

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LOCAL HEALTH DEPARTMENT PLANNING AND  
BUDGET INSTRUCTIONS  
FOR FY 2009**

Department of Health and Mental Hygiene  
Local Health Department  
Planning and Budget Instructions – FY 2009

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## ***FY 2009 LOCAL HEALTH DEPARTMENT PLANNING AND BUDGET INSTRUCTIONS***

### OVERVIEW AND FORMAT

The FY 2009 Local Health Department (LHD) Planning and Budget Instructions continue with the structure and format used last year. The 2009 instructions are contained in the following two sections.

Section I Local Health Department Budget Package

Section II Administration Specific - Categorical Grant Instructions

A brief explanation of each section follows.

Section I includes the LHD Budget Package, DHMH Form 4542 A-M, with specific line item budget instructions. The DHMH Form 4542 budget format is to be used for **all** categorical grant funding included on the Unified Funding Document (UFD).

Section II includes the individual funding administration's specific categorical grant planning and budget instructions. This section contains submission dates, program goals and objectives, performance measures, etc., as determined by the funding administration for each type of grant. This section does not look that different from prior year submissions.

**ADMINISTRATION SPECIFIC - CATEGORICAL GRANT BUDGET  
PREPARATION**

**GENERAL INSTRUCTIONS**

Budgets for categorical grants for all DHMH Program Administrations are to be prepared electronically using the DHMH 4542, Local Health Department Budget Package.

**Important items to note are:**

The completed budget package is to be submitted to the appropriate Program Administration by the due date specified later in the relevant section of these instructions.

Requests to post a locally funded program to FMIS should be directed to the DHMH Division of General Accounting.

Fringe rates to be used in the preparation of the FY 2009 budget requests are (revised) as follows:

**Merit System Positions:**

FICA	7.33% to \$107,191 + 1.45% of excess
Retirement	8.73%
Unemployment	0.10%
Health Insurance	\$7,082
Retiree's Health insurance	35%
Retiree's Health Insurance Liability	45.40%

**Special Payments Positions:**

FICA	7.65% to \$102,683 + 1.45% of excess
Unemployment	0.20%

**1/29/08 - Revised**

**ADENDUM TO FY2009 WORKMEN'S  
COMPENSATION PREMIUMS**

<b>COUNTY</b>	<b>FY09 ALLOW. AUTH. PINS</b>	<b>COST PER PIN</b>	<b>TOTAL PREMIUM COST</b>
ALLEGANY	247.70	196.82	48,751
ANNE ARUNDEL	285.75	196.82	56,240
BALTIMORE	1.00	196.82	197
CALVERT	115.10	196.82	22,654
CAROLINE	108.70	196.82	21,394
CARROLL	172.70	196.82	33,991
CECIL	141.20	196.82	27,791
CHARLES	228.10	196.82	44,895
DORCHESTER	93.52	196.82	18,407
FREDERICK	183.38	196.82	36,093
GARRETT	117.00	196.82	23,028
HARFORD	210.80	196.82	41,490
HOWARD	206.05	196.82	40,555
KENT	84.50	196.82	16,631
MONTGOMERY	1.00	196.82	197
PRINCE GEORGE'S	22.00	196.82	4,330
QUEEN ANNE'S	93.60	196.82	18,422
ST. MARY'S	92.60	196.82	18,226
SOMERSET	82.80	196.82	16,297
TALBOT	85.30	196.82	16,789
WASHINGTON	242.15	196.82	47,660
WICOMICO	229.60	196.82	45,190
WORCESTER	176.30	196.82	34,699
	<hr/>		
	3,220.85	196.82	633,927

**Revised 1/28/08**

**SECTION I**

**LOCAL HEALTH DEPARTMENT BUDGET PACKAGE**

**(Required for all Categorical Grants on the Unified Funding Document)**

**LOCAL HEALTH DEPARTMENT BUDGET PACKAGE**  
**(DHMH 4542 A-M)**

Overview

The DHMH electronic 4542 package includes all the LHD budgeting schedules. It is the complete package of forms necessary for the awarding, modification, supplement or reduction of any LHD categorical award reflected on the Unified Funding Document (UFD)

**Local health departments must use the electronic DHMH 4542 Budget Package to initially budget and/or amend any categorical grant award included on the UFD.**

Specific instructions for each component or form in the Local Health Department Budget Package, DHMH 4542 A-M, are included in the following pages.

**STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
INSTRUCTIONS FOR THE COMPLETION OF THE  
LOCAL HEALTH DEPARTMENT (LHD) BUDGET PACKAGE**

General Instructions

The local health department budget package is an EXCEL-based spreadsheet that includes links to subsidiary schedules. Some of the schedules include cells that are shaded to identify how or by whom that particular field is filled. A four-color coding scheme is used in the budget package. The keys to the four-color coding scheme follow.

**Yellow** – Any yellow shaded cell is for the sole use of LHD staff.

**Blue** - **Do not enter data in any blue shaded cells.** Any blue shaded cell is a cell that is either linked to another sheet in the budget package or contains a formula.

**Tan** – Any tan shaded cell is for the sole use of the DHMH funding administration staff. The tan shaded cells are found only on the 4542A – Program Budget Page (Comments) and the Grant Status Sheet (4542M).

**Green** – Any green shaded cell is for the sole use of the Division of General Accounting/ Grants Section (DGA). The green cells are found only on the 4542A -Program Budget Page (Comments) and the Grant Status Sheet (4542M).

**The LHD budget package is to be submitted electronically by the local health department to the funding administration. Each LHD budget file will have a unique file naming convention that must be followed by the LHD. This unique file name format is necessary for DGA/ Grants Section to manage the hundreds of electronic budget files that will be received, processed and uploaded by DGA/ Grants Section. There is a required field for the file name on the Program Budget Page. Detailed instructions on the file naming convention are located in the next section.**

The cells containing negative numbers, e.g. collections or reductions, must be formatted to contain a parenthesis, for example, (\$1,500). Please make sure that neither brackets nor a minus sign appear for negative numbers. The automatic formatting on the page should show as \$1,500. The formatting has been set by the Department and should not require correcting. The parenthesis format is the required structure for file uploading to FMIS. If something other than a parenthesis for negative numbers is used, the budget file will error out of the upload process.

Local health departments are encouraged to consolidate their use of budget line items. The Program Budget Page provides a list of commonly used line items. Local health departments are free to write over the line item labels or fill in blank cells on the Program Budget Page. **Please do not insert or delete any rows from the Program Budget Page (4542A). You can write over existing labels or leave them blank but do not insert or delete any rows.**

## 4542 A - Program Budget Page

**Funding Administration** - Enter the DHMH unit to whom you are submitting the document, e.g., Family Health Administration

**Local Health Department** - Enter name of submitting local health department

**Address** – Enter mailing address where information should be sent regarding program and fiscal matters

**City, State, Zip Code** – Enter relative to above address

**Telephone #** – Enter number, including area code, where calls should be directed regarding program and fiscal matters

**Project Title** – Enter specific title indicating program type, e.g., Improved Pregnancy Outcome

**Grant Number** - Enter the DHMH award number from the UGA, e.g., FH884IPO

**Contact Person** – Enter the name of the individual(s) who should be contacted at the above telephone number regarding fiscal matters related to this grant award

**Federal I.D. #** - Enter the Federal I.D. # for the local health department

**Index** – Enter the county index number for posting to FMIS (see attached list)

**Award Period** - Enter the period of award, e.g., July 1, 2003 - June 30, 2004

**Fiscal Year** - Enter applicable state fiscal year, e.g., 2004

**County PCA** – enter the County PCA code that will be charged for this grant, e.g., F696N; only one per budget; if unknown, please contact Mr. Barry Stabile (BStabile@dnhm.state.md.us or 410-767-6789) of the Community Health Administration.

**File Name** – Enter the file name exactly in the format as indicated below. Each LHD budget file must have a unique file name in the following format. **There are no exceptions to this file name format.** Please complete the file name exactly as indicated, including the dashes.

- File Name Format: FY-County-PCA-Grant #-Suffix for Modification, Supplement, Reduction – no blank space in name, e.g.,

04-Howard-F329N-FH884IPO (this would be an original budget)  
04-Howard-F329N-FH884IPO-Mod1  
04-Howard-F329N-FH884IPO-Red1  
04-Howard-F329N-FH884IPO-Sup1  
04-Howard-F329N-FH884IPO-Sup2  
04-Howard-F329N-FH884IPO-Cor1

**Date Submitted** - Enter the date the budget package is submitted to the funding administration

**Original Budget, Modification #, Supplement #, Reduction #** - If this is the original budget submission for the award, enter “yes”. If this is a modification, supplement or reduction, enter “no” and “#1”, “#2”, etc. on the appropriate line.

**Summary Total Columns (above line item detail)**

- Current Budget Column
- DHMH Funds Mod/Supp (Red) Column
- Local Funds Mod/Supp (Red) Column
- Other Funds Mod/Supp (Red) Column
- Total Mod/Supp (Red) Column

In this section, the LHD must only enter amounts in the “Indirect Cost” field. Other than the Indirect Cost fields, the budget package accumulates the total of the line item budget detail. These totals provide the break out of funding for DHMH, local and/or other funds for the original budget and any subsequent budget actions.

Please note that the calculated fields (blue shaded cells) are formatted in the spreadsheet to show cents. This was done to provide an indication that the line item detail contains cells with cents in error. If the totals in this section contain cents, reexamine the line item detail and correct the line item budget. Do not modify the formulas in this section to adjust for the cents. The budget should be prepared in whole dollar increments, and therefore should not contain cents either by direct input or formula.

Descriptive lines used in this section follow.

- Direct Costs Net of Collections – **Do not enter data in this row.** This row contains a formula that calculates the total direct costs net of collections.
- Indirect Costs – Enter the amount of indirect costs posted to line item 0856 in the respective column in the line item budget detail. Please note that the Current Budget for indirect costs must be adjusted manually if a modification to indirect costs is made.
- Total Costs Net of Collections - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in each respective column.
- DHMH Funding – **Do not enter data in this row.** This row contains a formula that calculates the DHMH Funding Amount by subtracting the Total All Other Funding and Total Local Funding from the Total Costs Net of Collections.
- All Other Funding – **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in the All Other Funding column.
- Local Funding - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in the Local Funding column.
- Total Mod/Supp/(Red) Column – **Do not enter data in this row.** This column

contains a formula that simply calculates the total of the postings in the previous three columns in this section.

**Program Approval/Comments** – (tan shaded cell) Do not enter any information in this section. This section is reserved for the use of the DHMH funding administration.

**DPCA Approval/Comments** – (green shaded cell) Do not enter any information in this section. This section is reserved for the use of the DGA/ Grants Section staff.

### **4542 A - Program Budget Page - Line Item Budget Detail Section**

**Line Item Number / Description (columns 1 & 2)** - For local health departments, enter the line item numbers from the state Chart of Accounts. Commonly used line items are provided on this form. New line items may be added to a blank cell at the bottom of the line item listing or an existing line item can be written over. **It is very important to note that rows should not be inserted or deleted. To do so, will fracture the links to the budget upload sheet and the file will not upload to FMIS.** Line items can be overwritten or filled in if need be, or blanked out or left blank, but line items should not be added or deleted by inserting/deleting rows on the worksheet.

**DHMH Funding Request (column 3)** - Enter by line item the amounts to be supported with DHMH funds.

**Local Funding (column 4)** - Enter by line item the amounts to be supported with local funds.

**All Other Funding (column 5)** – Enter by line item the amounts to be supported with funds other than DHMH Funding and/or Local Funding.

**Total Other Funding (column 6)** – This column contains a formula that adds Local Funding (column 4) and All Other Funding (column 5)

**Total Program Budget (column 7)** - This column contains a formula that adds the DHMH Funding (column 3), Total Other Funding (column 6), and Total of Modification/Supplements or Reductions (column 11).

**DHMH Budget, Local Budget, Other Budget – Modification, Supplement, or Reduction (columns 8, 9, 10 and 11)** - Enter by line item and funding source (i.e., DHMH, local or other) any changes due to Budget Modifications Supplements, or Reductions. The Total Program Budget (column 7) will be recalculated to include these changes. **Please remember that the new Total Program Budget (column 7) will become the new base budget for any subsequent budget submissions.**

### **Supplementary Subsidiary Budget Forms (4542 B thru 440 A)**

The following forms have been modified to include links that pull information from the 4542A is shaded in blue are either linked to another sheet or contain a formula. Please do not

enter data in these fields or cells. The fields will be populated automatically upon completion of the 4542A form. **Please do not enter data into a blue shaded cell.**

### **4542 B - Budget Modification, Supplement or Reduction** **Line Item Changes and Justification**

This form is required ONLY for Budget Modifications, Supplements or Reductions. This form should contain the changes (+ or -) from the most recently approved budget by line item. Specify the type of funding that is affected by the change (i.e., DHMH Funding, Local Funding or All Other Funding) and justification for the change. Please note that justification is required for changes to fee collections.

This schedule contains links to the Program Budget Page (4542A) that pull the line item number and the amount from Column 11. A formula is supplied that accumulates the total of the changes on this page, cross checks the total to the budget page and provides a check total (which should equal zero). These cells are shaded in blue and should not be modified by the LHD.

### **4542 C Estimated Performance Measures**

This schedule is used to detail the estimated performance measures for the fiscal year.

### **4542 D Schedule of Salary Costs**

All fields should be completed on this schedule. Additional guidance follows.

- Merit System - If the position is to be filled using a state or local merit system, identify that system.
- Grade and Step - Ignore if not merit system driven. Temporary positions for replacement of persons on leave should be separately identified.
- Hours per week are required.
- Expected expenditures should be listed if the proposal or the position is for less than one year. Append a note or secondary schedule showing the annual salary.
- If the position is vacant, indicate the expected hiring date.
- Include annual leave, promotions, etc.
- Please do not include fringe costs on this schedule.

### **4542 E – Schedule of Special Payments Payroll Costs**

All fields should be completed on this schedule. Please list the individual's name. If payment will be made to a business, list the firm's name also. Total costs must equal the hourly rate times the total number of hours.

The two totals (formulas provided) for this schedule must agree with the special payments payroll line item (0280) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0280. The

“Total Salary” amount on this schedule must equal the special payments payroll (line item 0280) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

#### **4542 F - Schedule of Consultant Costs**

All fields should be completed on the schedule. Please list the individual consultant’s name. If payment will be made to a business, list the firm's name also. List the consultant’s professional area; the hourly rate and the budgeted total annual hours. The “Total Cost” is calculated by multiplying the “Hourly Rate” times the “Total Hours”.

The two totals (formula provided) for this schedule must equal the total of Object .02 line items, excluding line items 0280, 0289, 0291 and 0292 amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for Object .02 exclusive of the aforementioned line items. The “Total Cost” amount on this schedule must equal the Object .02 total exclusive of the aforementioned line items in the Total Program Budget Column (col. 7) on the DHMH 4542A.

**Note:** The consultant-contractor relationship is defined by the individual, personal delivery of service where the consultant has a high degree of autonomy over his/her use of time, selection of process, and utilization of resources. The IRS guidelines can be used to assist in defining the employer/employee relationship and to distinguish between a consultant and an employee.

#### **4542 G - Schedule of Equipment Costs**

This schedule details all equipment costing \$500 or more per item to be purchased with DHMH funds and the total cost of all equipment costing under \$500 per item. The description column for items costing over \$500 should list the item to be purchased and its proposed use. Indicate if the item is additional equipment or to replace equipment purchased previously with DHMH funds. If more space is needed, continue the narrative within the column. Use additional pages as necessary.

The two totals (formula provided) for this schedule must agree with the total of all equipment line items in Objects 10 and 11 on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line items in Objects 10 and object 11. The “Total Cost” amount on this schedule must equal the amount for line items in Objects 10 and object 11 on the Total Program Budget Column (col. 7) on the DHMH 4542A.

#### **4542 H - Purchase of Care Services (Line Item 881)**

This schedule is to be used to detail any amounts reflected on the Purchase of Care line item (0881) on the Program Budget page (4542A). This schedule and line item 0881 should only be used for unit price contracts and fixed price contracts. It is **not** to be used for cost reimbursement contracts. List the type of service, the contract type (fixed price or unit price),

the vendor from whom the service is to be purchased, the performance measures relative to the purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the purchase of care line item (0881) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0881. The “Total Cost” amount on this schedule must equal the purchase of care (line item 0881) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

**For LHD’s using the Purchase of Care Services Line Item to subcontract services to another vendor for services specific to the Development Disabilities Administration, a 432 A-H line item budget must be electronically sent in addition to the 4542 package.**

#### **4542 I – Human Service Contracts (Line Item 896)**

This schedule is to be used to detail any amounts reflected on the Human Service Contract line item (0896) on the Program Budget page (4542A). This schedule and line item 0896 is to be used **only** for cost reimbursement contracts. List the type of service, the vendor from whom the service is to be purchased, and the performance measures relative to that purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the human service contracts line item (0896) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0896. The “Total Cost” amount on this schedule must equal the human service contracts (line item 0896) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

#### **4542 J – Detail of Special Projects (Line Item 899)**

This schedule is to be used to detail any amounts reflected on the Special Projects line item (0899) on the Program Budget page (4542A). This schedule and line item 0899 is to be used **only** for cost reimbursement contracts. List the type of service, the vendor from whom the service is to be purchased, and the performance measures relative to that purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the special projects line item (0899) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0899. The “Total Cost” amount on this schedule must equal the special projects line item (0899) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

### **4542 K - Indirect Cost Calculation Form**

For local health departments, indirect cost is limited to 7% of the departmental award, defined as DHMH funds and collections. This form includes formulas for the percentage based calculation of indirect costs or allows space for a local health department to show an alternate methodology for the calculation of indirect cost. Regardless of methodology, the indirect cost calculation must be shown on this schedule.

### **4542 L - Budget Upload Sheet (DPCA Use Only)**

The purpose of this sheet is to upload the budget into FMIS. **Local health department personnel should not enter any information directly onto this sheet. This sheet is for use of DGA/ Grants Section only.** Data will be entered automatically on this form as the Program Budget Page (4542A) is completed. Please do not attempt to enter data on to this sheet or to modify it in anyway.

### **4542 M – Grant Status Sheet (For Funding Administration Use)**

The purpose of this schedule is to provide sufficient information for DGA/Grants Section to post grants to the UFD and to track various types of UFD actions. This form is to be completed by the funding administration and forwarded to Grants Section. **The funding administration should enter information in all tan shaded fields.** Some information fields (blue) are provided in the section detailing the County Code, PCA Code, Tracking #, etc. The lone green shaded cell is for DGA/Grants Section to enter the date the Grant Status Sheet was received in the DGA/Grants Section.

### **DHMH 440 - Annual Report – Year End Reconciliation**

Local health departments may use FMIS in lieu of the DHMH 440 Report. If a local health department is filing a DHMH 440 Report, some of the information will be completed automatically (blue shading) from the Program Budget Page (4542A). Line items are provided but they can be modified to reflect those used by the health department for a particular award. Please complete appropriate information (yellow shading) as needed. The total budget and expenditure and overall budget balance is included in Section II at the top of the form. Please DO NOT change the formulas on the Year-End Report.

### **DHMH 440A - Performance Measures Report**

All local health departments must complete this form. Some information (blue shading) is pulled from other budget forms. The “Final FY Count” (yellow shading) is to be completed by the local health department.

**SECTION II**  
**ADMINISTRATION SPECIFIC - CATEGORICAL**  
**GRANT INSTRUCTIONS**

# ***AIDS ADMINISTRATION***

## **INSTRUCTIONS FOR THE PREPARATION OF NARRATIVES AND BUDGETS FOR CATEGORICAL GRANTS**

### **1. Tentative Allocations**

The AIDS Administration will send allocation letters around March 2008 for all programs funded by the Administration. No funding for new programs is anticipated.

### **2. Program Proposals**

- Prevention projects must be consistent with priorities established by the Community Planning Group (CPG).
- Health and support services for persons living with HIV infection must be consistent with priorities set by the regional advisory groups and HRSA HIV/AIDS Bureau.
- Please refer to the State Fiscal Year 2008 Allocation Plan for Regional Services Priorities.
- Distinct program plans for each funded activity (e.g., Counseling, Testing and Referral, etc.) should be included along with an overall plan when awards for continuing prevention activities are consolidated.
- Specific prevention program activities should be consistent with the needs addressed in the document “HIV Prevention Plan for the State of Maryland, Calendar Year 2004-2008”, and with the Calendar Year 2008 Cooperative Agreement Application for HIV prevention submitted by the AIDS Administration to the US Centers for Disease Control and Prevention. The current HIV prevention priorities from the CPG Plan may be found at:  
<http://dhmh.state.md.us/AIDS/Prevention/PrevGoalsPriorities/mdHIVPrevPriorities.htm>

### **3. Resources to Use as a Guide for Preparing Documents**

- The following resources are recommended for use in *planning* HIV prevention programs. Copies of these documents may also be obtained by calling the AIDS Administration’s Resource Center at (410) 767-5775.
- Advancing HIV Prevention: New Strategies for a Changing Epidemic  
[http://www.cdc.gov/hiv/topics/prev\\_prog/AHP/resources/guidelines/AHPIntGuidfinal.pdf](http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/AHPIntGuidfinal.pdf)

## ***AIDS ADMINISTRATION (Continued)***

- Links to CDC guidelines for implementing prevention efforts, including Prevention With Positives, Health Education and Risk Reduction, and Comprehensive Risk Counseling and Services, may be found at <http://www.cdc.gov/hiv/resources/guidelines/index.htm#prevention>
  - HIV Partner Counseling and Referral Services Guidelines (CDC) <http://www.cdc.gov/hiv/PUBS/pcrs/pcrs-doc.htm>
  - HIV Prevention Among Drug Users: A Resource Book for Community Planners and Program Managers <http://www.cdc.gov/idu/pubs/hpdu/toc.htm>
- The following resources are recommended for use in ***implementing*** HIV service programs. Copies of these documents may also be obtained by calling the AIDS Administration's Resource Center at (410) 767-5775.
- Incorporating HIV Prevention into the Medical Care of Persons Living with HIV: Recommendations of CDC, the Health Resources and Services Administration, the National Institute of Health, and the HIV Medicine Association of the Infectious Diseases Society of America <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>
  - Public Health Service Task Force Recommendations for the use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Intervention to Reduce Perinatal Transmission in the United States <http://aidsinfo.nih.gov/ContentFiles/PerinatalGL01301998041.pdf>
  - Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>

#### **4. Specific Guidelines for AIDS Administration Categorical Awards for FY 2008 Program Description**

- A. Provide a brief and complete program description for each of the current HIV/AIDS programs in your jurisdiction. Please include:
- (1). Current agency organizational chart showing structure and staffing of HIV/AIDS programs within your local health department.

***AIDS ADMINISTRATION (Continued)***

(2). For Prevention Programs:

- Specific descriptions of services offered under each applicable category below:

Health Education and Risk Reduction  
Training and Capacity Building  
Counseling, Testing, Referral  
HIV Partner Counseling and Referral Services  
HIV Surveillance / Epidemiology

(3). For Ryan White Part B and Part D Services, Patient Services and Health and Support Services:

- Complete the “HIV Services Package – Programmatic Section” which is available through the AIDS Administration HIV Health Services Administrators.

B. Progress Report

(1). Provide a Fiscal Year year-end summary report that includes:

- a. A narrative description of program changes, accomplishments and problems, including problems with committing and/or spending allocated funds for each HIV/AIDS program indicated under A.
- b. The degree to which each program achieved State Fiscal Year 2008 goals and objectives.
- c. Description of cooperative program efforts with other agencies both within and outside the local health department.

C. Program Goals, Objectives and Implementation Steps

(1). For Prevention Programs:

- a. List your FY 2009 priority goals and related objectives for each program identified. Prevention awards, as previously stated, must be consistent with the “HIV Prevention Plan for the State of Maryland, Calendar Years 2004-2008” and the Calendar Year 2008 Cooperative Agreement Application for HIV Prevention.
- b. List implementation steps planned for each goal/objective.

## ***AIDS ADMINISTRATION (Continued)***

- c. Outcome oriented goals and objectives must be specific and stated in measurable terms.
- d. Guidance in preparing goals, objectives, and implementation steps may be obtained from the HIV Prevention program monitor listed in the current Grant Award.

(2). For HIV Health Care Services:

- Complete the “HIV Services Package – Programmatic Section” which is available through the AIDS Administration HIV Health Services Administrators.

D. Performance Measures

- (1). HIV Prevention Performance Measures are required by CDC that include process and outcome variables related to risk reduction.
- (2). HIV Care Services Performance Measures are required by HRSA and the AIDS Administration and can be found at <http://www.dhmf.state.md.us/AIDS/ProviderResources/treatCare.htm>

### **5. Budgetary Requirements**

- A. HIV/AIDS program budgets must be submitted electronically to the following GroupWise e-mail address: [AIDSUGA@DHMH.STATE.MD.US](mailto:AIDSUGA@DHMH.STATE.MD.US)
- B. For the 2009 budget, submit job descriptions as well as a listing of all personnel funded by the AIDS Administration. This listing must include classification, name of incumbent, percentage of time worked on each grant, project and salary. Fee collections must also be reflected in the budget.
- C. **Ryan White Part B - Health Services**  
The budget must be sent **electronically** to the above e-mail address by **July 15, 2008**. Subcontractor budgets must be included with the narrative as well as Table III and contract review certification. If you are unable to submit these documents electronically, please submit two hard copies.
- D. The HIV Services Budget Package-Programmatic Section must be submitted electronically to the AIDS Administration HIV Health Services Administrators by June 4, 2008.

*AIDS ADMINISTRATION (Continued)*

- E. **All other budgets not funded by Ryan White Part B must be sent electronically** to the above e-mail address by **August 15, 2008**. Subcontractor budgets must be included with the narrative. If you are unable to submit the subcontractor budgets electronically, please submit two hard copies to:

**Ms. Susan L. Greenbaum  
AIDS Administration  
500 N. Calvert St., 5<sup>th</sup> Floor  
Baltimore, MD 21202**

F. Supplemental Funding

If the AIDS Administration receives new or expanded funding during the year, you may be contacted about opportunities for expanded programming. We will identify priorities for funding and will request that you provide information following these guidelines. Supplemental awards will be offered and developed consistent with guidelines and priorities of funding agencies. Reporting requirements will be specified in the award documents and attachments issued by the AIDS Administration.

Definitions

Program Activity Areas

***Health Education and Risk Reduction (HERR)*** are programs and services that reach persons at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. These programs and services seek to change knowledge, attitudes, beliefs and behaviors that put persons at risk for HIV transmission. Subcategories of intervention include individual, group, and community level education and counseling, prevention case management, and outreach.

***Training and Capacity Building*** are programs that train persons in HIV prevention strategies and build the capacity of local community groups and governmental entities to undertake HIV prevention activities with the involvement of target audiences in the planning, implementation, and evaluation of such programs.

***Counseling, Testing, Referral (CTR)*** are targeted HIV counseling and testing programs for individuals who engage in high- risk behaviors (e.g., men who have sex with other men, injecting drug users/substance abusers, at-risk minority women of childbearing age, at-risk incarcerated persons, patients of STD or TB clinics). CTR also includes referral to partner counseling and referral services, early intervention (for seropositive follow-up and support), and related prevention activities.

## ***AIDS ADMINISTRATION (Continued)***

***HIV Partner Counseling and Referral Services (PCRS)*** Programs provide assistance for HIV-infected persons with notification of their sex and needle-sharing partners so the partners can avoid infection or, if already infected, can prevent transmission to others. They help partners of HIV infected persons gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

***Surveillance*** ensures the complete, accurate and timely reporting by physicians of HIV and AIDS cases and HIV exposed infants and by health care institutions of HIV and AIDS cases. Surveillance also includes the follow-up with physicians and health care institutions of reports of potential HIV and AIDS cases identified from laboratory reports of HIV infection, HIV viral loads, and CD4+ T-lymphocyte cell counts. The collection, storage, and transmittal of HIV and AIDS surveillance information must be performed in accordance with the standards for HIV and AIDS surveillance data security and confidentiality.

***Behavioral Surveillance*** collects HIV risk related behavioral information from populations at elevated risk for HIV transmission using population appropriate sampling techniques. Information collected through behavioral surveillance is used for planning HIV prevention and treatment services programs.

***Health and Support Services*** programs provide a coordinated comprehensive system of HIV care for eligible individuals living with HIV/AIDS, using a network of community-based public and private service providers. These include Part B and Part D HIV services, state-funded services, and Housing Opportunities for People with AIDS (HOPWA).

***END OF AIDS ADMINISTRATION CATEGORICAL  
GRANT INSTRUCTIONS***

# ***ALCOHOL AND DRUG ABUSE ADMINISTRATION FY 2009 GRANT APPLICATION INSTRUCTIONS***

## **KEY INFORMATION**

- Written to describe substance abuse prevention, intervention, and treatment services funded by the ADAA within the local jurisdiction.
- Written to reflect utilization of best practices in providing these services. Best practices refer to services that reflect research based findings and prevention model programs.
- No more than 20 typewritten, single spaced pages of text using Times New Roman font, size 12. Charts and budget pages are not included in the page count.
- Sequentially number all pages.
- DHMH budget forms and narrative submitted electronically.
- The jurisdiction's allocation request cannot exceed the funding level provided by the ADAA.

## **NARRATIVE INSTRUCTIONS**

The narrative must include the following sections:

1. Introduction
2. Planning Process
3. Organizational Chart
4. Screening, Assessment and Patient Placement Criteria
5. Treatment Services
6. Prevention Services
7. Information Technology
8. Proposed FY 09 MFR and System Development Plan

The following are specific instructions for completing each required section:

### **1. Introduction**

Describe the system structure, function, types of services, and the population(s) targeted for services. Note: Targeted populations are not necessarily identical to the federal priority populations discussed in Section #4.

### **2. Planning Process**

Describe the planning process used in designing the system of services. Describe the relationship and interaction with the jurisdiction's Drug and Alcohol Abuse Council. Describe plans to negotiate and execute changes in collaborative relationships with other systems where applicable. Include additional management initiatives to increase program effectiveness and efficiency, and to ensure compliance with Conditions of Award.

*Alcohol and Drug Abuse Administration (continued)*

**3. Organizational Chart**

Submit an organizational chart showing each funded program in the system and each position by name, class title and funding source, e.g. ADAA, County or other. Each position must be shown under the appropriate program. When an employee's duties are split between programs, the employee must be shown under each appropriate program. Locally funded positions used to provide services that are part of an ADAA grant must be shown on the organizational chart.

**4. Screening, Assessment and Patient Placement Criteria**

Describe the methods and associated tools for screening, assessing and placing patients into care. Specifically discuss both the adult and adolescent processes. Describe which federally-defined priority populations (pregnant women, women with children, HIV positive individuals, and IV drug users) are served, the specific services provided to these populations, and how these populations are prioritized for screening, assessment and placement into care. Describe, including timeframes, how individuals who are court committed pursuant to Health General 8-505 and 8-507 or who are referred by the criminal justice system are screened and assessed. Discuss the use of technology in treatment decision-making and the transmittal of patient information. Discuss the connections (e.g. MOUs, referral agreements) with core social institutions that facilitate access to treatment for individuals in those social institutions (e.g. child welfare, criminal justice system, etc.)

**5. Treatment Services**

A. Treatment Narrative

Describe the continuum of ADAA funded care by the ASAM PPC Levels of Care. Specifically discuss both the adult and adolescent processes. Describe the use of best practices in the provision of treatment services. Note: Best practices refer to services that reflect research based findings and prevention model programs. Describe how family and/or child focused prevention services are being implemented within treatment settings. Describe how HIV/AIDS and Hepatitis A, B, and C risk assessment, risk reduction, and referral for counseling and testing are addressed and/or provided. Describe how all ADAA funded subvendors are programmatically monitored.

B. Treatment Matrix

Provide a matrix listing each ADAA funded program, grant number(s), SAMIS clinic number(s), national provider number, level of care, criteria for placement, frequency and length of contact, services provided, number of slots/beds, number of individuals served, and access points.

*Alcohol and Drug Abuse Administration (continued)*

**6. Prevention Services**

Note: All prevention programs must be selected from the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP).

A. Prevention Narrative

Describe the community-based substance abuse prevention programs funded by ADAA and identify the lead prevention agency responsible for the program. Specifically discuss both the adult and adolescent processes. Describe the integration of prevention and treatment services, including the prevention strategies of information dissemination, education, alternatives, community based process, environment, and problem identification and referral. Describe collaboration and partnering with other community agencies. Describe how all ADAA funded subvendors are programmatically monitored.

B. Prevention Matrix

Submit a matrix listing each prevention program, prevention strategies, risk factors to be addressed, target populations, number of individuals to be served, goals and measurable objectives, and the timeline for implementation (if a new program). List all evidence-based programs and other prevention activities funded wholly or in part by ADAA.

**7. Information Technology and Managing Information**

Discuss the information technology plan and its implementation. Include in the discussion any plans for equipment upgrades, the status of electronic reporting via SMART and the use of information in performance management. Indicate all technical assistance requirements. State whether the national provider number has been applied for and received. Include this number on the appropriate matrix.

**8. Proposed FY 08 MFR and System Development Plan**

The ADAA Managing For Results (MFR) outcome measures for **FY 07** are:

1. 62% of patients in ADAA funded outpatient and halfway house programs are retained in treatment at least 90 days. (Note: Outcome measures for outpatient programs must be reported separately from halfway house programs.)
2. 50% of the patients completing ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.
3. 75% of patients completing ADAA funded detoxification programs enter another level of treatment within thirty days of discharge.
4. The number of patients using substances at completion of treatment will be reduced by at least 68% from the number of patients who were using substances at admission to treatment.
5. The number of employed patients at completion of treatment will increase by at least 29% from the number of patients who were employed at admission to treatment.

***Alcohol and Drug Abuse Administration (continued)***

6. The average arrest rate per patient during treatment will decrease by at least 76%.

Describe your jurisdiction's outcome measure data for the entire 12 months of FY 07 relative to the ADAA FY 07 MFR outcome measures. Explain variances and describe plans to address all deficiencies.

The ADAA Managing For Results (MFR) outcome measures for **FY 08** are:

1. 62% of the patients in ADAA funded outpatient programs are retained in treatment at least 90 days.
2. 60% of patients in the ADAA funded halfway house programs are retained in treatment at least 90 days.
3. 50% of the patients completing ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.
4. 75% of the patients completing ADAA funded detoxification programs enter another level of treatment within 30 days of discharge.
5. The number of patients using substances at completion of treatment will be reduced by 85% among adolescents and 68% among adults from the number of patients who were using substances at admission to treatment.
6. The number of employed adult patients at completion of treatment will increase by 29% from the number of patients who were employed at admission to treatment.
7. The average arrest rate per patient during treatment will decrease by 65% among adolescents and 75% among adults.

Describe your jurisdiction's outcome measure data from the first 6 months of FY 08 relative to the ADAA FY 08 MFR outcome measures. Explain variances and identify plans to address all deficiencies.

**BUDGET PREPARATION INSTRUCTIONS**

Note: Each jurisdiction will receive its FY 2009 ceiling letter for budget preparation from the ADAA. The jurisdiction's allocation request cannot exceed the funding level provided by the ADAA.

**Budget Forms: DHMH 4542 And DHMH 432**

Refer to the ADAA website, [www.maryland-adaa.org](http://www.maryland-adaa.org) , for budget forms and instructions.

*Alcohol and Drug Abuse Administration (continued)*

**Financial Reporting and Allocation Network**

The ADAA requires a submission of the Financial Reporting and Allocation Network (F.R.A.N.) form with the budget submission for each grant. A separate form for Treatment (T.F.R.A.N.) and Prevention (P.F.R.A.N.) services is required.

**Subprovider Budget Review Practices**

The DHMH Division of Program Cost and Analysis (DPCA) issued guidelines detailing documentation requirements relating to the Department's subprovider review practices. These guidelines are a direct result of findings in a recent legislative audit of the DHMH Office of the Secretary. Included in the DPCA guidance was the initiation of an attestation by the funding administration that subprovider budgets were subjected to a comprehensive review process before they were approved by the funding administration. The key issue with the review of subprovider budgets is the documentation that such a review was done in support of the funding administration's attestation. ADAA does not have a direct funding relationship with the subprovider. The vendor of record, usually a local health department, county executive, county commissioners, county council or delegated authority, has a direct funding relationship with the subprovider. The vendor of record would be required to submit documentation as referenced below:

- A memorandum from the vendor of record to the funding administration detailing the vendor of record's comprehensive subprovider budget review process. This should include steps taken in that review such as meetings with subproviders, analytical processes, and checklists with staff initials and dates of completed budget review processes, etc.

If you are a vendor of record using cost reimbursement contracts for human services, you will be required to submit the above documentation with your budget submission. It is also required that you submit copies of all subprovider budgets to ADAA.

**Performance Measures (DHMH Form 4542C or DHMH Form 432C)**

Identify the number of funded slots and the estimated number of patients to be served. Do not include MFR data in this section.

**SPECIFIC BUDGET PREPARATION INSTRUCTIONS**

**Temporary Cash Assistance (TCA) Initiative (assessor positions/local DSS Offices)**

**DHR/FIA will only reimburse ADAA up to the amount stated in the budget request ceiling amount. If the cost to support the position(s) exceeds the budget request ceiling amount, include only the percentage of the position(s) that can be provided for in the TCA grant. The remaining percentage of the position(s) to be funded should be included in another ADAA funded grant and clearly identified as the TCA assessor position.** The only line items permitted for funding by DHR/FIA are Salary, Fringe and the standardized cost of urinalysis for

*Alcohol and Drug Abuse Administration (continued)*

Drug Convicted Felons. Please call Sheri Cohen at 410-402-8624 if additional clarification is required.

**Senate Bill 512 Initiative**

(Prince George's, Washington, and Worcester Counties and Baltimore City **Only**)

***For Assessor Positions Only:*** Budgets for FY2009 may not exceed the budget request ceiling amount. The **only** allowable budget line items are: Salary, Fringe, Communications/Telephones, Office Supplies, Staff Travel, Patient Travel, Staff Training and Indirect Costs. Please call Michelle Darling at 410-402-8647 if additional clarification is required.

**House Bill 7 – Integration of Child Welfare and Substance Abuse Treatment Service**

(Baltimore City and Prince George's County **Only**)

***For Assessor Positions Only:*** Budgets for FY2009 may not exceed the budget request ceiling amount. The **only** allowable budget line items are: Salary, Fringe, Training, Travel, Telephone (non-cellular), Office Supplies, and Indirect Costs.

**For the purchase of treatment services, use the budget request ceiling amount as the funding level.** Please call Michelle Darling at 410-402-8647 if additional clarification is required.

**Substance Abuse Treatment Outcomes Partnership Fund (S.T.O.P.)**

Substance Abuse Treatment Outcomes Partnership (S.T.O.P.) funding requires a dollar for dollar match of the ADAA S.T.O.P. award. Some S.T.O.P. awards contain additional ADAA State general funds that have been reallocated by the county to support services funded through S.T.O.P. These additional funds do not require a match. The local match may be in cash, in-kind contribution, or a combination of the two. A local in-kind match includes, but is not limited to, provision of space, staff, or services that the grantee intends to commit to the effort. If a county is using local in-kind support for the required match, an In-Kind Contribution Form for S.T.O.P. must be submitted. If a county is unable to provide matching funds, the county must request a waiver of the match requirement annually. Submit a written request explaining your reasons for a full or partial waiver to the Regional Services Manager for your county. A full or partial waiver may be approved after considering: 1) the financial hardship of the participating county; 2) prior and current contributions of funds for substance abuse treatment programs made by the participating county; and 3) other relevant considerations considered appropriate by the Department.

**Prevention In-Kind Contribution Form**

This form is to be completed for all prevention grants that identify local in-kind contributions that support prevention activities funded by ADAA.

*Alcohol and Drug Abuse Administration (continued)*

**Additional Requirements**

All narratives and budgets must be submitted electronically to ADAA. For grantees funded by the DHMH Unified Funding Document use the DHMH 4542 budget forms. For grantees funded by Memorandum of Understanding (MOU) use the DHMH 432 budget forms. (Please be sure to send either electronically or by mail the completed signature page for the 432 packet)

**Submit the entire grant application (narrative and budget) electronically by February 15, 2008 to: [fgivens@dhhm.state.md.us](mailto:fgivens@dhhm.state.md.us)**

**\*\*Please include in the subject line the name of the jurisdiction and FY2009 Grant Application, e.g. Allegany County FY2009 Grant Application\*\***

***END OF ALCOHOL AND DRUG ABUSE ADMINISTRATION  
CATEGORICAL GRANT INSTRUCTIONS***

***CIGARETTE RESTITUTION FUND PROGRAM-  
SPECIAL FUNDS***

**Local Public Health-Cancer Prevention, Education,  
Screening & Treatment Program**

Submit proposals and budget requests for Cancer Prevention, Education, Screening, and Treatment continuation grants for FY2009 follow current UGA guidelines. Additionally, the following instructions apply.

1. Grant applications shall follow written guidelines and format as developed by the Center for Cancer Surveillance and Control, Cigarette Restitution Fund Program. For Grant application instructions please contact Barbara Andrews at [bandrews@dhhm.state.md.us](mailto:bandrews@dhhm.state.md.us) or at 410-767-5123.

2. Funding allocation amounts for the Cancer Prevention, Education, Screening, and Treatment grants will be provided by the Center for Cancer Surveillance and Control.

3. Budgets shall be submitted for each of the three PCA Cost Centers: Non-clinical, Clinical, and Administrative using the DHMH 4542 (A-M) Electronic Budget Package. In addition a Budget Summary for the total of the three cost center budgets, broken out by PCA Codes, will be required on the CRFP CPEST Budget Summary form. See grant application instructions for additional information and examples.

Please email the completed electronic budget package, including the CRFP CPEST Budget Summary form, grant narrative and budget justification narrative by May 1, 2008 to the following e-mail address: [FHAUGA-CRF-cancer@dhhm.state.md.us](mailto:FHAUGA-CRF-cancer@dhhm.state.md.us).

## *Cigarette Restitution Fund Program (continued)*

### **Local Public Health Tobacco Use Prevention and Cessation Component**

#### **1. Introduction and Purpose**

In 2000, the Maryland State Legislature passed Senate Bill 896/House Bill 1425 to establish a Tobacco Use Prevention and Cessation Program in the Department of Health and Mental Hygiene (DHMH or the Department). The funding for this program is provided by the Cigarette Restitution Fund (CRF), established as a result of a multi-state settlement with the tobacco industry in 1998. This legislation directs DHMH to perform certain functions (Maryland General Health Article §§ 13-1001- through 13-1014) in phases beginning Fiscal Year 2001. The funding and activities will follow CDC Best Practices for Comprehensive Tobacco Control Programs and the Task Force to End Smoking in Maryland. Each Health Officers (HO) must establish a Local Community Health Coalition (LCHC) that reflects the demographics of the county.

Representatives of local coalitions (including minority, rural, and medically underserved populations) should be familiar with all communities and cultures in the county.

The following elements that constitute the Local Public Health Component:

- Community Initiatives/Coalition Building
- School-based Initiatives
- Enforcement Initiatives
- Cessation Initiatives
- Administration

#### **2. Plan**

Local Health Officers must develop a Comprehensive Tobacco Use Prevention, Cessation and Control plan, in collaboration with LCHC, which includes the following:

- A list of CHC members, their ethnicity and organizational affiliations.
- Realistic short-term objectives that are challenging and sufficient to achieve established long term objectives.
- Action plans that address the four program elements (community/ coalition, school-based, enforcement, and cessation) of a comprehensive local public health tobacco control plan
- Strategies to help reduce tobacco use among women, minorities, and youth.
- Strategies to increase availability of and access to cessation programs for uninsured individuals and medically underserved populations.
- Specific levels of funding for each action plan, including an explanation as to how each action plan is expected to help meet the county's tobacco use prevention and cessation goals and objectives.
- A discussion about how the plan will complement other tobacco control efforts in the county.
- Discussion of how resources will be allocated to meet the needs of different populations

### *Cigarette Restitution Fund Program (continued)*

- in the county, (2) recommendations found CDC Best Practices for Comprehensive
- Discussion of how site visit recommendations are incorporated into the comprehensive plan Tobacco Control Programs, and (3) The task Force Report to End Smoking in Maryland
- Provide a list of all persons/organizations that received funding in FY07.
- Discussion of how resources will be allocated to meet the needs of different populations in the county, (2) recommendations found in CDC Best Practices for Comprehensive Tobacco Control Programs, and (3) The Task Force Report to End Smoking Maryland.

Section 13-1109(D) (7) of the Cigarette Restitution Fund statute states that the comprehensive plan for tobacco use prevention and control shall, “each year after the first year of funding, identify all persons who received money under the local public health tobacco grant in the prior year and state the amount of money that was received by each person under the grant.” In order to comply with this statutory requirement, please provide an itemized report of all **fiscal year 2007** expenditures by FT code for any individual person (including employees), vendor, or sub-vendor (i.e. list the name of the person or vendor and the amount of funds received by that entity in fiscal year 2007.)

#### **1. Application Due Date**

Applications must be submitted to DHMH by May 1, 2008. The plans should be sent in electronic format to the following email address:

[FHAUGA-CRFTobacco@dhhm.state.md.us](mailto:FHAUGA-CRFTobacco@dhhm.state.md.us)

- **Budget**

The funding for the Local Public Health Component is under PCA Code X684S. Each area (Administration, Community Initiatives/Coalition, Smoking Cessation, School-based and Enforcement) of the Local Public Health Tobacco Use Prevention and Control Program is considered a different project and must be budgeted and tracked separately.

Funds will be allocated based on the formula outlined in the Maryland Health General Article §§13-1001 through 13-1014.

***END OF CIGARETTE RESTITUTION FUND PROGRAM***  
***CATEGORICAL GRANT INSTRUCTIONS***

***COMMUNITY HEALTH ADMINISTRATION***

***CORE PUBLIC HEALTH FUNDING***

***Budget Instructions FY 2009***

# *Core Public Health Funding*

## *I. Overview of the Core Funding Program and FY 2009 Update*

### **A. Overview**

The Core Public Health Funding Program provides State and local matching funds to local health departments for core public health services. The statutory authority for this program is included in §2.301-2.305 of the Health General Article. Seven service areas are specified in the law. These include:

- Communicable disease control services
- Environmental health services
- Family planning services
- Maternal and child health services
- Wellness promotion services
- Adult health and geriatric services
- Administration and communication services associated with the above

State and federal funds for Core Public Health services are allocated to each jurisdiction. The vision, mission and goals for the Core Public Health Funding Program are contained in **Appendix I**.

Performance Management is an important aspect of maintaining effectiveness and efficiency in our public health programs. The “Managing for Results” initiative, which was begun by the State of Maryland in 1997, requires all State-funded programs to measure the success of program initiatives through development and tracking of performance measures. The development of goals, objectives and performance measures for specific programs are an important part of the strategic budgeting process, and feed into a larger assessment process that takes place at the highest levels.

LHDs are encouraged to aggressively assess programs and services that are funded through the Core Public Health Funding program for the purpose of maintaining its excellence. It is vitally important to take the time to review the goals, objectives and performance measures each year as proposals are developed. Program directors are encouraged to continually strive toward the improvement of program performance. The following are suggested resources:

National Public Health Performance Standards Program:

<http://www.cdc.gov/od/ocphp/nphpsp/>

<http://www.cdc.gov/od/ocphp/nphpsp/>

Public Health Foundation Performance Management:

[http://www.phf.org/infrastructure/phfpage.php?page\\_id=52&pp\\_id=52](http://www.phf.org/infrastructure/phfpage.php?page_id=52&pp_id=52)

*Community Health Administration – Core Public Health Funding (continued)*

NACCHO Public Health Infrastructure and Systems:  
<http://www.naccho.org/topics/infrastructure/index.cfm>

Healthy People 2010 – Health Objectives for the Nation:  
<http://www.healthypeople.gov/Sitemap/>

**B. New for FY 2009**

The due date for all components of the proposal has been moved back to **Monday, May 12, 2008**.

A new requirement that started in FY 2008 will continue in FY 2009 which is to put a DATE on the Summary of Local Funding (Attachment A/ Form B). Please UPDATE the date as changes are made. This becomes very important as supplements and reductions are made to the Core program.

In the FY 2007 instructions, new requirements were added to section 5 of the plan narrative. **Section 5 Funding and staff** is to include a listing of ALL funding sources and FTEs that are used to support the program which is being described. PLEASE NOTE that the labels under "Funding Source" have been revised from the FY 07 instructions to make the categories clearer and easier to understand. If preferred, the information can be presented using a modified Form B spreadsheet. A sample spreadsheet has been included in **Appendix V**. Please insert the spreadsheet into the narrative. Having this information within the plan narrative gives a more complete picture of the program, and greatly aids the reviewer.

As a reminder, Section 8 Internal/External Assessment requires a listing of program accomplishments from the previous fiscal year.

Please be sure to review the Fiscal Year 2009 Human Services Agreements Conditions of Award document that will be released before the start of the fiscal year.

***II. Core Funding Proposal Requirements***

The following documents are required from each local health department:

- \_\_\_ Overview, Needs Assessment and LHD Priorities
- \_\_\_ Program Plans (Budget + Narrative for each)
- \_\_\_ Summary of Total Funding (Form B)
- \_\_\_ LHD Organizational chart

## ***Community Health Administration – Core Public Health Funding (continued)***

Please send all components electronically, according to INSTRUCTIONS FOR ELECTRONIC SUBMISSION outlined below in Section IV, by **Monday, May 12, 2008** to:

E-mail: [CHACoreFunding@dhmh.state.md.us](mailto:CHACoreFunding@dhmh.state.md.us)

Ginny Seyler, M.H.S.

Community Health Administration

201 W. Preston St., 3<sup>rd</sup> Floor

Baltimore, Maryland 21201

(410) 767-0982

Fax (410) 333-5995

### ***III. Core Funding Proposal Detail***

#### **A. Overview, Needs Assessment and Public Health Priorities**

The Overview, Needs Assessment, and Public Health Priorities sections provide information that reflects leadership and decision-making at the local health department within the context of the overall challenges to and opportunities for health in the total population. This section should be submitted in the following format:

**Overview:** This section describes and summarizes data on the specific demographic, health status, and socio-economic characteristics of the jurisdiction during a specific recent time period and any significant trends in these characteristics that have or will have an impact on public health. This section represents the overall leadership perspective of the Health Officer. Health departments are encouraged to use this section to include information about any local developments relevant to public health and any significant accomplishments, improvements or new challenges to the public health during the previous fiscal year.

**Needs Assessment:** This section describes the needs assessment methodology and findings. Specifically, it describes what data have been utilized to assess the overall health of the community; what data analyses (and sources) have been conducted to identify populations at risk, public health problems, and needs for public health services. The section represents the basis for administrative and programmatic planning and decision-making within the health department. Health departments are encouraged to include a *limited* number of tables, figures, and charts to summarize results from the needs assessment. A brief summary of any information that identifies community involvement in the planning process should be included in this section. A copy of the most recent formal community health needs assessment (or the executive summary from it) may be included as an appendix to the Core Funding proposal.

*Community Health Administration – Core Public Health Funding (continued)*

**Local Public Health Priorities:** This section lists the top three (3) to five (5) public health priorities in the jurisdiction and briefly describes the justification of each as a priority. Although the priorities may be evident from the needs assessment, health departments are encouraged to use this section to describe other factors in priority setting, e.g. what resources which may be too limited to address all needs, which resources from other public agencies or private sector partnerships are being applied to address some needs, and what local political, economic, social forces have influenced priority setting. Linkage from the Needs Assessment process to the Priority Setting process should be evident.

**B. Program Plans**

Health departments must submit ONE program plan for EACH of the areas for which Core Funding is requested. As a guideline, program plan narratives are not to exceed five pages (excluding performance measures). Each program plan should contain the following components:

1. Jurisdiction:
2. Core Service Area:
3. Program Title: \_\_\_\_\_
4. Fiscal Year: FY 2009
5. Funding and staff

Please list ALL funding sources that are used to support this program. Provide an estimate of the dollar amount from sources other than Core OR give funding amounts from the prior fiscal year. OPTION: see SAMPLE spreadsheet in **Appendix V**. Please insert spreadsheet into plan narrative under Section 5.

Funding Summary:

Funding source	Budget Code/PCA	Estimated Amount
State/Federal Core Funds		
County Required Matching Funds		
County Matching Funds (beyond required)		
State/Federal DHMH Grant Funds		
Other Local Funds		
Collections		
State/Other Grant Funds (other than DHMH)		

***Community Health Administration – Core Public Health Funding (continued)***

Total Funding

Staffing/FTE's (including special payments)

State funded FTE's

County funded FTE's

Other

6. Program Director: \_\_\_\_\_ Telephone number:

7. Program Manager/Supervisor and Phone Number (if different from above):

8. Internal/External Assessment

This section should answer the question “Where are we now?” Summarize needs assessment data, list program accomplishments from the previous fiscal year and significant challenges and/or opportunities anticipated in the next fiscal year.

9. Goals and Objectives

This section should answer the question, “Where do we want to be?” It should contain one to two broad, long-term general goal statements and 4 to 10 specific, measurable, time-limited (1-3 years) objectives for accomplishment of goals.

10. Strategies and Action Plans

This section should answer the question, “How do we get there?” by describing the activities that will be used to accomplish goals and objectives. This section is a detailed work plan for the coming year that justifies the allocated resources.

11. Performance Measures

This section should answer the question “How do we measure our progress?” Performance measures should be directly related to the Goals and Objectives stated in Section 9 above. If possible, EACH stated objective should have a related performance measure. Objectives and corresponding performance measures should be **SMART** –

**Specific**, does the performance measure directly relate to one of the stated objectives?

Does the objective relate to the goal?

**Measurable**, is there a process currently in place to collect the information to be reported in the performance measure report? Does it measure what you want it to measure (is it valid)? Is the measure reliable (can it work year after year)?

***Community Health Administration – Core Public Health Funding (continued)***

Attainable, have you set expectations too high for the 1 year time period?

Realistic, are the objectives and measures based on factors you can control?

Tangible/Time-limited, are you sure what is to be measured will take place at all during the one year time period?

Consultation and technical assistance for developing Performance Measures are available from Ginny Seyler or the appropriate Central Office program contacts for each of the core service areas. A list of Central Office consultants/ contacts for each of the core services is contained in **Appendix II**.

Please use the Final Performance Measures Reporting Sheet included in this document (**Appendix IIIA**) to report performance measures. The column with the heading "FY 09 Estimate **1**", is to be filled out and sent with FY09 Core Proposal. The column with the heading "FY 09 Actual **2**" is to be filled out and sent with Final Performance Measures Report September 2009. The reporting sheet (**Appendix IIIA**) may be placed in the narrative or included with the proposal as a separate document. The performance measures must ALSO be listed in the 4542c section of the budget document. Please make sure that the budget document contains the same performance measures that are listed in the narrative.

12. Monitoring, Tracking, and Reporting

This section completes the answer to the question "How do we measure our progress?" by describing what systems are being used to monitor progress, to keep the plan on track, and to serve to periodically revisit and adjust the goals, objectives and performance measures. *Use this section, also, to describe any major impediments to program monitoring and needed data systems.* For example, if particular data would be helpful, but is not attainable at this time, please indicate why that data would help, and why it is presently unavailable.

**C. Summary of Local Health Funding**

New Requirement: Please put a DATE on the form and update as changes are made.

Summary of Funding for Local Health Services -- Attachment A/Form B is an EXCEL spreadsheet file. Health departments must use this form to report ALL sources of funds, including categorical, local (county), and collections, which contribute to the overall budget of the LHD. This information is very important for audit purposes. If exact figures are not available at the time the proposal is prepared, please provide estimates, and follow up with updated figures by September 1, 2008. **Appendix IV** contains an

## ***Community Health Administration – Core Public Health Funding (continued)***

example of a SUMMARY OF LOCAL FUNDING. File name should include fiscal year, jurisdiction, and “Summary of Local Funding” or “Form B.”

To access the spreadsheet file, go to the Local Health Dept. Planning & Budget Instructions for FY 2009 on the Department's website: at [www.dhmf.state.md.us/forms/sf\\_gacct](http://www.dhmf.state.md.us/forms/sf_gacct).

### **D. Organizational Chart**

Please provide an organizational chart of the local health department.

## ***IV. Instructions for Electronic Submission of Core Funding Proposals***

The Core Funding Proposal consists of four main components:

- Overview, Needs Assessment and Public Health Priorities
- Program Plans (budget + narrative for each)
- Summary of Local Funding Spreadsheet
- Organizational Chart

The entire Core Funding Proposal may be submitted electronically.

The Overview, Needs Assessment, Public Health Priorities and Organizational Chart are to be sent as attachments in one email. Please include the name of the jurisdiction in the subject and list the attached components in the body of the email.

The Program Plan(s) should be emailed individually. Send one email for each Program Plan being submitted (i.e., one for maternal health, one for communicable disease, etc.). Each program plan email should contain two attachments: 1) the narrative in WORD and 2) the budget in EXCEL. The performance measures may be attached as a third file or included in the narrative. Performance measures must also be listed in the Program Budget 4542c. Please include the name of the jurisdiction in the subject and list the attached components in the body of the email.

The Summary of Local Funding Spreadsheet should be emailed individually. Please include the fiscal year, name of the jurisdiction, DATE and “Summary of Local Health Funding” or “Form B” in the file name and the subject of the email (example: 05-Carroll-FormB). It is very important to include the local funding estimates in the spreadsheet.

If submitting in hard copy, two copies MUST be sent along with the original. If submitting electronically, hard copies are NOT NECESSARY. Budgets for each program plan MUST be submitted electronically. For specific instructions on the Local Health Department Budget

*Community Health Administration – Core Public Health Funding (continued)*

Package Program Budget (4542), consult the Division of Program Cost and Analysis website at [www.dhmf.state.md.us/forms/sf\\_gacct](http://www.dhmf.state.md.us/forms/sf_gacct).

Send all components of the Core Funding proposals by **Monday, May 12, 2008** to:

E-mail: [CHACoreFunding@dhmf.state.md.us](mailto:CHACoreFunding@dhmf.state.md.us)

Ginny Seyler, M.H.S.  
Community Health Administration  
201 W. Preston St., 3<sup>rd</sup> Floor  
Baltimore, Maryland 21201  
(410) 767-0982  
Fax (410) 333-5995

***V. Reporting - End of Fiscal Year Reports***

Performance measure reports containing the final figures are due after the end each fiscal year. Please wait until after the end of FY 09, fill in the "FY 09 Actual 2" column of The Final Performance Measures Reporting Sheet (**Appendix III-A**) and email it by September 1, 2009 to [CHACoreFunding@dhmf.state.md.us](mailto:CHACoreFunding@dhmf.state.md.us). An electronic copy of the reporting sheet is available INSIDE the LHD budget instructions on the Department's website at [www.dhmf.state.md.us/forms/sf\\_gacct](http://www.dhmf.state.md.us/forms/sf_gacct). A reminder (with the reporting document attached) will be sent to each LHD in the Summer of 2009.

A narrative summary to accompany the Final Performance Measures reporting sheet is recommended, especially if final performance measures do not meet expected projections. The narrative should explain any causes for deviation from expected results, and can further explain what was measured and why its measurement is appropriate.

**Final** Performance Measures (FY 09 Actual 2) for FY 2009 are to be submitted (preferably by email) by **September 1, 2009** to:

Ginny Seyler, M.H.S.  
Community Health Administration  
201 W. Preston St., 3<sup>rd</sup> Floor  
Baltimore, Maryland 21201  
(410) 767-0982  
Fax (410) 333-5995  
E-mail: [CHACoreFunding@dhmf.state.md.us](mailto:CHACoreFunding@dhmf.state.md.us)

Reminder: Send all components of the Core Funding proposals by **Monday, May 12, 2008** to:

E-mail: [CHACoreFunding@dhmf.state.md.us](mailto:CHACoreFunding@dhmf.state.md.us)

**Appendix I**

Core Public Health Funding Program

Vision, Mission, and Goals

1. Vision Statement

The Vision of the Core Public Health Funding Program is to provide statewide capacity for community based core public health activities.

2. Mission Statement

The Mission of the Core Public Health Funding Program is to:

- . Assess the health needs of citizens in local jurisdictions,
- . Develop public health policies,
- . Assure access to essential health services, and
- . Protect and promote the health of individuals and communities.

3. Goals

Assessment

The Local Health Departments and the Department of Health and Mental Hygiene will collaborate to:

- . Identify populations at greatest risk for adverse health outcomes or poor health status;
- . Identify unmet needs for primary prevention and primary care services;
- . Identify emerging public health problems, and to
- . Include other local government agencies, organizations, and community groups in the identification of community resources required to meet health service needs.

Policy Development

The Local Health Departments and the Department of Health and Mental Hygiene will collaborate to:

- . Develop local priority-setting mechanisms;
- . Develop comprehensive local health plans;
- . Develop health services and financial management accountability measures;
- . Review the adequacy of the local health services funding formula; and to
- . Simplify, streamline, and smooth local health funding operational procedures.

**Appendix I- continued**

The Core Public Health Funding Program

3. Goals - continued

Assurance

The Local Health Departments and the Department of Health and Mental Hygiene will collaborate to:

- . Assure that program operations meet local needs;
- . Assure that local health services are accessible, available, affordable, accommodating, and acceptable;
- . Assure that local health services are efficacious, efficient, and effective; and to
- . Assure that local health services are comprehensive in accord with the intent of enabling legislation.

Protection and Promotion

The Local Health Departments and the Department of Health and Mental Hygiene will collaborate to:

- . Protect the public's health and safety by using health surveillance systems.
- . Join with other local governmental agencies, organizations, and community groups to promote primary prevention, early intervention, and reduction of health risks.

*Community Health Administration – Core Public Health Funding (continued)*

**Appendix II**

**Core Public Health Funding Program  
Central Office Contacts  
Fall 2007**

<u>Program</u>	<u>Contact</u>	<u>Telephone</u>
AIDS/ HIV	Jamie Stockdale	410-767-5143
Cardio Vascular Health / Nutrition/ Disease Prevention	Ginny Seyler	410-767-0982
Cancer Surveillance and Control	Donna Gugel	410-767-6728
Emergency Preparedness	Isacc Ajit	410-767-6513
Epidemiology & Disease Control Program (EDCP)	Jeff Roche	410-767-6710
Food Control	Alan Taylor	410-767-8400
GES/AERS	Ginny Seyler	410-767-0982
Genetics/Children with Special Health Care Needs	Susan Panny, MD	410-767-6730
Hearing/ Speech	Eileen Cohen	410-767-6730
Health Promotion, Education and Tobacco Use Prevention	Joyce Danzler	410-767-1362
Maternal and Child Health, Family Planning	Pam Putman Jeanne Brinkley	410-767-4586 410-767-5596
Administration	Ginny Seyler	410-767-0982
Local Health Planning/ Community Objective Setting	Ginny Seyler	410-767-0982
Oral Health	Kelly Sage	410-767-7899
Primary Care Services	Ginny Seyler	410-767-0982

*Community Health Administration – Core Public Health Funding (continued)*

**Appendix III-A**

Department of Health and Mental Hygiene

Core Public Health Funding  
Final Performance Measures Reporting Sheet

FY 2009

Local Health Department:

Project Title:

Award Number (PCA): F4 \_\_\_\_\_

Award period: July 1, 2008– June 30, 2009

Performance Measure	Actual FY 05	Actual FY 06	Actual FY 07	Estimate FY 08	FY 09 Estimate <b>1</b>	FY 09 Actual <b>2</b>

**1** To be filled out and sent with FY09 Core Proposal, April 1, 2008

**2** To be filled out and sent with Final Performance Measures Report September 2009

*Community Health Administration – Core Public Health Funding (continued)*

**SUMMARY OF TOTAL FUNDING**

**PLEASE REMEMBER TO DATE THE FORM  
SUMMARY OF TOTAL FUNDING**

**Appendix IV**

LOCAL HEALTH DEPARTMENTS  
ATTACHMENT A/ FORM B

JURISDICTION: EXAMPLE                      FISCAL YEAR: 2009                      DATE:

1	2	3	4	5	6	7	8	9	10	11
PROJECT #	GROSS PROJECT TOTAL	COLLECTIONS	NET PROJECT TOTAL	STATE/FED CORE	COUNTY MATCH	COUNTY NON- MATCHING	COUNTY ELIGIBLE FORMATCH	STATE/FED MATCH	COUNTY GRANTS	CORE FTEs
E801N-ADMINISTRATION										
E803N-NURSING										
E821N-DENTAL										
E830N-PERSONAL CARE										
E865N-ENVIR. HLTHA.										
COUNTY FUNDS TOTAL										
F401N-ADMINISTRATION										
F416N-CHILD HEALTH										
F419N-FAMILY PLANNING										
CORE FUNDS TOTAL										
OTHER FUNDS										
F217N-SUBSTANCE ABUSE										
F283N-HOUSING SERV.										
F335 N- FOCUS AREA A										
F656N-SUSAN G KOMAN										
OTHER TOTAL										
GRAND TOTAL										

*Community Health Administration – Core Public Health Funding (continued)*

**Core Funding Program Section 5 Sample  
Appendix V**

<b>Funding Summary</b>											
<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>12.</b>
<b>PCA</b>	<b>Gross Project Total</b>	<b>Coll- ections</b>	<b>Net Project Total</b>	<b>St./Fed Tgtd Funds</b>	<b>Local Tgtd Match</b>	<b>Co. 100% Match</b>	<b>State Cat. Funds</b>	<b>Other Funds</b>	<b>State Merit FTE's</b>	<b>Co. / Local FTE's</b>	<b>Other FTE's (SPP)</b>
F498N	23,359		23,359	23,359					0.34		
E898N	43,780		43,780			43,780			0.75		
F265N	46,640		46,640					46,640	0.48		
F370N	83,184		83,184					83,184	0.68		
F681N	71,060		71,060				71,060		0.85		
F719N	32,000		32,000				32,000		0.60		
F841N	90,015		90,015				90,015		1.29		
FT02N	41,594		41,594				41,594		0.65		
FT03N	36,395		36,395				36,395		0.35		
FT04N	8,319		8,319				8,319		0.15		
FT05N	17,678		17,678				17,678		0.35		0.40
FT06N	7,827		7,827				7,827				
<b>Totals</b>	<b>501,851</b>	<b>0</b>	<b>501,851</b>	<b>23,359</b>	<b>0</b>	<b>43,780</b>	<b>304,888</b>	<b>129,824</b>	<b>6.48</b>	<b>0.00</b>	<b>0.40</b>

## *Community Health Administration – Epidemiology and Disease Control Programs*

### ***I. EDCP- Program Proposals***

Narrative and budget files are to be transferred electronically to the appropriate contract monitor for EDCP as listed below by Monday, May 12, 2008.

### ***II. EDCP - Program Priority Areas***

The priority areas for EDCP Categorical grants are:

- A. Tuberculosis Control
- B. Immunization
- C. Sexually Transmitted Disease
- D. Migrant Health
- E. Refugee Health

### ***III. EDCP - Program Goals, Objectives, and Indicators***

Specific program requirements and guidance in preparing program plans is available from Epidemiology and Disease Control Program (EDCP) staff. LHD's are encouraged to include in program plans an indicator of timely completion of surveillance records similar to the following: "Seventy-five percent of records will be completed and closed within six weeks of the initial receipt of a report." Progress toward objectives will be assessed through the EDCP site review process and periodic reports (if requested by a specific division).

#### **A. Tuberculosis Prevention and Control**

Goal: By the end of calendar year 2008 reduce the incidence of tuberculosis to 4.0 per 100,000.

##### **Process Objectives and Indicators:**

1. Tuberculosis Treatment:
  - a. At least 90% of tuberculosis patients will be started on a 4-drug initial regimen.
  - b. At least 90% of tuberculosis patients will be provided directly observed therapy (DOT).
  - c. At least 85% of all newly reported tuberculosis patients under 14 years of age will be tested for HIV.
  - d. At least 75% of tuberculosis patients who are initially sputum culture positive will convert their sputum cultures to negative within 2 months of starting treatment. \*
  - e. At least 90% of all newly reported, culture positive cases will have drug susceptibility results reported.

***Community Health Administration – Epidemiology and Disease Control Programs (Continued)***

- f. At least 90% of newly diagnosed tuberculosis patients for whom one year or less of treatment is indicated will complete an ATS/CDC approved treatment regimen within 12 months.

\* Treatment may need to be extended if cultures are not negative at the end of 2 months.

2. Contact Follow-up:

- a. At least 85% of close contacts to sputum AFB-smear positive TB cases or to TB cases with cavitory disease on chest radiograph will receive complete evaluations (as defined by CDC) for infection or disease.
- b. At least 75% of infected contacts will initiate treatment for latent TB infection. \*
- c. At least 95% of contact investigations will identify and locate one or more close contacts.

\*Although Maryland has not historically had large numbers of active TB cases in children for the past two decades, it is imperative that any latent TB infection in children, identified through a contact investigation, be treated. Questions about treating latent TB infection in children should be referred to the state TB Control office.

Individuals co-infected with HIV and foreign-born individuals from countries where TB is endemic are at very high risk for developing active TB disease and therefore must be treated for latent TB infection with a goal of 100% completion of treatment.

3. Preventive Therapy:

- a. At least 75% of infected contacts who initiate treatment for latent TB infection will complete therapy. \*
- b. At least 75% of persons with latent TB infection identified through skin testing activities done outside of contact investigations and started on treatment will complete therapy.

\* BCG vaccination does not prevent TB infection or disease. Although it has been found to protect very young children and infants from developing lethal forms of TB meningitis, BCG vaccination is not considered when assessing for TB disease or infection.

4. Management of non-adherence

- a. Referrals to either state chronic care facility for the purpose of TB management must be coordinated through the State TB Control office.
- b. 100% of all treatment orders, quarantine orders or any order that would legally confine an individual or restrict an individual's movement for the purpose of TB control and treatment must be reviewed by the DHMH TB Control office prior to its issue.

## ***Community Health Administration – Epidemiology and Disease Control Programs (Continued)***

Note: Attainment of objectives is formally assessed via site reviews, ongoing consultation with LHD staff, annual educational meetings and other program activities. Local program support will depend on available funding and on program achievements toward state TB Goals and objectives. Funds may be reduced, increased or reallocated to other local jurisdictions, if objectives are not consistently met.

### **B. Childhood Immunization, Perinatal Hepatitis B Prevention and Vaccine Preventable Disease Surveillance activities.**

Assure:

1. Timely investigation to reduce morbidity and mortality from vaccine-preventable diseases.
2. Outreach activities to assure up-to-date immunization of under 2 years old.
3. Surveillance to determine immunization levels for population sub-groups.
4. Participation in the Maryland State Immunization Information System (Immunet).
5. Assistance and guidance for the enforcement of school and day care center immunization regulations.
6. See EDCP memorandum to each LHD for conditions of award.
7. Perinatal hepatitis B prevention activities are conducted.
8. Nursing and clerical assistance for special immunization activities.
9. WIC collaboration to raise immunization rates of WIC- eligible children.

Note: Funding support may be increased, decreased or shifted to other local jurisdictions based on CDC priorities and LHD performance in achieving State goals.

### **C. Sexually Transmitted Diseases**

**Goal:** Prevent the transmission and complications of sexually transmitted diseases.

**SYPHILIS** Reduce the rates of Primary and Secondary (P&S) and Congenital Syphilis (CS) in Maryland to achieve by 2010 the Healthy People 2010 goals of 0.2 cases per 100,000 population and 1.0 case per 100,000 live births respectively.

#### **Process Objectives and Indicators for P & S Syphilis:**

1. Interview 90% of early and unknown duration cases (710, 720, 730, and 740).
2. Interview 90 of cases within 7 days of date assigned.
3. Interview 90% of cases found as reactors within 10 days of reactor initiation date.
4. Obtain a contact index 1.65 per interview.
5. Examine 65% of new in-jurisdiction contacts within 7 days.
6. Achieve a disease intervention rate of 0.6 per interview.
7. Achieve a treatment intervention rate of 1.0 per interview.
8. Re-interview 65% of infectious syphilis cases within one week.

*Community Health Administration – Epidemiology and Disease Control Programs (Continued)*

9. Maintain the previous year's levels of the number of serologies drawn at community blood screenings with a positivity rate of new cases found of 3% new syphilis.
10. Close 65% syphilis reactors within 7 days of initiation.
11. Assure complete and timely reporting of public health case information per DHMH STD Program reporting protocols.
12. Indicate pregnancy status for 60% of female syphilis reactors of childbearing age between 15 – 45 years of age.

**Process Objectives and Indicators for Congenital Syphilis:**

1. Investigate 100% of prenatal and neonatal reactors reported.
2. Assure that 100% of congenital syphilis cases are appropriately treated.
3. Increase by 10% over 2006 levels the number of pregnant women identified during partner or cluster interviews.
4. Increase by 10% over 2006 levels the number of high-risk pregnant women Identified and referred for prenatal services through community outreach activities.
5. Assure complete and timely reporting of public health case information per DHMH STD Program reporting protocols.

**GONORRHEA:** Reduce the rate of Gonorrhea (GC) in Maryland to achieve by 2010 the Healthy People 2010 goal of 19.0 cases per 100,000 population

**Process Objectives and Indicators for Gonorrhea:**

1. Maintain or increase GC screenings at previous year's levels.
  - a. Assure adequate treatment of 95% of public cases.
  - b. Obtain a treatment intervention index of 0.50.
2. Provide partner counseling of interviewing to 60% of GC cases.
3. Obtain a contact index of .80 per case interviewed.
4. Examine 50% of in-jurisdiction contacts identified through interviews.
5. Assure complete and timely reporting of public health case information per DHMH STD Program reporting protocols.
6. Ensure that 100% of women with positive Gonorrhea tests in family planning clinics are treated within 30 days of the date of specimen.
7. Ensure that 75% of women with positive Gonorrhea tests identified in family planning clinics and STD clinics are treated within 14 days of the date of specimen and 90% treated within 30 days.

*Community Health Administration – Epidemiology and Disease Control Programs (Continued)*

**CHLAMYDIA:** Reduce the rate of Chlamydia in Maryland.

**Process Objectives and Indicators for Chlamydia:**

1. Ensure that 75% of women with positive Chlamydia tests identified in family planning clinics and STD clinics are treated within 14 days of the date of specimen and 90% treated within 30 days.
2. Provide patient counseling regarding contacts to patients testing positive for Chlamydia.
3. Testing will be focused on the highest risk group; females aged 15 –29 years.
4. Assure complete and timely reporting of public health case information per DHMH STD Program reporting protocols.

Note: Attainment of objectives is formally assessed via annual site reviews, ongoing consultation with LHD staff, annual educational meetings and other program activities. Local program support will depend on available funding and on program achievements toward state goals and objectives. Funds may be reduced, increased or reallocated to other local jurisdictions, if objectives are not consistently met.

**OUTREACH TO PROMOTE STD AWARENESS AND TESTING**

1. Coordinate with high schools, school health centers, local public agencies or community based organization serving at risk-populations such as county detention centers, juvenile justice centers, high schools, school health centers, drug rehabilitation centers to promote outreach for STD prevention and screening information.
2. Include information in reference to STD screening when doing outreach or coordination with local health care providers

**D. Migrant Health**

**GOAL:** Migrant and seasonal workers (including migrant farm workers) will be advised of and be able to readily access needed public health and health care services during their stay in Maryland. Services will not be denied due to resident status or ability to pay. Preventive health care will be provided in accordance with national public health guidelines and standards.

## *Community Health Administration – Epidemiology and Disease Control Programs (Continued)*

### **Process Objectives and Indicators:**

1. Access to Care
  - a. At least 98% of the time, LHD staff accommodation to the language and cultural needs of migrant workers is evidenced by use of interpreters, translated educational materials and appropriate referrals to other needed services.
  - b. 100% of local health departments have a list of interpreters available that is updated annually and made available to anyone in need.
  - c. 100 % of telephone language line or other electronic translation services use is documented.
  - d. 100% of the time, an individual’s primary language is noted in LHD records.
  - e. 100% of the time, access to health care information, services available in the county, and how to access transportation to health care delivery sites are displayed in languages appropriate to the resident population(s).
2. At least one (1) annual site visit by state licensing sanitarians and the local health department migrant health coordinator to each migrant camp or housing site (including “non-camp” sites such as trailer parks, apartment complexes, etc.) for the purpose of evaluating the general environment and living conditions will occur. Documentation of annual camp visits is maintained.
3. 100% of the time, local health departments will utilize the Migrant Student Record Transfer system (M.S.R.T.S.) and/or the National Migrant Referral Project for recording and retrieving information on defined health indicators for children when working with the migrant schools. MSRTS data is submitted to Department of Education monthly.

Note: Attainment of objectives is formally assessed via annual site reviews, ongoing consultation with LHD staff, annual educational meetings and other program activities. Local program support will depend on available funding and on program achievements toward state goals and objectives. Funds may be reduced, increased or reallocated to other local jurisdictions, if objectives are not consistently met.

### **E. Refugee Health**

**GOAL:** The goal of the refugee health program is to provide a full complement of health screening services to new refugee populations in the State of Maryland within 90 days of arrival.

### **Process Objectives and Indicators:**

1. 90% of all eligible and locatable refugees will be reviewed for screening within 90 days of arrival to the U.S.

***Community Health Administration – Epidemiology and Disease Control Programs (Continued)***

2. 100% of all locatable and eligible arrivals will be screened for tuberculosis according to the Maryland State Guidelines for TB Prevention and Control and ATS/CDC recommendations.
3. 95% of all locatable arrivals will receive a basic health screen utilizing the screening protocols provided through the state refugee health program. LHDs, participating in the refugee health screening reimbursement program will submit documentation to the state as required 100% of the time.
4. 100% of locatable refugees with Class A or Class B TB designations will be screened for tuberculosis according to the Maryland State Guidelines for TB Prevention and Control and ATS/CDC recommendations.
5. 95% of all immunization records (adults and children) will be reviewed.
6. 100% of children 5 years of age and under and 80% of adults will receive immunizations to be current with approved CDC recommendations or be referred for same, with results of all referrals documented.
7. 90% of arriving refugees will be screened for parasites, Hepatitis B, STDs, and blood lead levels per protocol.
8. 95% of identified other health conditions will be referred for further investigation and care.

Note: Attainment of objectives is formally assessed via annual site reviews, ongoing consultation with LHD staff, annual educational meetings and other program activities. Local program support will depend on available funding and on program achievements toward state goals and objectives. Funds may be reduced, increased or reallocated to other local jurisdictions, if objectives are not consistently met.

***IV. EDCP Categorical Grants - Budgetary Requirements***

EDCP categorical grants should be prepared using the DHMH 4542 Budget Package. An updated narrative is to be transferred electronically to the appropriate contract monitor for EDCP as listed below by Monday, May 12, 2008. LHD's should clearly and specifically indicate categorical funds by line item and activity.

LHD's should list all personnel funded by EDCP. The list should specify job classifications, name of incumbent, percentage of time worked, and corresponding salaries, wages, and fringe benefits.

*Community Health Administration – Epidemiology and Disease Control Programs (Continued)*

***V. EDCP Categorical Grants - Proposal Transmission Instructions***

Transmit all electronic budget files and narratives to the appropriate contract monitor for EDCP as listed below by May 12, 2008:

**Tuberculosis**

Lien Nguyen  
201 W. Preston St. Room 324  
Baltimore Maryland 21201  
[NguyenL@dhmh.state.md.us](mailto:NguyenL@dhmh.state.md.us)

**Immunizations**

Greg Reed  
201 W. Preston St. Room 318  
Baltimore, Maryland 21201  
[REEDGRE@dhmh.state.md.us](mailto:REEDGRE@dhmh.state.md.us)

**Sexually Transmitted Diseases**

Barbara Conrad  
201 W. Preston St. Room 328  
Baltimore Maryland 21201  
[bconrad@dhmh.state.md.us](mailto:bconrad@dhmh.state.md.us)

**T.B. and Migrant and Refugee Health**

Lien Nguyen  
201 W. Preston St. Room 324  
Baltimore Maryland 21201  
[NguyenL@dhmh.state.md.us](mailto:NguyenL@dhmh.state.md.us)

***DEVELOPMENTAL DISABILITIES  
ADMINISTRATION***

**INSTRUCTIONS FOR THE PREPARATION OF NARRATIVES  
AND BUDGETS FOR CATEGORICAL GRANTS**

**1. Tentative Allocation**

To be provided at a later date.

**2. Program Proposals**

Not seeking additional or new programs.

**3. Program Priority Areas**

Anticipating continuation of existing grants only.

Submit UGA electronic budget file for your Developmental Disabilities Administration, resource coordination/case management, summer program, individual or family support services to the Developmental Disabilities Administration Regional Directors:

**Ms. Vanessa Bullock  
Central Maryland Regional Office  
Rosewood Center  
Owings Mills, Maryland 21117  
[BullockV@dhhm.state.md.us](mailto:BullockV@dhhm.state.md.us)**

**Ms. Mary Ann Mayne  
Southern Maryland Regional Office  
312 Marshall Avenue  
Laurel, Maryland 20707  
[MayneM@dhhm.state.md.us](mailto:MayneM@dhhm.state.md.us)**

**Ms. Karen Post  
Western Maryland Regional Office  
1360 Marshall Street  
Hagerstown, Maryland 21740  
[PostK@dhhm.state.md.us](mailto:PostK@dhhm.state.md.us)**

**Ms. Kimberly Gscheidle  
Eastern Shore Regional Office  
1500 Riverside Drive  
Salisbury, Maryland 21801  
[GscheidleK@dhhm.state.md.us](mailto:GscheidleK@dhhm.state.md.us)**

***END OF DEVELOPMENTAL DISABILITIES  
ADMINISTRATION CATEGORICAL GRANT  
INSTRUCTIONS***

***FAMILY HEALTH ADMINISTRATION***  
**INSTRUCTIONS FOR THE PREPARATION OF NARRATIVE AND**  
**BUDGETS FOR CATEGORICAL GRANTS**

*Note: Refer to the General Instructions for further guidance*

***1. Office for Genetics and Children with Special Health Care Needs***

The Office for Genetics and Children with Special Health Care Needs, Division of Specialty Care and Regional Resource Development, is the focal point for the development of programs and services for children with special health care needs (CSHCN). Priorities for funding include: development of respite programs and other enabling services; assessment and development of regional resources; medical home development through nursing case management of CSHCN in collaboration with community pediatricians and other health care providers; limited specialty care infrastructure; community and family focused needs assessment; and the development and dissemination of community resource materials for CSHCN medical homes.

**One categorical proposal for CSHCN should be submitted. The proposal must include:**

- A. Statement of Need:** The statement of need should clearly reflect available local and regional needs assessment data. A synopsis of needs assessment activities related to CSHCN performed within the last five years should be included. If needs assessment activities have not been performed, plans for a future needs assessment should be described. This section should also describe existing capacity within the community/region to address gaps in resources and services.
- B. Objectives:** Project objectives should be related to (1) one or more of the aforementioned funding priorities, and (2) one or more of the Healthy People 2010 goals for CSHCN. Objectives should address needs described in A. They should also describe both immediate and long-term outcomes expected.
- C. Work Plan:** This section should detail a plan to accomplish the activity (ies) selected. This should include a description of roles and responsibilities of all personnel involved in the project, as well as a description of the current and/or proposed coordination and collaboration between the local health department and public and private agencies that serve CSHCN. Information should be provided that explicitly demonstrates how the accomplishment of the proposed activities will enhance the system of care for CSHCN and their families within the jurisdiction and within the region. If the proposal involves utilizing or hiring an external vendor, the need to do so and associated costs should be justified. The qualifications of the vendor should also be indicated.

***FAMILY HEALTH ADMINISTRATION CONT.***

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

- D. Evaluation Plan:** The evaluation section should 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 February 1, 2009 and a final report no later than August 1, 2009. 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 jurisdictions providing **respite services**:
  - a. Unduplicated number of children served;
  - b. Breakdown of services provided (ex. Number of direct respite hours versus number and location of camperships);
  - c. Monies allocated per child/family;
  - d. Breakdown of children served by age, SHCN/ disability, and insurance type;
  - e. Number of applications received and children/families on waiting list (if applicable).
3. For jurisdictions providing **case management**:
  - a. Include a, d, e above;
  - b. Breakdown of services provided (ex. child/family education,
  - c. referral, care coordination with another agency/provider, etc.);
  - d. Number of collaborating local physicians and other health and education professionals.
4. For jurisdictions providing **resource development or other enabling services**.
  - a. Include a, d, e above;
  - b. Breakdown of services provided.
5. For jurisdictions providing **specialty clinics**:
  - a. Type of clinic(s), location, frequency, and duration;

***FAMILY HEALTH ADMINISTRATION CONT.***

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

- b. Total number of visits per clinic;
  - c. Unduplicated number of children seen in clinic;
  - d. Clinic show rate and waiting period to get an appointment;
  - e. Breakdown of all children served by age, SHCN/disability; and insurance type.
6. For jurisdictions performing **needs assessments (only for LHDs approved for this activity)**:
- a. Progress report (February 1, 2009);
  - b. Final report (August 1, 2009).
- E. Budget:** Proposals should include a line-item budget and brief budget narrative describing how the funds will be spent in support of the project to accomplish the objectives. This should include a notation of any in-kind funds from the local health department or other sources, if applicable.

Guidance in preparing this proposal is available from the Office for Genetics and Children with Special Health Care Needs.

Proposals for funding services for CSHCN should be submitted by April 1, 2008 in electronic format to the following e-mail address:

[FHAUGA-Genetics@dhmh.state.md.us](mailto:FHAUGA-Genetics@dhmh.state.md.us)

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

***FAMILY HEALTH ADMINISTRATION CONT.***

***Center for Cancer Surveillance and Control***

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

Separate proposals and budget requests should be submitted for each of the following grants:

CDC Breast and Cervical Cancer grant (F676N)

Breast Cancer Screening, Cancer Outreach and Diagnosis Case Management (F714N)

For both of the grants, please submit a budget that is level-funded from your grant in fiscal year 2008.

Please use the written guidelines for submitting your grant application that have been developed by the Center for Cancer Surveillance and Control. Budgets must be submitted using the DHMH 4542 Budget Package and must also include Form 2, Form 2(A), Form 2(B), and Form 3.

Application format guidelines may be requested from Ms. Donna Gugel at (410) 767-6728. The Center for Cancer Surveillance and Control will be contacting each LHD regarding the preparation of the DHMH 4542E (Estimated Performance Measures).

Please submit by April 1, 2008 in electronic format to the following email address:

**FHAUGA-BCCP-Cancer@dhhm.state.md.us**

**FAMILY HEALTH ADMINISTRATION CONT.**

Form 2

**CDC Breast and Cervical Cancer Program  
FY 2009 Request Project Code – F676N**

\_\_\_\_\_ **County Health Department**

<b>Project F676N Object/Description</b>	<b>FY07 Actual Expenses</b>	<b>FY08 Approved Budget</b>	<b>FY09 Total Request</b>	<b>FY09 Request: Screening Costs (Column A)</b>	<b>FY09 Request Other Costs (Column B)</b>
<b>TOTAL</b>					

***FAMILY HEALTH ADMINISTRATION CONT.***

**Form 2 (A)**

Narrative Justification of All Line Items for Services to Women  
As Shown in Column A of Form 2

***FAMILY HEALTH ADMINISTRATION CONT.***

**Form 2 (B)**

Narrative Justification of All Line Items for Other Services  
As Shown in Column B of Form 2



***FAMILY HEALTH ADMINISTRATION CONT.***

**3. *Center for Preventive Health Services***

**A. Cardiovascular Health**

- Continuation of provision of community-based and population-based interventions to influence behaviors associated with the lowering of risk of cardiovascular disease and diabetes. These behaviors include improved nutrition, increased physical activity and control of hypertension. Interventions are acceptable that also influence environmental and policy changes that help create healthier communities.
- Interventions should be targeted at populations at highest risk for cardiovascular disease. These can include low-income communities, communities with little formal education, communities of color, and populations at risk of high blood pressure, obesity, osteoporosis, and stroke. Target populations and measurable outcomes should be clearly described and identified in local plans.
- Budgets should be submitted using the DHMH 4542 Budget Package in electronic format and must also include Form A.

Please submit your grant application by June 1, 2008 in electronic format to the following email address:

**[FHAUGA – chronicdisease@dhmh.state.md.us](mailto:FHAUGA-chronicdisease@dhmh.state.md.us)**

**B. Injury and Disability Prevention**

All counties applying for grant money from the Division of Injury Prevention and Epidemiology in FY2009 will need to complete a new grant application. Grant applications will be mailed to Health Officers and Injury Prevention Coordinators in May 2008.

All grant applications should be submitted along with the DHMH-4542 budget package in electronic format to the following e-mail address:

**[FHAUGA-InjuryPrevention@dhmh.state.md.us](mailto:FHAUGA-InjuryPrevention@dhmh.state.md.us)**

Questions regarding Injury Prevention grants should be directed to Tracey Serpi at 410-767-5056.

## ***FAMILY HEALTH ADMINISTRATION CONT.***

### **C. Oral Health**

All counties receiving grant money from the Office of Oral Health for FY2008 were awarded on a 2-year basis and will need to submit a work plan update to receive funds in FY2009. Work plan update forms will be mailed to Health Officers and current program coordinators in May 2008. Counties that received funding for Physical Improvement grants received FY 2008 funding only.

Questions regarding Oral Health grants should be directed to Mr. Keith Roberts at 410-767-7899.

## **4. *Center for Maternal and Child Health***

### **Overview**

The Center for Maternal and Child Health (Center, CMCH) has programmatic responsibility for the Maternal and Perinatal Program, the Family Planning and Reproductive Health Program, the Child Health Program as well as several other related programs. These programs are all key components in supporting the overall mission of the Center to improve the health and well being of all women, newborns, children and adolescents. As such, although individuals at highest risk for poor health outcomes comprise the primary target populations, these interrelated programs operate within the larger context of population-based intervention strategies and infrastructure-building capacity.

The Center provides grants to local health departments' maternal and child health (MCH) and family planning and reproductive health programs for infrastructure support, capacity building, quality improvement and regional systems development. It is the intent of CMCH to offer broad flexibility to local health departments while maintaining accountability for program performance.

### **General Guidance**

- Local health departments are encouraged to consider the following program priorities:
  - A. Develop an infrastructure that supports administrative, fiscal, epidemiological and surveillance systems. This will enable the local health departments to increase their capacity to conduct needs assessments, develop and implement strategic plans, monitor and evaluate programmatic performance and health outcomes.

***FAMILY HEALTH ADMINISTRATION CONT.***

B. Develop regional and private/public partnerships to assure continuum of care.

C. Identify environmental factors that impact on health outcomes and implementing programmatic strategies.

- Categorical grant proposals cannot be submitted as part of the Core Funding proposals. Core Funding proposals are administered by the Community Health Administration and therefore cannot be submitted with CMCH proposals
- The Center for Maternal and Child Health is encouraging local health departments to combine similar grants. The local health department may elect to combine all maternal and child health related proposals as one proposal and one budget under Improve Pregnancy Outcome and all family planning and reproductive health related proposals as one proposal and one budget under Family Planning. The MCH related proposals and the family planning related proposals cannot be combined as one total grant proposal.
- If the local health department decides to combine all of the MCH programs and/or all of the Family Planning programs, the narrative must identify the performance measures and the budgets for each of the sub-components of the grant. Please indicate at the beginning of each combined grant's narrative which grants are combined.
- If the local health department elects to combine (1) Improved Pregnancy Outcome, (2) Childhood Lead Prevention and (3) other childhood related programs as a single proposal, the child health components specific performance measures, strategies and budgets must be clearly identified.
- If the local health department elects to combine the family planning and adolescent pregnancy prevention programs as a single proposal, the adolescent pregnancy prevention specific performance measures, strategies and budgets must be clearly identified.
- DHMH 4542 budget package is required for each grant proposal submitted. Therefore, each local health department will submit at least two DHMH 4542 budget packages. Submit a separate 4542 budget package for the Crenshaw Initiative, Abstinence Education or other unique grants.

***FAMILY HEALTH ADMINISTRATION-CONT.***

***Center for Maternal and Child Health – Cont.***

- For each grant proposal the narrative should use the State’s Managing for Results Guidance. All of the narratives must include the following: (1) Needs Assessment and Progress, (2) Goals and Objectives, (3) Strategies and Action Plans, (4) Performance Measures and (5) Evaluation.
- Local health departments wishing to use performance measures that are significantly different than those that are listed are to negotiate alternatives with the Center prior to submission of the proposal.
- Local health departments that wish to have program budget information posted to FMIS for locally funded projects should contact Chief, DHMH General Accounting Division. Budget adjustment sheets used for posting to FMIS must be included with budget submission.

Categorical and/or Competitive Grant Programs

**A. Maternal and Child Health**

**1. Maternal and Infant Health (Improved Pregnancy Outcome)**

Target population: Women and infants at risk for poor pregnancy and birth outcomes.

**Required Performance Measures:**

- a. The IPO Coordinator or designee will review all (indicate number) fetal and infant deaths cases obtained from Vital Records Administration (matched birth and death records or abridged records)
- b. Number and type of cases reviewed by FIMR Case Review Team will be based on local trends and discussed in the narrative
- c. FIMR Community Action/Intervention Team
  - i. Number of recommendations planned or implemented. List type of interventions and clarify in the narrative.
  - ii. Number of outreach and community education activities conducted and include discussion in narrative
  - iii. Number of educational programs given to providers and include discussion in narrative.

***FAMILY HEALTH ADMINISTRATION-CONT.***

***Center for Maternal and Child Health – Cont.***

**2. Child and Adolescent Health**

Target population: Children and adolescents at risk for poor health outcomes.

Select only those performance measures for which CMCH provides funding to your health department.

**Required Performance Measures**

- a. Lead Poisoning Prevention
  - i. Number/percentage of children 0-6 years of age tested for childhood lead poisoning exposure (Data Source: MDE Childhood Lead Registry).
  - ii. Number of children with elevated blood lead levels (10 mcg/deciliter or above) receiving an intervention.
  - iii. Number of children with lead poisoning (20 deciliter or above) receiving case management.
  - iv. Number of outreach and community educational activities conducted.
- b. Clinical Services and School Based Health Care  
Number/percentage of unduplicated children and/or adolescents receiving direct service (clinical or case management) served by age, gender, race, insurance status (MCH Title V requirement).
- c. Asthma
  - i. Number of asthma outreach and community activities conducted.  
Explain in narrative.
  - ii. Number of asthma provider education programs conducted.
  - iii. Number of community interventions, e.g. Open-Airways Education in schools.
- d. Child Health Case Management
  - i. Number/percentage of referrals receiving case management services 0-1; 1-3 years of age (MA and non-MA counted separately).
  - ii. Number/percentage of referrals case managed receiving home visiting services 0-1; 1-3 years of age (MA and non-MA counted separately).

**3. Crenshaw Initiative**

Target population: Women and infants at risk for poor pregnancy and birth outcomes.

***FAMILY HEALTH ADMINISTRATION-CONT.***

***Center for Maternal and Child Health - Cont.***

**Required Performance Measures**

Specific performance measures are unique to each award; therefore, refer to your original award letter for agreed upon performance measures.

**4. Babies Born Healthy Initiative**

Targeted population: Women and children at risk for poor perinatal and child health outcomes. Categorical grant funding is being allocated to specific local health departments to pilot the expansion and enhancement of multiple services within a specified setting.

**Required Performance Measures**

Specific performance measures are unique to each award; therefore, refer to your original award letter for agreed upon performance measures.

**B. Family Planning and Reproductive Health**

**1. General Clinical Services:**

Target population: Women at risk for unintended pregnancy who are at or below 250% of the federal poverty level.

**Required Performance Measures:**

- a. Number of unduplicated clients served.
- b. Number of family planning visits and colposcopy visits.

**2. Adolescent Pregnancy Prevention Services**

Target Population: Adolescents at risk for unintended pregnancy.

**Required Performance Measures**

- a. Number of clients under 18 years old.
- b. Number of male clients under 18 years old served by service type.
- c. Number and type of outreach and community education programs.

Please submit the Center for Maternal and Child Health categorical grant proposals identified above by June 1, 2008 in electronic format to the following e-mail address:

**FHAUGA-CMCH@dhmh.state.md.us**

***FAMILY HEALTH ADMINISTRATION-CONT.***

***5. Center for Health Promotion Education, and Tobacco Use Prevention***

Priority - Prevention and Cessation of Tobacco Use.

Tobacco Use Prevention and Cessation activities may include community outreach, education, smoking cessation classes, support groups, community organizing, and mini-grants to grassroots groups.

Local Health Departments should involve local communities including minority populations in the priority setting and the planning process of the grant. Efforts should be made to collaborate with groups that have access to and/or have had success working with target populations.

Performance Measures should include at least:

- Number of adults provided smoking cessation classes
- Number of adults provided individual consults
- Number of adults provided self help materials
- Number of training sessions conducted in targeted communities
- Number of community people trained
- Number of mini grants administered
- Number of community meetings organized
- Number of adults provided nicotine patches

Target Populations - low income (less than 200% of poverty), low educated (less than a high school diploma), women, and African Americans.

Please submit all proposals by April 18, 2008 in electronic format to the following email address:

**FHAUGA-HealthPromotion@dhhm.state.md.us**

**FAMILY HEALTH ADMINISTRATION CONT.**

**6. WIC PROGRAM**

**General Instructions**

The local agency budget package is an EXCEL-based workbook that includes links to subsidiary schedules. Some of the schedules include cells that are shaded to identify how or by whom that particular field is filled. A four-color coding scheme is used in the budget package. The keys to the four-color coding scheme follow.

**Yellow** – Any yellow shaded cell is for the sole use of LA staff.

**Blue** - **Do not enter data in any blue shaded cells.** Any blue shaded cell is a cell that is either linked to another sheet in the budget package or contains a formula.

**Tan** – Any tan shaded cell is for the sole use of the DHMH funding administration (State WIC Program) staff. The tan shaded cells are found only on the 4542A – Program Budget Page (Approval) and the Grant Status Sheet (4542M).

**Green** – Any green shaded cell is for the sole use of the Division of General Accounting (DGA). The green cells are found only on the 4542A -Program Budget Page (Approval) and the Grant Status Sheet (4542M).

The cells containing negative numbers, e.g. collections or reductions, must be formatted to contain a parenthesis, for example, (\$1,500). Please make sure that neither brackets nor a minus sign appear for negative numbers. The automatic formatting on the page should show as \$1,500. The formatting has been set by the Department and should not require correcting. The parenthesis format is the required structure for file uploading to FMIS. If something other than a parenthesis for negative numbers is used, the budget file will error out of the upload process.

Local agencies are encouraged to consolidate their use of budget line items. The Program Budget Page provides a list of commonly used line items. **Please do not insert or delete any rows or use “Cut and Paste”. To do so, will fracture the links to the budget upload sheet. DO NOT write over existing line items – any new line items must be added at the bottom of the page.**

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

**4542 A - Program Budget Page**

**Funding Administration** - Family Health Administration

**Local Agency** - Enter name of submitting local agency

**Address** – Enter mailing address where information should be sent regarding program and fiscal matters

**City, State, Zip Code** – Enter relative to above address

**Telephone #** – Enter number, including area code, where calls should be directed regarding program and fiscal matters

**Project Title** – WIC Program

**Grant Number** - Enter the DHMH award number from the UGA, e.g., WI300WIC Note: private providers should use their contract number

**Contact Person** – Enter the name of the individual(s) who should be contacted at the above telephone number regarding fiscal matters related to this grant award

**Federal I.D. #** - Enter the Federal I.D. # for the local agency

**Index (local health departments only)** – Enter the county index number for posting to FMIS (see attached list)

**Award Period** - Enter the period of award, e.g., July 1, 2008 - June 30, 2009

**Fiscal Year** - Enter applicable state fiscal year, e.g., 2009

**County PCA (local health departments only)** – enter the County PCA code that will be charged for this grant, e.g., F696N; **only one per budget**; if unknown, please contact Sandy Samuelson of the Community Health Administration by phone at 410-767-5804 or by e-mail at [samuels@dhmh.state.md.us](mailto:samuels@dhmh.state.md.us) .

**File Name (local health departments only)** – Enter the file name exactly in the format as indicated below. Each LHD budget file must have a unique file name in the following

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

format. **There are no exceptions to this file name format.** Please complete the file name exactly as indicated, including the dashes. Please note that all data must be in caps, there can be NO blank spaces, apostrophes, or periods in the file naming convention.

File Name Format: FY-County-PCA-Grant #-Suffix for Modification, Supplement, Reduction – no blank spaces in name, e.g.,

09-HOWARD-F705N-WI300WIC (this would be an original budget)  
09-HOWARD-F705N-WI300WIC-MOD1  
09-HOWARD-F705N-WI300WIC-RED1  
09-HOWARD-F705N-WI300WIC-SUP1  
09-BALTOCOUNTY-F705N-WI175WIC-MOD2  
09-BALTOCITY-F705N-WI213WIC-SUP1  
09-PRINCEGEORGES-F705N-WI197WIC

**File name (private local agencies)** – Enter the file name in the format listed below with no blank spaces:

For original budget submission: Fiscal Year-Agency name (09-Hopkins)

For a modification: Fiscal Year-Agency name-Mod#1 (09-Hopkins-mod1)

For a supplement or reduction: Fiscal Year-Agency name-Supp#1 or Red#1(09-Hopkins-sup1)

**Date Submitted** - Enter the date the budget package is submitted to the funding administration

**Original Budget, Modification #, Supplement #, Reduction #** - If this is the original budget submission for the award, enter “yes.” If this is a modification, supplement or reduction, enter “no” and “ #1”, “#2”, etc. on the appropriate line.

**Summary Total Columns (above line item detail)**

Current Budget Column  
DHMH Funds Mod/Supp(Red) Column  
Local Funds Mod/Supp(Red) Column  
Other Funds Mod/Supp(Red) Column  
Total Mod/Supp(Red) Column

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

In this section, the LA must only enter amounts in the “Indirect Cost” field. Other than the Indirect Cost fields, the budget package accumulates the total of the line item budget detail. These totals provide the break out of funding for DHMH, local and/or other funds for the original budget and any subsequent budget actions.

Please note that the calculated fields (blue shaded cells) are formatted in the spreadsheet to show cents. This was done to provide an indication that the line item detail contains cells with cents in error. If the totals in this section contain cents, reexamine the line item detail and correct the line item budget. Do not modify the formulas in this section to adjust for the cents. The budget should be prepared in whole dollar increments, and therefore should not contain cents either by direct input or formula.

Descriptive lines used in this section follow.

Direct Costs Net of Collections – **Do not enter data in this row.** This row contains a formula that calculates the total direct costs net of collections.

Indirect Costs –The allowed amount of indirect cost is calculated automatically on the Indirect Cost Calculation Form (4542-K) once the budgeted salary amounts are entered on the Program Budget Page (4542-A). The allowed indirect calculated on the 4542-K will be entered automatically on the 4542-A. If you are budgeting less than the allowed amount of indirect as calculated on the 4542-K, you will have to adjust the budgeted indirect on the Program Budget (4542-A).

Total Costs Net of Collections - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in each respective column.

DHMH Funding – **Do not enter data in this row.** This row contains a formula that calculates the DHMH Funding Amount by subtracting the Total All Other Funding and Total Local Funding from the Total Costs Net of Collections.

All Other Funding – **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in the All Other Funding column.

Local Funding - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in the Local Funding column.

Total Mod/Supp/ (Red) Column – **Do not enter data in this row.** This column contains a formula that simply calculates the total of the postings in the previous three columns in this section.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

**DHMH Program Approval** – (tan shaded cell) Do not enter any information in this section. This section is reserved for the use of the DHMH funding **administration**.

**Division of General Accounting Approval** – (green shaded cell) **Do not enter any information in this section.** This section is reserved for the use of the DGA staff.

**4542 A - Program Budget Page - Line Item Budget Detail Section**

**Line Item Number / Description (columns 1 & 2)** - For local health departments, enter the line item numbers from the state Chart of Accounts. Commonly used line items are provided on this form. **You may not write over existing line items. New line items must be added to a blank cell at the bottom of the line item listing. It is very important to note that rows not be inserted or deleted nor should the “Cut and Paste” edit feature be used. To do so, will fracture the links to the budget upload sheet and the file will not upload to FMIS.**

**DHMH Funding Request (column 3)** - Enter by line item the amounts to be supported with DHMH funds.

**Local Funding (column 4)** - Enter by line item the amounts to be supported with local funds.

**All Other Funding (column 5)** – Enter by line item the amounts to be supported with funds other than DHMH Funding and/or Local Funding.

**Total Other Funding (column 6)** – This column contains a formula that adds Local Funding (column 4) and All Other Funding (column 5).

**Total Program Budget (column 7)** - This column contains a formula that adds the DHMH Funding (column 3), Total Other Funding (column 6), and Total of Modification/Supplements or Reductions (column 11).

**DHMH Budget, Local Budget, Other Budget – Modification, Supplement, or Reduction (columns 8, 9, 10 and 11)** - Enter by line item and funding source (i.e., DHMH, local or other) any changes due to Budget Modifications Supplements, or Reductions. The Total Program Budget (column 7) will be recalculated to include these changes. **Please remember that the new Total Program Budget (column 7) will become the new base budget for any subsequent budget submissions.**

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

***Supplementary Subsidiary Budget Forms (4542 B thru 440 A)***

The following forms have been modified to include links that pull information from the 4542A form. The cells shaded in blue are either linked to another sheet or contain a formula. Please do not enter data in these fields or cells. The fields will be populated automatically upon completion of the 4542A form. **Please do not enter data into a blue shaded cell.**

***4542 B - Budget Modification, Supplement or Reduction  
Line Item Changes and Justification***

This form is required ONLY for Budget Modifications, Supplements or Reductions. This form should contain the changes (+ or -) from the most recently approved budget by line item. Specify the type of funding that is affected by the change (i.e., DHMH Funding, Local Funding or All Other Funding) and justification for the change. Please note that justification is required for changes to fee collections.

This schedule contains links to the Program Budget Page (4542A) that pull the line item number and the amount from Column 11. A formula is supplied that accumulates the total of the changes on this page, cross checks the total to the budget page and provides a check total (which should equal zero). These cells are shaded in blue and should not be modified by the LHD.

***4542 C Estimated Performance Measures***

The performance measures for the WIC Program have been entered for you - "To serve at least 97% of the assigned caseload." Enter your assigned caseload.

***4542 D Schedule of Salary Costs***

**For local health departments:** Enter the required information for all Merit System employees.  
**For private agencies:** Enter the required information for all employees.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

**Classification** – First, enter one of the following: Coor (local agency coordinator); CPA; CPPA; Cler (clerical). Next, enter the job title or classification of the employee (i.e. Nurse, Nutritionist, etc.). The entry should appear as: CPA – Nurse III or Cler – Office Assistant II.

**Name** – Enter the name of the employee.

**Grade / Step** – To be completed for State employees only. Enter the grade and step of the employee in the following formats. If an employee is a grade 12 and has a July increment from Step 5 to Step 6, the entry would appear as: 12 / 6. If an employee is a grade 10 and has a January increment from Step 3 to Step 4, the entry would appear as: 10 / 3-4.

**Daily Time Studies Required?** – Enter Yes or No based on whether or not the employee is required to document their time on a daily basis for the entire year (see Policy 6.01 Time Study Requirements for Staff Paid with WIC Funds).

**WIC FTE** – enter the WIC full time equivalent. If an employee is full time and works only in the WIC program, the WIC FTE would be 1.0. If an employee works 80% and only in the WIC Program, the WIC FTE would be .8. If an employee is 80% and works 2 days per week in the WIC Program, the WIC FTE would be .4.

**WIC Funded Salary** – Enter the amount of the employee’s salary that will be supported with WIC Funds.

**Total Salary** – Enter the employee’s Total Annual Salary. If an employee works in WIC and another program, this would be their total salary from all programs.

Formulas have been added to the bottom of this page to compare the totals on Salary page to the totals for these line items on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

***4542 E – Schedule of Special Payments or Contractual Payroll Costs***

**For local health departments:** Enter the required information for all Special Payments Payroll or Contractual employees.

**For private agencies:** Do not complete this page.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

**Classification** – First, enter one of the following: Coor (local agency coordinator); CPA; CPPA: Cler (clerical). Next, enter the job title or classification of the employee

(i.e. Nurse, Nutritionist, etc.). The entry should appear as: CPA – Nurse III or Cler – Office Assistant II.

**Name** – Enter the name of the employee.

**Grade / Step** – To be completed for State employees only. Enter the grade and step of the employee in the following formats. If an employee is a grade 12 and has a July increment from Step 5 to Step 6, the entry would appear as: 12 / 6. If an employee is a grade 10 and has a January increment from Step 3 to Step 4, the entry would appear as: 10 / 3-4.

**Daily Time Studies Required?** – Enter Yes or No based on whether or not the employee is required to document their time on a daily basis for the entire year (see Policy 6.01 Time Study Requirements for Staff Paid with WIC Funds).

**WIC FTE** – enter the WIC full time equivalent. If an employee is full time and works only in the WIC program, the WIC FTE would be 1.0. If an employee works 80% and only in the WIC Program, the WIC FTE would be .8. If an employee is 80% and works 2 days per week in the WIC Program, the WIC FTE would be .4.

**WIC Funded Salary** – Enter the amount of the employee’s salary that will be supported with WIC Funds.

Formulas have been added to the bottom of this page to compare the totals on the Special Payments Payroll or Contractual Payroll page to the totals for these line items on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

***4542 F - Schedule of Consultant Costs***

All fields should be completed on the schedule. Please list the individual consultant's name. If payment will be made to a business, list the firm's name also. List the consultant's professional area; the hourly rate and the budgeted total annual hours. The "Total Cost" is calculated by multiplying the "Hourly Rate" times the "Total Hours".

The two totals (formula provided) for this schedule must equal the total of Object .02 line items, excluding line items 0280, 0289, 0291 and 0292 amounts on the Program Budget page (DHMH 4542A). The "DHMH Funded Cost" amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for Object .02 exclusive of the aforementioned line items. The "Total Cost" amount on this schedule must equal the Object .02 total exclusive of the aforementioned line items in the Total Program Budget Column (col. 7) on the DHMH 4542A.

**Note:** The consultant-contractor relationship is defined by the individual, personal delivery of service where the consultant has a high degree of autonomy over his/her use of time, selection of process, and utilization of resources. The IRS guidelines can be used to assist in defining the employer/employee relationship and to distinguish between a consultant and an employee.

***4542 G - Schedule of Equipment Costs***

**Special Instructions for WIC Program ONLY:**

This schedule must list **all** inventoried equipment items to be purchased - **regardless of cost**. The description column should list the item to be purchased and its proposed use. Indicate if the item is additional equipment or to replace equipment purchased previously with DHMH funds. If more space is needed, continue the narrative within the column. Use additional pages as necessary.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

The total for this schedule must agree with the total of all equipment line items on the Program Budget page (DHMH 4542A). The “WIC Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for all equipment line items. The “Total Cost” amount on this schedule must equal the amount for all equipment line items in the Total Program Budget Column (col. 7) on the DHMH 4542A.

Formulas have been added to the bottom of this page to compare the total budgeted equipment on the Equipment page to the totals budgeted for these line items on the

Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

As equipment is purchased during the year, the additional columns on the worksheet must be completed. The total of the “Actual Cost” column must agree with the year-to-date expenditures for all equipment line items reflected on the quarterly expenditure reports. The inventory number, serial number, manufacturer, date received and location of item must be entered as each item is purchased. Entering this information on the Schedule of Equipment Cost (4542-G) as items are purchased will eliminate the requirement for the submission of the WIC Program Inventory Item (Form 6.02A) for purchases. The WIC Program Inventory Form will still have to be submitted to the State WIC Office if equipment items are transferred to another location, have been disposed of, or have been sent to surplus.

***4542 H - Purchase of Care Services (Line Item 881)***

**This line item should not be used by the WIC Program.**

This schedule is to be used to detail any amounts reflected on the Purchase of Care line item (0881) on the Program Budget page (4542A). This schedule and line item 0881 should only be used for health related unit price contracts and fixed price contracts with organizations. It is **not** to be used for cost reimbursement contracts. List the type of service, the contract type (fixed price or unit price), the vendor from whom the service is to be purchased, the performance measures relative to the purchased service and the DHMH funded cost and total cost for each service.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

The two totals (formula provided) for this schedule must agree with the purchase of care line item (0881) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0881. The “Total Cost” amount on this schedule must equal the purchase of care (line item 0881) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

***4542 I – Human Service Contracts (Line Item 896)***

**This line item should not be used by the WIC Program.**

This schedule is to be used to detail any amounts reflected on the Human Service Contract line item (0896) on the Program Budget page (4542A). This schedule and line item 0896 is to be used **only** for health related cost reimbursement contracts with organizations. List the type of service, the vendor from whom the service is to be purchased, the performance measures relative to that purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the human service contracts line item (0896) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0896. The “Total Cost” amount on this schedule must equal the human service contracts (line item 0896) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

Formulas have been added to the bottom of this page to compare the totals on the Equipment page to the totals for these line items on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

***4542 J – Detail of Special Projects (Line Item 899)***

**Special Instructions for WIC Program ONLY:**

This schedule is to be used to detail any amounts reflected on the Special Projects line item (0899) on the Program Budget page (4542A). Special Projects are projects for which special funding is received from the State WIC Office. These projects must be

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

budgeted and reported separately from other WIC funding. Unspent funds from Special Projects must be returned to USDA and cannot be used to support other line items in the WIC budget. Actual costs must be entered on this schedule and must agree with the costs reported on the quarterly expenditure reports.

The two totals (formula provided) for this schedule must agree with the special projects line item (0899) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0899. The “Total Cost” amount on this schedule must equal the special projects line item (0899) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

Formulas have been added to the bottom of this page to compare the budgeted total on Special Projects page to the amount budgeted for this line item on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

**As funds are expended for special projects during the year, the “WIC Funded Actual Cost” column must be completed.** The total of the “Actual Cost” columns must agree with the year-to-date expenditures for the Special Projects line reflected on the quarterly expenditure reports.

***4542 K - Indirect Cost Calculation Form***

**Special Instructions for WIC Program ONLY:**

For the WIC Program, indirect cost is limited to 10% of salary line items only (Items 0111, 0171, 0181, 0182, and 0280). This form includes formulas for the calculation of indirect costs once the budgeted salary line items are entered on the Program Budget (4542-A). **A formula has been entered on the Program Budget Page (4542-A) to pull the allowed indirect into the correct cells from line 45 on the Indirect Cost Calculation Form (4542-K).**

**If less than the allowed amount of indirect cost is budgeted, please adjust the formula as necessary on the indirect cost line on the Program Budget Page (4542-A) to pull the amount from the correct cell on line 57 of the Indirect Cost Calculation Form (4542-K).** Indicate the amount of indirect actually budgeted in the “Alternate Method” space as indicated below the calculation. Include an explanation (e.g. in order to stay within the grant award, indirect was budgeted at \$xxxxxx).

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

Formulas have been added to the bottom of this page to compare the budgeted total on Indirect Cost Calculation page to the amount budgeted for this line item on the Program Budget Page (4542 A). If there is any difference shown, you must make the appropriate corrections so that the totals on both forms agree.

**4542 L - Budget Upload Sheet (DGA Use Only)**

The purpose of this sheet is to upload the budget into FMIS. **Local health department personnel should not enter any information directly onto this sheet. This sheet is for use of DPCA only.** Data will be entered automatically on this form as the Program

Budget Page (4542A) is completed. Please do not attempt to enter data on to this sheet or to modify it in anyway.

**4542 M – Grant Status Sheet (For Funding Administration Use)**

The purpose of this schedule is to provide sufficient information for DGA to post grants to the UFD and to track various types of UFD actions. **This form is to be completed by the funding administration and forwarded to DGA.** The funding administration should enter information in all tan shaded fields. Some information fields (blue) on this schedule will be filled automatically from links to the Program Budget Page (4542A). Formula totals (blue) are provided in the section detailing the County PCA, Program Administration PCA , Federal Fund Tracking #, etc. The lone green shaded cell is for DGA to enter the date the Grant Status Sheet was received in DGA.

**DHMH 4293-2 (WIC Program In-Kind Contributions) - OPTIONAL**

Enter the description, the WIC category and dollar value of the In-Kind contributions.

**Time Study Form (Attachment 6.01A)**

This form is contained in the budget package for informational purposes only. No data will be entered on this form when submitting the budget package. The form should be printed, copied and distributed to each employee who will be completing a time study. Each employee will need one

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

form for each week of the time study month. Each time study must be signed by the employee. By signing the time study, the employee is

certifying that they actually worked the number of hours shown in the WIC Program (and other programs, if applicable) on the dates indicated. See Policy 6.01 Time Study Requirements for Staff Paid with WIC Funds for information on employees who are required to document their time on a daily basis for the entire year.

***Agency Quarterly Time Study Summary***

USDA requires that time studies be performed at least one month per quarter. Time studies are to be conducted the first month of each quarter (July, October, January, and April). There are four Agency Quarterly Time Study Summaries contained in the budget package. Before completing each quarterly expenditure report, the data from the time studies must be entered on this form. Line items that are to be allocated based on salaries will use the percentages calculated on each Agency Quarterly Time Study Summary.

For employees who are required to keep daily time studies all year long, enter only the hours worked for the first month of the quarter (July, October, January, April). In order for the percentages of time calculated for the WIC categories (Clinic, NE, BF, Adm) to be comparable, the hours worked for all employees must be for the same period of time.

The WIC Program may only be charged for actual hours worked in the WIC Program for employees who are required to keep daily time studies. At the end of each quarter, the actual hours worked as indicated on the employee's daily time studies, and salary and fringe costs for each employee who is required to keep daily time studies must be entered on the Daily Time Study Worksheet.

**Local Agency** - Will be entered automatically from the Program Budget (4542-A).

**Time Study Month** - the Month that each time study will be conducted has been entered.

**WIC FTE** - The number of WIC FTEs (full time equivalents) both filled and vacant must be entered in the grid at the top of each Agency Quarterly Time Study Summary. This data should be completed as of the end of the applicable time study period. As this data is used for various reports submitted to DHMH and USDA, please make sure the data is updated each quarter.

**Daily Time Studies Required?** – Enter Yes in this box if the employee is required to document their time on a daily basis for the entire year (see Policy 6.01 Time Study Requirements for Staff Paid with WIC Funds).

**Employee Name** –

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

**For the July time study:** if there were no changes from the initial budget submission, you can copy the data from the Salary (4542-d) and Special Payments (4542-e) pages. Add any new employees at the bottom of the form. If a position is vacant, you will have to write over the formula and enter Vacant and then the previous incumbent's name in parentheses (e.g. Vacant (Smith)).

**For the October, January and April time studies:** the name will be entered automatically from the previous quarter's Agency Quarterly Time Study Summary.

**Changes from the previous quarter:** do not enter a new employee name over any of the names that already appear on the form. If a person is no longer employed by the WIC Program, you will have to write over the formula and enter Vacant and then their name in parentheses (e.g. Vacant (Smith)). Any new employees must be added at the bottom after the last name appears. Again, you will have to write over the formula to enter the name. After you enter the name of the new employee, enter the name of the previous incumbent in parentheses. (e.g. Mary Jones (Amy Smith)).

**Classification** – The classification should be entered as follows. First, enter one of the following: 1-Coor (local agency coordinator); 2- CPA ; 3-CPPA ; 4- Cler (clerical). Next, enter the job title or classification of the employee (i.e. Nurse, Nutritionist, etc.). The entry should appear as: CPA – Nurse III or Cler – Office Assistant II.

**For the July time study:** if there were no changes from the initial budget submission, you can copy the classification from the Salary (4542-d) and Special Payments (4542-e) pages. Add any new employees to the bottom of the form. If a position is vacant, you will have to write over the formula and enter the classification of the previous incumbent.

**For the October, January and April time studies:** the classification will be entered automatically from the previous quarter's Agency Quarterly Time Study Summary.

**Changes from the previous quarter:** if an employee's classification has changed, enter the new classification in the required format.

**# of Boxes** - After each time study period has been completed and the number of boxes has been totaled on each of the Weekly Time Study Forms (Attachment 6.01A), transfer the number of boxes from the Weekly Total Boxes section for each employee to this worksheet for the appropriate quarter.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

**Summary of Time Study Results** - at the bottom of each Agency Quarterly Time Study

Summary, the following data will be displayed:

Number of total hours in each WIC category for each employee

Number of Non-WIC hours for each employee

Percentage of WIC Hours and Non-WIC Hours

Percentages of WIC hours in each WIC Category – these percentages are used as the allocation basis (for line items allocated on salaries) on the quarterly reports.

**NOTE:** Each local agency must spend **at least 20%** of their award on Nutrition Education. In addition, each agency must spend **at least \$3.50 per participant** for Breastfeeding Promotion and Support.

***Daily Time Study Worksheet***

This worksheet must be completed on a quarterly basis for all employees who are required to complete daily time studies all year long. The worksheet has been set up to report information for up to 6 employees. If you have more than 6 employees who are required to keep daily time studies, copy the formulas for the additional number of employees needed.

**Employee Name** – enter the name of the employee

**Classification** – enter the classification of the employee

**Hours Worked** – for each month of the quarter, enter the number of WIC hours and Non-WIC hours worked. The total hours worked will be calculated automatically.

**Salary** – enter the total salary paid for the employee for the quarter

**Fringe** – enter the total fringe paid for the employee for the quarter

The total salary and fringe that can be charged to the WIC Program for the quarter will be calculated automatically based on the WIC hours worked.

***Quarterly Expenditure Reports***

**Local Agency Name, Award Number and Budget Period** - These fields will be completed automatically from the Program Budget (4542-A).

**Federal ID Number** - Enter your 9 digit federal tax ID number.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT.***

**Address** - Enter your mailing address.

**Report Prepared by, Date Prepared, Telephone #** - Complete these fields as appropriate.

**Line Item Description, Approved Budget** - These fields will be completed automatically from the Program Budget (4542-A). There are blank lines at the bottom of the Program Budget (4542-A) that contain formulas to carry the information to the quarterly expenditure reports and WIC budget. **DO NOT INSERT NEW LINE ITEMS IN THE SHADED AREAS.** If line items need to be added during the year, they must be added on the blank lines at the bottom of the Program Budget and will be carried forward to the quarterly report formats. If additional line items need to be added and you are not sure how to do this, please call for assistance.

**Current Quarter** – Go to the column to the right of the Total Expenditures column. Enter your total expenditures for the current quarter (please limit your entry to 2 decimal places).

The allowable indirect cost for each quarter will be calculated automatically at the bottom of each quarterly report once the quarterly expenditures for the salary items have been entered. The allowable indirect cost will then be entered automatically in the Current Quarter column on the indirect cost line. If you are budgeting less than the allowable amount for Indirect Cost, you will have to change the formula to charge one quarter of the budgeted Indirect Cost for each quarter.

**Clinic, Nutrition Education, Breastfeeding, Administration** - The expenditures for salaries, fringe, maintenance, postage, telephone, utilities, housekeeping, office supplies, insurance, rent, and indirect cost will be allocated automatically to the different WIC categories based on the percentages from the Agency Quarterly Time Study Summary for the appropriate quarter. If there is a line item that you would like to have allocated based on the time study percentages but there is no formula in that row, copy the formula from the salary line item to the appropriate line item. All Year-to-Date columns contain formulas - do not enter anything in these columns.

Items that are not allocated based on the percentages from the Agency Quarterly Time Study Summary will have to have the amounts allocated to the applicable WIC category. **When entering formulas, ALWAYS use the @round feature.**

**Current Quarter Unallocated** - This column will indicate any line item that has not been allocated to the WIC categories. These amounts must be allocated to the appropriate WIC categories. This can be done by manually entering the amounts applicable in the Current Quarter column under each WIC category. After each line item has been allocated, the total in the Current Quarter Unallocated column should be zero. There may be a rounding difference in cents. An adjustment must be made to the individual line item in a WIC Category to correct the rounding difference. The correction must be made in the Current Quarter columns in the appropriate category, **not in the Year to Date column.** If possible, make the correction in the Administration Category.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT***

**Balance Remaining** - This column shows the budget balance remaining in each line item and can be very useful to local agencies.

***DHMH 440 - Annual Report – Year End Reconciliation (Optional)***

Local health departments may use FMIS in lieu of the DHMH 440 Report.

If a local agency is filing a DHMH 440 Report, the budget and expenditures will be completed automatically. Please complete appropriate information (yellow shading) as needed. If you do not use the DHMH 440 from this budget package, please remember that the total expenditures on the DHMH 440 and the June quarterly expenditure report must agree.

***DHMH 440A - Performance Measures Report***

All local agencies must complete this form. Some information (blue shading) is pulled from other budget forms. The “Final FY Count” (yellow shading) is to be completed with the average participation for the state fiscal year.

***DUE DATES***

**Quarterly Reports and Budget Modifications:**

Quarterly expenditure reports are due **thirty days** after the end of the quarter. Budget modifications are due April 30<sup>th</sup> of each year and should be included with the third quarter report submission. This requirement will be strictly enforced. Reports are due on the following dates:

<b><u>Quarter Ending</u></b>	<b><u>Due Date</u></b>
September 30th	October 31st
December 31st	January 31st
March 31st	April 30 <sup>th</sup> (including budget modifications)
June 30th	August 15th

The completed quarterly reports must be submitted electronically by the due dates. Files should use the same file name as the budget submission with an extension showing the quarter number. For example, Howard County’s 2<sup>nd</sup> quarter report would be named: 09-HOWARD-F705N-WI300WIC-2.xlw.

***FAMILY HEALTH ADMINISTRATION CONT.***

***WIC CONT***

Private local agencies should use the format “fiscal year-local agency name-quarter number “– for example: “09-UNIVERSITY-2.xlw”. The file should be e-mailed to:

[FHAUGA-WIC@DHMH.STATE.MD.US](mailto:FHAUGA-WIC@DHMH.STATE.MD.US)

**Daily Time Studies**

Copies of completed time studies for employees who are required to complete time studies all year long must be submitted to the State WIC Office. Copies of time studies for employees who work only in the WIC Program do not need to be submitted to the State WIC Office but must be kept on file in the local agency for review by State WIC staff or auditors. The due dates are:

<b><u>Time Studies for Months of</u></b>	<b><u>Due Date</u></b>
July, August, September	October 31st
October, November, December	January 31st
January, February March	April 30 <sup>th</sup>
April, May, June	August 15 <sup>th</sup>

**Annual Budget Submission:**

The SFY 2009 annual WIC budget package is due by **May 30, 2008**. You will receive by e-mail a blank file to be used for your budget submission. The completed budget package must be submitted electronically (using the file name as indicated in these instructions) to:

[FHAUGA-WIC@DHMH.STATE.MD.US](mailto:FHAUGA-WIC@DHMH.STATE.MD.US)

**NOTE: Please do not e-mail files to individual WIC employees. Send only to the e-mail address above.**

***END OF FAMILY HEALTH ADMINISTRATION  
CATEGORICAL GRANT INSTRUCTIONS***

## ***MENTAL HYGIENE ADMINISTRATION***

### **INSTRUCTIONS FOR THE PREPARATION OF NARRATIVE AND BUDGETS FOR CATEGORICAL GRANTS**

On July 1, 1997 the Mental Hygiene Administration began the implementation of the new Public Mental Health System. This new system changes the funding for most mental health services from grant funding to fee-for-service. Those services which do not lend themselves easily or efficiently to a fee-for-service-basis will remain grant funded. At this time, services which have been identified as those which will continue to receive funds via the grant system include drop in centers, job development services, hotline services, and community education and staff development services.

Funds paid to a provider under the grants system will continue to be governed by the LHDFSM and will require the submission of a line item budget, using the electronic DHMH 4542 format.

If your program received funds during FY04 for the type of services that will continue to be grant funded, please contact your Core Service for submission dates.

If you have any questions please contact Ms. Hegner at (410) 402-7731.

***END OF MENTAL HYGIENE ADMINISTRATION  
CATEGORICAL GRANT INSTRUCTIONS***

**OFFICE OF HEALTH SERVICES**  
**HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION**

**FY 09- INSTRUCTIONS FOR THE PREPARATION OF NARRATIVE AND BUDGET**

**Administrative Care Coordination-Ombudsman Grant (F730N)**

1. **Allocation:** To be determined.
  
2. **Purpose of Grant:** This grant funds the local health department Administrative Care Coordination-Ombudsman Program. The mission of the grant is to provide support of the various administrative functions intended to improve the effectiveness and efficiency of the Medicaid Program. The focus of the ACCU/Ombudsman staff is to provide administrative outreach and assistance to Medicaid eligible individuals. The ACCU/Ombudsman are required to provide assistance to Medicaid individuals to assure that they access needed Medicaid services and to assure that the individuals on Medicaid use them appropriately. Local health departments are required to provide assistance to the Medicaid populations enrolled in HealthChoice as defined by COMAR 10.09.65.04 and COMAR 10.09.66.03. The local Ombudsman is required to support the HealthChoice Dispute Resolution Process in accordance with COMAR 10.09.72. The ACCU component is required to ensure that core public health functions are efficiently supported in local health departments through the provision of care coordination and face-to face activities and education to Medical Assistance populations. The ACCU/Ombudsman Grant is also required to support broad-based outreach for MA/MCHP individuals.
  
3. **Requirements and Conditions:** Grant funds must be used for the sole purpose of carrying out the requirements of the program as defined and directed by the Division of Outreach and Care Coordination and all expenditures are subject to approval by the Program Administration. Grantees are subject to all the requirements and conditions set forth in the ACCU/Ombudsman Conditions of Award, Local Health Department Funding System Manual, and OMB Circular A-87 June, 2004. When planning staffing needs and budgets the LHD must assure that time allocated to the ACCU-Ombudsman grant is spent on MA administrative duties only. Care coordination provided by staff funded by this grant must not duplicate activity provided by another federal grant or funds. Local health departments may not use these grant funds to provide clinical services, direct medical services, or fee-for-service targeted case management services such as Infant and Toddlers or IEP case management. Funds may not be used to support the operational components of MCHP eligibility determinations or any other Medicaid grant.

Grantees must demonstrate that the LHD has sufficient internal control and quality measures to assure that activities performed under this grant do not duplicate any activity provided by another funding source, whether or not the activity is funded by Medicaid.

## ***HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION (Cont.)***

4. **Program Priorities and Operations:** The ACCU-Ombudsman Program in the local health department is an integral part of the Departmental Dispute Resolution Process and in collaboration with the Department functions to resolve local issues. As part of this process, the ACCU/Ombudsman staff are required to spend their time as follows:
- Minimum of 70% of each staff person's time and activities will be spent providing assistance to Medicaid individuals already enrolled in MA/MCHP;
  - Minimum of 10% of each staff person's time and activities will be spent providing direct assistance to MCOs/Providers; and
  - Maximum of 10% of each staff person's time and activities will be spent on outreach to MA/MCHP children and the Medicaid population.
- A. Ombudsman Activities:** The ombudsman receives direction from the Division of Outreach and Care Coordination and must give priority to referrals received from the Complaint Resolution Unit. When the LHD is the initial point of contact regarding a HealthChoice provider or Medicaid recipient's complaint the LHD must immediately contact the Complaint Resolution supervisor to discuss whether it is appropriate for the LHD ACCU-Ombudsman to handle the case. The Ombudsman is required to take any or all of the following actions, According to CFR 438.400 and OAR 10.09.72. as appropriate:
- (1) Attempt to resolve the dispute by educating the MCO or the enrollee;
  - (2) Utilize mediation or other dispute resolution techniques;
  - (3) Assist the enrollee in negotiating the MCO's internal grievance process;
  - (4) Advocate on behalf of the enrollee throughout the MCO Internal grievance and appeals process; and
  - (5) If the dispute is one that can not be resolved by the local ombudsman's intervention, the LHD must refer the dispute back to the Complaint Unit for a decision.
- B. Care Coordination, Education and Outreach:** Grantees must provide but are not limited to care coordination, education and outreach of Medicaid recipients/providers for accessing appropriate medical Assistance services or effectively navigating through the Medicaid system. The ACCU is required to take any or all of the following actions as appropriate:
- (1) Provide assistance to Medicaid clients/providers, as requested, on referrals received from the Enrollee Action Line, Provider Hotline and Complaint Resolution Line;
  - (2) Explain how to work with the primary care provider and MCO;

## ***HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION (Cont.)***

- (3) Assist Medicaid clients regarding their plan of care when appointments are missed or treatment is indicated;
- (4) Assist Medicaid enrollees with their MCO for care coordination;
- (5) Educate Medicaid recipients about the importance of preventive health care for children, including EPSDT, lead screening, and immunizations for children;
- (6) Educate MA recipients about the availability of self-referred services such as Child in State Supervised Care;
- (7) Educate Medicaid adults about the importance of preventive screens such as pap smears, mammograms;
- (8) Educate Medicaid providers about MCHP, PAC and the HealthChoice Program requirements;
- (9) Educate Medicaid groups about MCHP;
- (10) Assist families in completing Medicaid applications as needed;
- (11) Maintain confidentiality of client records and eligibility information in accordance with all federal, state, and local laws and regulations.

**Staff funded by the ACCU grant must implement strategies to identify, educate and provide care coordination to:**

**Medicaid Special populations to prevent utilization problems and to address access to care for the following:**

- (1) Children with special health care needs (CSHCN), as defined in COMAR 10.09.62.01(26);
- (2) Adults with physical or developmental disabilities;
- (3) Individuals who are homeless;
- (4) Individuals in need of substance abuse screening, assessment or treatment;
- (5) Individuals with HIV/AIDS; and
- (6) Pregnant and postpartum women

**Non-compliant medicaid enrollees who are referred to the LHD including but not limited to:**

1. Children < age 2 needing EPSDT Screening Services;
2. Pregnant and postpartum women needing care

## ***HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION (Cont.)***

3. Children under age 21 needing follow-up treatment; and
4. Adult enrollees who, due to impaired cognitive ability or psychosocial problems such as homelessness or other conditions, can be expected to have difficulty understanding the importance of treatment instructions difficulty navigating the health care system.

### **Other Medicaid Populations:**

Referral sources may include, but are not limited to, the HealthChoice and Acute Care Administration, the local MCHP Eligibility Unit, the LDSS, or self-referrals. Any MCH populations, which may be identified to the ACCU for assistance and/or short-term care coordination include, but may not be limited to:

- (1) Children and adolescents (under age 19) who may be eligible for MA or MCHP;
- (2) Pregnant women of any age, especially teens (low-income & potentially eligible for MA or MCHP)
- (3) Women enrolled in the Maryland Family Planning Program;
- (4) Newborns of MA eligible- except those receiving Healthy Start services;
- (5) Children and adolescents (under age 21) for EPSDT Screening or Treatment Services, and
- (6) Children with Special Health Care Needs.

### **5. Operational Requirements:**

- (1) The Program must have ACCU and Ombudsman staff available at all times during business hours to provide assistance for Medicaid clients referred by phone and fax from the Division of Outreach and Care Coordination, Complaint Resolution Unit, and MCOs;
- (2) Due to the nature of the Medicaid complaint sent to the Ombudsman, in counties where the Ombudsman is not a licensed health care professional, the LHD must have licensed nursing staff available during business hours for consultation to address complex nature of the Medicaid issues;
- (3) Designate a local point person for the grant who will be the ongoing contact between the Department and the LHD and who will keep the local health officer informed of all budget matters and all administrative program related correspondence from the Department;
- (4) Serve as the single point of entry for MCO referrals to bring non-compliant or hard-to-reach recipients back into the health care system: maintaining basic information on all referrals from the MCOs and designating a staff member to serve as the day to-day link with MCOs;
- (5) Within 10 working days of receipt of written referral from the MCO or MCO provider, make a determination about whether the case will be acted upon and inform the MCO if the LHD is not going to act on the case;

## ***HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION (Cont.)***

- (6) Within 15 working days of receiving an accepted referral, attempt to contact the recipient directly by phone, or if phone contact is unsuccessful, attempt face-to-face contact at the recipient's home or other community setting, as appropriate;
- (7) Within 30 calendar days of receiving the referral, provide written feedback to the MCO or referral source regarding successful and unsuccessful contact to date with the recipient;
- (8) Serve as the Department's trainer for LHD to assure understanding of the Medicaid Program's regulations and requirements. Assure that appropriate LHD staff are knowledgeable about the Medical Assistance services covered by the MCOs and the right of recipients to go out-of-plan for certain self-referral services and staff are knowledgeable about Medical Assistance fee-for-service;
- (9) Provide Medical Assistance information to external organizations and agencies concerning Medical Assistance programs, services and covered benefits including information on how to navigate the managed care system and fee-for service;
- (10) Provide information to recipients about the State and MCO Appeal and Grievance Process;
- (11) Maintain confidentiality of client records and eligibility information, in accordance with all federal, state, and local laws and regulations, and use that information, with the Department's approval, only to assist the recipient to apply for MA coverage and to receive needed health care services; and
- (12) Refer MA recipients to the LHD MA Transportation provider as needed to access needed Medical care services;
- (13) Provide assistance for special projects as requested by the Department and the Health Officer; and
- (14) Provide assistance with coordination of Medicaid services as needed.

**Program Proposal Format:** Follow the outline provided with these instructions.

**The program proposal, excluding performance measures, should be no more than five pages.**

**Internal/External Assessment** should answer the question "Where are we now?" with specific data related to the target groups and ACCU-Ombudsman activities. How many MA/HealthChoice clients reside in the county? The proposal must include a description of the type of the collaborative relationships with schools, churches, and community based organizations. Include a description of how the ACCU-Ombudsman will facilitate linkages, as well as educate and outreach the MCOs, hospitals and providers. Include a description of service locations, hours

## ***HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION (Cont.)***

of operation and ability to address populations with Limited English Proficiency. The **Goals and Objectives** should further answer the questions “Where are we” and “Where do we want to be?” with broad goal statements and specific measurable objectives for accomplishment of goals.

**Strategies and Action Plans** should answer the question “How do we meet our goals and objectives?” by describing mechanisms and activities to accomplish this. The proposal should describe how the ACCU/Ombudsman will provide care coordination and assistance, for MA/HealthChoice populations, with specifics that address face-to-face contacts; differing roles between the staff, provide coordination and education for MCOs and providers, the Department and other Medicaid partners; methods for prioritizing ACCU/Ombudsman functions, activities; the ACCU/Ombudsman protocols for assistance, care coordination and education; the type and number of Medicaid activities that will be planned. The Plan must be culturally sensitive, family oriented and community focused.

**Performance Measures:** Use DHMH form 4542 C-Estimated Performance Measures and 440A and submit electronically. Performance Measures are specific quantitative representations of a capacity, process or outcome deemed relevant to the measurement of performance. Performance Measurements must specifically display quantified indicators that demonstrate whether or not the goal or objective is attained. It is vital to measure relevant factors that show evidence of the program’s success or failure. Performance Measures should be “**SMART**” ---- Specific, Measurable, Attainable, **R**ealistic and **T**angible/Time limited.

Each Performance measurement should include the following:

- a. A specific goal or objective; and
- b. A quantitative measure of the goal or objective

Each performance measure should answer the following questions:

- a. Does the performance measure relate to the objective it represents?
- b. Is the measure valid-does it measure what you want to measure?
- c. Is it understandable to others (is it clear)?
- d. Is this measure a result of some activity that is performed by the program?

At a minimum, the following four performance measures must be included:

- a. 90% of all Ombudsman referrals will be completed within the timeframe requested by the Complaint Resolution Unit.
- b. 80% of all ACCU referrals from the Complaint Resolution Unit will be completed within the requested timeframe.
- c. 80% of all requests for service from an MCO will be processed and

## ***HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION (Cont.)***

- returned within 30 days from the receipt of the referral.
- d. 70% of all ACCU reports will be submitted within the approved time frame, by the end of the month following the designated month. For example, July's monthly ACCU report is due by August 31.

### **Monitoring, Tracking, Reporting:**

For all Ombudsman cases, within 30 days of the date of referral, the local Ombudsman shall make a complete report to the Department and will provide an interim report within the time frame requested by CRU. The report to the Department **must** include the following:

- (1) An explanation of how the case was resolved;
- (2) Details relating to the case, including any pertinent materials;
- (3) Any determination that the MCO has failed to meet the requirements of the Maryland Medicaid Managed Care Program; and
- (4) Any other information required by the Department.

The ACCU must provide written feedback regarding the resolution of each inquiry or closed complaint case referred from the Enrollee Hotline, Provider Hotline, or Complaint Resolution Unit within the timeframe requested. The report to the Department must include the following:

- (1) An explanation of how the case was resolved;
- (2) Details relating to the case, including any pertinent materials;
- (3) Any determination that the MCO has failed to meet the requirements of the Maryland Medicaid Managed Care Program; and
- (4) Any other information required by the Department.

The LHD ACCU/Ombudsman Program is required to submit a monthly Administrative Care Coordination Activity Report (Part A, Part B and narrative), a quarterly Outreach Report, a quarterly report on Performance Measures, a quarterly report on Staffing/Salaries, a biannual Provider Network report and a fiscal year end Annual Report (data and narrative) to the HealthChoice and Acute Care Administration and other reports as requested by the Department by the required dates.

### **Any other forms as requested by the Centers for Medicare and Medicaid.**

8. **Budget Requirements:** The Local Health Department Budget Package (DHMH 4542) must be completed by the local health departments in Excel 97 and transmitted electronically, via e-mail. No paper submission will be accepted. The Program Plan is to be submitted in Word only, via e-mail, along with the budget

***HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION (Cont.)***

package. **Personnel costs will be approved only for staff who are directly performing, supporting, or directly supervising these functions.** In addition to

- 9.** The local health department budget package and Program Plan, submit the following:
- (1) Activities by projected FTE & Salary (Attachment A)  
(Dated 8/04)
  - (2) Organizational chart(s):
    - LHD Organization Chart; and
    - ACCU-Ombudsman Unit Chart.

Charts must be specific, demonstrate how the ACCU/Ombudsman Program fits within the LHD structure and include all positions funded by the ACCU-Ombudsman Grant.

Attachment A must be submitted in Excel 97 and the LHD and ACCU/Ombudsman Organizational charts are also to be submitted in either Word or Excel 97 via e-mail

**Any other forms as requested by the Centers for Medicare and Medicaid.**

**The program plan and budget should be submitted no later than May 15, 2008 to:**

**Ms. Ann Price  
Division of Outreach and Care Coordination  
E-mail Address: APrice@dhhm.state.md.us  
Phone: (410) 767- 4795**

**Administrative Care Coordination-Ombudsman  
Program Plan**

1. Jurisdiction: \_\_\_\_\_
2. Fiscal Year: FY 2009
3. Program Title: Administrative Care Coordination-Ombudsman Program
4. Grant and Project Numbers:  
Grant#: M A \_ \_ \_ E P S Project #: F730N
5. Designated Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
6. Program Director/Manager/Supervisor, E-mail and Phone Number (if different from above):
7. Internal/External Assessment
8. Goals and Objectives
9. Strategies and Action Plans
10. Performance Measures (attach DHMH 4542C and 440A)
11. Monitoring, Tracking, and Reporting
12. Electronic Budget (use DHMH 4542 Forms)

Attachments:

- \* Activities by Projected FTE & Salary (Attachment A) – dated 8/04
- \* Organizational Chart(s)



**OFFICE OF HEALTH SERVICES**  
**HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION**

**FY 09 – INSTRUCTIONS FOR THE PREPARATION OF NARRATIVE AND BUDGET**

**Healthy Start Grant (F564N)**

1. **Allocation:** To be determined based on the preceding fiscal year's expenditures and an approval by the Department for the requested amount. The approval process must be completed according to the Memorandum of Understanding (MOU), no later than April 15<sup>th</sup> of the preceding fiscal year.
2. **Purpose of Grant:** This grant provides funding for the local health department Healthy Start Administrative Care Coordination Program. The mission of the program is to promote efficiency in the State and local program administration that which will enable babies to be born healthy. The goals of the program are to improve birth outcomes for Medicaid eligible women, reduce infant mortality, decrease Medicaid costs and improve the overall efficiency of the Medicaid Program.
3. **Requirements and Conditions:** Grant funds must be used for the sole purpose of carrying out the requirements of the Medicaid program as defined and directed by the Office of Health Services, Division of Outreach and Care Coordination and all expenditures are subject to approval by the Program Administration. Grantees are subject to all the requirements and conditions set forth in the Healthy Start Conditions of Award, the Local Health Department Funding System Manual, OMB Circular No. A-87, June 2004.
4. Local health departments may not use these grant funds to provide clinical services, any direct medical services or fee-for-service targeted case management services such as Infant and Toddlers or IEP case management. Funds may not be used to support the operational components of MCHP eligibility determinations, any other Medicaid grant, or any medical activities.

Grantees must demonstrate that the LHD has sufficient internal control and quality measures to assure that activities performed do not duplicate any activity provided by another funding source, whether or not the activity is funded by Medicaid. There must also be assurances that no expenditures are included in the determination of Medicaid rates for direct services provided by LHDs.

2. **Program Priorities and Operations:** In CY 2005, Maryland's infant mortality rate for all races was 7.3/1000 live births, compared to 8.5/1000 live births in CY 2004. The number of low birth weight infants, weighing less than 2,499 grams or less for all races was 6,869, compared to 6,992 in CY 2004(Maryland Vital Statistics Report). Therefore, the Office of Health Service's, HealthChoice and Acute Care

### ***HEALTHCHOICE AND ACUTE CARE ADMINISTRATION (con't)***

3. Administration, will allocate the amount of money to each local health department to carry out certain Medicaid administrative activities
4. based on data provided by the local health department. The population for these activities is Medicaid eligible pregnant and postpartum women, infants and children under two.

Staff can also encourage family planning and preconceptional health services for women who would become Medicaid eligible when pregnant. The Maryland Prenatal Risk Assessment (DHMH 4580), the Infant ID Form (DHMH 4389), and Local Health Services Request Form (DHMH 4582) shall be used as the primary means to identify those most in need of services.

The staffs funded are required to spend the following percent of their time and activities providing administrative activities for those individuals with identified risk factors:

- (1) Prenatal care coordination for Medicaid eligible women who are pregnant- minimum 40%;
- (2) Postpartum care coordination for Medicaid enrolled women who have delivered within the previous 60 days – minimum 10%;
- (3) High risk infant and children coordination for Medicaid eligible, up to 2 years of age. minimum 20%;
- (4) Outreach to Medicaid eligible women to encourage awareness and utilization of family planning services – maximum 10%.
- (5) Outreach to Medicaid eligible women for early identification and linkage to MA eligibility and preconceptional services- maximum 10%;

The Medicaid administrative activities allowed under this grant are restricted to those specified. Each subgroup in the target population must be identified. The Plan must include the following care coordination and face-to-face activities:

- Inform how to access, use and maintain resources under Medicaid to plan for pregnancy and improve the health of the baby;
- Provide referrals to MCOs and other Medicaid providers;
- Provide assistance with referrals;
- Assist in arranging for transportation to Medicaid covered services;
- Arrange for interpretation such as translation or signing that assist the Medicaid population to access and understand necessary care or treatment for Medicaid covered services;

## ***HEALTHCHOICE AND ACUTE CARE ADMINISTRATION (con't)***

- Refer Medicaid women, infants and children with special health care needs to MCO case management programs;
- Provide information about the full scope of Medicaid services and benefits including EPSDT, mental health, and substance abuse services;
- Provide follow-up to ensure that the Medicaid population has received the prescribed medical/mental health services, including, prenatal, postpartum and family planning services and child health services;
- Work with MCO coordinators/case managers to coordinate health-related services covered by Medicaid, including substance abuse and mental health;
- Link the Medicaid woman with a Medicaid pediatric provider prior to delivery, preferably before the eighth month of pregnancy;
- Identify gaps or duplication of Medical Assistance services;
- Provide a family-focused, problem solving approach to assist Medicaid women and children in accessing Medical Assistance services; and
- Outreach to Medicaid women and Medicaid women in the family planning program unless the LHD can demonstrate that these outreach activities are being adequately performed by staff in another Federal or Medical Assistance grant.

### **5. Operational Requirements**

- Demonstrate knowledge about the eligibility requirements and application procedures of the applicable federal, state, and local government assistance programs; this includes a working knowledge of HealthChoice and the fee-for-service system as well as the various MA eligibility categories including Maryland Children's Health Program, and the Family Planning Program;
- Develop and maintain collaborative relationships with Medical Assistance prenatal care providers and Managed Care Organizations;
- Develop strategies to increase the access and capacity of Medicaid medical /mental health services;
- Link the clients to a Medicaid provider or MCO within 10 business days of receipt of the Prenatal Risk Assessment, Infant ID referral or child referral.
- Safeguard the confidentiality of the Medicaid participant's records so as not to endanger the participant's employment, family relationships, and status in the community; and
- At a minimum address how the various Medicaid administrative grants work together to accomplish outreach to the populations. Healthy Start/ACCU should have a clear understanding of how referrals involving pregnant women and children under age 2 will be handled to assure that services are not duplicated.

**Program Proposal Format:** Follow the outline provided with these instructions.

**Each program plan should not exceed five pages, excluding performance measures.**

## **HEALTHCHOICE AND ACUTE CARE ADMINISTRATION (con't)**

6. The **Internal/External Assessment** should answer the question “where are we now?” with specific data related to the target groups. The proposal should illustrate current collaborative relationships that exist to meet the needs of the target population(s). The **goals and objectives** should further answer the questions “where are we” and “where do we want to be by, at a minimum, the end of the fiscal year?” Birth and death certificates, Maryland Prenatal Risk Assessment data, F.I.M.R and other vital statistics data should be used as sources for developing goals and objectives. At a minimum, the # of births, race specific infant mortality and low birth weight data, and trimester of registration should be assessed.

The grant must also note the staff’s ability to address populations with Limited English Proficiency.

7. **Strategies and Action Plan:** Answer the question, “How do we meet our goals and objectives?” The proposal should describe how the Healthy Start staff will provide care coordination and assistance for the target populations, with specifics that address face-to-face contacts, provider education and the differing roles between the staff. It should also address how the Healthy Start staff will partner with the MCOs’ prenatal programs, FIMR, and any other community prenatal programs; methods for ensuring how the staff will conform to any limitations or exclusion set forth in the cost principle, federal laws, term and conditions of the award, prioritizing the Medicaid functions and activities; the Healthy Start protocols for efficient performance, care coordination and education; and the type and number of Medicaid activities that will be planned. The Plan must be culturally sensitive and focused on the Medicaid populations.

8. **Performance Measures:** Use DHMH Form 4542C Estimated Performance Measures and 440A. This section should answer the question, “How do we measure our progress?” by describing a system of customer-focused, quantified indicators that indicate that goals are being met. Performance measures should be SMART; Specific, Measurable, Attainable, Realistic and Tangible or Time limited.

At a minimum, the following performance measures are required Performance Measures:

### **Prenatal:**

50% of Medicaid women referred to the HS Program will initiate prenatal care within the first trimester.

90% of MPRA forms will be forwarded to the Department within ten business days of receipt date to LHD.

**HEALTHCHOICE AND ACUTE CARE ADMINISTRATION (con't)**

**Postpartum:**

60% of postpartum Medicaid women receiving ongoing H S care coordination will receive a postpartum check up during the first 60 days after delivery.

90% of postpartum Medicaid women receiving ongoing care coordination will be linked to family planning services.

**Infant/Child Health**

80% of Medicaid infants under one year will be linked to a primary care provider within ten days of receipt of referral.

80% of Medicaid children, age one- two years, will be linked to a primary care provider within ten days of receipt of referral.

Each Local Health Department may develop additional performance measures specific to their program.

**9. Monitoring, Tracking, and Reporting:**

Monthly statistical report and narrative

Quarterly Performance Measures

Quarterly Staffing/Salary

Annual statistical report and narrative

**10. Budget Requirements:** The Local Health Department Budget Package (DHMH 4542) must be completed by the local health departments in Excel 97 and transmitted electronically via e-mail. The Program Plan is to be submitted by Word only, as an attachment, via e-mail, along with the budget package. Personnel costs will be approved only for staff that are directly performing, supporting, or directly supervising these functions. In addition to the local health department budget package and Program Plan, submit the following:

LHD Organizational chart

Healthy Start Staff organizational chart

Activities by Projected FTE - Attachment A (attached)

Memorandum of Understanding – Non-Home Rule and Home Rule form- please submit the appropriate MOU by April 15, 2008

Any other forms that may be requested by Centers for Medicare and Medicaid

The Program Plan and budget should be submitted no later than May 15, 2008 to

**Ann Price**

**Division of Outreach and Care Coordination**

**[APrice@dhhm.state.md.us](mailto:APrice@dhhm.state.md.us)**

410-767-6111



**OFFICE OF HEALTH SERVICES**  
**LONG TERM CARE & COMMUNITY SUPPORT SERVICES**  
**ADMINISTRATION**  
**ADULT DAY CARE HUMAN SERVICE AGREEMENT**  
**FY 2009 FUNDING REQUIREMENTS & PROPOSAL GUIDELINES**

I. CONDITIONS OF AWARD

The following conditions and requirements must be met as a condition of award. These conditions are incorporated into your contract or Memorandum of Agreement and must be adhered to. **PLEASE NOTE THESE CONDITIONS DO NOT NEED TO BE ADDRESSED IN YOUR PROPOSAL.** Refer to Sections II and III for proposal content.

A. Target Population

Adult Day Care Office of Health Services (OHS) funds are targeted toward the care of Maryland's population of functionally impaired adults in the community who are at risk of deterioration or institutionalization if their health and social needs are not met. More specifically, these funds must be used to support Maryland residents age 55 years or older who have physical or mental impairments, particularly chronic disease and health problems associated with aging including Alzheimer's disease and related disorders. These adults must be substantially homebound, unable to be employed, and at risk of institutionalization. Those in need of prevocational or vocational activities are not appropriate participants under this funding.

All Adult Day Care participants who receive fee subsidy under this agreement must be recommended for Adult Day Care by the Adult Evaluation and Review Services unit of the local health department. **This recommendation must be maintained in the participant's record.** Also, just prior to the submission of each fiscal year's funding proposal, a utilization review must be conducted for each (OHS) supported participant and maintained in his/her record. "A Summary of ADC Utilization Reviews" will be mailed out December, 2007 and should be submitted with your FY2009 proposal.

**OFFICE OF HEALTH SERVICES (CONT.)**  
**Adult Day Care Centers**

**B. Scope of Service**

Providers under this contract are required to provide Adult Day Care services to address these health and social needs: transportation: (COMAR 10.12.04.27); activities program; activities of daily living, exercise and rest and, day to day counseling (COMAR 10.12.04.14). Additional service requirements are: diet modifications; rehabilitative services; social services; medical consultation; and, other services (COMAR 10.12.04.15A (2-8)).

**C. Participant Financial Eligibility and Fees**

Participant financial eligibility and fees must be determined in accordance with current DHMH "Ability to Pay Schedule", current DHMH approved charges and pertinent regulations, guidelines and policies. Those participants financially eligible for service subsidy under the contract are assessed a per diem fee on a sliding schedule based on their ability to contribute to the cost of care. Directors have the authority to waive or reduce fees on a case by case basis if warranted. This must be adequately documented on a fee assessment document annually.

**D. Reports and Forms**

Progress toward fulfillment on the contract will be monitored quarterly and semi-annually. Contractors are required to furnish statistical and financial reports to DHMH on a scheduled basis. Deadlines must be met in order to enable monitoring and evaluation of the contractor's service. The reporting requirements are:

	<b><u>Form</u></b>	<b><u>Frequency</u></b>	<b><u>Due Date</u></b>
1.	Budget (DHMH 4542A-M)	yearly	prior to fiscal year as directed
2.	Statistical Report Form	quarterly	10 <sup>TH</sup> of month following close of quarter
3.	Budget Modification (DHMH 4542)	as needed	April-date specified by DGA*
4.	DHMH 440	yearly to reconcile FY expenses	prior to August 30
5.	Cost Report	yearly to reconcile FY expenses	prior to September 30

**OFFICE OF HEALTH SERVICES (CONT.)**  
**Adult Day Care Centers**

- |    |  |                                   |   |
|----|--|-----------------------------------|---|
| 6. | Schedule of Charges  | yearly                            | prior to May 30   |
| 7. | Adult Day Care Assessment and Planning System                        | according to written instructions | maintained in participant record                                |
| 8. | DHMH 3423-Health Care Audit/Utilization Review Procedure (Rev. 4/95) | annually                          | audit/review performed in Dec; maintained in participant record |
| 9. | DHMH 3424-Periodic Health Record Audit (Rev. 4/95)                   | annually                          | audit performed in Dec.; maintained in participant record       |

**\*DGA - Division of General Accounting**

E. Other

1. All providers must be open for service no less than 245 days per fiscal year.
2. Directors will meet with (OHS) staff periodically to discuss policies and procedures for fulfilling human service agreements.

II. LEVEL OF SERVICES

State the licensed capacity, number of slots, actual days of service, and number of individuals to be served by funding source for FY 2009. (One slot is defined as 215 **ACTUAL DAYS OF SERVICE PER FISCAL YEAR**).

Licensed Capacity: \_\_\_\_\_

	OHS	MA	OTHER
Slots			
Actual Days of Service			
Individuals to be served			

**OFFICE OF HEALTH SERVICES (CONT.)**  
**Adult Day Care Centers (Cont.)**

III. PROCESS OBJECTIVES AND IMPLEMENTATION STEPS

In this year's proposal, eight process objectives are stated (A-H). In FY 2009 there are three specific requirements indicated by an "\*" All other areas to be addressed require a positive response but there is a wide range of possible responses based on the policies, practices, and participant group of your individual center.

These process objectives provide us and yourself with a document that can be reviewed to evaluate progress toward reaching stated objectives. Please keep your proposal organized by capital letters and numbers as presented here in the instructions.

You should completely, although briefly, provide the information requested by each question. There is no need to repeat the questions in your proposal. If you intend to make changes in your policies, organizational structure, or mode of operation under any of these categories, please include new plans along with the answers to the standard questions.

4. A. The Adult Day Care Center will provide services that meet or exceed standards as defined by licensing regulations.

A-1 Social Services

- Describe provisions for participant counseling, both individual and group. Is family/caregiver counseling available at center?
- \* Describe what the social worker does to help caregivers and participants gain access to additional services needed (e.g. support groups, counseling, in-home services).
- Describe method of informing participants of their rights while in attendance. What is the formal grievance process available to participants?

A-2 Medical and Nursing Services

- Beginning FY 1997, OHS funded centers are required to have written policies and procedures regarding Advance Directives which include education for participants and caregivers. Are any changes being considered for FY 2009. If policies have not been completed, describe specific goals and anticipated completion

**OFFICE OF HEALTH SERVICES (CONT.)**  
**Adult Day Care Centers**

date. Has the MIEMSS/EMS Palliative Care/DNR protocol been considered?

- Describe the process for obtaining information regarding psychotropic drugs, i.e., purpose, adverse reactions to be reported and interaction with other medications.
- What tools/methods are used by staff to assess for signs of mental illness and/or dementia?
- Describe your center's program to inform the participants about the recommended need for adult immunizations.

A-3 Activity Program

- Describe the process used to determine the effectiveness of the activity program, i.e., participant satisfaction surveys, daily logs, etc.
- Describe how concurrent programming is used to allow optimum participant involvement and stimulation.
- Is activity coordinator a full time or part time staff member? If part time, state the number of hours worked each week.
- What opportunities do participants have to be exposed to and involved in activities and events in the community?

A-4 Program Diversity

- Describe how the program reflects cultural diversity.

A-5 Individual Plan of Care

- What outside agencies will the center relate to in care plan coordination?
- Describe opportunities for participant, family/ caregiver, and other service providers to have input in the plan of care.

A-6 Evaluation

- A requirement of the FY 2009 agreement is that you have a plan

**OFFICE OF HEALTH SERVICES (CONT.)**  
**Adult Day Care Centers**

to obtain feedback at least once during the fiscal year from participants (as feasible) and family/caregivers regarding their satisfaction with services. Describe this process.

- What was the most significant aspect of feedback obtained in last year's survey efforts? Were any changes made to the program as a result?
- State how the center's program and services are evaluated on different levels:
  - participant/caregiver/staff level
  - community level (how the center fits into the continuum of community health services)

A-7 Quality Assurance in Care Plan Reviews and Health Record Audit

- Describe the status of the Quality Assurance program, specifically which areas were evaluated in FY 2008 and any changes which may have occurred as a result of the evaluation.

\* • Describe a specific study or area to be evaluated in FY 2009

B. The Adult Day Care Center will provide staff whose qualifications, training and numbers meet or exceed standards as defined by licensing regulations.

B-1. Staff Continuing Education Obtained in the Community

- List continuing education training attended by staff in the community during FY 2008 (e.g. 2 program assistants attended (MAADS Activity Workshop.)
- What are the plans for staff continuing education this FY 2009?

5. C. The Adult Day Care Center administrative structure and organization will meet or exceed standards as defined by licensing regulations.

**OFFICE OF HEALTH SERVICES (CONT.)**  
**Adult Day Care Centers**

- C-1. Organizational Chart with positions, FTE hours/position, and lines of authority.
6. D. The Adult Day Care Center will provide a facility and physical environment that meet or exceed standards as defined by licensing regulations.
- D-1. Facility Plans
- Are changes planned in this area? Discuss briefly, if applicable.
7. E. The Adult Day Care Center will engage in community and public relations that result in high visibility and a referral rate sufficient to meet enrollment objectives.
- E-1. Marketing
- Have marketing objectives and the tools and techniques used in marketing been evaluated?
  - Describe current marketing activities.
- E-2. Advocacy
- Describe your organization's system for informing the public about long-term care, adult day care, and the center's specific programs and services.
- \*F. Transportation
- Describe the transportation services available (e.g. center owned and operated, availability for field trips etc.)
  - How are transportation services evaluated?
- G. Health Insurance Portability and Accountability Act (HIPAA)
- Describe steps taken to educate staff regarding this law.
  - Describe any decisions made or actions taken to move your agency toward HIPAA compliance. Outline next steps to be

***OFFICE OF HEALTH SERVICES (CONT.)***  
***Adult Day Care Centers***

taken by your agency to address these new requirements.

H. Optional

- Has center explored possible relationships to any managed care systems?
- Other program objectives and information may be added.

**OFFICE OF HEALTH SERVICES (CONT.)**  
**Adult Day Care Centers**

**Adult Day Care Centers**

Provides a wide range of health and social services during the day to persons 55 years of age or older who have functional impairments. Centers strive to bring the cognitive and physical functioning of participants to the highest level possible.

Proposals must be submitted in accordance with the guidelines and format as indicated on the document titled "Adult Day Care Human Service Agreement FY 2009 Funding Requirements and Proposal Guidelines". Line item budgets, equipment and personnel detail must be included. Include budget adjustment sheets used for line item posting to FMIS.

The ADC funding request must be electronically sent to:

**[Pricel@dhhm.state.md.us](mailto:Pricel@dhhm.state.md.us)**

The Program narrative and a cover sheet should be submitted using Word.

Both should be received in this office by Wednesday, April 30, 2008.

**Ms. Lynn Price, Program Supervisor**  
**Division of Community Long Term Care Services**  
**Long Term Care and Community Support Services**  
**Administration**  
**201 W. Preston Street, 1<sup>st</sup> Floor**  
**Baltimore, Maryland 21201**

**OFFICE OF HEALTH SERVICES  
LONG TERM CARE & COMMUNITY SUPPORT SERVICES  
ADMINISTRATION**

**Long Term Care Services**

1. **Allocation** - To be determined at a later date.
2. **Program Proposals** - No new programs requested at this time.
3. **Program Priority Areas**

**Adult Evaluation and Review Services (AERS)- Geriatric Evaluation Services (GES), Statewide Evaluation and Planning Services (STEPS) and Preadmission Screening and Resident Review (PASRR)**

- a. Evaluation of persons 65 and older considered for admission to State psychiatric facilities
- b. PASRR
- c. Home and community-based services waiver clients
  - 1) Older Adults Waiver (OAW).
  - 2) Living at Home LAH
  - 3) Other LTC waivers as appropriate.
- d. STEPS Evaluations
  - 1) Persons in the hospital considered for nursing home admission.
  - 2) Senior Care clients and non-waiver assisted living clients or applicants.
  - 3) Other STEPS eligible individuals with health, psychosocial, and functional impairments to determine if home and community-based services could appropriately substitute for nursing home care.
- e. Adult Day Services new admissions for Human Service Contracts under the Office of Health Services, Division of Community Long Term Care Services.
- f. Others at risk of long term care services.

***OFFICE OF HEALTH SERVICES LONG TERM CARE SERVICES-cont.***

4. **AERS FUNDING PROPOSALS**

Submit full funding proposal as indicated below:

- a. Program narrative, which includes how AERS will address program priorities with corresponding program performance measures and the attached STEPS/PASRR Data forms. Program narrative may be submitted by either e-mail or hard copy.
- a. Mail one hard copy of the updated inventory of available services provided to an individual upon completion of the evaluation.
- b. Complete and submit the AERS electronic budget file 4542 (A thru M) to the following e-mail addresses: [greenb@dhmh.state.md.us](mailto:greenb@dhmh.state.md.us) to [davissp@dhmh.state.md.us](mailto:davissp@dhmh.state.md.us).

**Due Date Mat 9, 2008: AERS Funding Proposal**

Complete funding proposal including, program narrative, inventory of services and the electronic budget file should be submitted by the above date to:

**Sarah Davis  
Division of Evaluation and Quality Review  
Office of Health Services  
201 West Preston Street, (Room 119)  
Baltimore, Maryland 21201**

E-mail address: [davissp@dhmh.state.md.us](mailto:davissp@dhmh.state.md.us)

**STEPS/PASRR/Data**

FY: \_\_\_\_\_

**Table I**

All Evaluations	Senior Care	Older Adults Waiver		Living at Home Waiver		Other	Total
		New	Redet	New	Redet		
# of STEPS							
# of PASRR							
# of Non-STEPS & Non-PASRR							
<b>GRAND TOTAL</b>							

**Table II**

PASRR Evaluations	No Nursing Home		Nursing Home			Other	Total
	Community Placement Without -SS	Specialized Services-(SS)	W/O-SS	ITP	SS		
# of PAS/MI # of PAS/DD # of PAS/Dual							
<b>PAS Sub-Total</b>							
# of RR/MI # of RR/DD # of RR/DUAL							
<b>RR Sub-Total</b>							
<b>Total</b>							

**Table III**

Case Management	Total
# of M.A. Clients # of Non-M.A. Clients	
<b>Average Monthly Caseload</b>	

**NOTE: Please complete the above tables for FY2008 actuals, FY2008 actuals year-to-date (indicate date), and FY2009 projections.**

**Fiscal Year 2009 LHD HUMAN SERVICE AGREEMENTS**  
**CONDITIONS OF AWARD**  
**for**  
**Geriatric Evaluation Services (F1)**  
**Adult Evaluation and Review Services**  
**Division of Long Term Care Services**  
**Office of Health Services**

F1 – Geriatric Evaluation Services

- I. General DHMH Conditions of Award – Include All
- II. GERIATRIC EVALUATION SERVICES (F1)
  1. A written estimate of the amount of funds which will be unexpended by the end of the funding period must be submitted to the Division of Long Term Care Services no later than April 14<sup>th</sup>.
  2. Retain files and records for a minimum of six (6) full years after last entry.
  3. The grantee must agree to attend all meetings as required by the Department of Health and Mental Hygiene policy.
  4. Collection of fees is required for participants supported under this agreement in accordance with Department of Health and Mental Hygiene policy.
  5. A system must be in effect to protect, from inappropriate disclosure, patient records and data collection forms maintained in connection with any activity funded under this grant.
  6. The grantee must cooperate with periodic site reviews.
  7. Form DHMH 3846 must be completed for all clients receiving evaluation or consultation, and submitted to the Division of Long Term Care Services, Office of Health Services by the tenth (10<sup>th</sup>) of each month for cases closed the preceding month. A comprehensive evaluation must be conducted on all clients receiving GES evaluations, STEPS and PASRR, in accordance with State and federal laws, regulations, transmittals, policies and guidelines.
  8. The grantee must submit a written quarterly update regarding the accomplishment of FY 2008 program objectives/performance measures.

***OFFICE OF HEALTH SERVICES  
LONG TERM CARE & COMMUNITY SUPPORT SERVICES  
ADMINISTRATION***

**Medicaid Transportation Grants Program**

I. INTRODUCTION

This Invitation solicits local jurisdiction involvement in the assurance of non-emergency transportation services for eligible Medicaid recipients in Maryland. Services provided in response to this Invitation should begin July 1 and continue the entire fiscal year.

II. BACKGROUND

A. Maryland Medical Assistance Program

The Maryland Medical Assistance Program, within the Department of Health and Mental Hygiene (DHMH), administers Medicaid within the State. Medicaid is the program jointly funded by the state and federal governments that provides reimbursement for covered medical services provided to certain qualifying individuals. In order to receive federal reimbursement, Maryland must administer its program in conformity with federal statutes and regulations.

B. Transportation Programs

The federal government requires at 42 CFR . 431.53, that a State plan must:

1. Specify that the Medicaid agency will assure necessary transportation for recipients to and from providers; and
2. Describe the methods that will be used to meet this requirement.□

Currently, this □assurance□ requirement is met in Maryland through the service provided by four separate programs:

Transportation Grants -- (COMAR 10.09.19),  
Ambulance Services Program -- (COMAR 10.09.13),  
Transportation Services Under the Individuals with Disabilities Education Act (IDEA)(COMAR 10.09.25), and the  
Emergency Service Transporters Program -- (COMAR 10.09.31)

***OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)***

Only Medicare primary, Medicaid secondary ambulance services are covered under COMAR 10.09.13, Ambulance Services. Only transportation to Medicaid-covered school-based services listed in a recipients Individualized Education Plan (IEP) are covered under IDEA. Only emergency “911” ambulance services are covered under COMAR 10.09.31, Emergency Service Transporters.

**III. OBJECTIVES OF THIS INVITATION**

The Grant-in-Aid funds awarded to the local jurisdictions are to be used for the “safety net” funding of transportation to recipients who have no other available source of transportation. Since Medicaid is the payer of last resort, all other sources of transportation must be accessed prior to the expenditure of the grant funds for transportation services.

This “safety net” funding of transportation should:

1. Continue recipient access to medical care;
2. Assure services to meet the non-emergency transportation needs of Medical Assistance recipients who have no other means of transportation to and from medically necessary covered services;
3. Encourage new transportation resources in areas where they are limited;
4. Assure the appropriate provision of transportation service by screening recipients for other transportation resources and for disabilities which impair recipients' ability to use public transportation or walk; and
5. Provide transportation in the most efficient and cost-effective manner possible by:
  - a. Using the least expensive appropriate resource; and
  - b. Enhancing the use of volunteers and charitable organizations.

**IV. ROLE OF THE LOCAL JURISDICTION**

Under this initiative, the major responsibility of the local jurisdiction will be to screen requests for non-emergency transportation services for qualified Medical Assistance recipients. Transportation is only to be provided for Medicaid-covered, medically

***OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)***

necessary treatment provided by a medical provider who has a provider agreement with the DHMH. Transportation services must be provided to recipients who have no other means of transportation available. Proper screening for other transportation resources that may be available to the recipient includes, but is not limited to, inquiring about the following:

1. Whether the recipient or a family member in the recipient's household owns a vehicle;
2. Availability of other relatives' or friends' vehicles;
3. Availability of a volunteer using a privately owned vehicle;
4. Availability of a volunteer from a public or private agency;
5. Transportation services provided free by any other city, county, state or federal agency programs;
6. Methods by which the recipient previously reached medical services or currently reaches non-medical services (such as the grocery store);
7. Whether the recipient can walk to the medical service;
8. Whether public transportation operates between the recipient's location and the medical service.

Staff should screen all requests for transportation services by asking the recipient questions such as:

1. Do you or a family member have a car?
2. How do you get to the grocery store?
3. Can you walk to the medical appointment?
4. How far do you live from Public Transit?

The local jurisdiction personnel should take into account factors such as the client's physical/mental condition, location of the health care provider, amount of notice given prior to the actual need for transportation service, appropriateness of mode of transport, etc.

***OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)***

In determining the appropriate means of transport for a client who appears to have a mental or physical disability which makes it impractical for the client to use public transportation, staff may request documentation prepared by the recipient's physician reflecting that the client's medical condition makes it impractical for the client to use public transportation. Special attention should be paid to the needs of the disabled and chronically ill recipients who require ongoing transportation to medical treatment. Churches and other community organizations may be willing to furnish transportation to such individuals on a continuous basis.

The local jurisdiction may require that requests for transportation service be made a minimum of 24 hours in advance, keeping in mind the need for flexibility in exceptional cases such as hospital discharges, emergency room releases and recovery after outpatient treatments requiring general anesthesia.

Monies from this grant shall not be used to pay for the following transportation services:

1. Emergency transportation services.
2. Medicare ambulance services.
3. Transportation to or from Veterans Administration hospitals unless it is to receive treatment for a non-military related condition.
4. Transportation of an incarcerated person.
5. Transportation of recipients committed by the courts to mental institutions.
6. Transportation between a nursing facility and a hospital, for routine diagnostic tests, nursing services or physical therapy which can be performed at the nursing facility.
7. Transportation services from any facility for treatment when that treatment is provided by the facility in which the patient is located.
8. Transportation to receive non-medical services.
9. Gratuities of any kind.
10. Transportation for the purpose of Medical Day Care services.
11. Transportation to and/or from State facilities while the patient is a resident of that facility.

**OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)**

12. Trips for the purposes of education, activities, or employment.
13. Transportation for the purpose of Day Habilitation Program services.
14. Transportation of anyone other than the recipient except for an attendant accompanying a minor or when an attendant would be medically necessary.
15. Wheelchair van service for ambulatory recipients.
16. Ambulance service for recipients who do not need to be transported in a reclining position or whose condition does not require monitoring by certified or licensed ambulance personnel.
17. Transportation for the purpose of Psychiatric Rehabilitation Services (PRS).

V. FUNDING

Funding is comprised of matching General Funds and federal financial participation (FFP). The total allotment for each local jurisdiction will be determined annually and communicated to each jurisdiction. This amount includes funding for transportation of any Medicaid recipient who resides within the jurisdiction (regardless of certification location) or for whom the jurisdiction retains responsibility.

**In order to assure the availability of FFP, the local jurisdiction must document the following items:**

- 1. That grant funds are spent only on arranging and providing transportation services to Medical Assistance recipients (recipients);**
- 2. That the recipients had no other transportation available;**
- 3. The transportation was to or from a medically necessary Maryland Medicaid service; and**
- 4. A record of all recipients for whom transportation was denied and the reason(s) why, and that written notice was provided as required.**

**In circumstances where the local jurisdiction is unable to meet the transportation needs of its recipients out of grant funds and can substantiate that the grant funds have been spent in accordance with this Invitation, the Program administrators should be contacted.**

***OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)***

**VI. ACCOUNTABILITY**

- A. The Budget Management Office, Division of Program Cost and Analysis, will reconcile each Human Service Grant-in-Aid (grant) on an annual basis.
- B. The Human Services Agreements Manual shall, by reference, govern this agreement between the DHMH and the local jurisdiction and shall address the administrative and fiscal aspects of this budget-based human services funding. All policies required by this manual shall be followed.
- C. LHD budget submissions must include the submission of the Budget Adjustment Sheets used for the line item posting to FMIS.
- D. Local Health Departments, which want to post budget information to FMIS for locally funded programs, should contact the DHMH, General Accounting Division for information on how to complete such an action.

**VII. APPEAL PROCESS**

- A. Only applies when:
  - 1. A valid Medicaid card is held;
  - 2. Adequate notice (24 hours unless waived by the local agency) is given;
  - 3. No alternative transportation can be identified; and
  - 4. Local agency denies transportation.
- B. Local agency sends appeal letter.

**VIII. SUBMISSION OF PROPOSALS**

- A. Please describe how you propose to accomplish the responsibilities discussed under “Role of the Local Jurisdiction” including:
  - 1. Criteria that will be used to determine the need for transportation services.
  - 2. How transportation will be provided.
    - a. Details of direct provision by local jurisdiction; or

**OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)**

b. Recruitment and coordination of transportation providers. If you propose to subcontract with transportation providers, please identify:

- (1) the providers;
- (2) scope of service;
- (3) payment arrangement and payment level; and
- (4) plan for monitoring the performance of the subcontractor.

3. A sample budget narrative is provided to assist the local jurisdictions in preparing the budget narrative.

4. Recruitment of volunteers.

5. Reporting methodology to be used

**B. Budget and Staff Plan**

Local jurisdictions responding to this Invitation are required to submit an itemized budget for administrative costs, including a staffing plan, descriptions of individual job responsibilities, and salaries. Please follow the instructions and budget structure included with this package. All forms and other material must be in accordance with these instructions and attached to your application.

**C. Transportation Data Worksheet**

Proposals should include a completed copy of the Transportation Data Worksheet. It should be submitted in electronic format (Excel 2000) as part of the budget submission. A copy of the Transportation Data Worksheet is attached. An electronic copy is available upon request.

**D. Evaluation**

In addition to describing the transportation service, local jurisdictions should propose methods by which the services to be funded by this grant can be evaluated.

**E. Contact Person**

Please indicate the name, title, address and phone number of the person who will be the grant manager for this award.

***OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)***

**IX. SCHEDULE FOR RESPONSES**

A. Local jurisdictions interested in responding to this Invitation are asked to submit their proposals by May 15th for services scheduled to begin the following July 1st.

B. The itemized budget packet must be forwarded electronically to:

[Dcss@dhhm.state.md.us](mailto:Dcss@dhhm.state.md.us).

C. It is requested that the narrative portion of the proposal be submitted in MSWord 2000 format to each of the addresses under B. above. However, if this is not possible, hard copies of the narrative may be mailed. If this option is selected, please submit three (3) copies of the narrative to:

**John Pelton, Transportation Supervisor**  
**Division of Community Support Services**  
**Office of Health Services**  
**201 West Preston Street, 1<sup>st</sup> Floor**  
**Baltimore, Maryland 21201**

D. Questions about the Invitation should be addressed to Mr. Pelton at the above address, or he may be reached at (410) 767-1739 or (877) 4MD-DHMH x 1739.

**OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)**

Fiscal Year: 2009

**\_\_\_\_\_ County Health Department  
Medicaid Transportation Grants Program**

Project Code: F 738 N

Goal: To ensure that MA recipients are able to get to medically necessary MA-covered services, and arrange or provide transportation to such services when no other resources exist.

Objectives: The funds awarded to \_\_\_\_\_ County are to be used for “safety net” funding of transportation to recipients who have no other available source of transportation. Since Medicaid is the payer of last resort, all other sources of transportation must be accessed prior to the expenditure of the grant funds for transportation services.

This “safety net” funding of transportation should:

1. Continue recipient access to medical care;
2. Assure services to meet the non-emergency transportation needs of Medical Assistance recipients who have no other means of transportation to and from medically necessary covered services;
3. Encourage new transportation resources in areas where they are limited;
4. Assure the appropriate provision of transportation service by screening recipients for other transportation resources and for disabilities which impair recipients’ ability to use public transportation or walk; and
5. Provide transportation in the most efficient and cost-effective manner possible by:
  - A. Using the least expensive appropriate resource; and
  - B. Enhancing the use of volunteers and charitable organization.

Role of \_\_\_\_\_ County Health Department:

Under this initiative, the major responsibility of the \_\_\_\_\_ County Health Department will be to ensure that Medicaid transportation funds are expended appropriately in accordance with COMAR 10.09.19 and the requirements below.

Screening and trip assignments will be conducted by (choose one)

1. \_\_\_\_\_ County Health Department, or
2. Contractor(s) - (name of contractor(s))

Actual transportation will be provided by (choose one or both as appropriate)

**OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)**

1. \_\_\_\_\_ County Health Department – (mode of transport)
2. Contractor(s) – identify contractor(s) and mode(s) of transport.

Transportation is only to be provided for Medicaid-covered, medically necessary treatments provided by a medical provider who has a provider agreement with DHMH or with an MCO that participates in HealthChoice.

Transportation services must be provided to recipients who have no other means of transportation available. Proper screening for other transportation resources that may be available to the recipient includes, but is not limited to, inquiring about the following as applicable:

1. Whether the recipient or a family member in the recipient's household owns a vehicle;
2. Availability of other relatives' or friends' vehicles;
3. Availability of a volunteer from a public or private agency, or other volunteer;
4. Transportation services provided free by any other city, county, state or federal agency programs;
5. Methods by which the recipient previously reached medical services or currently reaches non-medical services (such as the grocery store);
6. Whether the recipient can walk to the medical service;
7. Whether public bus transportation operates between the recipient's location and the medical service;
8. Whether a recipient is mentally or physically disabled;
9. Whether a recipient is chronically ill or otherwise requires medical services on a frequent and ongoing basis; and
10. Whether a recipient can reschedule an appointment to a time when other transportation would be available.

The \_\_\_\_\_ County Health Department will take into account factors such as a client's physical/mental condition, location of the health care provider, amount of notice given prior to the actual need for transportation service, appropriateness of mode of transport, etc. In determining the appropriate means of transportation for a recipient that reports a mental or physical disability which makes it impractical for the client to use public transportation, staff may request documentation prepared by the recipient's physician reflecting that the recipient's medical condition makes it impractical for the client to use public transportation with or without an escort.

The \_\_\_\_\_ County Health Department will require that requests for transportation service be made a minimum of 24 hours in advance, keeping in mind the need for flexibility in exceptional cases such as hospital discharges,

**OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)**

emergency room releases and recovery after outpatient treatments requiring general anesthesia.

Monies from this grant shall not be used to pay for the following transportation services:

1. Emergency transportation services.
2. Medicare ambulance services.
3. Transportation to or from Veterans Administration hospitals unless it is to receive treatment for a non-military related condition.
4. Transportation of an incarcerated person.
5. Transportation of recipients committed by the courts to a mental institution.
6. Transportation between a nursing facility and a hospital, for routine diagnostic tests, nursing services or physical therapy which can be performed at the nursing facility.
7. Transportation services from any facility for treatment when that treatment is provided by the facility in which the patient is located.
8. Transportation to receive non-medical services.
9. Gratuities of any kind.
10. Transportation for the purpose of medical day care, psychiatric rehabilitation, or day habilitation services.
11. Transportation to and/or from State facilities while the patient is a resident of that facility.
12. Transportation of non-Medical Assistance recipients.
13. Trips for the purposes of education, activities, or employment. Transportation is only provided for Medicaid-covered, medically necessary, direct treatment from a medical provider who has a provider agreement with DHMH.
14. Transportation of anyone other than the recipient except for an attendant accompanying a minor or when an attendant would be medically necessary.
15. Wheelchair van service for ambulatory recipients.
16. Ambulance service for recipients who do not need to be transported in a reclining position or whose condition does not require monitoring by certified or licensed ambulance personnel.

In circumstances where the \_\_\_\_\_ County Health Department is unable to meet the transportation needs of its recipients out of grant funds and can substantiate that the grant funds have been spent in accordance with this proposal, the Program Administrator will be contacted.

Monitoring(Describe process for monitoring contractors in the performance of their contractual duties)

**Maryland Medical Assistance Program  
Transportation Grant  
Utilization Data Worksheet  
FY08-09**

County or Subdivision										
	Yes	No	Current Reimbursement Rate	Date Last Adjusted	# Recipients Using Service*		Number of Trips		Mileage	
					FY07	FY08 through 12/31/07	FY07	FY08 through 12/31/07	FY07	FY08 through 12/31/07
Services Provided										
Ambulance-BLS										
Ambulance-ALS										
Ambulance-Critical/Other										
Air Ambulance			\$2,300 + \$30.00/air mile							
<b>Total Ambulance</b>							0	0	0	0
Wheelchair Van										
Ambulatory Van Service										
Taxicab/Sedan										
Bus Passes										
Gasoline Vouchers										
Other Ambulatory										
<b>Total Ambulatory</b>							0	0	0	0
<b>TOTAL FOR COUNTY</b>					0	0	0	0	0	0
<b>Additional Comments:</b>										

\*Count each recipient using transportation in one mode of transportation category only. For recipients using more than one mode of transportation, include that recipient in the category that represents the most frequent usage.

**OFFICE OF HEALTH SERVICES TRANSPORTATION GRANTS PROGRAM (CONT.)**

**Attachment F4**

**CONDITIONS OF AWARD  
TRANSPORTATION GRANTS**

- I. General DHMH Conditions of Award – Include all
- II. Specific Conditions – Include compliance with the following:
  - “Section III - Objectives of this Invitation” from the *Invitation for Human Service Grant-in- Aid Applications, Medicaid Transportation Grants Program*
  - “Section IV - Role of the Local Jurisdiction” from *the Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*
  - “Section V - Funding” from the *Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*
  - “Section VI - Accountability” from the *Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*
  - “Section VII – Appeal Process” from the *Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*
  - “Section VIII – Submission of Proposals” from the *Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*
  - “Section IX – Schedule of Responses” from the *Invitation for Human Service Grant-in-Aid Applications, Medicaid Transportation Grants Program*

***END MEDICAID TRANSPORTATION  
CATEGORICAL GRANT INSTRUCTIONS***

## **OFFICE OF ELIGIBILITY SERVICES**

### **HEALTH CARE FINANCING OFFICE OF ELIGIBILITY SERVICES BENEFICIARY SERVICES ADMINISTRATION**

#### **Instructions For Preparing Narrative and Budget Maryland Children's Health Program Eligibility Determination (F731N)**

1. **Allocation:** Medical Care Programs, Office of Operations, Eligibility and Pharmacy will send allocation letters to local health department vendors. Date to be determined.
2. **Background Statement/Purpose of Grant:** This Grant funds the local health department Maryland Children's Health Program (MCHP) Eligibility Units. MCHP provides health insurance coverage for low-income pregnant women of any age with income at or below 250% of the federal poverty level (FPL), and children under age 19 with family incomes at or below 300% FPL. All pregnant women, and children in families at or below 200% FPL (MCHP), receive coverage free of charge; those children above 200% but at or below 300% (MCHP Premium) receive coverage in return for a small family contribution monthly.

Applicants for MCHP and MCHP Premium complete the standard application form and submit it to the local health departments (LHD's), to have MCHP eligibility determined by the LHD. Children with incomes between 200 and 300 percent FPL will be determined ineligible for MCHP by the LHD. If the child's application indicates that the child's representative will pay a premium for child coverage, the Department of Human Resources (DHR) CARES computer system will refer the child to DHMH for completion of eligibility determination for MCHP Premium.

The MCHP Eligibility Units are responsible for assuring that MCHP applications they receive from low income families who have no associated case at the local department of social services (LDSS), are processed in accordance with COMAR 10.09.11, for: (1.) the current coverage period, and (2.) as needed, a retroactive period not exceeding three months prior to the month of application. The MCHP eligibility units are responsible for processing applications from individuals who have associated cases at the local department of social services (LDSS) according to the accelerated certification of eligibility (ACE) procedures established by DHMH.

The eligibility unit will process all MCHP applications and use its resources (e.g. personnel, office equipment, furniture, educational materials, etc.) to ensure enrollment for all pregnant women and children whose income or family income makes them eligible for MCHP. The Eligibility Unit will also provide information to pregnant women applicants, or parents/guardians of child applicants about MCHP and MCHP Premium.

## ***OFFICE OF ELIGIBILITY SERVICES (CONT.)***

### **3. Requirements and Conditions under Eligibility:**

All requirements and conditions must be met in order to qualify for MCHP funds. Any staff time you charge to this grant must be charged to MCHP administrative duties only. Your staff may be cross-trained for other MCHP functions, however, these functions must relate to eligibility determinations and other enrollment activities only, and not be directly associated with ACCU or various outreach services. Funds may not be used to provide clinical services or fee-for service targeted case management such as Healthy Start or IEP case management.

The Department shall give oral and written information about eligibility requirements, coverage, scope and related services of MCHP and MCHP Premium, and an individual's rights and obligations under MCHP and MCHP Premium, to any individual requesting such information.

### **4. Program Priorities and Operations:**

**A. Eligibility Determinations:** The MCHP Eligibility Unit in your local health department is responsible for receiving MCHP applications each day and determining eligibility for MCHP.

- Follow eligibility regulations, policy manual and procedures in making eligibility determinations, and collaborate closely with eligibility staff at the local department of social services (LDSS);
- Comply with all applicable confidentiality rules, including 45 CFR §205.50, 42 CFR §431.300, Maryland Annotated Code Article 88A, §6 and all security policies promulgated by the Maryland State Data Security Committee, created by Executive Order 01.01.1983.18.

**B. Connecting those determined eligible for MCHP to Services:**

- Inform families of availability of other programs such as food stamps, Temporary Cash Assistance (TCA) or coverage for past medical bills if applicable;
- Provide general information about Health Choice, the managed care program, to pregnant women and children's parents/guardians.
- Facilitate referral to ACCU for pregnant women needing assistance with selecting an MCO, through provision of information;
- Facilitate referral for pregnant women, infants and young

## ***OFFICE OF ELIGIBILITY SERVICES (CONT.)***

children who wish to apply to the WIC Program through provision of information;

- Facilitate referral for pregnant women and children under two years old to the Administrative Care Coordination-Ombudsman Unit or Healthy Start Program, should they need additional assistance through provision of information;
- Facilitate referral for children over age two with special health needs (CSHCN) to the Administrative Care Coordination-Ombudsman Unit, if they need additional assistance through provision of information.

### Application Filing and Signature Requirements

#### **C. Follow-up for MCHP applicants who submitted incomplete Applications and those applicants with an associated case whose application was forwarded to the LDSS for processing:**

- All LHD MCHP Eligibility determinations must be processed according to COMAR 10.09.11.
- When the MCHP Eligibility Unit is meeting the time limitations for processing all applications, eligibility staff may follow-up on incomplete applications and offer assistance to those families whose applications were forwarded to the LDSS.

#### **D. Education and Outreach Activities:** MCHP Eligibility supervisory staff participates with other LHD staff and community partners in the development of the MCHP outreach plan. To the extent that time is available, (e.g. Eligibility Unit is meeting the 10 day processing limit), the Eligibility Unit supervisor may either participate himself/herself, or make staff available to participate in education and outreach implementation activities to promote community awareness of the Maryland Children's Health Program.

### **5. Operational Requirements:**

- Have staff available at all times during business hours to provide assistance to customers and to accept phone as well as in person inquiries about the MCHP application process;
- Designate staff to conduct the eligibility process, including designating key staff responsible for overseeing this process, with at least two other staff, certified by the Department, and capable of entering cases in CARES;

## ***OFFICE OF ELIGIBILITY SERVICES (CONT.)***

- Designate local point person for the grant as on-going contact between the Department and the LHD, and a point person who will keep the local health officer informed of all budget matters and all program-related correspondence from the Department;
- Designate case management staff for all MCHP customers, including those who are active with, or in the process of applying for other programs at the LDSS, and whose MCHP application is processed according to ACE procedures. This includes responsibilities for scheduled and unscheduled re-determinations of eligibility, and all interim changes which affect case information, but do not require re-determinations for eligibility;
- Determine eligibility for: (1) current, and (2) retroactive coverage within ten working days of receiving a signed application, and (3) ACE within two days of receiving a signed application;
- Help pregnant and postpartum women and parents/guardians of low-income children to fill out MCHP applications.

**6. Program Proposal Format:** Follow the outline provided with these instructions. **The Internal/External Assessment** should answer the question “Where are we now?” with specific data i.e., how many children enrolled in your county. Include a description of service locations and hours of operation, location where one may obtain or file an MCHP application and mail requests handled by department.

- Include collaborative relationships with schools, churches and community-based organizations related to application assistance.
- Include a description of the linkages with the LDSS, the ACCU-Ombudsman Unit, Healthy Start, and WIC. **The Goals and Objectives** should further answer the question, “Where do we want to be?” with broad goal statements and specific measurable objectives for their accomplishment.

**7. Strategies and Action Plans:** should answer the question “How do we get there?” by describing the operations that will be put in place to accomplish these goals and objectives. Plans must be culturally sensitive, family-oriented and community-focused.

- This plan should describe protocols for how applications will be handled, how confidentiality will be maintained, as well as the manner in which information to facilitate referrals to other programs will be provided.

***OFFICE OF ELIGIBILITY SERVICES (CONT.)***

- 8. Performance Measures:** Use DHMH form 4542C – Estimated Performance Measures. This section should answer the question “How do we measure our progress?” by describing a system of customer-focused, quantifiable indicators that detail how goals are being met. Performance Measures should be **S.M.A.R.T. --- Specific, Measurable, Attainable, Realistic and Tangible/Time limited.**
- 9. Monitoring, Tracking and Reporting:** The MCHP Eligibility Unit will:
- Monitor eligibility of MCHP recipients with no associated case to avoid breaks in coverage;
  - Track applications and monitor reports related to LHD – District Office operations;
  - Make appropriate staff available for ongoing training by the Department staff;
  - Complete MCHP Quality Review of eligibility determinations in the LHD;
  - Cooperate with ongoing quality assurance monitoring reviews by Department staff;
  - Submit all requests for budget adjustments on DHMH Budget Adjustment Sheets (DHMH form4542B);
  - Submit an annual statistical report summarizing the preceding fiscal year, by August 31<sup>st</sup>, in the format specified by DHMH to include reporting for each performance measure stated in your grant request and a narrative summary statement of year in review.
- 10. Budget Requirements:** Use the Local Health Department Budget Package (DHMH 4542A- M). Use the same program format for categorical grants as instructed by Program Cost and Analysis. Personnel costs will be approved only for staff who are directly performing, supporting, or supervising these functions. In addition to the local health department budget package electronic submission, submit the following in hard copy or Word document:
- Organizational Chart: Include an organizational chart for the LHD and the MCHP Eligibility Unit.
  - Activities by Projected FTE and Salary: Attachment A
  - Narrative response to Sections 3,7 and 9 of the Budget Instructions

***OFFICE OF ELIGIBILITY SERVICES (CONT.)***

**Submit program plan and electronic budget package by May 19, 2008 to:**

**Alonzo Robinson, Grants Manager  
Maryland Children's Health Program Division  
201 W. Preston Street, Room SS10  
Baltimore, Maryland 21201  
Phone: 410-767-3641; FAX: 410-333-5361  
E-Mail: [RobinsonA@dhmh.state.md.us](mailto:RobinsonA@dhmh.state.md.us)**

**Medical Care Programs, Office of Eligibility Services  
Maryland Children's Health Program Eligibility Determination  
Program Plan**

1. **Jurisdiction:** \_\_\_\_\_
2. **Fiscal Year: 2009**
3. **Program Title: MCHP Eligibility Determination**
4. **Grant and Program Numbers:**  
  
Grant #: MA\_ \_ \_ \_ACM                      Project # F731N
5. **Program Director:** \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_
6. **Program Manager/Supervisor and Phone Number (if different from above):**
7. **Internal/External Assessment**
8. **Goals and Objectives**
9. **Strategies and Action Plans**
10. **Performance Measures (attach DHMH 4542C)**
11. **Monitoring, Tracking, and Reporting**
12. **Budget (use DHMH 4542 Forms)**

**Attachments:**

- **Organizational Chart**



***END OF OFFICE OF ELIGIBILITY SERVICES***

# Guidance for Fiscal Year 2009 Funds for Public Health Emergency Preparedness

## 1. Introduction

- A. Beginning in 2002, the federal Department of Health and Human Services provided funding to support and upgrade State and local efforts to assure preparedness for and response to bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. The statutory authority for this program is included in sections 319B, 319C, and 319F [42 U.S.C. 247d-3] of the Public Health Service Act. The Catalog of Federal Domestic Assistance number is 93.283.
- B. Federal funding for Public Health Emergency Preparedness is allocated to each jurisdiction by formula. Funding reductions are anticipated for SFY 2009.
- C. For complete details on the goals, tasks, target capabilities and performance measures of the Public Health Emergency Preparedness, Pandemic Influenza, and Cities Readiness Initiative grants, visit the CDC website at:  
<http://www.bt.cdc.gov/planning/coopagreement/>
- D. The Public Health Emergency Preparedness Program in the local health departments are administered and monitored by the Office of Preparedness and Response in the Maryland Department of Health and Mental Hygiene.

2. **Local Preparedness Implementation Funding Request -- Components:** All local health departments are required to submit a proposal for base emergency preparedness funding as outlined below in Section 3a (General Guidance), Section 3b (Format), and Section 4 (Attachments). The federal budget period for this grant is August 10, 2008 – August 9, 2009. Local health departments will receive two separate awards in SFY 2009. One will be for the period July 1, 2008-August 9, 2008 and the other for the period August 10, 2008 – June 30, 2009. **Only goods and services received during the period may be charged to the period. All purchases must be linked to one or more of the CDC goals and target capabilities as listed in Appendix II.**

**Pandemic Influenza Emergency Supplemental Funding Request – Components:** Additional guidance will be provided to the local health departments from the Office of Preparedness & Response once the Centers for Disease Control and Prevention provide specific directives to DHMH regarding Pandemic Influenza Supplemental funding.

**Cities Readiness Initiative (CRI) Funding Request – Components:** Designated local health departments are required to submit a proposal for CRI funding as outlined below in Section 3a (General Guidance), Section 3b (Format), and Section 4 (Attachments). The federal budget period for this grant is August 10, 2008 – August 9, 2009. Local health departments will receive two separate awards in SFY 2009. One

***PUBLIC HEALTH & EMERGENCY PREPAREDNESS (CONT.)***

will be for the period July 1, 2008 to August 9, 2008 and the other for the period August 10, 2008 to June 30, 2009. **Only goods and services received during the period may be charged to the period. All purchases must be linked to one or more of the CDC critical capacities and SNS functions as listed in Appendix IV.**

**3. Local Preparedness Implementation Funding Request – general guidance and format**

**a. General Guidance**

A single plan is to be submitted for each budget funding request received between July 1, 2008 and June 30, 2009, however separate budgets must be submitted for the periods July 1, 2008 -August 9, 2008 and August 10, 2008 - June 30, 2009.

In FY2009, the focus is on continued and expanded, where warranted, implementation of the Local and Regional Public Health Preparedness and Response for Bioterrorism efforts. For FY2009 program implementation, LHDs are requested to provide details, within project proposals, of their ongoing efforts to ensure local and regional readiness, interagency collaboration, NIMS implementation, and preparedness for bioterrorism and similar threats.

**b. Format for Proposals**

Health departments must submit a project proposal for which funding is requested.

**FORMAT TEMPLATE for Project Proposals**

Provide the following information (with 1-2 pages per project). The project described should be consistent with the information provided in the budget packet (DHMH 4542).

**Jurisdiction Name** \_\_\_\_\_

**Fiscal Year** \_\_\_\_\_

**County PCA Code** F\_\_\_\_\_

**Funding Amount** \_\_\_\_\_

**Name of Lead Contact Person for this Project** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**Project Title** \_\_\_\_\_

## ***PUBLIC HEALTH & EMERGENCY PREPAREDNESS (CONT.)***

**Project Summary** – Provide a brief (1-2 sentences) synopsis of the main thrust of the project.

### **Project Description**

- PD1. Provide a summary description of the project, including:
- the purpose,
  - principal components, e.g., personnel (list involved BT-funded personnel; portion of their time on this project should be detailed on relevant spreadsheet schedule as listed under PD4 – section 3), equipment, involved LHD programs (e.g., communicable disease, administration), training planned, etc., and
  - how this project relates to the overall preparedness effort of the LHD
  - how this project fulfills the listed CDC goals/performance measures.
- PD2. If this is a continuing project, from the previous year (FY2007), describe how this project continues that effort and any changes (additions/deletions) from the previous year's effort.
- PD3. List any entities, external to the LHD, to be involved.
- PD4. Use appropriate DHMH budget forms (4542) to provide budgetary details for personnel, equipment, and any external vendors. *Note, pay close attention to:*
- required format details for all entries on budget sheets. Also, be sure that totals for supporting schedules match those provided on 4542a.
  - Every contract or grant must have the following details included on the relevant supporting schedules; if necessary, reference appropriately, from the relevant schedule, and use the comment page for any additional details:
    - For contracted items and other procured services, provide the following details:
      - For Contracts:
        - Name** of vendor and indicate whether proposed contract is with an institution or organization.
        - Method of selection**, including how the contractor was selected, and whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
        - Period of performance:** specify dates (start and end) of contract.
        - Scope of work:** What will the contractor do? Describe, in outcome terms, the specific services/ tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined. A copy of the contract should be available if needed.

***PUBLIC HEALTH & EMERGENCY PREPAREDNESS (CONT.)***

- e) **Method of accountability:** How will the contract be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
  - f) **Itemized budget and justification:** Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.
  - For consultants,
    - a) **Name of consultant** and include description of qualifications.
    - b) **Organizational affiliation**, if applicable
    - c) **Nature of services to be rendered:** describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the contract should be available, if needed.
    - d) **Relevance of service to the project:** describe how the consultant services relate to the accomplishment of specific program objectives.
    - e) **Number of days of consultation:** specify the total number of days of consultation.
    - f) **Expected rate of compensation:** specify the rate of compensation for the consultant (e.g., hourly or daily rate). Detail other costs such as travel, per diem, and supplies.
    - g) Performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.
2. For line items not already addressed as a contract or consultant, provide brief, summary details to explain what the expense is for, in the justification page or on the comment page.
3. **Please Note the following:**
- a) The funding for the **base emergency preparedness grant cannot** be used for any of the following:  
Supplantation, vehicles of any type (including non-motorized trailers), research, and incentive items.
- The funding for the **pandemic influenza supplemental grant cannot** be used for any of the following:  
Purchase of antiviral drugs, seasonal influenza vaccine or pneumococcal vaccine, research, vehicles of any kind, and incentive items.
- The funding for the **cities readiness initiative grant funding cannot** be used for the following:

***PUBLIC HEALTH & EMERGENCY PREPAREDNESS (CONT.)***

Inventory tracking software, vehicles, medications and medical supplies for the general population.

**Only prophylaxis for health department first responders and their families is acceptable** with the approval of the Division of State and Local Response Project Officer in collaboration with the SNS subject matter expert.

Equipment purchased with CRI funds should be interoperable with equipment purchased under the DHS State Homeland Security Grant Program for first responders.

- b) **For each funding request, all budgeted expenses must be linked to one or more critical tasks (see attached lists in Appendix II-IV). For example, a preparedness coordinator or health planner may spend approximately equal time on every task (6-7% on each), whereas an epidemiologist may restrict activity to two activities and spend 50% on one and 50% on other or 75% on one and 25% on the other (any combination adding to 100%).**
4. **Questions/assistance**-If you are uncertain whether a proposed expense is allowable, contact DLHPP or one of the relevant consultants listed in Appendix V.
5. **Supplantation avoidance**-Information submitted with FY08 budget request should be kept current. If there have been no changes in the job descriptions approved for the FY08 budget cycle, resubmission of supplantation avoidance documentation is NOT required. However, if there have been changes in the job descriptions, new positions added, or personnel transfers are relevant for any BT-funded positions, updated supplantation avoidance documentation is required.
6. **Budget Modifications** -As previously stated, once your FY 09 proposals has been approved you are NOT allowed to move funds between *line items* without prior approval (and a deadline for those type of FY09 modifications will be announced in early 2008).
7. **FY2009 close-out/completion of DPCA 440** – the same procedure used for FY 2008 close-out applies.
  - a) In general, for **non-home rule** jurisdictions, only one summary 440, which is a roll-up of your expenditures by PCA, is sufficient.
  - b) For **home-rule**, and any other jurisdiction that don't use FMIS, a summary, roll-up 440 is required.
  - c) All reported expenditures are to be consistent with those included in your approved FY09 budgets. All funds must be obligated by August 9, 2008.

***PUBLIC HEALTH & EMERGENCY PREPAREDNESS (CONT.)***

**4. Local Preparedness Implementation Funding Request - Attachments**

Funding request must include the following attachments:

**A. Organizational Chart**

An organizational chart (no set format required but should **include details to show positions that are CDC-funded**). Personnel depicted should be consistent with comparable information provided for supplantation avoidance (update as needed) and for FTE database.

**B. Checklist:** A checklist (see **Appendix I**) is provided to help ensure that a complete Preparedness Implementation Funding Request is submitted. *Completion and submission of this form is required.*

**5. Submission details and provisions for technical assistance**

**A. Submission deadline and deliverables:** By *April 7, 2008*, submit one original, and an electronic copy of a complete Local Preparedness Implementation Funding Request (with attachments and checklist) for each grant for which you are requesting funding to Dr. Isaac Ajit, Office of Preparedness and Response, 201 W. Preston St., Baltimore, Maryland 21201.

**B. Consultation and technical assistance** for developing a Local Preparedness Funding Request is available from the appropriate Central Office program(s). A list of Central Office consultants/contacts is contained in **Appendix V**.

**6. Project Impact**

**Preparedness Goals** – Preparedness Goals for each grant issued by CDC will be utilized for FY2009.

**Monitoring, Tracking, and Reporting - Progress reports** (to document operations, accomplishments, and other evidence of progress as well as any barriers or impediments) for this program are due September 1, 2008 and February 16, 2009. Detailed guidance for these reports will be distributed at least one month prior to each of these dates.



***PUBLIC HEALTH & EMERGENCY PREPAREDNESS (CONT.)***

**Appendix II**

**CDC Emergency Preparedness Goals**

<b>Goal</b>	<b>Target Capability</b>
Prevent 1A	All Hazard Planning
Detect & Report 2A	Information Collection and Threat Recognition
Detect & Report 2B	Planning/Hazard and Vulnerability Analysis
Detect/Report 3A	Public Health Laboratory Testing
Detect/Report 4A	Health Intelligence Analysis & Production
Investigate 5A	Epidemiological Surveillance & Investigation
Control 6A	Emergency Response Communications
Control 6B	Emergency Public Information & Warning
Control 6C	Responder Safety & Health
Control 6D	Isolation & Quarantine
Control 6E	Mass Prophylaxis and Vaccination
Control 6F	Medical and Public Health Surge
Control 6G	Mass Care Plan Development
Control 6H	Citizen Evacuation & Shelter-In-Place
Recover 7A	Environmental Health
Recover 8A	Economic & Community Recovery
Improve 9A	Planning/Exercise After-Action Reports & Implementation

***PUBLIC HEALTH & EMERGENCY PREPAREDNESS (CONT.)***

**Appendix III**

**Pandemic Influenza Supplemental Funding Performance Measures**

<b>Measure</b>	<b>CDC Preparedness Goal</b>	<b>Target Capability</b>
1: Medical Surge	Goal 6: Control	Medical Surge/BioSense
2: Seasonal Flu Clinic	Goal 6: Control	Mass Prophylaxis/Computer Modeling Estimation
3: Seasonal Flu Clinic	Goal 6: Control	Mass Prophylaxis/Age & Risk Groups Influenza Vaccinations
4: Social Distancing	Goal 1: Prevent	Planning
5: Isolation	Goal 6: Control	Isolation & Quarantine
6: PHIN Compliance	Goal 4: Detect & Report	Communications

***PUBLIC HEALTH & EMERGENCY PREPAREDNESS (CONT.)***

**Appendix IV**

**Cities Readiness Initiatives Critical Capacities and SNS Functions**

- a. Developing an SNS Plan
- b. Command and Control
- c. Requesting SNS Assets
- d. Management of SNS Operations
- e. Tactical Communication
- f. Public Information
- g. Security Support
- h. Receipt, Staging and Storing SNS Assets
- i. Repackaging
- j. Controlling SNS Inventory
- k. Dispensing Oral Medications
- l. Treatment Center Coordination
- m. Train, Exercise, and Evaluate

***PUBLIC HEALTH & EMERGENCY PREPAREDNESS (CONT.)***

**APPENDIX V**

**Consultants for Local FY2009 Public Health Emergency Preparedness Funding Request**

Office of Preparedness and Response

Dr. Isaac Ajit, [Iajit@dhhm.state.md.us](mailto:Iajit@dhhm.state.md.us), 410-767-5779

Office of Preparedness and Response

*Health Professional Volunteers* – Mark Bailey, [m Bailey@dhhm.state.md.us](mailto:m Bailey@dhhm.state.md.us),  
410-767-7772

*Strategic National Stockpile* – Richard Baker, [rbaker@dhhm.state.md.us](mailto:rbaker@dhhm.state.md.us), 410-767-  
6682

*HRSA* – Dr. Al Romanosky, [ARomanosky@dhhm.state.md.us](mailto:ARomanosky@dhhm.state.md.us), 410-767-6631

*CRI* – Terry Sapp, [Tsapp@dhhm.state.md.us](mailto:Tsapp@dhhm.state.md.us), 410-767-4621

*Pandemic Influenza* – Ivan Zapata, [izapata@dhhm.state.md.us](mailto:izapata@dhhm.state.md.us), 410-767-4134

Office of Preparedness and Response - Regional Coordinators

*Washington, Frederick, Calvert, Carroll, Charles, Anne Arundel, Baltimore County, St. Mary's, Montgomery, Prince Georges, Howard, and Baltimore City* – Sandra Gregory, [GregoryS@dhhm.state.md.us](mailto:GregoryS@dhhm.state.md.us), 410-767-6201

*Cecil, Harford, Queen Anne's, Kent, Talbot, Caroline, Dorchester, Somerset, Wicomico, Worcester, Allegany, and Garrett* – Nicole Brown, [BrownN@dhhm.state.md.us](mailto:BrownN@dhhm.state.md.us), 410-767-0639

Office of the Assistant Attorney General

*Statutory authority and other legal issues*

Jenny Bowlus, [jbowlus@dhhm.state.md.us](mailto:jbowlus@dhhm.state.md.us), 410-767-1879

David Morgan, [dmorgan@dhhm.state.md.us](mailto:dmorgan@dhhm.state.md.us), 410-767-5162

***END OF PUBLIC HEALTH & EMERGENCY  
PREPAREDNESS***