July 15th

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 1, 2018. 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 Family and Community Health Services.

5. Jurisdictions must make programmatic staff available for appropriate training/conference opportunities upon request from the Office of Family and Community Health Services.

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

Family Planning

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

2. Family Planning activities proposed must be in accordance with the most recent Federal Title X program guidance and Federal Title X regulations.

3. Family Planning Program activities must address the most recent Title X federal priorities issued by the office of Population Affairs Priorities can be found at www.hhs.gov/opa/title-x-famiy-planning/.

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

5. Jurisdictions must comply with Maryland Family Planning and Reproductive Health Program Administrative guidelines.

6. Jurisdiction's Family Planning programs must comply with the Family Planning Clinical and Administrative Site Review Process, including self-reviews and on-site state reviews. (The CQI Forms are available on OFCHS's website). www.phpa.dhmh.maryland.gov.

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

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

9. 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 Title X Family Planning 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.

Maryland Abstinence Education Program

1. In order to qualify for continued funding, programs must submit signed assurance of compliance with federal guidelines including agreement to comply with the "A-H" definition of abstinence only education in all programming (Section 510 of the Title V of the Social Security Act). The State Abstinence Education Coordinator will provide further guidance.

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

3. Information presented with these funds must be medically accurate.

4. Grantees must submit quarterly reports to the DHMH Office of Family and Community Health Services (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.

5. 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, the federal funder. The State Abstinence Education Coordinator will provide further guidance.

6. Jurisdictions must participate in any training, workshops, webinars, conference calls and quarterly grantee meetings sponsored by the Office of Family and Community Health Services for Abstinence Education Program Grantees.

7. Jurisdictions and any subgrantees shall assure acknowledgement of DHMH 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 DHMH Funds by including the following statement: This (article, conference, publication, etc.) was supported by funds from the federal Department of Health and Human Services, Administration for Children and Families, through a grant to the Department of Health and Mental Hygiene Abstinence Education Program.

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

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

10. Jurisdictions must ensure that Abstinence Education activities are welcoming and accessible to lesbian, gay, bisexual, transgender, and 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 Abstinence Education activities. Within 60 days of the grant award, written policies and policy enforcement plans must be submitted to the awarding jurisdiction. Jurisdictions directly administering Abstinence Education must similarly have written policies and policy enforcement plans completed and in effect within 60 days of the grant award.

11. Jurisdictions and any subgrantees may use DHMH 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 Abstinence Education 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) DHMH-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. A request for a copy of this agreement between the grantee and any gift card vendor may be made by the Office of Grants Management at a later date. The value of the gift card may not exceed $25 and should be one time only per participant. Jurisdictions will ensure that subgrantees comply with the requirements described in this condition.

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

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. Jurisdictions are to be represented at quarterly or as needed PREP meetings, webinars, and conferences.

6. Jurisdictions and any subgrantees shall assure acknowledgement of DHMH 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 DHMH Funds by including the following statement: This (article, conference, publication, etc.) was supported by funds from the federal Department of Health and Human Services, Administration for Children and Families, through a grant to the Department of Health and Mental Hygiene Personal Responsibility Education Program.

7. Grantees are to meet requirements as outlined in the Office of Family and Community Health Services Conditions of Awards for all local health departments for SFY 2018. This includes submission of quarterly reports that cover programmatic activities and a report of expenditures.

8. Jurisdictions are to participate in at least two site visits yearly. One will be unannounced.

9. Jurisdictions must agree to participate in any federally required performance and expenditure reporting as well as evaluation activities. The State PREP Coordinator will provide further guidance.

10. 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.

11. Jurisdictions must ensure that PREP activities are welcoming and accessible to lesbian, gay, bisexual, transgender, and 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 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.

12. Jurisdictions and any subgrantees may use DHMH 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) DHMH-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. A request for a copy of this agreement between the grantee and any gift card vendor may be made by the Office of Grants Management at a later date. The value of the gift card may not exceed $25 and should be one time only per participant. Jurisdictions will ensure that subgrantees comply with the requirements described in this condition.

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

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

1. 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). Currently in Maryland, there are five evidence-based home visiting models including: Healthy Families America, Early Head Start, Parents as Teachers, Nurse Family Partnership and HIPPY.

2. Performance Requirements:

a. Jurisdictions are required to complete all state and federal performance reporting and data collection activities, including quarterly data reporting, annual data reporting and, as needed, information and updates. The MIECHV State Administrator will provide further guidance when changes occur.

b. Jurisdictions are to be represented at all MIECHV meeting/trainings and participate in all required webinars, conference calls, and quarterly technical assistance meetings.

c. Jurisdictions are to participate in and submit monthly CQI monitoring reports as well as participate in monthly check in calls and periodic site visits as required by the federal funder.

d. Jurisdictions are to participate in and submit quarterly performance monitoring reports as well as participate in periodic site visits as required by the federal funder.

e. All staff involved in implementing the home visiting program must receive training in the approved model from the developer or a certified trainer within six months of hire.

f. Jurisdictions that have been active for a year or longer will maintain an enrollment of at least 85% of their maximum service capacity. Capacity is calculated as 15 families per home visitor.

g. Family slots are those enrollment slots served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.

h. It is a strongly suggested best practice to ensure all home visiting staff are paid at least 25% of their salary (see above) as MIECHV to ensure data and family continuity.

i. Jurisdictions active for three or more years are required to obtain/maintain their certification/accreditation with the model developer.

3. Data Reporting Requirements:

a. Jurisdictions are to collect and report data as required by the federal benchmark evaluation process using the mandatory data system developed for this collection process.

b. Jurisdictions agree to a plan for quality assurance that includes fidelity monitoring of the program, and curriculum and screening tools used to meet federally-mandated benchmarks.

c. Jurisdictions are expected to clean their data monthly and account for missing data elements. We expect at least 90 percent of jurisdictions' client data to be complete and error-free.

d. Jurisdictions will participate in all trainings related to the data system, data collection, and/or data technology and comply with all safety and HIPPA regulations around data safety.

e. Jurisdictions will comply with all requests from the Data Manager or State Administrator in the time frame specified.

f. Jurisdictions will comply with data reporting schedules established by MIECHV State Administrators.

3. Equipment Requirements for Data Collection:

a. Equipment refers to tablets, cases, keyboards, and any other items given by the project to collect real time data for the Maxwell data system.

b. All equipment users collecting real time data during home visits agree to:
maintain all equipment in working order
complete the HIPPA online assurances and keep on file
sign an agreement of responsibility for the tablet and equipment given for data collection.

c. Jurisdictions will maintain an inventory and account for all equipment provided by the State Administrator for data collection. Guidance will be provided by the State Administrator.

d. Jurisdictions must immediately report damaged, lost or stolen equipment to the State Administrator. Equipment will not be replaced by the State Administrator after initial distribution.

4. Fiscal Requirements:

a. Jurisdictions must submit a budget and budget justification/narrative annually that identifies all expected expenditures to implement the evidence-based home visiting model in use according to the deadline set by MIECHV State Administrators. Jurisdictions should identify all staff supported by the grant including name, position, full time equivalency, and any other "matching" funds that support the position.

b. The following items MUST be included in your budget because they are required in

the conditions of award:

- Any fees or dues you must pay to purchase/use screening tools, program and/or curriculum content.
- In addition to UGA mailbox please email an electronic copy of all invoices to hv.invoices@maryland.gov and Mary.lacasse@maryland.gov

c. Jurisdictions are to incorporate fees to attend the annual MIECHV Stakeholder meeting. These fees must include transportation and hotel room costs.

d. Jurisdictions are to incorporate costs for any screening tool changes required by this federal project. Costs may include fees per individual to be trained, as well as material and certification costs.

e. Jurisdictions must submit quarterly expenditure reports as required by the federal funder. MIECHV State Administrators will provide a schedule to submit fiscal reports on the 438 form for review.

f. Jurisdictions are allowed to allocate up to 10% of their annual mark to indirect costs, not to exceed the total amount awarded.

g. Jurisdictions must ensure that all MIECHV home visitors receive at least 25% of their salaries from MIECHV funds so that all target family data can be collected from their entire caseload. This should be extended to as many home visitors as possible. Guidelines

5. Continuous Quality Improvement (CQI) Requirements:

a. Jurisdictions must participate in federally required Continuous Quality Improvement activities to include the maintenance of a CQI team and all assignments directed by the State Administrator.

b. All sites must possess a binder of Plan-Do-Study-Act (PDSA) Worksheets, CQI Monthly Monitoring Tools, Fishbones, Process Maps, and Team Charters which they have submitted to the CQI Consultant throughout the entire funding period. The binder must be kept on site and up-to-date.

c. PDSA Worksheets, Fishbones, Process Maps, and Team Charters should be updated as necessary and in a timely manner. For each new CQI topic undertaken by a site CQI team, new PDSA Worksheets, Fishbone Diagrams, Process Maps, and Team Charters must be created and submitted promptly to the CQI Consultant. CQI monthly calls are a requirement and each site should have two CQI leads.

d. The online Ohio State University CQI modules are required to be completed by all members of the CQI Team--and any new members who are added. When webinars are conducted, CQI Team participation is required.

6. Evaluation Requirements:

a. Jurisdictions, if asked, will agree to participate in any federally directed or required evaluation of home visiting programs and/or services including but not limited to the Home Visiting Training Certificate program.

7. Publication Requirements:

a. DHMH/MIECHV support is to be acknowledged in all materials publicizing or resulting from project activities. Grantees are to it 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 acknowledgement of DHMH 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 DHMH Funds by including the following statement: This (article, conference, publication, etc.) was supported by funds through the Department of Health and Mental Hygiene (MIECHV) Program".

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

8. Miscellaneous Requirements:

a. 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, including the Mother and Infant Home Visiting Program Evaluation (MIHOPE)

b. Jurisdictions are to immediately report to the State Administrator any circumstances that impact the operation of the home visiting program that will directly impact any of the above requirements.

c. Jurisdictions are solely responsible for communicating these conditions of awards to any sub-grantees.

9. Meeting Federal Requirements:

a. 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, jurisdictions may lose funding.

Babies Born Healthy

1. Jurisdictions' Babies Born Healthy programs must comply with a least one Babies Born Healthy site visit annually and mandatory quarterly conference calls.

2. Jurisdictions must propose activities in 2-3 strategy areas out of the 5 strategy areas outlined in the FY16 Guidance.

3. For each strategy area selected, Babies Born Healthy programs must propose at least one "micro" clinic-level activity and at least one "macro" systems-level activity.

4. Selected strategy areas most of reflect greatest need, based on data provided in county snapshots.

5. Proposed performance measures must be approved by DHMH staff.

6. Jurisdictions must designate a staff person as the "Babies Born Healthy Coordinator".

7. Jurisdictions must comply with quarterly reporting requirements as designated in FY18 Guidance.

Surveillance and Quality Initiatives (OSQI)

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

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

3. Grantee must submit quarterly grant activity and expenditure report on the forms provided by the Office of Family and Community Health Services via email at dhmh.ugacmch@maryland.gov

4. 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. Expenditures reports should be cumulative.

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

5. 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.

6. Budget modifications, supplements, and reductions are due by March 1, 2018. 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 Family and Community Health Services.

7. Jurisdictions must make programmatic staff available for appropriate training/conference opportunities upon request from the Office of Family and Community Health Services.

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

9. 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.

10. Surveillance & Quality Initiatives funds must be used to develop an infrastructure that supports epidemiological surveillance systems and community action response. This must include both FIMR and CFR activities.

11. The majority of both FIMR and CFR efforts should be expended in the development of recommendations and implementation of community and systems improvements.

12. CFR activities must include review of all Office of Chief Medical Examiner (OCME) referred child deaths and entry of all CFR case reviews into the National Child Death Review Case Reporting System.

13. With approval of the OFCHS program staff, a jurisdiction with no fetal or infant deaths must select another adverse perinatal outcome for review. Similarly, a jurisdiction with no child deaths must select another pediatric outcome for review.

Office of the Maryland WIC Program

1. 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
b. Sufficient funding is available in the budget that has been approved by the State WIC Office.

2. For items that are not included in the local agency's current approved budget, approval may be requested from the State WIC Office at any time for any item that is allowable under federal regulations. All items for which approval has been granted by the State WIC Office must be included in the April budget modification.

3. Budgets for state fiscal year 2018 must be submitted electronically in accordance with the WIC Program Budget Instructions no later than May 31, 2017.

4. The local agency must serve at least 97% of their assigned caseload. Local agencies that fail to maintain a participation level of 97% of the caseload assignment by October 31, 2017 may have their caseload assignment reduced effective January 1, 2018. The SFY 2018 award will also be reduced in accordance with the reduced caseload assignment.

5. 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.

6. 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.

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

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

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

10. Quarterly expenditure reports that are submitted after the due dates specified in the WIC Budget instructions will be considered non-compliant. Actions for non-compliance as stated in the MD WIC Policy and Procedure 6.00 Section B.2.d will then be applied.

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

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

13. The State WIC Director or a State WIC Office 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 must be obtained before a lease is signed to lease space for a new or relocated WIC clinic which will be paid for with WIC funds.

Office for Genetics & People with Special Health Care Needs

1. At the beginning of the State fiscal year, grantees will be provided with grant guidelines and expectations.

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

3. All Office for Genetics and People with Special Health Care Needs grantees are required to submit an interim programmatic and data report due by January 31, 2018 and a final programmatic and data report no later than July 31, 2018. The report must include a brief narrative and the data for specified funded program. At a minimum , the following must be included:

PROGRESS RESULTS AND IMPACT

a. Describe the progress made toward the goals and objectives as stated in the funded project.
b. Describe the significant successes and challenges the organization experienced related to the funded project
c. Report any barriers that impede the completion of the project activities.
d. Describe the impact that this project made

PARTNERSHIP AND COLLABORATION

Describe key partnership and collaborations that are that are pertinent to the success of the funded program or project.

FISCAL MANAGEMENT/PLANNING FOR PROJECT SUSTAINABILITY

a. Have there been changes in key staff? If there are unfilled positions, describe efforts to fill

vacant positions or personnel changes that have been made to ensure deliverables are met.
b. Has the budget been reviewed to determine if a budget modification is needed?
c. Report the amount of fund expended to date. Verify that spending is consistent with the approved budget. Does the agency anticipate liquidating the total funded amount by the end of the grant project period?
d. Describe your agency's sustainability. Has your agency developed a vision and plan for financial capacity to support, and eventually sustain, the program after the grant period ends? Will the deliverables of the project, such as training programs, curriculums created, remain available statewide and useful to OGPSHCN population beyond the grant period?

TECHNICAL ASSISTANCE: Please indicate any technical assistance needed. Identify any assistance that the OGPSHCN can provide that would improve performance of the current project.

ADDITIONAL INFORMATION: The OGPSHCN is always looking to improve our grants management program and we appreciate your feedback. Use this section to: share any relevant additional information that you would like the OGPSHCN to know. Please share any important events your agency is aware of such as conferences, webinars, health fair, resources etc. In this section, please indicate any technical assistance needs your agency has. This section is your opportunity to provide general feedback to OGPSHCN.

Note: At the end of the grant period, please provide copies of any brochures, surveys conducted, assessment tools, curriculums, agency Health Care Transition policies that were developed etc.

Using your approved work plan for this grant period, indicate the Year to Date (YTD) progress for each objective.

DATA COLLECTION FOR PERFORMANCE MEASURES (Complete data collection reports and submit with mid-term and final reporting)
The purposes of performance measures are to demonstrate the linkage between resources and program performance, and to use that information to improve services and planning. Data collection is a key component in the analysis and assessment of OGPSHCN. The data allows the OGPSHCN to understand and use data for effective program selection and implementation.

Please submit interim and final programmatic and data reports and any communication regarding your grant through the grant management and reporting system.

Cancer & Chronic Disease Bureau

Center for Cancer Prevention and Control
Breast and Cervical Cancer Program

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

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

3. An estimate of the amount of any funds which will be unexpended by the end of the funding period must be submitted in writing to the Center for Cancer Prevention and Control no later than ninety days prior to the end of the current State Fiscal year (March 31, 2018).

4. At least 80% of this award's expenditures must be spent on screening and follow-up activities in order to meet the "National Breast and Cervical Cancer Early Detection Program Administrative Requirements and Guidelines" dated April 1, 1994.

5. 20% or less of the total award's expenditures may be spent for administrative and clerical activities, non patient transportation, surveillance, public education activities including printing and advertising, utilities, rental or indirect cost.

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

7. Ensure that any outreach workers employed through this grant are able to demonstrate the ability to build rapport and trust with the community to be served by the Contractor. Outreach workers must communicate effectively, reflecting cultural competency, empathy, and respect for potential and enrolled clients. Effective outreach workers may include individuals who reside in the community, have similar income and education levels, or share a common language with the community to be served.

8. Staff members, including outreach workers and BCCP Coordinators, employed through this grant must attend all meetings as required by the Department of Health and Mental Hygiene.

9. The BCCP coordinator must meet at least bi-weekly with staff performing outreach and recruitment activities.

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

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

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

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

14. The grantee shall assure acknowledgement of DHMH 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 DHMH funds by including the following statement: This (article, conference, publication, etc.) was supported by funds through the Maryland Department of Health and Mental Hygiene's Maryland Breast and Cervical Cancer Program.

15. Women served by the program must meet financial and insurance eligibility requirements as outlined in the Policy and Procedure Manual of the program.

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

17. Financial expenditure reports shall be submitted quarterly. These reports will include expenditures for all line items as well as a narrative explanation for any budget variance of 5% or greater. If requested, local health departments must submit journal entry detail for all line items. If requested, local health departments must submit these reports on a monthly basis. The reimbursement rate paid for each of the screening services funded by grant numbers F676N and F667N may not exceed the Medicare rates and must be consistent with the Maryland Medicare Waiver approved by the Center for Medicare and Medicaid Services.

18. The reimbursement rate paid for each diagnostic service funded by grant numbers F676N and F667N may not exceed Maryland Medicaid rates and must be consistent with the Maryland Medicare Waiver approved by the Center for Medicare and Medicaid Services. For each diagnostic service funded by grant numbers F676N and F667N at a Maryland Health Service Cost Review Commission (MHSCRC) regulated facility, the

reimbursement rate paid will be the MHSCRC rate.

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

20. Laboratories under contract to provide cytopathology and pathology services to women in the program must be in compliance with the Clinical Laboratories Improvement Act, and have passed the Cytology Proficiency Testing Program of the American Society of Clinical Pathologists (ASCP) or the College of American Pathologists (CAP). All laboratories will report the results to both the BCCP Coordinator and the referring clinician using the Bethesda System terminology and indicating the presence or absence of endocervical cells.

21. All contracts and agreements entered into between the local health department and providers of clinical services shall be made using the "boiler plate" contracts developed by the Center for Cancer Prevention and Control.

22. The Minimal Clinical Elements developed by the Maryland Breast and Cervical Cancer Program Medical Advisory Committee serve as the standard for breast and cervical cancer screening and diagnosis.

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

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

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

26. For those LHDs on the State FMIS system, financial data must be updated at least on a quarterly basis, with the preference being submission on a monthly basis. For those LHDs not on the FMIS system, financial data must be submitted to the Center for Cancer Prevention and Control on a quarterly basis.

27. As stipulated in the "National Breast and Cervical Cancer Early Detection Program Administrative Requirements and Guidelines", April 1, 1994, and Public Law 101-354, this program is the payer of last resort. 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.

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

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

30. All local programs are required to use the cancer screening software designated by DHMH to collect screening and follow-up data. These data are to be sent to DHMH via electronic means as specified by the Center for Cancer Prevention and Control. A data collection form must be used for all screening cycles.

31. Staff hired through this program shall assist eligible women with renewal applications for the Women's Breast and Cervical Cancer Health Program.

32. Budgets and time studies for state fiscal year 2018 must be submitted electronically in accordance with the BCCP Program Budget Instructions. Time studies are to be performed during FY 2018 according to the procedures and the schedule provided by the Center for Cancer Prevention and Control Time Study Policy and Procedure Manual.

33. A copy of the FY 2018 Annual Report (DHMH 440) must be submitted to the Center for Cancer Prevention and Control by no later than August 31, 2018. This information is required to accurately reflect expenditures on the federal financial status report that is due to the Centers for Disease Control and Prevention (CDC) by September 29, 2018.

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 as appropriate or on request from the Office of Oral Health.

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

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

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

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

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

8. Grantees must submit quarterly grant activity and expenditure reports on the forms provided by the Office of Oral Health via email to dhmh.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. Please note: There are two activity reporting forms. One for School-Based Dental Sealant Activity and one for Oral Disease and Injury Prevention. These forms are mandatory and must be submitted in a timely manner.

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

9. Budget modifications, supplements, and reductions are due by April 15, 2018 An official electronic budget modification must be submitted for any line item change of $5,000 or more with the appropriate justification explaining the changes. For any budget changes that do not require an official budget submission (i.e. less than $5,000 in any given line item) prior approval must be requested via email from the Director of the Office of Oral Health.

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

11. An estimate of the amount of unspent funds for the current budget period may be requested by the Office of Oral Health at anytime.

12. Grantees must agree to make staff available for clinical and programmatic site visits by Office of Oral Health staff.

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 on request from 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 Center for Chronic Disease Prevention and Control must be forwarded to CCDPC for review and approval prior to publication to assure 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 on the Federal source of funding at the time of approval so that it may be added to this statement as well.

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 quarterly grant activity reports in the format provided by the Center for Chronic Disease Prevention and Control via email at dhmh.ugachronicdisease@maryland.gov; Quarterly reports should only cover the reporting periods listed below and are due 15 days following the end of the quarter, financial reports must be submitted on time to assume proper payments.

9. Budget modifications, supplements, and reductions are due by March 1, 2018. 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.

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

11. Budget modifications, supplements, and reductions are due no later than April 15th of the

current State Fiscal Year.

Financial and Grant

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

Lead Case Management

1. Lead case management funds will be available for a limited number of LHDs in SFY 18. 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 5 – 9 mg/dL;
b. How the LHD intends to case manage blood leads of 10 mg/dL and above; and
c. 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 12, 2017.

3. Performance measures:

a. Number of children under case management with blood lead levels of 10 mg/dL and above; and
b. Case management/environmental investigations performed; and
c. Outreach activities to increase lead testing rates.

Infectious Disease Epidemiology and Outbreak Response Bureau

Immunization

1. Funds awarded by the DHMH PHPA Center for Immunization are to be used exclusively for immunization activities. These activities include, but are not limited to:

a. Implement and evaluate immunization activities within targeted areas to raise immunization coverage rates;

b. Conduct school validation surveys at a minimum of 20% of the private schools within the jurisdiction and assure 98% compliance with Maryland school immunization requirements; validation activities should begin after November 15th of the school year and be completed by the date specified in a Health Officer memo that will be sent in December, 2017 or January, 2018;

c. Track 90% of immunization delayed children referred from WIC and other providers;

d. Participate in the Maryland Immunization Information System (ImmuNet) and the Perinatal Hepatitis B Preventative database (B-Free);

e. Conduct activities related to perinatal hepatitis B case management (see #a -d in #3) in collaboration with birthing hospitals, OB/GYNs, and pediatricians to ensure proper prophylaxis and vaccination of children born to HBsAG-positive women.

2. Grantees must 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 that will be sent in December, 2017 or January, 2018;

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).

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

d. Vaccine-Preventable Disease Surveillance data must be entered into NEDSS in a timely fashion and completed case report forms submitted via postal mail or fax.

3. Perinatal Hepatitis B Prevention Funding (additional funding for enhanced activities available only to Baltimore City, Montgomery County and Prince George's County local health departments) can be utilized for the following:

a. Maintain/Improve systems to identify HBsAg-positive women who are pregnant;

b. Case manage pregnant HBsAg-positive women, identify, test, and when appropriate immunize their household and sexual contacts;

c. Track high-risk infants born to HBsAg-positive women and promote timely administration of HBIG and 3 doses of hepatitis B vaccine; ensure post-vaccination serological testing (PVST) of infants for both HBsAg and anti-HBs at 9-12 months of age, or at least one month after the third hepatitis B vaccine dose;

d. Maintain up-to-date records on all perinatal hepatitis B cases and contacts, and enter appropriate data into the DHMH Center for Immunization hepatitis B case management database, B-Free, and the National Electronic Disease Surveillance System (NEDSS), when applicable;

e. Baltimore City, Montgomery, and Prince George's Counties Only: Conduct a Lot Quality Assurance Survey (LQA) and Perinatal Hepatitis B Hospital Policy and Practices Survey according to CDC guidelines, at one birthing hospital in the jurisdiction. A copy of the report that was given to the birthing hospital must also be submitted to the Center for Immunization.

ATTACHMENT III-B

PREVENTION AND HEALTH PROMOTION ADMINISTRATION (PHPA)

INFECTIOUS DISEASE BUREAUS
LHD FY 2018 CONDITIONS OF AWARD

Note: Instructions for the following programs will be sent separately to Local Health Departments.

1) AIDS Case Management - F760N

2) Needle Exchange Program - F799N

3) Ryan White B - Health Support Services - F763N

4) No Wrong Door – F775N

5) HIV Prevention Services - F765N

6) Integration of Sexual Health in Recovery – F776N

7) HIV Partner Services - F744N

8) HOPWA - F790N

9) Surveillance - F761N

10) Sexually Transmitted Infection - F741N

11) Tuberculosis Control - F740N

12) RWB – ADAP – FLEX

13) Migrant Health - F742N

14) HIV Testing in Behavioral Health - F783N

15) PrEP Case Management - F912N

16) Syringe Services Program - F784N

17) Community-Based Program to Test and Cure Hepatitis C - F781N

18) Linkage to Care - F778N
19) Partnership for Care - F782N

20) STD Clinical Services Support – TBD

ATTACHMENT IV

DEVELOPMENTAL DISABILITIES ADMINISTRATION

LHD FY 2018 CONDITIONS OF AWARD

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

ATTACHMENT VI

OFFICE OF HEALTH SERVICES

LHD FY 2018 CONDITIONS OF AWARD

1) Adult Day Care – F721N	▶	Attachment F
2) Adult Evaluation and Review Services (AERS) - F720N	▶	Attachment F1
3) Administrative Care Coordination/Ombudsman Program-F730N Expanded Administrative Care Coordination Program-F564N	▶	See Below
4) General Transportation Grants –F738N	▶	Attachment F3
5) Real Choices Continuation – F728N	▶	Attachment F4

Office of Health Services - HealthChoice and Acute Care Administration
Fiscal Year 2018 LHD Human Service Agreements
Conditions of Award
For
Administrative Care Coordination/Ombudsman and
Expanded Administrative Care Coordination Programs

The Office of Health Services, Managed Care Administration (MCA) provides grant funds to local health departments (LHD) to operate the Administrative Care Coordination-Ombudsman Program (ACC). The purpose of this program is to assist HealthChoice eligible beneficiaries in accessing and appropriately using their Medicaid benefits thereby improving the effectiveness and efficiency of the Medicaid program. This requires the LHD to establish and maintain effective working relationships with the MCA's Divisions of Care Coordination and Complaint Resolution, Managed Care Organizations and Medicaid providers

The grantee must be a Local Health Department (LHD). LHDs are part of the Department of Health, the single state agency that operates the Maryland Medicaid Program. LHDs are responsible for adhering to all general, federal, and DHMH conditions of award. The LHD grantees are subject to all the requirements and conditions set forth in accordance with the following: **CFR sec. 438.400, COMAR 10.09.62 - 10.09.72**, **Local Health Department Funding System Manual**, **OMB Circular A-87 (June 2004)**, and **ACC/Ombudsman and Expanded ACC Grant Instructions**. In addition to agreeing to perform all duties and requirements set forth in the Unified Grant Instructions, LHDs accept these funds with the understanding that all general, federal and DHMH Conditions of Award will be met. Failure to adhere to these requirements may result in disallowances and recoupment of grant funds.

The LHD must not seek contracts with or accept any funds from MCOs or Medicaid Administrative Service Organizations (ASOs) for the performance of Medicaid administrative activities. **Note: The LHD may contract with MCOs for clinical services. The LHD must designate another LHD who will investigate any complaints against the LHD when performing clinical services.**

Most activities under this grant can be carried out by non-licensed personnel such as outreach workers or community health workers. However the LHD must have a licensed nurse available during business hours for consultation to the Ombudsman to address potential complex medical issues.

ACC-Ombudsman functions may be subcontracted in whole or in part. An agreement or contract executed by the LHD with another entity is subject to approval by the MCA. Attestation by the LHD of a comprehensive review of all sub-contractor budgets must be included with the budget and program plan package. Sub-contractors are subject to the same requirements, limitations, and conditions of award as the LHD. The LHD and any sub-contractors, hereafter also referred to in this document as the LHD, must adhere to all of the following **requirements and restrictions:**

Office of Health Services - HealthChoice and Acute Care Administration
Fiscal Year 2018 LHD Human Service Agreements
Conditions of Award
For
Administrative Care Coordination/Ombudsman and
Expanded Administrative Care Coordination Programs

A. GENERAL REQUIREMENTS AND RESTRICTIONS

1. Must designate a local person for the grant who will be the point of contact for the MCA and keep the Health Officer informed of all budget matters and administrative program related communications.

2. Must have sufficient internal control and quality measures to ensure that activities performed under this grant are not a component of, nor could be construed as clinical services, direct medical services or targeted case management services.

3. Provide a copy of the current fiscal year Grant Instructions and Conditions of Award to all staff funded through this grant to ensure they are familiar with all the deliverables, limitations, and reporting requirements.

4. Grant funds must be used exclusively to perform Medicaid related administrative care coordination, Ombudsman functions and other Medicaid administrative duties as determined by the MCA.

5. Acknowledges that it is the sole discretion of MCA to determine which activities are considered "Medicaid related administrative activities."

6. Staff must spend 100% of the time allocated to the ACC-Ombudsman grant on Medicaid administrative duties.

7. Staff may not perform Eligibility Determinations, Navigator, Assister, or Application Counselor activities under this grant.

8. Must first seek clarification in writing from the MCA when uncertain about whether an activity or expenditure is allowed under this grant.

9. MCA reserves the right to review and approve all workflows and processes, including collaborations on special projects.

10. Will inform the MCA when local meetings with MCOs are planned; the MCA has the right to attend all such meetings.

11. Assessments for home visiting programs and public health initiatives must be built into the costs of those programs/initiatives and may not be shifted to Medicaid. Systematic assessments of Medicaid recipients referred to the ACC-Ombudsman are not permitted**.**

12. ACC-Ombudsman staff funded 100% on this grant must not engage in activities which are supported by other federal funds, Medicaid cost allocation plans, or other Medicaid grants such as but not limited to Eligibility, Transportation, or Evidenced Based Home Visiting Grants.

13. Must not engage in any research with the use of these funds and agrees that any data collected on Medicaid beneficiaries, including any data extracted from the Maryland Prenatal Risk Assessment, is not used for research purposes.

14. Staff will be available for administrative hearings, meetings, conference calls, training, and webinars, upon request of the MCA.

15. Staff will comply with the MCA Site Review Process, which may include self-review and on-site visits by state reviewers. If records are stored in electronic format, the LHD must make provisions to ensure availability of the records for the annual onsite review.

16. Staff will provide assistance to the MCA for special projects as requested.

17. Staff will not misrepresent themselves to beneficiaries or engage in misleading tactics to query providers.

18. Staff will refrain from displaying any bias against Medicaid, HealthChoice or any managed care organization.

19. The LHD must have a visible link to information about the ACC- Ombudsman Program on the LHD website's home page.

B. BUDGET REQUIREMENTS AND RESTRICTIONS

1. Funds accepted under this grant must not be duplicative of other services and initiatives that the LHD is obligated to perform or has accepted grant funds to perform those services.

2. Must maintain staffing at the allocated funding level.

3. Must seek prior written approval from the MCA for any budget modifications when: staffing is affected, the LHD's ability to perform required grant activities is impacted or when any line item expenditure exceeds $500.

4. Submit all budget modifications, supplements, and reductions by April 15 of the current State fiscal year.

5. Indirect costs will be limited to 10%, excluding any subcontracts.

6. Should the LHD elect to request funding for support staff, the ratio of support staff to direct service staff – i.e. Nurse, Outreach worker, or Community Health Worker should not exceed 1:4.

C. INFORMATION/MATERIALS/TRAVEL/EQUIPMENT

1. Submit for review, any pamphlets, brochures, posters, similar items or media campaigns developed or funded through the MCA, prior to use, to assure compliance with federal and state guidelines.

2. When grant funds are used to create written or electronic communication, refrain from taking credit for the development of materials.

3. Acknowledge DHMH/OHS/Managed Care support in all materials' advertising or resulting from project activities. Include the DHMH Logo on all printed materials except copyrighted items - i.e. Channing Bête materials.

4. Grant funds may not be used for out-of-state travel.

5. Grantees must maintain inventory of all computers, software, equipment and office furnishings purchased with grant funds; limit the use of these items to grant funded staff and activities.

6. Must adhere to the licensure and use agreement for accessing any Customer Relationship Management (CRM) software provided by MCA; inform the MCA of staff changes to ensure costs avoidance for termination of licensure for the CRM.

Office of Health Services - HealthChoice and Acute Care Administration
Fiscal Year 2018 LHD Human Service Agreements
Conditions of Award
For
Administrative Care Coordination/Ombudsman and
Expanded Administrative Care Coordination Programs

D. REPORTING AND NOTIFICATION REQUIREMENTS

1. Submit documentation of all staff funded by the grant (use template provided).

2. Inform the MCA of the program coverage plan when assigned grant funded staff is unavailable.

3. Immediately notify the MCA in writing if unable to fulfill specified activities/requirements of the grant.

4. Submit reports of grant activity, expenditures, and staffing for both grants, per the *ACC-Ombudsman and Expanded ACC Program Reporting Instructions Manua*l. Provide ad hoc reports within the requested time frame.

5. Submit revised performance measures on *DHMH form 4542C* when the measures decrease by more than 10% from the approved budget.

6. Cooperate fully with *Random Moment Time Studies* or other methodologies designed to document activities and time spent on Medicaid activities, upon request from the MCA.

7. Respond to all referrals in a timely manner as outlined in the Grant Instructions.

8. Immediately contact the CLCC if uncertain about the nature or volume of referrals received.

ATTACHMENT VII

OFFICE OF ELIGIBILITY SERVICES (OES)

LHD FY 2018 CONDITIONS OF AWARD

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

ATTACHMENT VIII

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

LHD FY 2018 CONDITIONS OF AWARD

See Attachment for the following Grants:

1. Public Health Emergency Preparedness
2. Cities Readiness Initiative

Upon the receipt of guidance from the Centers of Disease of Control and Prevention regarding the above mentioned grants, the Office of Preparedness and Response will ensure the delivery of grant guidance to all local health departments.