

Fiscal Year 2013

Human Services Agreements

Local Health Department

Conditions of Awards

FISCAL YEAR 2013 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. It may elect the Department of Health Mental Hygiene to serve as its disbursing agent for all or a portion of their expenditures; however, the Secretary of Health and Mental Hygiene may charge for the cost of services rendered.
- D. The Department of Health and Mental Hygiene assumes no responsibility for paying from its funds an amount greater than the amount appearing on the Unified Funding Document.
- E. If they fail to deposit sufficient funds with the Department to satisfy their share of expenditures, the Department may cease to be the disbursing agent until the local health department submits sufficient funds to meet its financial obligations.
- F. A DHMH 440 must be submitted for each sub-grantee included in the amount reported for Human Services Contracts (Item 0896) and Special Projects (Item 0899).

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.

LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD

GENERAL CONDITIONS (cont.)

- 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 sign and return within ten (10) days to Division of Grants & Local Health Accounting, 201 West Preston Street, Room 541, Baltimore, MD 21201, the enclosed Condition of Human Service Agreement Statement (DHMH 433) and the Assurance of Compliance (DHMH 434) and all referenced forms.
- J. To report, at least quarterly, its non – Core disbursements and revenue to DHMH if the local health department elects to be the disbursing agent. The report shall be in the form and under the conditions as the Department may specify, so that these transactions may be entered in the central accounting records.
- K. To deposit revenues in a federally insured interest-bearing account until the funds are required to meet current expenses.
- L. To return funds associated with prior year unliquidated accruals/ encumbrances as of January 31st.
 - Local Health Departments using the State as their disbursement agent for non-payroll related costs, will have unspent funds returned to the Granting Administrations by 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

I. 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 February 15th. The Payment of Unliquidated Accrual Balances form must be used and can be found at www.dhmmaryland.gov/SitePages/sf_gaact.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 1 of the [federal] Executive Schedule. (This includes, but is not limited to, sub recipients of the Substance Abuse Prevention and Treatment and the Community Mental Health Block Grants and NIH research grants.)
- B. Conditions, requirements, and restrictions which apply to specific sources of federal funding and are not included within this document will be included in your award letter/package or conditions of award documents if applicable.
- C. “When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal money”, the Department of Health and Human Services appropriation Act requires all recipients of Federal funds to acknowledge 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 the following OMB Circulars:

States, Local Governments and Indian Tribes follow:

LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD

II. FEDERAL CONDITIONS (Cont)

A-87 for cost principles, Relocated to 2 CRF, Part 225
A-102 for administration requirements, and
A-133 for audit requirements

Educational Institutions (even if part of a State or Local Government) follow:

A-21 for cost principles, Relocated to 2 CRF, Part 220
A-110 for administration requirements, Relocated to 2 CFR, Part 215, and
A-133 for audit requirements

Non-Profit Organizations follow:

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

LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD

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

- 1) Attachment I ▶ Infectious Disease and Environmental Health Administration
- 2) Attachment II ▶ Alcohol and Drug Abuse Administration
- 3) Attachment III ▶ Family Health Administration
- 4) Attachment IV ▶ Developmental Disabilities Administration
- 5) Attachment V ▶ Mental Hygiene Administration
- 6) Attachment VI ▶ Office of Health Services (OHS)
- 7) Attachment VII ▶ Office of Eligibility Services (OES)
- 8) Attachment VIII ▶ Office of Preparedness and Response

ATTACHMENT I

INFECTIOUS DISEASE AND ENVIRONMENTAL HEALTH ADMINISTRATION LHD FY 2013 CONDITIONS OF AWARD

- 1) AIDS Case Management - F760N ▶ Attachment A1
- 2) Needle Exchange Program - F799N ▶ Attachment A2
- 3) Ryan White B - Health Support Services - F763N ▶ Attachment A3
- 4) IDU - F764N ▶ Attachment A4
- 5) HIV Prevention Services - F765N ▶ Attachment A5
- 6) Patient Services - F767N ▶ Attachment A6
- 7) HIV Partner Services - F744N ▶ Attachment A7
- 8) Ryan White D - WICY Health Support and
Youth Health Support - F773N, F770N ▶ Attachment A8
- 9) HOPWA - F790N ▶ Attachment A9
- 10) Seropositive Clinics - F771N ▶ Attachment A10
- 11) Sexually Transmitted Infection - F741N ▶ Attachment A11
- 12) Tuberculosis Control - F740N ▶ Attachment A12
- 13) Refugee Health - F749N ▶ Attachment A13
- 14) Migrant Health - F742N ▶ Attachment A14
- 15) Surveillance - F761N ▶ Attachment A15
- 16) Enhanced Comprehensive HIV Prevention Planning
(ECHPP) - F774N ▶ Attachment A16
- 17) Immunization - F747N, F748N ▶ Attachment A20
- 18) Core Public Health - F400N - F499N ▶ Attachment A21

ATTACHMENT II

ALCOHOL AND DRUG ABUSE ADMINISTRATION

LHD FY 2013 CONDITIONS OF AWARD

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

ATTACHMENT III

FAMILY HEALTH ADMINISTRATION

LHD FY 2013 CONDITIONS OF AWARD

GENERAL CONDITIONS/INSTRUCTIONS FOR FHA

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

- B. Grants funded with federal funds under the Maternal and Child Health Services Block Grant (CFDA 93.994) are expressly prohibited from the use of such funds for the following:
 - 1. Inpatient hospital services other than those provided to children with special health care needs, high risk pregnant women, infants and other such inpatient services as the federal agency approves;
 - 2. Cash payments to intended recipients of health service;
 - 3. Permanent improvement (other than minor remodeling) of any building or other facility; purchase of major medical equipment;
 - 4. Satisfying any requirement for expenditure of non-federal funds as a condition to receive federal funds;
 - 5. Research or training to any entity other than a public non-profit entity; and
 - 6. Payment for any item or service (non-emergency) furnished:
 - a. By an individual or entity during which they are excluded under this Title XVIII, XIX or XX, pursuant to section 1128, 1128A, 1156, or 1842(j)(2), or
 - b. At the medical direction or on the prescription of a physician during such exclusion and when the person furnishing such item or service had reason to know of the exclusion (i.e., sufficient time).

***FAMILY HEALTH ADMINISTRATION
LHD FY 2013 CONDITION OF AWARD
GENERAL INSTRUCTIONS FOR FHA CONT.***

- C. Collection of fees in accordance with DHMH Policy 3416 is required for all services that are not on the Department's Non-Chargeable Services List. Special conditions may apply to Family Planning Services.
- D. Grants funded with federal funds under the Public Health and Health Services Block Grant (PHHS) are expressly prohibited from the use of such funds for inpatient hospital services.
- E. The grantee must review the budgets of all subproviders receiving funds under cost reimbursement contracts. Review and certification of the review must occur at the beginning of the grant cycle and be complete before any money is awarded to the sub provider. This requirement applies to all current and future subproviders covered under any Unified Grant Award.
 - 1. A **subprovider** is defined as an organization or individual receiving state or federal funds from a provider of record i.e. the local health department.
 - 2. The Family Health Administration requires that, at minimum, the subprovider budget review include a line item analysis which accounts for all money distributed to the subprovider and that, based on historical data or recent financial analysis, each line item expense is reasonable.
 - 3. The budget review must be conducted by a person familiar with the grant requirements, preferably the grant monitor, with acknowledgment from the Health Officer or his/her designee.
 - 4. The subprovider budget and all correspondence between the LHD and the subprovider must be kept on record at the LHD and available for audit by the Family Health Administration or the Department of Health and Mental Hygiene.
 - 5. Documentation of subprovider review must be made on Appendix A and a hard copy returned directly to the funding unit. The attestation must not be returned with the electronic budget package.
 - 6. Subprovider budgets for any amount must be audited if there is any suspicion of fraud or misuse of funds.
 - 7. Acknowledgement of the receipt of the attestation will be returned to the grantee Health Officer/or designee.

APPENDIX A

MEMORANDUM

Date: [DATE]

To: [NAME OF PROGRAM]
Family Health Administration

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

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

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

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

This Attestation of Comprehensive Review of Subcontractor Budgets for the Cigarette Restitution Fund Program, Cancers Prevention, Education, Screening and Treatment Program includes the following subcontractors:

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

Health Officer/Designee

Date

***FAMILY HEALTH ADMINISTRATION
LHD FY 2013 CONDITION OF AWARD
GENERAL INSTRUCTIONS FOR FHA CONT.***

CIGARETTE RESTITUTION FUND PROGRAM

LHD FY 2013 CONDITIONS OF AWARD

GENERAL CONDITIONS OF AWARD FOR ALL LHD CRF PROGRAMS

- A. 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.
- B. The Local Health Department shall maintain accounting of line item expenditures by PCA code (e.g. FT--- or FC---).
- C. 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.
- E. 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 in the prior fiscal year.
- F. 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 2000.
- G. 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.
- H. The Local Health Department shall make staff available for training sessions as scheduled by the program.

Family Health Administration
LHD FY 2013 Condition of Awards

Center for Maternal and Child Health (CMCH)

1. Jurisdictions must comply with all applicable federal regulations and program guidelines.
2. All jurisdictions must receive prior approval from the Director of the Center for Maternal and Child Health for any subsequent budget modifications or reallocation of expenditures once the budgets are approved for each grant.
3. All 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 Center for Maternal and Child Health 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 Center for Maternal and Child Health via email at fhauga-cmch@dhmh.state.md.us.

Quarterly reports should only cover the reporting periods listed below. Reports are due 15 days following the end of the quarter and are required even if no expenditures or activities have occurred in any given quarter.

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

4. All jurisdictions are required to submit a final report for each grant that includes: (1) performance and outcome measures and (2) budgetary expenditures within 45 days following the end of the fiscal year.
5. Budget modifications, supplements, and reductions are due by March 15, 2013. 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 Center for Maternal and Child Health.

***Family Health Administration
LHD FY 2013 Condition of Awards***

6. Jurisdictions must make programmatic staff available for appropriate training/conference opportunities upon request from the Center for Maternal and Child Health.
7. This award may be adjusted based on the availability of funds.

Family Planning

8. The subprovider itemized budgets must be on file at the local health department and a copy of the complete itemized sub-provider budgets must be forwarded to CMCH upon request.
9. Family Planning activities proposed must be in accordance with the most recent Federal Title X program guidance and Federal Title X regulations.
10. 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-family-planning/
11. 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 CMCH.
12. Jurisdictions must comply with Maryland Family Planning and Reproductive Health Program Administrative guidelines.
13. Jurisdiction's Family Planning programs must comply with the Family Planning Clinical and Administrative Site Review Process, including self-reviews and on-site state reviews. (The CQI Forms are available on CMCH's website:). www.fha.state.md.us/mch/html/form.html
14. 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 Director of the Family Planning & Reproductive Health Program.
15. Jurisdictions cannot alter the Family Planning and Reproductive Health Data System in any manner. Any violation of CMCH's licensing agreement with the vendor is strictly prohibited.

***Family Health Administration
LHD FY 2013 Condition of Awards***

16. 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.

Improved Pregnancy Outcome

17. Improved Pregnancy Outcome (IPO) funds must be used to support perinatal systems building activities including Fetal and Infant Mortality Review (FIMR) and the implementation of the Community Action Team (CAT) intervention strategies.
18. At minimum at least 30% of fetal and infant deaths must undergo a full review.
19. Jurisdictions with 20 or fewer fetal and infant deaths must bring review all of the deaths.
20. Jurisdictions with no fetal or infant deaths must select another adverse perinatal outcome to review in communication with Central Office program staff.
21. Jurisdictions must designate a staff person (full-time or part-time) as the “Perinatal Coordinator” for the IPO Program.

Center for Health Promotion

22. Grantee must submit a final activity report by July 31st which reflects Accomplishments during the funding period.
23. Grantee must make staff available for training sessions.
24. Budget modifications, supplements and reductions are due by April 15th.
25. Award may be adjusted quarterly based on actual participation.

***Family Health Administration
LHD FY 2013 Condition of Awards***

***Cigarette Restitution Fund – Tobacco Use Prevention and Cessation
Program***

26. Budget modifications can only be made within FT codes.
27. Each element of the Local Public Health Component is a separate project (PCA) and must be budgeted, tracked and reconciled separately.
28. 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 Health Promotion on the following dates
 - a. January 30, 2013
 - b. July 30, 2013
29. 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
30. For all sub vendors/subcontractors, the local health department shall provide the following to the Center for Health Promotion within 60 days of executing an agreement.
 - a. A copy of the Request for Proposals.
 - b. A copy of the signed agreement that includes a line item budget and expected performance measures.
 - c. A summary document that describes the grant review process and a rationale for award(s) to chosen vendor(s).
31. 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.

***Family Health Administration
LHD FY 2013 Condition of Awards***

32. 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.
33. 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.
34. All local health departments must track smoking cessation quit rates on all participants in local smoking cessation programs.
35. All promotional and marketing materials must give credit to the Maryland Cigarette Restitution Fund Program.

***Center for Cancer Surveillance and Control
Breast and Cervical Cancer Program***

36. Matching funds reports shall be submitted on a quarterly basis in conjunction with financial expenditure reports. These reports shall conform to the guidelines specified by the Center for Cancer Surveillance and Control.
37. A minimum of 75% of all program-eligible mammograms funded through CDC funds must be provided for Medicare Part B ineligible women aged 50-64 years.
38. 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 Surveillance and Control no later than ninety days prior to the end of the current State Fiscal year (March 31, 2013).
39. 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.
40. 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.
41. 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."

***Family Health Administration
LHD FY 2013 Condition of Awards***

42. Funds from this grant are to be used to hire women who are from the community where the target population resides and should be like the target population in income and education levels.
43. The outreach workers and BCCP Coordinators employed through this grant must attend all meetings as required by the Department of Health and Mental Hygiene.
44. The BCCP coordinator must meet at least bi-weekly with the outreach worker(s).
45. The grantee shall submit written semi-annual reports that should include an evaluation of progress towards objectives, discussion of the problems, and proposed corrective action. These reports are due at the Department of Health and Mental Hygiene, Center for Cancer Surveillance and Control by the time specified in the grant award letter.
46. 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.
47. Outreach and educational activities shall be targeted to women 40-64 years of age who are uninsured or underinsured and who have incomes at or below 250% of the federal poverty level.
48. All materials and educational supplies purchased under this grant must be requested in writing and approved by the patient/public education and outreach coordinator prior to purchase.
49. Women screened must meet financial and insurance eligibility requirements as outlined in the Policy and Procedure Manual of the program.
50. This award may be adjusted quarterly based on actual participation as compared to projected participation level.
51. 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.
52. The reimbursement rate paid for each of the screening and follow-up services funded by grant numbers F676N and F714N may not exceed the Medicare rates and must be consistent with the Maryland Medicare Waiver approved by the Center for Medicare and Medicaid Services.

***Family Health Administration
LHD FY 2013 Condition of Awards***

53. The reimbursement rate paid for each diagnostic service funded by grant number F667N may not exceed the medical assistance 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 number F667N at a Maryland Health Service Cost Review Commission (MHSCRC) regulated facility, the reimbursement rate paid will be the MHSCRC rate.
54. 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.
55. Laboratories under contract to provide cytopathology and pathology services to women in the program must be in compliance with the Clinical Laboratories Improvement Act, and have passed the Cytology Proficiency Testing Program of the State of Maryland. Out-of-state laboratories must provide annual proof of passing either the ASCP or the CAP proficiency test. All laboratories will report the results to both the program coordinator and the referring clinician using the Bethesda System terminology and indicating the presence or absence of endocervical cells.
56. All contracts and agreements entered into between the local health department and providers of radiology, laboratory cytology, and medical clinical services shall be made using the “boiler plate” contracts developed by the Center for Cancer Surveillance and Control.
57. The Minimal Clinical Elements developed by the Maryland Breast & Cervical Cancer Program Medical Advisory Committee serves as the standard for breast and cervical cancer screening and diagnosis.
58. All budget modifications, supplements, and reductions are due March 15 of the current State Fiscal Year.
59. 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.
60. A chart will be maintained for each woman who receives screening services through this program.

***Family Health Administration
LHD FY 2013 Condition of Awards***

61. For those local health departments (LHDs) on the State FMIS system, financial data must be updated at least on a quarterly basis, with the preference being submission on a monthly basis. For those LHDs not on the FMIS system, financial data must be submitted to the Center for Cancer Surveillance and Control.
62. 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, LHD must verify clients’ insurance status; and before LHD pay for a medical service, an explanation of benefits (EOB) from a third party payer must be received if a client has any type of insurance coverage.
63. Women enrolled in Medicare Part B are not eligible for services through the CDC-funded Breast and Cervical Cancer Program (BCCP).
64. The Breast and Cervical Cancer Program will not allow encumbrances or accruals. If a program has had a significant back-billing problem with a major provider of screening services and it is anticipated that the program must accrue funds for this type of problem, you must submit a written request to accrue funds to the BCCP program for approval no later than 30 days prior to the end of the fiscal year.
65. All local health departments are required to use the cancer screening software designated by DHMH to collect screening and follow-up data. These data are to be sent to the Department via electronic means as specified by the Center for Cancer Surveillance and Control. A data collection form must be used for all screening cycles.
66. Staff hired through this program shall provide eligible women with applications for the Women’s Breast and Cervical Cancer Health Program.
67. Budgets and time studies for state fiscal year 2013 must be submitted electronically in accordance with the BCCP Program Budget Instructions. Time studies are to be performed during FY 2013 according to the procedures and the schedule provided by the Center for Cancer Surveillance and Control Time Study Policy and Procedure Manual.
68. A copy of the FY 2013 Annual Report (DHMH 440) must be submitted to the Center for Cancer Surveillance and Control by no later than August 31, 2013. This information is required to accurately reflect expenditures on the federal financial status report that is due to the Centers for Disease Control (CDC) by September 29, 2013.

***Family Health Administration
LHD 2012 Conditions of Award (Cont)***

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

69. The Minimal Elements for Education, Screening, Diagnosis, and Treatment developed by the Medical Advisory Committees established the Center for Cancer Surveillance and Control shall serve as the standards for education, screening, diagnosis, and treatment of target cancers.
70. A medical record shall be maintained for each participant who receives screening services through the Cancer Prevention, Education, Screening, and Treatment Program.
71. 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.
72. 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.
73. The Local Health Department shall either provide treatment or linkages to treatment for uninsured individuals who are diagnosed with a targeted or no targeted cancer as a result of being screened under this grant.
74. 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.
75. 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.

***Family Health Administration
LHD 2012 Conditions of Award (Cont)***

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

76. 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.
77. For each sub-provider cost reimbursement contract (sub-vendor Human Service Agreement), the Local Health Department shall provide the following information within 30 days of execution of the agreement:
- a copy of the signed agreement,
 - a copy of the detailed line item budget,
 - a copy of the performance measures, e.g. number of individuals to receive public education, number of providers educated, number of persons to be screened, or other specific measures of services to be provided, and
 - 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.
 - See General Condition Instructions for FHA – Section E
78. The Local Health Department shall submit periodic progress reports in the format and intervals specified by the program.
79. In accordance with the Budget Reconciliation and Financing Act of 2004 and in accordance with Maryland Health General Section 13-1104, the Local Health Department shall spend at least 60% of the funds under this grant on screening, diagnosis and treatment cost as specified by program.

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

***Family Health Administration
LHD 2013 Conditions of Award (Cont)***

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

80. 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.
81. All promotional and marketing materials should give credit to the Maryland Cigarette Restitution Fund Program.

Office of the Maryland WIC Program

82. 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.

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 Officer must be included in the April budget modification.

83. Budgets for state fiscal year 2013 must be submitted electronically in accordance with the WIC Program Budget Instructions no later than May 31, 2012.

***Family Health Administration
LHD 2013 Conditions of Award (Cont)
Office of the Maryland WIC Program***

84. 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, 2012 may have their caseload assignment reduced effective January 1, 2013. The SFY 2013 award will also be reduced in accordance with the reduced caseload assignment.
85. 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.
86. 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.
87. An estimate of the amount of unspent funds for the current budget period may be requested by the Maryland WIC Program at anytime.
88. Time studies are to be performed during the months of July, October, January and April of each year in accordance with Policy and Procedure 6.01.
89. 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.
90. The grantee must maintain compliance with all provisions of the current WIC Program regulations, WIC bulletins, and any supplemental policies and procedures established by the WIC Program.
91. 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.
92. The WIC program limits budget modifications to one per year which is due with the third quarter expenditure report on April 30th of each year. Pre-approval via e-mail from the State WIC Office is still required for the purchase of unbudgeted equipment and for any other significant deviation from the approved budget.

***Family Health Administration
LHD 2013 Conditions of Award (Cont)***

Office of the Maryland WIC Program

93. 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.
94. 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 & Children with Special Health Care Needs

95. Grantees may be subject to additional conditions in the grant award letter.
96. Grantees must agree to make staff available for meetings and training opportunities as appropriate or on request from the Office for Genetics and Children with Special Health Care Needs.
97. Grantees must specify what data will be collected to document outcomes that result from the Project. There should be a listing of the performance measures to be used and how the data will be analyzed (if applicable) and summarized. All Office for Genetics and Children with Special Health Care Needs grantees are required to submit an interim report due by February 2, 2013 and a final report no later than August 2, 2013. The report must include a brief narrative and the data specified in the evaluation plan.

At minimum, the following must be included in the evaluation plan:

1. Results of all performance measures related to the project activities and:
2. For all services provided:
 - a. Unduplicated number of children served
 - b. Age, gender and race of child
 - c. Diagnosis, complexity of child
 - d. Insurance status
 - e. Type of service (training event, enabling service, care coordination, information sharing, specialty clinic, respite, etc.)

***Family Health Administration
LHD 2013 Conditions of Award (Cont)***

Office for Genetics & Children with Special Health Care Needs

- f. Number of requests for service any waiting list and length that exists for the service.
3. For specialty clinics, please include:
 - a. Number of clinics
 - b. Type of clinic
 - c. Show rate
 - d. Location of clinic – tertiary center, community site/local hospital, or local health department.
4. For case management, please include level of service provided i.e., information only, enabling services or total management eg finding resources, scheduling appointments, providing enabling services and following up.
5. Please indicate the number of contacts made with other providers/agencies, such as primary care provider, related services provider, and schools.
6. For jurisdictions performing needs assessments (only for LHDs approved for this activity):
 - a. Progress report (February 2, 2013)

Please submit your interim and final reports, as well as communication regarding your grant to the attention of Lynn Midgette, Grants Administrator, at the following mailbox: FHAUGA-Genetics@dhmh.state.md.us

Office of Oral Health

98. Grantees may be subject to additional conditions in the award letter.
99. Grantees must agree to make staff available for meetings and training opportunities as appropriate or on request from the Office of Oral Health.
100. 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.

***Family Health Administration
LHD 2013 Conditions of Award (Cont)***

Office of Oral Health

101. 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.
102. 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.
103. 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.
104. 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.

Grantees must submit quarterly grant activity and expenditure report on the forms provided by the Office of Oral Health via email at fhauga-oralhealth@dhmh.state.md.us. Quarterly reports should only cover the reporting periods listed below. Reports are due 15 days following the end of the quarter and are required even if no expenditures or activities have occurred in any given quarter. Please note: There are now two activity reporting forms. One for School-Based Dental Sealant Activity and one for Oral Disease and Injury Prevention.

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

***Family Health Administration
LHD 2013 Conditions of Award (Cont)***

Office of Oral Health (Cont.)

105. Budget modifications, supplements, and reductions are due by April 15, 2013
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.
106. This award may be adjusted based on the availability of funds.
107. An estimate of the amount of unspent funds for the current budget period may be requested by the Office of Oral Health at anytime.
108. Grantees must agree to make staff available for clinical and programmatic site visits by Office of Oral Health staff.

Office of Chronic Disease Prevention

109. Grantees must agree to make staff available for site visits, meetings, and training opportunities as appropriate or on request from the Office of Chronic Disease Prevention.

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.

Issuing statements, press releases, or any publications, including pamphlets, posters and/or media campaigns, funded through awards from the Office of Chronic Disease Prevention must be forwarded to OCDP for review and approval prior to publication to assure compliance with Federal and State guidelines.

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 Chronic Disease Prevention.* OCDP will advise on the Federal source of funding at the time of approval so that it may be added to this statement as well.

Grantees must participate in evaluation activities upon request from OCDP to meet CDC requirements.

***Family Health Administration
LHD 2013 Conditions of Award (Cont)***

Office of Chronic Disease Prevention

Grantee must submit a final activity report by July 31, 2013 which reflects accomplishments and success stories during the funding period of July 1, 2012-June 30, 2013.

Grantees must submit quarterly financial reports & quarterly grant activity reports in the format provided by the Office of Chronic Disease Prevention via email at fhauga-chronicdisease@dhmh.state.md.us; Quarterly reports should only cover the reporting periods listed below and are due 15 days following the end of the quarter.

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

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

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

ATTACHMENT IV

DEVELOPMENTAL DISABILITIES ADMINISTRATION

LHD FY 2013 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 V

MENTAL HYGIENE ADMINISTRATION

LHD FY 2013 CONDITIONS OF AWARD

- 1) Community Mental Health Services ▶ Attachment E
- 2) Community Mental Health Block Grant ▶ Attachment E1
- 3) Shelter Plus Care ▶ Attachment E2
- 4) PATH Grant ▶ Attachment E3
- 5) East Baltimore Partnership ▶ Attachment E6
- 6) Traumatic Brain Injury ▶ Attachment E8
- 7) LHD Interagency Agreement ▶ Attachment E12

ATTACHMENT VI

OFFICE OF HEALTH SERVICES

LHD FY 2013 CONDITIONS OF AWARD

- | | | |
|---|---|---------------|
| 1) Adult Day Care – F721N | ▶ | Attachment F |
| 2) Adult Evaluation and Review Services (AERS) - F720N | ▶ | Attachment F1 |
| 3) Administrative Care Coordination/Ombudsman Program-F730N | ▶ | Attachment F2 |
| 4) General Transportation Grants –F738N | ▶ | Attachment F3 |
| 5) Real Choices Continuation – F728N | ▶ | Attachment F4 |

ATTACHMENT VII

OFFICE OF ELIGIBILITY SERVICES (OES)

LHD FY 2013 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 2013 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.