

*Fiscal Year 2009*

*Human Services Agreements*

*Conditions of Awards*

# **FISCAL YEAR 2009 HUMAN SERVICES AGREEMENTS**

## **LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD**

### ***1. GENERAL CONDITIONS***

#### **The Local Health Department understands**

- A. This award is subject to the requirements and conditions set forth in the Local Health Department Funding System Manual.
- B. This award is based on estimated levels of State and/or Federal funds, and should the actual allocations differ from the current estimates, the award may have to be adjusted accordingly.
- C. It may elect the Department of Health Mental Hygiene to serve as its disbursing agent for all or a portion of their expenditures; however, the Secretary of Health and Mental Hygiene may charge for the cost of services rendered.
- D. The Department of Health and Mental Hygiene assumes no responsibility for paying from its funds an amount greater than the amount appearing on the Unified Funding Document.
- E. If they fail to deposit sufficient funds with the Department to satisfy their share of expenditures, the Department may cease to be the disbursing agent until the local health department submits sufficient funds to meet its financial obligations.

#### **The Local Health Department agrees**

- A. To provide the type of service and to serve the number of clients indicated in their award letter/package or conditions of award.
- B. To maintain a system to protect, from inappropriate disclosure, individual patient records and data collection forms maintained in connection with any activity funded under this award. Furthermore, any information concerning a client provided services under this agreement shall not be used or disclosed for any purpose not directly connected with administration of such services, except upon written consent of the client or, if a minor, their responsible parent or guardian. The provisions of Health General Article 20-103 to 20-107 supersede and control, where applicable.
- C. To maintain separate and distinct accounting records for each award.
- D. To charge the award for all direct costs which can be specifically identified with a particular object/item. Furthermore, a written cost allocation policy will be maintained and made available for review by the DHMH's Audit Division for costs which are not readily identifiable as direct costs.

## **LOCAL HEALTH DEPARTMENT (LHD) CONDITIONS OF AWARD**

### ***GENERAL CONDITIONS (cont.)***

- E. To cooperate during periodic site reviews.
- F. To attend all meetings as required by the Department of Health and Mental Hygiene.
- G. To comply with applicable procurement procedures when subcontracting with another organization or entity.
- H. To abide to DHMH's Sexual Harassment Policy (DHMH .02.06.02) which applies to all facilities and programs operated by the DHMH; grant-in-aid programs; and health services providers/contractors/subcontractors receiving Federal or State funds. Furthermore, DHMH 02.06.02 will be incorporated by reference in all agreements, accordingly.
- I. To sign and return within ten (10) days to the Division of General Accounting-Grants Division, 201 West Preston Street, Room 546, Baltimore, MD 21201, the enclosed Condition of Human Service Agreement Statement (DHMH 433) and the Assurance of Compliance (DHMH 434) forms.
- J. To report, at least quarterly, its non – Core disbursements and revenue to DHMH if the local health department elects to be the disbursing agent. The report shall be in the form and under the conditions as the Department may specify, so that these transactions may be entered in the central accounting records.
- K. To deposit revenues in an interest-bearing account until the funds are required to meet current expenses.
- L. To return funds associated with prior year unliquidated accruals/ encumbrances as of January 31<sup>st</sup>.
  - Local Health Departments using the State as their disbursement agent for non-payroll related costs, will have unspent funds returned to the Granting Administrations by the Grant Section. The basis for the returned funds will be the amount reflected in FMIS at January 31<sup>st</sup>.
  - Local Health Departments not using the State as their disbursement agent for non-payroll related cost must submit a check equal to their January 31<sup>st</sup> unliquidated accrual balance on or before February 15<sup>th</sup>. The Payment of Unliquidated Accrual Balances Form must be used and can be found at, [www.state.md.us/forms/sf\\_gaact](http://www.state.md.us/forms/sf_gaact).

## **LHD Conditions of Awards**

### ***II. FEDERAL CONDITIONS***

- A. All sub recipients of federal funds from SAMHSA (Substance Abuse and Mental Health Services Administration) or NIH (National Institute of Health) are prohibited from paying any direct salary at a rate in excess of Level 1 of the [federal] Executive Schedule. (This includes, but is not limited to, sub recipients of the Substance Abuse Prevention and Treatment and the Community Mental Health Block Grants and NIH research grants.)
- B. Conditions, requirements, and restrictions which apply to specific sources of federal funding and are not included within this document will be included in your award letter/package or conditions of award documents if applicable.
- C. “When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal money”, the Department of Health and Human Services appropriation Act requires all recipients of Federal funds to acknowledge Federal funding involved. Such programs are required to “clearly state (1) the percentage of the total cost of the program or project which will be financed with Federal money and (2) the dollar amount of Federal funds for the program or project.” [(It is understood by DHMH that such language may be couched, so as not to mention specific amounts, in situations where such amounts would compromise competitiveness (e.g., for bids).]
- D. Title V of the Social Security Act (e.g. Maternal and Child Health Services Block Grant; Emergency Medical Services grants, etc.) Section 504, prohibits payment for any item, or service furnished by or at the medical direction of a provider or practitioner who has been sanctioned under the Medicare and Medicaid Patient and Protection Act of 1987 (P.L. 100-93). Contact grantor to determine if your program falls under Title V.

## **LHD Conditions of Awards**

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

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

## ATTACHMENT I

### AIDS ADMINISTRATION

#### LHD FY 2009 CONDITIONS OF AWARD

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

## **ATTACHMENT II**

### **ALCOHOL AND DRUG ABUSE ADMINISTRATION**

#### **LHD FY 2009 CONDITIONS OF AWARD**

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

# ATTACHMENT III

## COMMUNITY HEALTH ADMINISTRATION

### LHD FY 2009 CONDITIONS OF AWARD

#### *I. GENERAL CONDITIONS/INSTRUCTIONS*

- A. The grantee must insure proper tracking and follow-up of abnormal laboratory findings for clients seen.
- B. The grantee will periodically monitor the program provider (if services subcontracted) to assure that services are being provided to target populations and that funds are being spent for the purpose awarded.
- C. Grantees receiving Maternal and Child Health (CFDA 93.994) monies must report annually the following information: number of clients served, number of clinic visits, age of clients seen, type of health insurance clients have, if applicable, and a narrative report on the services provided and clients served.
- D. Grants funded with federal funds under the Maternal and Child Health Services Block Grant (CFDA 93.994) are expressly prohibited from the use of such funds for the following:
  1. Inpatient hospital services other than those provided to or for, children with special health care needs, high risk pregnant women, infants and other such inpatient services as the federal agency approve.
  2. Cash payments to intended recipients of health services.
  3. Purchase or improvement of land; the purchase, construction, permanent Improvement (other than minor remodeling) of any building or other facility; purchase of major medical equipment.
  4. Satisfying any requirement for expenditure of non-federal funds as a condition to receive federal funds.
  5. Research or training to any entity other than a public or non-profit entity.
  6. Payment for any item or service (non-emergency) furnished:
    - a) by an individual or entity during which they are excluded under this Title, or Title XVIII, XIX, or XX, pursuant to section 1128, 1128A 1156, or 1842 (j)(2), or

## **ATTACHMENT III**

### **COMMUNITY HEALTH ADMINISTRATION**

#### **LHD FY 2009 CONDITIONS OF AWARD**

##### ***I. GENERAL CONDITIONS/INSTRUCTIONS (Continued)***

- 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).

***Community Health Administration  
LHD 2009 Conditions of Award (Cont.)***

***Center for Immunization: FY 2009***

1. Funds awarded by the Center for Immunization are to be used exclusively for immunization activities. These activities include:
  - (a) implementation and evaluation of immunization activities within the identified ‘pocket of need’ areas to raise immunization coverage rates;
  - (b) conducting school validation surveys at a minimum of 20% of the private schools within the jurisdiction and assuring 98% compliance with Maryland school immunization requirements; validation activities should begin after November 15 of the school year and completed by April 1. Individual school reports should be submitted after the 30-day follow survey has been completed;
  - (c) implementation of WIC collaboration and outreach / tracking of 90% of WIC referral clients;
  - (d) tracking of 90% of immunization delayed children; priority should be placed on 0-4 year olds (HGEN and provider referrals only);
  - (e) ensuring compliance with the *Communicable Disease Programs, Center for Immunization: Goals and Objectives for LHD’s (Please contact Center for Immunization for details)*;
  - (f) Participation in the Maryland Immunization Registry, ImmunNet and the Perinatal Hepatitis B Preventative database, B-Free.
2. Grantees must submit the following reports to the Center for Immunization on required program areas, in a manner designated by the Center, before payment will be honored:
  - (a) Private school validation reports- Final date for submission, via MS Access database, of all school reports (DHMH 1013c) is April 1, 2007;
  - (b) Outreach/tracking Reports- Monthly;
  - (c) Grantees must file final expenditure reports no later than 90 days following the end of the grant period; and
  - (d) VPD Surveillance worksheets as completed.

***Community Health Administration  
LHD 2009 Conditions of Award (Cont.)***

***Core Public Health Funding***

3. An Annual Core Funding Performance Measures Report must be submitted to the Community Health Administration by September 1 after the close of the fiscal year.
4. Core Funds allocated to categorical grant funded programs must abide by all conditions set forth by the individual program administrations for their categorically funded grants. For instance, if core funds are designated for communicable disease, all conditions related to communicable disease programs are applicable to core funds as they are applicable to categorically-funded programs.
5. An agreement form signed by the local executive authority must be submitted before the start of the fiscal year. This agreement will reflect total State core dollars, the state's percentage, the local match requirement and all 100% local dollars.
6. Title V-MCH Block Grant federal funds distributed as part of core public health funding may be expended to improve the health of **all** mothers and children. Services and activities permitted:
  - A. Direct Health Care Services (“gap filling”) -- Examples: prenatal care, family planning, oral health, and services for children with special health care needs.
  - B. Enabling Services – Examples: Transportation, translation, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination with Medicaid, WIC and Education agencies.
  - C. Population-Based Services: Examples – Newborn screening, lead screening, immunization, SIDS counseling, oral health, injury prevention, nutrition and outreach/public education.
  - D. Infrastructure Building Services: Examples – Needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, system of care and information systems.
7. Title V-MCH Block Grant federal funds may not be used for:
  - Inpatient services, other than for children with special health care needs or high-risk pregnant women and infants.
  - Cash payments to intended recipients of services
  - Purchase or improvement of land; the purchase construction, permanent improvement of any building or facility (other than minor remodeling), or the purchase of major medical equipment
  - Research or training conducted by any entity other than a public or nonprofit private entity.

***Community Health Administration  
LHD 2009 Conditions of Award (Cont.)***

8. MCH federal funds in core funding must be matched by general state funds with \$3 of non- federal funds for \$4 of federal funds.
9. The expenditure of MCH federal funds in core funding and the matching non-federal funds must be documented in the year-end reconciliation report in PCA's F416 (child health), F417 (school health), F418 (maternal health), F419 (family planning), and F420 (children with special health care needs, "crippled children").

***Division of Sexually Transmitted Diseases Control***

10. Sexually Transmitted Disease grantees will submit required case management and investigative follow up reports in accordance with established STD Program Guidelines while assuring accuracy, consistency, and timelines of reporting.
11. Sexually Transmitted Disease (STD) Prevention and Control activities grant funds are for exclusive use in STD. Case finding, intervention, and educational activities in accordance with established STD Program Guidance.
12. The grantee must assure that a staff person attends at least one seminar conducted by the Central Office of the STD Control Program and two (2) local "chalk talks" annually.
13. The grantee must provide STD case investigation including partner management and referral services to correctional facilities within their jurisdiction or as previously agreed upon.
14. The grantee must assure on-going and consistent monitoring and the timely submission of required reporting including quarterly Local Health Department Activity Reports, and for jurisdictions receiving syphilis elimination funds, quarterly summary reports of intervention activities conducted by partnering community-based organizations in support of established statewide priorities.

***Community Health Administration  
LHD 2009 Conditions of Award (Cont.)***

***Division of Tuberculosis Control, Refugee & Migrant Health***

***Tuberculosis Control***

15. Tuberculosis (TB) grant funds are for Tuberculosis prevention and control activities only and are based on availability of funding.
16. Recipients of TB federal funds may not use these funds for TB medication purchases or construction and/or renovation of facilities.
17. Grantee will adhere to published CDC and Maryland standards for the care of tuberculosis patients, and provide Directly Observed Therapy (DOT) for treatment of active TB cases. Directly Observed Therapy for treatment of latent TB infection to identified high-risk patients should be provided as resources permit.
18. Tuberculosis grantees will submit TB follow-up Case/Suspect Reports, Contact Investigation reports and other clinical and /or surveillance information as requested by the Division of TB Control, Refugee & Migrant Health.
19. Grantees will ensure that contact investigation activities are conducted in a timely manner and in accordance with the standards of the CDC and Maryland TB guidelines.
20. Grantees are responsible to ensure that TB prevention and control activities are provided in all correctional facilities within their jurisdiction. Services may be provided directly by LHD or through privately contracted medical services to the correctional facility. LHD TB Control programs should assist with an annual review of the institution(s) TB Control plan(s).
21. Grantees are expected to participate in research and evaluation activities specific to local and or statewide TB control programs conducted under the auspices of the Maryland TB Evaluation Team and/or the TB Epidemiologic Studies Consortium.
22. The performance objectives of the Maryland state TB Control program should be used as baseline measures to guide local program TB Control and prevention activities. At minimum, the following objectives should be used:

***Community Health Administration  
LHD 2009 Conditions of Award (Cont.)***

**1. TB cases completion of therapy:**

- a. The percentage of TB patients who complete a course of curative TB treatment within 12 months of initiation of treatment will be  $\geq 90\%$  (2005 - 2009).
- b. The overall percentage of TB patients who complete a course of curative treatment will be  $\geq 95\%$  (2005 - 2009).

**2. Drug susceptibility testing on initial TB cultures:**

The percentage of patients with initial positive cultures who also are tested for and receive drug susceptibility results will be  $\geq 95\%$  (2005 - 2009).

**3. Initial four-drug treatment prescribed:**

The percentage of TB patients who are started on at least Isoniazid (INH), Rifampin (RIF), Pyrazinamide (PZA), or Ethambutol (EMB) / Streptomycin (SM) will be  $\geq 90\%$  (2005 - 2009).

**4. HIV testing of TB Cases:**

The percentage of adults ( $\geq$  age 14) who are HIV tested will increase to 82% (2005); 85% (2009).

**5. Bacteriologic culture conversion in < 2 months:**

Increase the percentage of sputum culture positive patients with documented sputum culture conversion in  $\leq 2$  months to 70% (2005) and to 75% by 2009.

**6. Rate of Number of Contacts Reported to Culture Positive TB Cases:**

The percentage of cases for which no contacts are identified will decrease to  $\leq 5\%$  (2005) and  $\leq 3\%$  (2009).

**7. Contact Evaluation Rate:**

The percentage of contacts that are completely evaluated (per CDC ARPE definition) will increase to 75% (2005) and 85% (2009).

**8. Treatment Rate for TB Infected Contacts**

The percentage of infected contacts that initiate TLTBI will increase to 75% (2005) and 85% (2009).

**9. Treatment Completion Rate for TB Infected Contacts**

The percentage of contacts initiating TLTBI that complete treatment will increase to 65% (2005) and 70% (2009).

***Community Health Administration  
LHD 2009 Conditions of Award (Cont.)***

***Refugee Health***

23. Awards for the refugee health services fee-for-service reimbursement program are based upon the availability of federal funds. Award amounts are subject to annual adjustments depending upon volume of services rendered.
24. Recipients of refugee health screening awards will submit health screen summary documentation to the State Refugee Health Coordinator on the Quarterly Report for Refugee Health form no later than thirty days after the quarter ends. All information, including copies of all invoices listed on the Quarterly form, will be reviewed and verified prior to processing for payment. The Quarterly Report form must be signed by the health care provider and specific site information must be listed in the space provided. Payments will not be processed for items received after the thirty days or for items that are incomplete.
25. Grantees receiving refugee resettlement reimbursement funds will ensure that follow-up information on referrals to private providers and other health department programs is noted on reimbursement forms.
26. Local health department grantees will provide for the prevention and control of communicable diseases within local refugee populations that are determined to be a threat to the health of the general public (including, but not limited to reportable diseases) regardless of cost.
27. Grantees will assess and provide/update culturally appropriate patient information and educational materials as refugee populations change and as resources permit

***Migrant Health***

28. Grantee will provide for access to the prevention and control of communicable diseases regardless of cost (including, but not limited to reportable diseases). Access to health care may be provided directly by the LHD, or through other sub-contracted public or private vendors. Medical vendors will be monitored for type and quality of services provided.
29. Grantees will review plan for expenditure of migrant health funding with the State Migrant Health Program. LHD will provide an annual summary on migrant health populations served. Health departments receiving grant funding for migrant health

***Community Health Administration  
LHD 2009 Conditions of Award (Cont.)***

programs will participate in any annual and /or regional planning meetings for the provision of care for local migrant populations.

30. Grantees will inspect licensed migrant health camps and/or alternative identified housing sites (e.g., trailer parks, apartment complexes) at least once annually from both an environmental and a health care perspective. Grantees will ensure that all migrant camps or housing complexes have information on how health care can be accessed posted in English and other languages as appropriate to the population housed.
31. LHD programs will monitor access to health care within their communities, and will notify the state migrant health program of changes in services provided through local providers that would impact negatively on health care services.

***Epidemiology and Disease Control***

32. All records, reports, or other information assembled during communicable disease investigations which identifies a “person” or entity must be kept confidential in accordance with DHMH policy and the Maryland Code Annotated, Health General §§4-102.
33. The LHD and subgrantee(s) shall ensure that communicable disease reporting and control requirements per COMAR 10.06.01 have been met.
34. Activities covered under this award shall address the goals and objectives outlined by the Epidemiology and Disease Control Program (EDCP) and success of these activities in meeting these goals and objectives will be evaluated during an annual site review conducted by EDCP at the LHD.

## ATTACHMENT IV

### FAMILY HEALTH ADMINISTRATION

### LHD FY 2009 CONDITIONS OF AWARD

#### *GENERAL CONDITIONS/INSTRUCTIONS FOR FHA*

- A. The grantee must insure proper tracking and follow-up of abnormal laboratory findings for client.
- B. A system must be in effect to protect, from inappropriate disclosure, individual patient records and data collection forms maintained in connection with any activity funded under this grant.
- C. The grantee must cooperate with periodic site reviews.
- D. Each local health department shall use the applicable procurement procedures when subcontracting with another organization or entity.
- E. 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.
- F. The grantee must agree to attend all meetings as required by the Department of Health and Mental Hygiene.
- G. The grantee agrees to provide the type of service and to serve the number of clients indicated in the award letter.
- H. 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.
- I. Grants funded with federal funds under the Maternal and Child Health Services Block Grant (CFDA 93.994) is 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;

## ***GENERAL CONDITIONS/INSTRUCTIONS FOR FHA (Continued)***

- 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).
- J. 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
- K. 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 the following:
1. Inpatient hospital services.
  2. Cash payments to intended recipients of health services.
  3. Purchase or improvement of land; the purchase, construction, permanent improvement (other than minor remodeling) of any building or other facility; purchase of major medical equipment.
  4. Satisfying any requirement for expenditure of non-federal funds as a condition to receive federal funds.
  5. Provision of financial assistance to any entity other than a public or non-profit entity.
  6. Provision of AIDS education information or prevention materials and activities that promote or encourage, directly, homosexual sexual activities.

## ATTACHMENT IV

### FAMILY HEALTH ADMINISTRATION

### LHD FY 2009 CONDITIONS OF AWARD

#### *Center for Maternal and Child Health (CMCH)*

1. Jurisdictions must comply with all applicable federal regulations and program guidelines.
2. All jurisdictions must receive prior approval from the Director of the Center for Maternal and Child Health for any subsequent budget modifications or reallocation of expenditures once the budgets are approved for each grant.
3. All jurisdictions are required to submit a mid-year report for each funded grant indicating progress on performance measures and budgetary expenditures by February 15 of the current State fiscal year.
4. All jurisdictions are required to submit a final report for each grant that includes: (1) performance and outcome measures and (2) budgetary expenditures within 45 days following the end of the fiscal year.
5. All jurisdictions must make program and fiscal staff (family planning, improved pregnancy outcome, and any other CMCH funded categorical grant) available as needed for a conference meeting to review the mid-year reporting system, grant progress and identify areas for technical assistance and consultation.
6. Jurisdictions must make programmatic staff available for appropriate training/conference opportunities upon request from the Center for Maternal and Child Health.
7. All budget modifications, supplements, and reductions are due no later than March 15<sup>th</sup> of the current State Fiscal Year.
8. The sub-vendor itemized budgets must be on file at the local health department and a copy of the complete itemized sub-vendor budgets must be forwarded to CMCH at the time of the original electronic budget submission.

***Family Health Administration  
LHD 2009 Conditions of Award (Cont.)***

9. All jurisdictions will assure that any family planning sub-vendor is following evidence-based medicine as related in the most current Maryland State Family Planning Clinical Guidelines.
10. Jurisdictions must participate in the Maryland State Family Planning and Reproductive Health Program Data System. Jurisdictions wishing to use a third party data collection system must: 1) capture and edit all required data elements; 2) be compliant with the format furnished by the vendor; 3) transmit data to the vendor in the required format on a monthly basis; and 4) obtain approval in advance, in writing, from the Chief of Family Planning and Reproductive Health.
11. Jurisdictions cannot alter the Family Planning and Reproductive Health Data System in any manner. Any violation of CMCH's licensing agreement with the vendor is strictly prohibited.
12. Jurisdiction's family planning programs must comply with the Family Planning Clinical and Administrative Site Review Process, including self-reviews and on-site state reviews. (The CQI Forms are available on CMCH's website: [www.fha.state.md.us/mch/html/form.html](http://www.fha.state.md.us/mch/html/form.html)).

**Improved Pregnancy Outcome:**

13. Improved Pregnancy Outcome (IPO) funds must be used to support perinatal systems building activities including Fetal and Infant Mortality Review (FIMR) and the implementation of the Community Action Team (CAT) intervention strategies.
14. Jurisdictions must designate a staff person (full-time or part-time) as the "Perinatal Coordinator" for the IPO Program.
15. **Abstinence Only Education:**
  - A. In order to qualify for continued funding, programs must submit signed assurance of compliance with federal guidelines pertaining to the one "A-H" definition of abstinence only education.
  - B. Funds may not be used for sectarian worship, instruction, prayer or proselytization.
  - C. Information presented with these funds must be medically accurate.

***Family Health Administration  
LHD 2009 Conditions of Award (Cont)***

- D. Programs will provide required annual federal reporting forms within ninety (90) days of the end of the federal reporting year. Programs will be notified of the date.
  - E. 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 Title V, section 510 of the Abstinence Education Grant Program, U.S. Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau, through the Maryland Department of Health and Mental Hygiene, Center for Maternal and Child Health.
- 16. Jurisdictions receiving special funds, e.g. initiative funding, may have additional conditions contained in the grant award letter and supplementary directives.
  - 17. Publications, including pamphlets, posters and/or media campaigns, funded through awards from the Center for Maternal and Child Health must be forwarded to CMCH for review prior to publication to assure compliance with federal and State guidelines.

***Center for Health Promotion***

- 18. Grantee will submit three written reports, which reflect activities and accomplishments for a four-month period. The report should include an evaluation of progress toward the achievement of program objectives, discussion of problems and proposed corrective actions. These reports are due to the Center for Health Promotion on November 15 for the period of July 1 – October 30, March 15 for the period of November 1 – February 28, July 15 for the period of March 1 – June 30.
- 19. Grantee must make staff available for tobacco use prevention training sessions.
- 20. Budget modifications supplements and reductions are due by April 15<sup>th</sup>.
- 21. Award may be adjusted quarterly based on actual participation as compared to participation.

***Family Health Administration  
LHD 2009 Conditions of Award (Cont.)***

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

22. 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.
23. A minimum of 75% of all program-eligible mammograms funded through CDC funds must be for Medicare Part B ineligible women aged 50-64.
24. An estimate of the amount of any funds which will be unexpended by the end of the control funding period must be submitted in writing to the Center for Cancer Surveillance and Control no later than ninety days prior to the end of the current State Fiscal year (March 31, 2009).
25. At least 80% of this award must be spent on screening and follow-up activities as defined in the "National Breast and Cervical Cancer Early Detection Program Administrative Requirements and Guidelines" dated April 1, 1994.
26. 20% or less of the total award may be spent for administrative and clerical activities, non-patient transportation, surveillance, public education activities including printing and advertising, utilities, rental or indirect cost.
27. 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."
28. 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.
29. The outreach workers and BCCP Coordinators employed through this grant must attend all meetings as required by the Department of Health and Mental Hygiene.
30. The BCCP coordinator must meet at least bi-weekly with the outreach worker(s).
31. 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.

***Family Health Administration  
LHD 2009 Conditions of Award (Cont)***

32. 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.
33. 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.
34. 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.
35. Women screened must meet financial and insurance eligibility requirements as outlined in the Policy and Procedure Manual of the program.
36. This award may be adjusted quarterly based on actual participation as compared to projected participation level.
37. 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.
38. The reimbursement rate paid for each of the screening and follow-up services under this grant may not exceed the Medicare rates and may be consistent with the Maryland Medicare waiver approved by the Center for Medicare and Medicaid Services.
39. 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.
40. Laboratories under contract to provide cytopathology and pathology services to women in the program must be in compliance with the Clinical Laboratories Improvement Act, and have passed the Cytology Proficiency Testing Program of the State of Maryland, and will report the results to both the program coordinator and the referring clinician using the Bethesda System terminology and indicating the presence or absence of endocervical cells.

***Family Health Administration  
LHD 2009 Conditions of Award (Cont)***

41. 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.
42. The minimum clinical elements developed by the Medical Advisory Committee of the Maryland Cancer Consortium serve as the standard for breast and cervical cancer screening and diagnosis.
43. All budget modifications, supplements, and reductions are due March 15 of the current State Fiscal Year.
44. 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.
45. A chart will be maintained for each woman who receives screening services through this program.
46. 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.
47. As stipulated in the “National Breast and Cervical Cancer Early Detection Program Administrative Requirements and Guidelines”, April 1, 1994, and Public Law 101-354, this program is payer of last resort. Before medical services are rendered, LHD’s must verify clients’ insurance status; and before LHD’s pay for a medical service, an explanation of benefits (EOB) from a third party payer must be received if a client has any type of insurance coverage.
48. Women enrolled in Medicare Part B are not eligible for screening services through the CDC-funded Breast and Cervical Cancer Program (BCCP).
49. 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 at accrue funds to the BCCP program for approval not later than 30 days prior to the end of the fiscal year.

***Family Health Administration  
LHD 2009 Conditions of Award (Cont)***

50. All local health departments are required to use the cancer screening software designated by DHMH to collect screening and follow-up data. These data are to be sent to the Department via electronic means (modem or e-mail) quarterly as specified by the Center for Cancer Surveillance and Control. A data collection form must be used for all screening cycles.
51. Staff hired through this program shall provide eligible women with applications for The Women's Breast and Cervical Cancer Health Program.
52. Budgets and time studies for state fiscal year 2009 must be submitted electronically in accordance with the BCCP Program Budget Instructions. Time studies are to be performed during FY 2009 according to the procedures and the schedule provided by the Center for Cancer Surveillance and Control Time Study Policy and Procedure Manual
53. A copy of the FY 2009 Annual Report (DHMH 440) must be submitted to the Center for Cancer Surveillance and Control by no later than August 31, 2009. 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, 2009.

***Office of the Maryland WIC Program***

54. Budgets for state fiscal year 2009 must be submitted electronically in accordance with the WIC Program Budget Instructions no later than May 30, 2008.
55. The grantee must serve at least 97% of their assigned caseload. Caseloads may be adjusted up or down during the year based on actual participation.
56. 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.
57. Nutrition education expenditures must be at least twenty percent (20%) of the grantee's total expenditures. In addition, at least three dollars and fifty cents (\$3.50) per participant must be spent for breastfeeding promotion and support.
58. An estimate of the amount of unspent funds for the current budget period may be requested by to the Maryland WIC Program at anytime.

***Family Health Administration  
LHD 2009 Conditions of Award (Cont)***

59. Time studies are to be performed for the months of July, October, January and April of each year in accordance with Policy and Procedure 6.01.
60. 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.
61. 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.
62. 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.
63. The WIC program limits budget modifications to one per year which is due with the third quarter expenditure report on April 30<sup>th</sup> 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.

***Office for Genetics & Children with Special Health Care Needs***

64. Grantees may be subject to additional conditions in the grant award letter.
65. 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.
66. All Office for Genetics and Children with Special Health Care Needs grantees are required to submit an Interim Report due February 1, 2009 and a Final Report due no later than August 1, 2009. Each report should include the results of performance measures and the following:
  - A. Respite Services (if applicable)
    1. Total number of children served
    2. Total number of families served
    3. Child's DOB for each child
    4. Child's special health care need or disability for each child
    5. Jurisdiction in which the child resides (zip code) for each child
    6. Monies allocated per child/family
    7. Total number of respite hours received, or camp attended for each child

***Family Health Administration  
LHD 2009 Conditions of Award (Cont)***

8. Total number of applications received
9. Total number approved
10. Total number of children/families on the waiting list
11. Insurance Status

**B. Case Management (if applicable)**

1. Total number of children served
2. Childs' DOB for each child
3. Child's special health care need or disability for each child
4. Total number of requests received.
5. Total number of child/family contacts
  
6. Total number of contacts/collaborations with medical home provider's i.e. PCPs
7. Total number of contacts/referrals to community resources i.e. funding, respite, advocacy other providers or agencies
8. Total number of activities provided to support CSHCN in their transition (**if applicable**) from adolescents to adulthood, i.e. transition from a pediatric to an adult provider, transition from an educational to a vocational setting and from living in the home to living in the community.

**C. Clinics (if applicable)**

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

***Family Health Administration  
LHD 2009 Conditions of Award (Cont)***

***Center for Preventive Health Services***

**Division of Oral Health**

67. Grantees must submit quarterly activity and fiscal reports on the forms provided by the Division of Oral Health via email at [fhauga-oralhealth@dhmh.state.md.us](mailto: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.

<b>Quarter</b>	<b>Reporting Period</b>	<b>Due Date</b>
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 2009 Conditions of Award (Cont)***

***Center for Preventive Health Services (Cont)***

- 68. Budget modifications, supplements, and reductions are due by March 15, 2009.
- 69. This award may be adjusted based on the availability of funds.

**Division of Injury Prevention and Epidemiology**

- 70. Grantees must submit quarterly activity and fiscal reports on the forms provided by the Division of Injury and Epidemiology via email at [fhauga-injuryprevention@dhmh.state.md.us](mailto:fhauga-injuryprevention@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.

<b>Quarter</b>	<b>Reporting Period</b>	<b>Due Date</b>
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

- 71. Budget modifications, supplements, and reductions are due by March 15, 2009.
- 72. This award may be adjusted based on the availability of funds.

**Division of Chronic Disease**

- 73. Grantees must submit quarterly activity and fiscal reports on the forms provided by the Division of Chronic Disease via email at [fhauga-chronicdisease@dhmh.state.md.us](mailto:fhauga-chronicdisease@dhmh.state.md.us); Quarterly reports should only cover the reporting periods. Reports are due 15 days following the end of the quarter.
- 74. Budget modifications, supplements, and reductions are due by March 15, 2009.
- 75. This award may be adjusted based on the availability of funds.

## ATTACHMENT V

### CIGARETTE RESTITUTION FUND PROGRAM

#### LHD FY 2009 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.
- D. In accordance with Health General Articles § 13.1002 (G) and § 13.1102 (H) the Local Health Department shall, no later than January 10<sup>th</sup> of each year, provide a report stating:
  - a. the amount of money that was received under this grant in the prior fiscal year and the amount of money that remained unspent and unobligated under this grant in the prior fiscal year,
  - b. the amount of money that was received under this grant for the current fiscal year that remains unspent and unobligated as of December 31<sup>st</sup> of the preceding calendar year,
  - c. the amount of money that was allocated to each component of the program under this grant in the prior fiscal year that remained unspent and unobligated at the end of the prior fiscal year, and
  - d. the amount of money that was allocated to each component of the program under this grant in the current fiscal year that remains unspent and unobligated as of December 31<sup>st</sup> of the preceding calendar year.
- 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.

***LHD 2009 Conditions of Award***  
***General Conditions (Cont'd)***

- F. This grant shall not be used to supplant a county's base year funding. Base year funding is defined as the amount of county 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 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 (Human Service Agreement) under this grant to the Department of Program Cost and Analysis 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.

## ATTACHMENT V

### CIGARETTE RESTITUTION FUND PROGRAM

#### LHD FY 2009 CONDITIONS OF AWARD

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

1. Grantee must submit a summary of any sub-grant awards in the quarterly reports.
2. Budget modifications can only be made within FT codes.
3. Budget modifications are due April 15th.
4. Each element of the Local Public Health Component is a separate project (PCA) and must be budgeted, tracked and reconciled separately.
5. Each LHD must submit quarterly reports that include the progress toward the achievement of program objectives, and action plans. The report should include a summary of accomplishments in each element (community, cessation, enforcement, and school based) of the local public health comprehensive tobacco prevention plan, a summary of outreach efforts to targeted minorities and quantified key indicators. These reports are due to the Center for Health Promotion on the following dates:
  - a. October 30th
  - b. January 30th
  - c. April 30<sup>th</sup>
  - d. July 30th
6. All direct services and interventions (smoking cessation, counseling, education sessions, and outreach) in the **cessation and community elements** must be tracked by the following population characteristics: Caucasians, Women, medically underserved, African Americans, Asian American, Hispanic/Latinos, and Native Americans.
7. For all sub vendors/subcontractors, the local health department shall provide the following to the Center for Health Promotion within 30 days of executing an agreement.

***Cigarette Restitution Fund  
LHD FY 2009 Conditions of Award (Cont'd)***

- a. A copy of the Request for Proposals.
  - b. A copy of the signed agreement that includes a line item budget and expected performance measures.
  - c. A summary document that describes the grant review process and a rationale for award(s) to chosen vendor(s).
8. Local health departments shall make tobacco treatment products available free of charge to an applicant participating in the Cigarette Restitution Fund Program regardless of race, religion, ethnic group, age, gender, sexual preference or insurance status.
  9. A local health department may establish written requirements for eligibility for tobacco treatment products in accordance with conditions above. Those written requirements must be submitted to the Department when the requirements are initiated and when any changes are made.
  10. All local health department sub vendors/grantees receiving over \$100,000 are subject to site visits by DHMH program staff as part of the health department's CRFP Tobacco Program site visit.
  11. All local health departments must track smoking cessation quit rates on all participants in local smoking cessation programs.
  12. All promotional and marketing materials should give credit to the Maryland Cigarette Restitution Fund Program.

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

13. The Minimal Elements for Education, Screening, Diagnosis, and Treatment developed by the Medical Advisory Committees established the Center for Cancer Surveillance and Control shall serve as the standards for education, screening, diagnosis, and treatment of target cancers.
14. A medical record shall be maintained for each participant who receive screening services through the Cancer Prevention, Education, Screening, and Treatment program.
15. The Local Health Department shall assure that individuals with positive screening diagnostic tests are aggressively case managed in order to provide these individuals with needed diagnostic and/or treatment services.

***Cigarette Restitution Fund  
LHD FY 2009 Conditions of Award (Cont'd)***

16. The Cancer Prevention, Education, Screening, and Treatment Program are the payer of last resort. Before medical services are rendered, Local Health Departments must verify client's insurance status, and before Local Health Departments pay for a medical service, an explanation of benefits from a third party payer must be received if the client has any type of insurance coverage.
17. The Local Health Department shall either provide treatment or linkages to treatment for uninsured individuals who are diagnosed with a targeted or non-targeted cancer as a result of being screened under this grant.
18. Screening services shall be reimbursed at a rate no higher than the federal Medicare rate. Diagnostic and treatment services, if covered, shall be reimbursed at the State Medical Assistance rate. Where diagnostic and treatment services are not available at the Medicaid rate, the grantee shall document non-availability 2001 for procuring diagnostic and treatment services at non-Medicaid rates. HSCRC regulated facilities and services shall be reimbursed at HSCRC rates or HSCRC-approved rates.
19. The Local Health Department may encumber funds at the end of the fiscal year for patient services following the guidelines of the memo to "Recipients of CRFP Funds" dated May 9, 2001. Encumbrances shall include a Treatment plan as outlined in CCSC Health Officer Memo 05-29, dated July 14, 2005.
20. For each sub-provider cost reimbursement contract (sub-vendor Human Service Agreement), the Local Health Department shall provide the following information within 30 days of execution of the agreement:
  - a copy of the signed agreement,
  - a copy of the detailed line item budget,
  - a copy of the performance measures, e.g. number of individuals to receive public education, number of providers educated, number of persons to be screened, or other specific measures of services to be provided, and

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

- a summary documentation of the grantee review process, e.g. notes from internal review group, meetings with potential sub-provider, budget review notes and rationale for award to the chosen vendor.
21. The Local Health Department shall submit periodic progress reports in the format and intervals specified by the program.
  22. In accordance with the Budget Reconciliation and Financing Act of 2004, 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.
  23. In accordance with COMAR 10.14.06.01-07, the Local Health Department that receives CRFP funds and that sets aside a portion of their grant award to pay cancer treatment services for eligible clients shall:
    - a. Develop written financial eligibility criteria for uninsured and underinsured individuals to receive treatment services funded by the CRFP program.
    - b. Submit the written financial eligibility criteria for cancer treatment services to the Department of Health and Mental Hygiene (DHMH) when the criteria is initially developed and when any changes in the financial eligibility criteria are made.

## ATTACHMENT VI

### DEVELOPMENTAL DISABILITIES ADMINISTRATION

#### LHD FY 2009 CONDITIONS OF AWARD

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

## ATTACHMENT VII

### MENTAL HYGIENE ADMINISTRATION

#### LHD FY 2009 CONDITIONS OF AWARD

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

## **ATTACHMENT VIII**

### **OFFICE OF HEALTH SERVICES**

#### **LHD FY 2009 CONDITIONS OF AWARD**

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

**ATTACHMENT IX**

**OFFICE OF ELIBILITY SERVICES (OES)**

**LHD FY 2009 CONDITIONS OF AWARD**

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

**ATTACHMENT X**

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

**LHD FY 2009 CONDITIONS OF AWARD**

**See Attachment for the following Grants:**

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