DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LOCAL HEALTH DEPARTMENT PLANNING AND BUDGET INSTRUCTIONS
FOR FY 2011

Department of Health and Mental Hygiene
Local Health Department
Planning and Budget Instructions – FY 2011

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FY 2011 LOCAL HEALTH DEPARTMENT PLANNING AND BUDGET INSTRUCTIONS

OVERVIEW AND FORMAT

The FY 2011 Local Health Department (LHD) Planning and Budget Instructions continue with the structure and format used last year. The 2010 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 2011 budget requests are (*revised)* as follows:

Merit System Positions:

FICA	7.33% to $118,996 + 1.45% of excess
Retirement	11.69% of regular earnings
Unemployment	20 cents/$100 payroll
Health Insurance (per employee)	8.00% over actual cost PPE ÷ number of eligible employees x 24.07 pays
Retiree's Health insurance (per employee)	35% of employee health insurance
Retiree's Health Insurance Liability	Do not budget

Special Payments Positions:

FICA	7.65% to $113,952 + 1.45% of excess
Unemployment	20 cents/$100 payroll

* For further information and formula go to the Dept. of Budget Management website (www.dbm.state.md.us); then go to FY 2011 Operating Budget Instructions, Fringe Benefits, page 25-27. ***The above rates are subject to change based on the Governor's FY 2011 Budget allowance***

ADENDUM TO FY2011 WORKMEN'S COMPENSATION PREMIUMS

COUNTY	FY11 ALLOW. AUTH. PINS	COST PER PIN	TOTAL PREMIUM COST
ALLEGANY	226.20	$239.845	$54,253
ANNE ARUNDEL	276.50	239.845	66,317
BALTIMORE	1.00	239.845	240
CALVERT	107.40	239.845	25,759
CAROLINE	81.80	239.845	19,619
CARROLL	155.00	239.845	37,176
CECIL	136.60	239.845	32,763
CHARLES	226.59	239.845	54,346
DORCHESTER	87.80	239.845	21,058
FREDERICK	169.96	239.845	40,764
GARRETT	110.00	239.845	26,383
HARFORD	195.95	239.845	46,998
HOWARD	211.00	239.845	50,607
KENT	76.10	239.845	18,252
MONTGOMERY	1.00	239.845	240
PRINCE GEORGE'S	19.10	239.845	4,581
QUEEN ANNE'S	85.00	239.845	20,387
ST. MARY'S	86.30	239.845	20,699
SOMERSET	70.80	239.845	16,981
TALBOT	86.50	239.845	20,747
WASHINGTON	216.45	239.845	51,914
WICOMICO	231.10	239.845	55,428
WORCESTER	170.30	239.845	40,846
	3,028.45		$726,359

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 Ms. Sandy Samuelson (SamuelsonS@dhmh.state.md.us or 410-767-5804) of the Infectious Disease & Environmental 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

KEY INFORMATION

- Written to describe substance abuse prevention, intervention, treatment, and recovery 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.
- 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 are to be 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. Recovery Services
5. Recovery Oriented Systems of Care (ROSC)
6. Information Technology
7. Proposed 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 #4A.

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. Describe your system improvement activities. Identify 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. Recovery Services

A. Screening, Assessment and Patient Placement Criteria

The grantee and all sub-grantees shall use the Treatment Assignment Protocol (TAP) to assist in determining the level of care. 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 are screened and assessed. 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.)

B. Treatment Services

1. Treatment Narrative

Describe how your county residents will have access to every ASAM level of care. If a level of care is unavailable, explain why. Specifically discuss both the adult and adolescent processes. Identify and describe the use of best practices in the provision of treatment services. Note: Best practices refer to services that reflect research based findings. Describe how somatic care is provided. This should include how Hepatitis A, B, and C risk assessment, risk reduction, referral for counseling and testing are addressed and/or provided. Describe how co-occurring (substance abuse and mental health disorders) are provided. Describe how you will increase utilization of services.

2. Sub-grantee Monitoring

Describe how you will convey the General Conditions of Award to all sub-grantees.

Alcohol and Drug Abuse Administration (continued)

3. Treatment Matrix

Provide a matrix listing each ADAA funded program, grant number(s), SMART agency identification number, national provider number, level of

care, best practices, number of slots/beds, number of individuals served, and method of funding (e.g. fee for services, cost reimbursement). NOTE: Include recovery housing as "Other".

C. Prevention Services

1. Prevention Narrative

Describe the community-based substance abuse prevention programs and activities 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 sub-grantees are programmatically monitored.

2. Prevention Matrix

Submit a matrix listing each prevention program/activity, indicating which programs are evidence-based, CSAP prevention strategies, IOM category, risk factors to be addressed, target populations, number of individuals to be served, goals and measurable objectives, the timeline for implementation (if a new program) and the amount of ADAA funding.

D. HIV Services

Describe how HIV/AIDS risk assessment, risk reduction, and referral for counseling and testing are addressed and/or provided. The jurisdiction shall allocate 5 percent of the awarded SAPT Block Grant funding to establish early intervention services for HIV disease at the sites in which individuals are receiving treatment for substance abuse.

Alcohol and Drug Abuse Administration (continued)

5. <u>Recovery Oriented Systems of Care (ROSC)</u>

Describe your jurisdiction's planning effort toward implementing recovery support services into your continuum of care. If available, describe specific activities with timeframes for implementation.

6. Information Technology and Managing Information

Discuss the use of the "referral option" in SMART and how it impacts treatment decision making and the transmittal of patient information. Include any plans for equipment upgrades. Describe how data from SMART Electronic Health Record (EHR) will be used to develop and manage the prevention, intervention and treatment system.

7. Proposed MFR and System Development Plan

A. The ADAA Managing For Results (MFR) outcome measures for **FY 09** 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. 40% of adolescent and 50% of adult patients completing/transferred/referred from ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.
4. 75% of the patients completing/transferred/referred from ADAA funded detoxification programs enter another level of treatment within 30 days of discharge.
5. The number of patients using substances at completion/transfer/referral from treatment will be reduced by 70% among adolescents and 75% among adults from the number of patients who were using substances at admission to treatment.
6. The number of employed adult patients at completion/transfer/referral from treatment will increase by 29% from the number of patients who were employed at admission to treatment.
7. The number arrested during the 30 days before discharge will decrease by 70% for adolescents and 75 % for adults from the number arrested during the 30 days before admission.

Describe your jurisdiction's outcome measure data for the entire 12 months of FY 09 relative to the ADAA FY 08 MFR outcome measures. Explain variances and describe plans to address all deficiencies.

Alcohol and Drug Abuse Administration (continued)

B. The ADAA Managing For Results (MFR) outcome measures for **FY 10** are:

1. 62% of the patients in ADAA funded outpatient programs are retained in treatment at least 90 days.
2. 60% of the patients in ADAA funded halfway house programs are retained in treatment at least 90 days.
3. 45% of adolescent and 55% of adult patients completing/transferred/referred from ADAA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.
4. 78% of the patients completing/transferred/referred from ADAA funded detoxification programs enter another level of treatment within 30 days of discharge.
5. The number of patients using substances at completion/transfer/referral from treatment will be reduced by 70% among adolescents and 78% among adults from the number of patients who were using substances at admission to treatment.
6. The number of employed adult patients at completion/transfer/referral from treatment will increase by 24% from the number of patients who were employed at admission to treatment.
7. The number arrested during the 30 days before discharge will decrease by 70% for adolescents and 75% for adults from the number arrested during the 30 days before admission.

Describe your jurisdiction's outcome measure data from the first 6 months of FY 10 relative to the ADAA FY 09 MFR outcome measures. Explain variances and identify plans to address all deficiencies.

BUDGET PREPARATION INSTRUCTIONS

1. Budget Award Letter

Each jurisdiction will receive its FY 2011 budget award letter for budget preparation from the ADAA. The jurisdiction's allocation request cannot exceed the funding level provided by the ADAA.

2. Budget Forms: DHMH 4542 And DHMH 432

Refer to the ADAA website, www.maryland-adaa.org , for budget forms and instructions.

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)

Note: On the DHMH Form 4542C or DHMH Form 432C (Performance Measures page) identify the number of funded slots and the estimated number of patients to be served. Do not include MFR data in this section.

3. 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.

4. Subprovider Budget Review Practices

The DHMH Division of Program Cost and Analysis (DPCA) issued guidelines detailing documentation requirements relating to the Department's sub-provider review practices. These guidelines are a direct result of findings in a 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 sub-provider budgets were subjected to a comprehensive review process before they were approved by the funding administration. The key issue with the review of sub-provider 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 sub-provider. 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 sub-provider. 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 sub-provider 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 sub-provider budgets to ADAA.**

SPECIFIC BUDGET PREPARATION INSTRUCTIONS

1. **Temporary Cash Assistance (TCA) (Addictions Program Specialists in local DSS Offices)**

   The only line items permitted for funding and reimbursement by DHR/FIA are Salary, Fringe, Urinalysis and Indirect Costs. Any expenditure in line items other than those listed will not be permitted and will be the responsibility of the grantee. Please call the Community Services Division at 410-402-8600 if additional clarification is required.

2. **Children In Need of Assistance Drug Addicted Babies (Senate Bill 512 Initiative)**
   (Prince George's, Washington, and Worcester Counties and Baltimore City **Only**)

   For Assessor Positions Only: **Budgets for FY2011 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 the Community Services Division at 410-402-8600 if additional clarification is required.

Alcohol and Drug Abuse Administration (continued)

3. **Integration of Child Welfare and Substance Abuse Treatment Service (House Bill 7)**
(Baltimore City and Prince George's County **Only**)

For Assessor Positions Only: **Budgets for FY2011 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 the Community Services Division at 410-402-8600 if additional clarification is required.

4. **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 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.

5. **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.

Submit the entire grant application (narrative and budget) electronically by March 1, 2010 to: fgivens@dhmh.state.md.us

****Please include in the subject line the name of the jurisdiction and FY2011 Grant Application, e.g. Allegany County FY2011 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 grants for FY2011 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@dhmh.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, 2010 to the following e-mail address: FHAUGA-CRF-cancer@dhmh.state.md.us

Local Public Health Tobacco Use Prevention and Cessation Component

1. Introductions 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 LCHC members, their ethnicity and organizational affiliations.
- Realistic strategies that are challenging and sufficient to achieve established long term objectives.
- Action plans that address the selected 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, **African Americans, Asian Americans, Latino/Hispanics, American Indians,** and youth.
- Strategies to increase availability of and access to cessation programs for uninsured individuals and medically underserved populations.
- 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

in the county, (2) recommendations found CDC Best Practices for 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 FY09.
- **Discussion of how site visit recommendations are incorporated into the comprehensive plan**
- Discussion on performance measures that are achievable by the end of the **fiscal year as well as reasons for not meeting proposed performance measures**

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 2009** 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 **2009**.)

1. Application Due Date

Applications must be submitted to DHMH by **May 20, 2010**. The plans should be sent in electronic format to the following email address:

FHAUGA-CRFTobacco@dhmh.state.md.us

- **Budget**

The funding for the Local Public Health Component **(LPHC)** 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.

Each jurisdiction receives 100K base funding then remaining allocation to LPHC is 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

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.

a. New for FY 2010

Rosters will be required for all individual and family support service renewals and subsequent supplement/reductions. Contact your regional office for a sample format of the roster that needs to be submitted.

A 432 A-H line item budget will be needed for all DDA providers who are providing services through the Human Service Contract line item on the 4542 form.

b. Process

E-mail the UGA electronic 4542 budget file for your resource coordination/case management, summer program, individual or family support service programs to the Developmental Disabilities Administration's Regional Directors. If a roster or 432 is applicable, they should be e-mailed along with the 4542 budget file.

Ms. Cindy Kauffman
Central Maryland Regional Office
1401 Severn Street
Baltimore, Maryland 21230
CKauffman@dhmh.state.md.us

Mr. John Whittle
Southern Maryland Regional Office
312 Marshall Avenue
Laurel, Maryland 20707
JWhittle@dhmh.state.md.us

Ms. Karen Post
Western Maryland Regional Office
1360 Marshall Street
Hagerstown, Maryland 21740
PostK@dhmh.state.md.us

Ms. Kimberly Gscheidle
Eastern Shore Regional Office
1500 Riverside Drive
Salisbury, Maryland 21801
GscheidleK@dhmh.state.md.us

END OF DEVELOPMENTAL DISABILITIES ADMINSTRATION 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.

Office for Genetics and Children with Special Health Care Needs Cont.

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, 2011 and a final report no later than August 1, 2011. 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, referral, care coordination with another agency/provider, etc.);
   c. Number of collaborating local physicians and other health 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;

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, 2011);
   b. Final report (August 1, 2011).

D. 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, 2010 in electronic format to the following e-mail address:

FHAUGA-Genetics@dhmh.state.md.us

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

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, funding amounts will be provided from the Center for Cancer Surveillance and Control.

Family Health Administration (continued)

Center for Cancer Surveillance and Control Cont.

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 3 and Form 4 (Narrative Justifications).

Application format guidelines may be requested from Ms. Courtney Lewis at (410) 767-0824. 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, 2010 in electronic format to the following email address:

FHAUGA-BCCP-Cancer@dhmh.state.md.us

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BCCP PROGRAM

TIME STUDY POLICY AND PROCEDURE MANUAL

Effective Date: July 1, 2006
Revised: September 18, 2009

SECTION: FISCAL

SUBJECT: Time Study Requirements for Staff Paid With Federal (CDC) BCCP Funds

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A. Policy

Federal regulations require documentation of expenditures for screening-related, non-screening, and administrative activities. During each fiscal year, statewide expenditures for screening related activities shall be no less than eighty percent of the grant award. Statewide expenditures for non-screening activities during each fiscal year shall, be less than or equal to twenty percent.

Time studies shall be performed quarterly by all State and local BCCP agency staff persons who have any portion of their salary paid with Centers for Disease Control and Prevention (CDC) BCCP funds (F676N grant). Time studies shall document the percentage breakdown of BCCP salaries charged to screening related, non-screening and general administration (non-BCCP) activities, and federally funded versus non-federally funded activities. If an employee is partially funded with federal funds, the employee must document time spent on federally funded activities and non-federally funded activities. **The BCCP Program may only be charged for actual hours worked on BCCP screening or non screening activities as calculated on the Daily Time Study Worksheet.**

B. Procedure

1. The time study shall be conducted the entire first month of each quarter; i.e. September, December, March and June.

2. All staff shall complete the electronic Weekly Time Study Record, on the days they work during the first month of each quarter in the following manner:

   a. Enter the employee's local agency, name, hours per week and job classification across the top of the record.

b. Enter the appropriate dates in the left hand column.

c. The first consideration in determining how to code time is the funding source of the employee. Record time in fifteen-minute intervals spent on activities by type of funding source for each of the activity categories (Screening, Non-Screening, and Non-BCCP) by typing one of the following letters [C,F,S, or X] into the box next to the activity for each fifteen minutes worked.

   i. F: Type F if the employee was federally funded while performing the activity.
   ii. S: Type S if the employee was state funded while performing the activity.
   iii. C: Type C if the employee was CRF funded while performing the activity.
   iv. X: Type X if the employee was funded by any source not listed (other funding source) while performing the activity. X should never be coded unless the employee receives funding from a source other than the BCCP federal grant (F676N), BCCP state grant (F714N), or CRF grant.

d. If an employee receives funding from multiple sources, the secondary consideration in determining how to code time is the nature of the activity being performed and/or the funding source of the BCCP patient. For example, if an employee receives equal funding from both the federal and state BCCP grants, the employee would code approximately half of their time as F and half as S over the course of the time study month. The determination of which specific boxes to code as F or S should be made based on the activities performed or patients worked on throughout a given day.

e. Submit the electronic version of the Weekly Time Study Record to the BCCP coordinator at the end of the month. The totals will automatically be calculated for federal, state, CPEST, and other funding sources on the summary page of the document.

f. Print and sign the form attesting that the hours shown on Weekly Time Study Record summary page reflect the actual hours worked in the BCCP program.

3. The Local BCCP Coordinator shall:

a. Verify that the Weekly Time Study Record for each staff person who actually worked in the BCCP program has been completed as required.

b. Enter the number of boxes from each staff person's monthly summary sheet to the Monthly Summary (e.g. September Time Study) in the electronic budget package.

4. The Monthly Summary of Time Study Hours and Quarterly Expenditure Report are included in the financial package that shall be submitted electronically to the DHMH BCCP Fiscal Coordinator, no later than thirty (30) days after the end of the quarter.

5. Copies of all time study forms for every employee receiving salary support with CDC- BCCP funds shall be kept on file at the agency's office and stored in accordance with the policy and procedure established for other BCCP records.

6. During site visits or any other time deemed appropriate by the DHMH BCCPOffice, individual time study records (Weekly Time Study Records and Monthly Summary of Time Study Hours) may be reviewed and compared against time sheets and payroll in order to ensure that the CDC-BCCP Program is only charged for actual hours worked in the CDC-BCCP Program.

Family Health Administration (continued)

Form 2

CDC Breast and Cervical Cancer Program

FY 2011 Request Project Code – F676N

_____ County Health Department

Project F676N Object/Description	**FY09 Actual Expenses**	**FY10 Approved Budget**	**FY11 Total Request**	**FY11 Request: Screening Costs (Column A)**	**FY11 Request Other Costs (Column B)**
TOTAL					

Form 2 (A)

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

Form 2 (B)

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

Form 3

Breast and Cervical Cancer Program

FY 2011 Request Project Code – F714N

_____ County Health Department

Project F714N Object/Description	**FY09 Actual Expenses**	**FY10 Approved Budget**	**FY11 Total Fund Request**
TOTAL			

Form 4

Requirements for Justification of Budget Items

FY 2011 Budget Grant: _____ _____Local Health Department

1. Be specific.

2. Show each line item from the budget page and demonstrate how the figure was determined.

3. FTE's should be determined by applying the projected percent of time to be spent on screening-related or non-screening activities to the full FTE funded by the CDC (F676N) grant. For example, if an employee's total FTE in the CDC grant is 0.75, and they are projected to spend 60% of their time on screening and 40% of their time on non-screening activities, their FTE's would be calculated in the following manner:
   Screening: [0.75 FTE] x [0.60] = 0.45 FTE in the Screening Costs Justification
   Other: [0.75 FTE] x [0.40] = 0.30 FTE in the Other Costs Justification
   The amount of each employee's salary to be listed under each justification should be calculated in the same manner. In the justifications, please list FTE's only; do not indicate hours per week, percent of FTE, etc.

4. In the justification for items in the Screening and Follow-up Cost center, CDC has stated that the justification must show the estimated costs per screening **individual** clients. See example.

5. The following example shows the 80/20 split for the CDC grant. A separate narrative budget justification is **required for each grant** and is required for all budget modifications. **The budget justification for the state grant (F714N) shouldn't be broken into screening and non-screening related costs.**

Screening and Follow-up Costs Justification (as shown in Column A of Form 2)

Other Program Costs Justification (as shown in Column B of Form 2)

Family Health Administration (continued)

3. *Office of Chronic Disease Prevention*

All counties receiving grant money from the Office of Chronic Disease Prevention for FY10-FY12 must submit an updated annual workplan, annual DHMH 4252 Budget Package, and quarterly outcome reports as outlined in the original RFA. Funded counties wishing to significantly change performance measures or grant objectives should contact their assigned grant manager prior to submission. Please submit all grant information to the email address: FHAUGA-Chronicdisease@dhmh.state.md.us. Questions should be directed to Dr. Audrey Regan at 410-767-3431 or aregan@dhmh.state.md.us.

4. *Office of Oral Health*

All counties receiving grant money from the Office of Oral Health in FY 2011 will need to complete a new grant application. Grant applications will be mailed to Health Officers and current program coordinators in April 2010.

Questions regarding Oral Health grants should be directed to Ms. Teresa Robertson at 410-767-7922.

5. *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.

Family Health Administration (continued)

Center for Maternal and Child Health Cont.

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.

  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.

Family Health Administration (continued)

Center for Maternal and Child Health Cont.

- 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. Activities proposed must be in accord with federal Title X Program guidance and regulation as contained in the Family Planning Clinical and Administrative Guidelines issued by the Center for Maternal and Child Health.

- 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 or other unique grants.

- 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. Number of fetal or infant deaths reviewed
b. Number of outreach and community education activities conducted.
c. Two quarterly surveys regarding the system of care for pregnant women (number of OB providers & number of pregnant women assisted by LHD). Surveys for the 2nd & 4th quarters are due January 15 and July 15.

Family Health Administration (continued)

Center for Maternal and Child Health Cont.

2. Childhood Lead Poisoning Prevention

Target population: Children under 6 at risk for lead poisoning.

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.

3. Crenshaw Initiative

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

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.

Family Health Administration (continued)

Center for Maternal and Child Health Cont.

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. 90% of 3-year average of unduplicated clients served as transmitted to the Family Planning Data System. (Title X Family Planning requirement).
b. 90% of 3-year average of family planning visits and colposcopy visits as transmitted to the Family Planning Data System (Title X Family Planning requirement).

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, 2010 in electronic format to the following e-mail address:

FHAUGA-CMCH@dhmh.state.md.us

6. Center for Health Promotion and Education

Injury and Disability Prevention

The Center for Health Promotion (CHP) will provide up to **$4,500.00** to local health departments for small scale injury prevention programs. These funds help public health practitioners and other concerned groups raise awareness of the magnitude of injuries and reduce the injury burden in communities throughout Maryland. These funded programs may fall into four core areas identified for Maryland and the National Center for Injury Prevention and Control at CDC:

Family Health Administration (continued)

Injury and Disability Prevention

1) Fall prevention for older adults
2) Fire safety
3) Poison prevention
4) and child maltreatment prevention

Consideration will also be given to other injury prevention initiatives based on local data and priorities.

The grant application includes a Scope of Work, a Logic Model, and an Evaluation Plan. Deliverables include a final activity report, completed Event Encounter forms and Evaluation Tools (pre-post test, surveys, etc), and a presentation at the Fall 2011 Injury Prevention Coordinators Meeting, Forms will be sent as a part of the grant application package.

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All grant applications should be submitted electronically along with the DHMH-4542 budget package by April 21, 2010 to:

FHAUGA-InjuryPrevention@dhmh.state.md.us

Question regarding the Injury Prevention grants should be directed to Jade Leung at 410- 767-2919.

7. *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).

Family Health Administration (continued)

Wic Cont.

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.**

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)

Family Health Administration (continued)

Wic Cont.

Award Period - Enter the period of award, e.g., July 1, 2010-June 30, 2011

Fiscal Year - Enter applicable state fiscal year, e.g., 2011

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 samuelsons@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 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.

11-HOWARD-F705N-WI300WIC (this would be an original budget)
11-HOWARD-F705N-WI300WIC-MOD1
11-HOWARD-F705N-WI300WIC-RED1
11-HOWARD-F705N-WI300WIC-SUP1
11-BALTOCOUNTY-F705N-WI175WIC-MOD2
11-BALTOCITY-F705N-WI213WIC-SUP1
11-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 (11-Hopkins)

For a modification: Fiscal Year-Agency name-Mod#1 (11-Hopkins-mod1)

For a supplement or reduction: Fiscal Year-Agency name-Supp#1 or Red#1(11-Hopkins-sup1)

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

Family Health Administration (continued)

Wic Cont.

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 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.

Family Health Administration (continued)

Wic Cont.

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.

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).

Family Health Administration (continued)

Wic Cont.

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 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

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.

Family Health Administration (continued)

Wic Cont.

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.

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.

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.

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.

Family Health Administration (continued)

Wic Cont.

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.

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 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.

Family Health Administration (continued)

Wic Cont.

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 15% 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 (continued)

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 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

Family Health Administration (continued)

Wic Cont.

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 –

to write over the formula and enter Vacant and then the previous incumbent's name in parentheses (e.g. Vacant (Smith).

Family Health Administration (continued)

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

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.

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

Family Health Administration (continued)

Wic Cont.

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.

Address - Enter your mailing address.

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

Family Health Administration (continued)

Wic Cont.

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.

Family Health Administration (continued)

Wic Cont.

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.

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 30th 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:

Quarter Ending	Due Date
September 30th	October 31st
December 31st	January 31st
March 31st	April 30th (including budget modifications)
June 30th	August 15th

Family Health Administration (continued)

Wic Cont.

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 2nd quarter report would be named: 11-HOWARD-F705N-WI300WIC-2.xlw.

Private local agencies should use the format "fiscal year-local agency name-quarter number "– for example: "11-UNIVERSITY-2.xlw". The file should be e-mailed to:

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:

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

Annual Budget Submission:
The SFY 2011 annual WIC budget package is due by **May 28, 2010**. 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

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

INFECTIOUS DISEASE AND ENVIRONMENTAL HEALTH ADMINISTRATION

I. Infectious Disease Categorical Grants

The Infectious Disease and Environmental Health Administration will let categorical grants to certain LHDs in the following areas:

A. Tuberculosis Control
B. Immunization
C. Sexually Transmitted Disease
D. Migrant Health
E. Refugee Health
F. HIV/AIDS

Specific program requirements and guidance in preparing program plans is available from the program monitors in the Infectious Disease and Environmental Health Administration. Progress toward objectives will be assessed through the Office of Infectious Disease Epidemiology and Outbreak Response and the Office of Infectious Disease Prevention and Care Services site review process and periodic reports (if requested by the program monitor).

Budget files should be prepared using the DHMH 4542 Budget Package. The DHMH 4542 should list all personnel funded by the categorical grants. The list should specify job classifications, name of incumbent, percentage of time worked, and corresponding salaries, wages, and fringe benefits.

An updated narrative and electronic budget file are to be transferred electronically to the appropriate program monitor as listed below by May 10, 2010, unless otherwise specified.

A. Tuberculosis Prevention and Control

Goals: U.S.-born persons national case rate target: 0.7/100,000
Foreign-born persons national case rate target: 14.0/100,000
U.S.-born non-Hispanic Blacks national case rate target: 1.3s/100,000
Children < 5 years of Age national case rate target: 0.4/100,000

Process Objectives and Indicators:

1. Tuberculosis Treatment:

a. 88.7% of tuberculosis cases, alive at diagnosis and regardless of age, will have reported HIV test results (positive or negative) prior to treatment.

b. 95.7% of reported TB vases 12 years of age or older with a pleural or respiratory site of disease will have a sputum-culture result reported.
c. At least 93.4% of tuberculosis cases alive at diagnosis will be prescribed the ATS/CDC recommended four-drug course of therapy (isoniazid, rifampin, pyrazinamide and ethambutol or streptomycin) within 7 days of specimen collection.

d. At least 100% of culture-positive tuberculosis cases will have isolates tested for drug sensitivities.
e. At least 75% of sputum culture-positive tuberculosis cases, alive at diagnosis and without rifampin resistance, will demonstrate documented culture conversion to negative within 60 days of treatment initiation.
f. At least 95% of tuberculosis cases, alive at diagnosis and started on any drug regimen, will receive directly observed therapy.
g. At least 95% of tuberculosis cases, alive at diagnosis, started on an approved drug regimen, who do not die during treatment and for whom one year or less of treatment is indicated (not rifampin resistant or not under 15 years of age with bone, joint, meningeal or miliary disease) will complete treatment within one year.

2. Contact Investigations

a. 100% of TB patients with positive AFB sputum smear results will have contacts elicited upon investigation.
b. At least 93% of contacts to sputum smear-positive tuberculosis cases will be fully evaluated for infection and disease.
c. At least 88% of contacts to sputum AFB smear-positive tuberculosis cases found to have latent TB infection will initiate treatment.
d. At least 79% of infected contacts to AFB sputum smear-positive tuberculosis cases that initiate treatment for latent tuberculosis infection will complete treatment. *

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

3. Evaluation of Immigrants and Refugees

a. At least 25% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB, will have medical evaluations initiated

within 30 days of arrival.

b. At least 45% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB will have completed medical evaluations within 90 days of arrival.
c. At least 75% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with latent TB infection during evaluation in the U.S. will initiate treatment.
d. At least 75% of immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB, and who are diagnosed with latent TB infection during evaluation in the U.S. and started on treatment will complete LTBI treatment.

4. Reporting tuberculosis cases identified in Maryland

a. 100% of TB cases will be reported to DHMH using the RVCT (Report of Verified Case of Tuberculosis) using the NEDSS based reporting system.
b. Local TB programs will report tuberculosis cases identified in Maryland within one week of case confirmation.
c. All items on pages 1-3 of the RVCT will be completed in NEDSS within 2 months of report date

5. Management of non-adherence

a. Referrals to state chronic care facility for the purpose of TB case Management are coordinated through the State TB Control office 100% of the time.
b. 100% of all treatment, isolation orders, quarantine orders or any order that would legally confine an individual or restrict an individual's movement for the purpose of tuberculosis treatment must be reviewed by the DHMH TB Control office prior to issue.

Note: 2011 tuberculosis prevention and control objectives reflect the revised CDC National Tuberculosis Indicators of Performance Standards (NTIPS) effective 2009. Attainment of objectives is formally assessed via quality monitoring of surveillance data, site reviews, and ongoing consultation with LHD staff, education and training activities. Local program support will depend on available funding and on program achievements toward national and state TB goals and objectives. Funds may be reduced, increased or reallocated to other local jurisdictions, if objectives are not consistently met.

Tuberculosis Program Monitor
Lien Nguyen
201 W. Preston St. Room 324
Baltimore Maryland 21201
NguyenL@dhmh.state.md.us
(phone) 410-767-5591
(fax) 410-669-4215

B. Childhood Immunization, Perinatal Hepatitis B Prevention and Vaccine Preventable Disease Surveillance Activities

LHDs are required to ensure:

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 Office of Infectious Disease Epidemiology and Outbreak Response 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.

Immunizations Program Monitor
Greg Reed
201 W. Preston St. Room 318
Baltimore, Maryland 21201
REEDGRE@dhmh.state.md.us

C. Sexually Transmitted Infections

Goal: Prevent the transmission and complications of sexually transmitted infections.

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 7 calendar days of reactor initiation date.
4. Obtain a contact index 1.65 per interview.
5. Examine 75% of new in-jurisdiction contacts within 7 days.
6. Achieve a disease intervention rate of 0.5 per interview.
7. Achieve a treatment intervention rate of 0.5 per interview.
8. Re-interview 65% of infectious syphilis cases within 7 business days.
9. Close 75% syphilis reactors within 7 calendar days of initiation.
10. Indicate pregnancy status for 60% of female syphilis reactors of childbearing age between 15 – 50 years of age.

Process Objectives and Indicators for Congenital Syphilis:

1. Verify treatment, or bring to treatment, 90% of prenatal and neonatal reactors within 3 business days of date assigned, 100% within 5 business days.
2. Interview 90% of prenatal and delivery cases within 5 business days of assignment.

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. Ensure that 75% of women with positive Gonorrhea tests identified in Family planning and STD clinics are treated with 14 days of the date of specimen, and 90% within 30 days.
2. Provide presumptive partner services interviews for 90% of symptomatic males seen in Family Planning and STI clinics with 2 business days.

3. As appropriate under the State STI/HIV Partner Services Prioritization policy, conduct Partner Services interviews on 80% of public GC cases within 7 days of positive lab result received.

    a. Obtain a treatment intervention index of 0.50,
    b. Obtain a contact index of 1.00 per case interviewed,
    c. Examine 50% of in-jurisdiction contacts identified through interviews within 7 calendar days, 75% within 14 days.

CHLAMYDIA: Reduce the rate of Chlamydia in Maryland, focused in young females under age 26 years.

Process Objectives and Indicators for Chlamydia:

1. Ensure that 75% of women with positive Chlamydia tests identified in Family Planning 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 90% of patients testing positive for Chlamydia in Family Planning and STI clinics.
3. Prioritize use of CT testing in the highest risk group of females under Age 26, or more narrowly focused based on local data.

REPORTING OF SYPHILIS, GONORRHEA AND CHLAMYDIA AND STI CLINIC SERVICES

1. Assure complete and timely reporting of public health case information per DHMH STI Program reporting protocols.
2. Track STI clinic visits, including unmet need or “turnaways”.

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 or faith-based organizations to promote outreach for STI prevention and screening information.
2. Coordinate with local health care providers and heath care facilities to increase awareness and screening for STI’s, including distribution of local STI data and promotion of partner services.

SYPHILIS OUTBREAK RESPONSE PLAN

Prepare local syphilis outbreak response plan and review plan with STI Division at least annually.

NOTE: Attainment of objectives is formally assessed via annual site interviews, 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.

Sexually Transmitted Infections Program Monitor
Barbara Conrad
201 W. Preston St. Room 328
Baltimore Maryland 21201
bconrad@dhmh.state.md.us

D. Migrant Health

Goal: Health care will be provided in a culturally sensitive manner according to age-appropriate standards and guidelines regardless of residence status or ability to pay.

Process Objectives and Indicators for Migrant workers and dependents:

1. Access to Care

a. 100% of the time, an individual's primary language is noted in LHD records.
b. ≥ 95% of the time access to interpreter and translator services is available to any client in need; as evidenced by documented use of interpreters, language lines, available translated educational materials and documentation of appropriate referrals to other needed services.
c. 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 or provided in languages appropriate to the resident population(s).

2. Environmental Health and Safety

a. At least one (1) documented annual site visit by state/county 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.) will occur for the purpose of evaluating the general environment and living conditions.

3. Annual Program Assessment

a. Local health departments serving migrant populations will submit an annual program assessment to include:

1. number of camps/housing units visited over previous 12 months and findings,
2. estimated number of migrants per camp,
3. program assessment of ability to meet the goals/objectives outlined in # 1.and # 2. over previous 12 months, including any barriers identified,
4. brief summary of FY 2011 proposed plan for local migrant health, including available resources, local partners, identified needs and target date(s) for achievement of stated goals. **(submit to program monitor by 04/01/10)**

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

Migrant Health Program Monitor
Lien Nguyen
201 W. Preston St. Room 324
Baltimore Maryland 21201
NguyenL@dhmh.state.md.us
(phone) 410-767-5591
(fax) 410-669-4215

E. Refugee Resettlement Reimbursement Program

Health screening for refugees is reimbursed strictly on a fee-for-service basis. No funding awards are issued and DHMH 4542 submission is no longer required. A description of the revisions to this program and directions for accessing reimbursement funding are detailed in a June 2008 DHMH Health Officer Memorandum (HO # 40), *New reimbursement payment system for refugee health screening –FY09.*

This is a "fee for service" reimbursement program; any health department may be reimbursed for approved refugee screening services provided they submit an invoice. All invoices are reviewed and approved by the program prior to payment. Year end reconciliation is, however, required. Since Federal support for health screening of refugees is continuous and ongoing; local health departments must reconcile annual invoice submissions with actual reimbursements received at the end of each fiscal year.

Health departments are asked to use the standard DHMH 440 form and follow the instructions noted in Section I of this document for submitting the DHMH 440 - Annual Report – Year End Reconciliation.

Invoices and DHMH 440 documents may be submitted electronically, by mail or by secured fax to the program monitor:

Refugee Resettlement Reimbursement Program Monitor
Lien Nguyen
201 W. Preston St. Room 324
Baltimore Maryland 21201
NguyenL@dhmh.state.md.us
(phone) 410-767-5591
(fax) 410-669-4215

F. HIV/AIDS Programs

1. Tentative Allocations

The Infectious Disease & Environmental Health Administration (IDEHA) will send allocation letters around March 2010 for most HIV/AIDS programs. No funding for new programs is anticipated.

2. Program Proposals

- HIV Prevention projects must be consistent with priorities established by the HIV Prevention Community Planning Group (CPG).

- Please refer to the State Fiscal Year 2008 Allocation Plan for HIV Care Regional Services Priorities.

- When awards for continuing HIV prevention activities are consolidated, distinct program plans for each funded activity (e.g., Counseling, Testing and Referral, etc.) should be included as well as an overall plan.

- Specific HIV prevention program activities should be consistent with the needs addressed in the document "HIV Prevention Plan for the State of Maryland, Calendar Year 2010", and with the Calendar Year 2010 Cooperative Agreement Application for HIV prevention submitted by the Infectious Disease and Environmental Health Administration to the U.S. 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

- Health and support services for persons living with HIV infection must be consistent with priorities set by the Regional Advisory Committees and HRSA HIV/AIDS Bureau.

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 Infectious Disease and Environmental Health 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/default.htm

- Links to CDC guidelines for implementing HIV 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/nchhstp/partners/Recommendations.html

- The Center for AIDS Prevention Studies at the UCSF provides evidence-based summaries of the HIV prevention needs and recommended interventions for all risk populations.
  http://www.caps.ucsf.edu/pubs/FS

- The following resources are recommended for use in implementing HIV Prevention and Care service programs. Copies of these documents may also be obtained by calling the Infectious Disease and Environmental Health Administration's Resource Center at 410.767.5775.

    - **Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.** http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

    - 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. <u>Specific Guidelines for Categorical Awards for FY 2011 HIV/AIDS Program Description</u>

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.

(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
    Expanded HIV Testing
    HIV Partner 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 Infectious Disease and Environmental Health 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 2010 goals and objectives.

d. 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 HIV Prevention Programs:

a. List your FY 2011 priority goals and related objectives for each program identified. HIV Prevention awards, as previously stated, must be consistent with the "HIV Prevention Plan for the State of Maryland, Calendar Year 2010"and the Calendar Year 2010 Cooperative Agreement Application for HIV Prevention.

b. List implementation steps planned for each goal/objective.

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 Infectious Disease and Environmental Health Administration HIV Health Services Administrators.

D. Performance Measures

(1) HIV Prevention Performance Measures are required by CDC and include process and outcome variables related to risk reduction. The Infectious Disease and Environmental Health Administration provides required data collection, guidance and forms.

(2) HIV Care Services Performance Measures are required by HRSA and the Infectious Disease and Environmental Health Administration and can be found at: http://www.dhmh.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**

B. For the 2011 budget, submit job descriptions as well as a listing of all personnel funded by the Infectious Disease and Environmental Health 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, 2010**. 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 Infectious Disease and Environmental Health Administration HIV Health Services Administrators by June 4, 2010.

E. **All other budgets not funded by Ryan White Part B must be sent electronically** to the above e-mail address by **August 16, 2010**. 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
Infectious Disease and Environmental Health Administration
500 N. Calvert St., 5th Floor
Baltimore, MD 21202

F. Supplemental Funding

If the Infectious Disease and Environmental Health Administration receives new or expanded funding for HIV/AIDS programs 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 Infectious Disease and Environmental Health 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

services, early intervention (for seropositive follow-up and support), and related prevention activities.

Expanded HIV Testing Programs are programs conducted in areas of high HIV prevalence (Baltimore City and Prince George's County) that provide routine HIV testing in clinical settings, such as hospital urgent care departments and community health centers. Routine HIV testing is HIV testing that is offered to all patients between the ages of 13 and 64 as a routine part of medical care. Expanded HIV testing includes referral to prevention services for patients with identified high-risk behavior, and referral to HIV care services and HIV partner services for patients who are HIV positive.

HIV Partner Services (PS) 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).

II. Environmental Health

COLLECTION OF COMMON PERFORMANCE MEASURES FOR LHD ENVIRONMENTAL HEALTH PROGRAMS

Infectious Disease and Environmental Health Administration (continued)

As agreed to by the local environmental health directors in May, 2008, each local health department will submit common performance measures electronically as directed by the DHMH Office of Environmental Health Coordination. For FY 2011, figures are to be submitted quarterly according to the following schedule:

July 1 – September 30 due Oct 15, 2009
October 1 – December 31 due January 15, 2010
January 1 – March 31 due April 15, 2010
April1 – June 30 due July 15, 2010

Questions, contact:

Clifford S. Mitchell, MS, MD, MPH
Acting Assistant Director, Office of Environmental Health
and Food Protection
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Room 321
Baltimore, MD 21201
(410) 767-7438/Fax (410) 333-5995
CMitchell@dhmh.state.md.us

The common performance measures are:

Food Service Facilities • Number of Food Service Facility inspections completed and level of risk by percentage **for each quarter**	High _Q1 _____% Moderate_Q1 _____% Low_Q1 _____% High _Q2 _____% Moderate_Q2 _____% Low_Q2 _____% High _Q3 _____% Moderate_Q3 _____% Low_Q3 _____% High _Q4 _____% Moderate_Q4 _____% Low_Q4 _____%

Public Swimming Pools & Spas • Number of pools and spas permitted • Number of pool and spa inspections
On-Site Sewage Disposal Systems • Number of new on-site sewage disposal permits issued • Number of existing on-site sewage disposal systems repaired, replaced, or altered
Subdivisions • Number of new lots created served by an individual sewage disposal system
Well Construction • Number of Certificates of Potability issued • Percent of final Certificates of Potability issued with a water treatment device as a special condition

A detailed description of each measure follows:

Food Service Facilities:

Indicates the number of total inspections completed of food service facilities by a County or political subdivision. The percentage of completed inspections is based on the level of risk of the Food Service Facility (i.e. High, Moderate, Low) and the total number of routine inspections that are required on an annual basis, as mandated by COMAR 10.15.03.

Public Swimming Pools and Spas:

Indicates the number of public and semi-public swimming pools and spas permitted and the number of public and semi-public swimming pool and spa inspections completed by a County or political subdivision.

On-Site Sewage Disposal Systems:

Indicates the number of new construction, individual, on-site sewage disposal system permits issued by a County or political subdivision; and provides an indicator for the number of existing on-site sewage disposal systems that were repaired, replaced, or altered by a County or political subdivision.

Subdivisions:

Indicates the number of new lots or parcels created by a County or political subdivision with the use of an individual, on-site sewage disposal system.

Well Construction:

Indicates the number of Certificates of Potability issued by a County or political subdivision for new and replacement wells in meeting potability standards as required by COMAR 26.04.04. Provides an indicator of the number of final Certificates of Potability issued by a County or political subdivision for new and replacement wells approved with the use of a water treatment device as a special condition.

Data Collection
EH programs are welcome to submit additional program descriptions and goals as part of their overall submission for the local health department for CHA core programs. However, initially only the 5 core measures will be routinely collected on the new EH website. In this first year, DHMH will begin to collect data once the secure website is established and tested. All EH directors will be provided with a secure logon id and password. Data are to be entered quarterly; email prompts will be sent to EH directors to remind them to complete the online reports. In addition, the results for all jurisdictions will be displayed on a continuous basis on the site.

III. Core Public Health Funding

A. Overview of the Core Funding Program

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:

- Infectious 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**.

B. New for FY 2011 in the Core Funding Program

- Summary of Proposed Local Health Department Funding form – Form B has been standardized, see Appendix II for blank form
- Requirements for the Program Plan narrative have been reduced
- Vision, mission and goal statement has been updated

C. Core Funding Proposal Requirements

For the proposals due in the spring of 2010, the following documents are required from each local health department:

(1) ___ LHD Overview, Needs Assessment and Priorities

(2) ___ Completed budget files 4542s for State/ Federal Core funds (including performance measures)

(3) ___ Program Plans

(4) ___ Summary of Proposed Local Health Department Funding (Form B)

(5) ___ LHD Organizational chart

Please send all components electronically, according to INSTRUCTIONS FOR ELECTRONIC SUBMISSION outlined below in Section D by Monday May 10, 2010.

(1) 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:

(1-2 pages) 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.

(2-8 pages) 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.

(1-2 pages) 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.

(2) Completed 4542s for State/ Federal Core funds

(3) 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 2010

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.

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		

Infectious Disease and Environmental Health Administration (continued)

Other Local Funds
Collections
State/Other Grant Funds (other than DHMH)

Total Funding

Staffing/FTE's (including special payments)
State funded FTE's
County funded FTE's
Other

6. Program Director: _____ Telephone number: _____

New 7. Brief Program Description/ Update

List program highlights and summarize program activities. List program accomplishments from the previous fiscal year and significant challenges and/or opportunities anticipated in the next fiscal year.

New 8. Goals and Objectives

This section 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.

New 9. Action Plan

This section is a work plan for the coming year that justifies the allocated resources. It should describe the activities that will be used to accomplish goals and objectives.

New 10 Performance Measures

Performance measures should be directly related to the specific objectives stated in Section 8 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)?
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.

Please use the Final Performance Measures Reporting Sheet included in this document (**Appendix III**) to report performance measures. The column with the heading "FY 2011 Estimate **1**", is to be filled out and sent with FY2011 Core Proposal. The column with the heading "FY 2011 Actual **2**" is to be filled out and sent with Final Performance Measures Report September 2011. The reporting sheet (**Appendix III**) 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.

(4) Summary of Proposed Local Health Department Funding

Summary of Proposed Local Health Department Funding -- 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, 2010. **Appendix II** contains a blank form for the Summary of Proposed Local Health Department Funding – Form B. 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 2010 on the Department's website: at www.dhmh.state.md.us/forms/sf_gacct or contact Ginny Seyler at seylerv@dhmh.state.md.us .

(5) Organizational Chart

Please provide a basic organizational chart of the local health department (no names necessary).

D. End of Year Reporting

Performance measure reports containing the final figures are due after the end each fiscal year. Please wait until after the end of FY 2011, fill in the "FY 2011 Actual **2**" column of The Final Performance Measures Reporting Sheet (**Appendix III-A**) and **EMAIL** it by September 1, 2011 to CHACoreFunding@dhmh.state.md.us. A reminder (with the reporting document attached) will be sent to each LHD in the summer of 2011.

E. Instructions for Submission of Core Funding Proposal Package

The entire Core Funding Proposal is to be submitted electronically to the CHACoreFunding@dhmh.state.md.us email address. PLEASE INCLUDE THE NAME OF THE JURISDICTION **AND** THE CONTENTS IN THE SUBJECT LINE and list the attached components in the body of the email. The LHD Overview, Needs Assessment, Public Health Priorities and Organizational Chart may 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.

Send one email for each Program Plan (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.

The Summary of Proposed Local Health Department Funding (Form B) 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-5-11-09-FormB). It is very important to include the local funding ESTIMATES in the spreadsheet.

Send all components of the Core Funding proposals by the

DEADLINE: Monday, May 10, 2010 to the

CHACoreFunding MAILBOX:

E-mail: CHACoreFunding@dhmh.state.md.us

Core Funding Contact: Ginny Seyler, M.H.S.
Infectious Disease and Environmental Health Administration
201 W. Preston St., 3rd Floor
Baltimore, Maryland 21201
(410) 767-0982
Fax (410) 333-5995

Core Public Health Funding Program - Appendix I

1. Vision Statement

The Vision of the DHMH Core Public Health Funding Program is to oversee and participate in a high quality, effective public health system supported by State and local resources which supports prevention, provides protection, and promotes health for all Maryland citizens.

2. Mission Statement

The Mission of the DHMH Core Public Health Funding Program is to provide resources and technical assistance to allow each Maryland local health department to thrive and excel in providing the 10 essential public health services.

3. Goals

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

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal healthcare workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

Summary of Proposed Local Health Department Funding -- Appendix II

Attachment A / Form B

Original Budget (Y/N): _____

Modification: # _____

Core Funding - Appendix III-A

Department of Health and Mental Hygiene

Core Public Health Funding
Final Performance Measures Reporting Sheet

FY 2011

Local Health Department:

Project Title:

Award Number (PCA): F4 ____

Award period: July 1, 2010– June 30, 2011

Performance Measure	Actual FY 07	Actual FY 08	Actual FY 09	Estimate/ Actual FY 10	FY 2011 Estimate **1**	FY 2011 Actual **2**

1 To be filled out and sent with FY 2011 Core Proposal, May, 2010
2 To be filled out and sent with Final Performance Measures Report September, 2011

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END OF INFECTIOUS DISEASE AND ENVIRONMENTAL HEALTH ADMINTRATION

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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 FY04for 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

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OFFICE OF HEALTH SERVICES
HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION

FY 11- 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 staff whose duties are to assist the Department of Health and Mental Hygiene's central office staff in the proper and efficient day-to-day operation/administration of the Maryland Medicaid Program. This is accomplished by serving as a local resource for information and consultation for Medicaid and MCHP recipients in order to enhance their access to Medicaid services and by performing Ombudsman functions for Maryland's mandatory managed care program, HealthChoice, in accordance with CFR, sec. 438.400 and COMAR 10.09.72. To effectively carry out the duties specified within this grant, the grantee must establish and maintain good working relationships with Managed Care Organizations (MCOs) and Medicaid providers.

   In addition to the Ombudsman role, the grantee is required to carry out various other administrative activities including, but not limited to: increasing overall awareness of the Medicaid Program; informing Medicaid consumers and health care providers about the program; and performing other customer service and administrative functions as requested by the grantor. For example, the MCOs are required by COMAR to report to the local health department the names of individuals in specific special populations who have failed appointments or who have not followed through with their plan of care. The grantee then contacts those individuals to encourage proper use of Medicaid services.

3. **Requirements and Conditions:** Grantees must be part of the Maryland Department of Health and Mental Hygiene, which is the single state agency which operates the Maryland Medicaid Program. Grant funds must be used for the sole purpose of improving the effectiveness and efficiency of the Medicaid program. All activities and expenditures are subject to pre-approval by Medicaid's Division of Outreach and Care Coordination, the grantor. Grantees are subject to all the requirements and conditions set forth for the ACCU/Ombudsman in the Annual Conditions of Award, the Local Health Department Funding System Manual and OMB Circular A-87 June, 2004. This grant may not contain any other federal funds.

   The grantee must assure that 100% of the staff's time which is allocated to the ACCU/Ombudsman grant is spent entirely on Medicaid administrative duties. Grantees must demonstrate that they have sufficient internal control and quality measures to assure that activities performed under this grant are not a component of, nor could be construed

as, clinical services, direct medical services or targeted case management services. The grantee must also assure that the Medicaid activities performed are not duplicative of other services and initiatives that the local health department grantee is obligated to perform. If, at any time the grantee is uncertain as to whether an activity is appropriate under this grant, the grantor must be consulted promptly for a determination.

4. **Activities and Priorities**:

Priority # 1: Ombudsman Activities

The grantee shall give priority to referrals received from the Division of Outreach and Care Coordination's Complaint Resolution Unit (CRU). When the grantee is the initial point of contact regarding a HealthChoice provider or Medicaid recipient's complaint they shall immediately contact the CRU supervisor to discuss whether it is appropriate for them to handle the case. In accordance with CFR 438.400 and COMAR 10.09.72, the Ombudsman is required to take any or all of the following actions as appropriate:

(1) Attempt to resolve the dispute by reviewing the decisions with 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 CRU for a decision.

The Ombudsman must be capable of performing these functions face-to-face with the recipient, when necessary and upon request of the Medicaid Program or the recipient. A record of all contacts (failed and successful) with the recipient must be kept. The grantee must maintain confidentiality of client records and eligibility information in accordance with all federal, state, and local laws and regulations.

Priority #2: Recipient Customer Service

All referrals received directly from the Complaint Resolution Unit shall be given priority and be responded to within the timeframe specified in Operational requirements. The grantee shall prioritize other recipient customer service requests and activities, by population, as follows:

A. Pregnant and postpartum women
B. Newborns and children under age 2
C. Children with Special Health Care Needs
D. Children 2-21
E. Adults with special needs (as defined in HealthChoice regulations)

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Health/Choice& Acute Care Administration (continued)

F. Family Planning recipients

Medicaid and MCHP recipients are identified through various means, including but not limited to: local health service request forms; risk assessments; phone calls; MMIS reports, and requests from eligibility units, providers or recipients. The scope of the information provided to the recipient shall be limited to that which will enable the recipient to access covered Medicaid services in an appropriate, timely, and cost effective manner.

When contacting the recipient to facilitate effective coordination of Medicaid Services and to assist with the authorization process, the grantee is required to take any or all of the following actions as appropriate:

(1) Convey specific information to Medicaid clients/providers, as directed by the Enrollee Help Line, Provider Helpline, Complaint Resolution Unit and Programs Unit, or as appropriate if not specified;
(2) Explain the fee-for-service system and MCO enrollment process for new recipients;
(3) Reinforce how the managed care system works and how to work with the MCO and primary care provider;
(4) Direct Medicaid recipients back to their MCO for care coordination or case management;
(5) Reinforce the importance of timely follow-up especially when appointments or treatments have been missed;
(6) Inform recipients about EPSDT benefits and the importance of preventive health care, dental care, lead screening, and immunizations for children;
(7) Inform recipients about the availability of self-referred services such as the ability to maintain established prenatal care provider and out-of-network family planning services;
(8) Inform adults about the availability and importance of preventive services such as pap smears, mammograms, etc.

The grantee must be capable of performing these functions face-to-face with the recipient, when necessary and upon request of the Medicaid Program or the recipient. A record of all contacts (failed and successful) with the recipient must be kept. The grantee must maintain confidentiality of client records and eligibility information in accordance with all federal, state, and local laws and regulations.

Priority #3: Increase Awareness of Medicaid and MCHP Eligibility and Programs

The grantee shall conduct general informational sessions (individual and group) for potential Medicaid recipients and providers. The scope of these presentations must be

Health/Choice& Acute Care Administration (continued)

limited to topics directly related to Medicaid eligibility policies, procedures, and programs, including but not limited to Medicaid, MCHP, Families and Children, PAC, Maryland Family Planning Program, and HealthChoice. The grantee may assist potential Medicaid providers with the provider enrollment process. The grantee may also assist individuals and families in completing Medicaid and MCHP applications. Collectively, these activities should not exceed more than 10% of each staff person's time and activities.

Note: A separate Medicaid grant is awarded to each local health department for eligibility determinations. Staff time allocated to this grant is not intended for the purpose of conducting actual eligibility work.

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 the 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 CRUs and MCOs and designating a staff member to serve as the day to-day link with MCOs;
(5) Within 10 business days of receipt of written referral from the CRU, MCO or MCO provider, make a determination about whether the case will be acted upon and inform the CRU or MCO if the LHD is not going to act on the case;
(6) Within 15 business 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, CRU or referral source regarding successful and unsuccessful contact to date with the recipient;
(8) Grantees must assure that the Ombudsman respond back to the CRU by the response date determined by the CRU or within 30 days, whichever is less;

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(9) Ensure staff are available for meetings, updates and site visits at the request of the grantor;
(10) Train other LHD staff to assure they have a working understanding of federal and State Medicaid Program's regulations and requirements and that they are knowledgeable about Medicaid fee-for-services programs and MCO-covered services, including the recipients' right to go out-of-plan for certain self-referred services;
(11) Provide information to external organizations and agencies concerning Medicaid programs and services;
(12) Provide information to recipients about the State Fair Hearing and MCO Appeal and Grievance Process;
(13) 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; an
(14) Refer MA recipients to the LHD MA Transportation provider as needed to access needed Medical care services;
(15) Provide assistance for special projects when requested by the Program.

6. **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 provide information to the MCOs, hospitals and Medicaid providers. Include a description of service locations and hours 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 information, for MA/HealthChoice populations, with specifics that address face-to-face contacts; differing roles between the staff, provide information for MCOs and providers, the Department and other Medicaid partners; methods for prioritizing ACCU/Ombudsman functions, activities; the

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ACCU/Ombudsman protocols for contact, care coordination and information; the type and number of Medicaid activities that will be planned. The Plan must be culturally sensitive, family oriented and Medicaid 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"** ---- **S**pecific, Measurable, **A**ttainable, **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 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.

7. 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;

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(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 Activities Awareness 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.

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 package. **Personnel costs will be approved only for staff who are directly performing, supporting, or directly supervising these functions.** In addition to the local health department budget package and Program Plan, submit the following:

(1) Activities by projected FTE and Salary (Attachment A, dated 8/04)
(2) Organizational charts:
- LHD Organizational Chart (s)
- ACCU/Ombudsman Unit Chart

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

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

Any other forms as requested by the Department and/or the Centers for Medicare and Medicaid

The program plan and budget should be submitted no later than May 15, 2009 to:

Ms. Marian Pierce
Division of Outreach and Care Coordination
E-mail Address: PierceM@dhmh.state.md.us
Phone: (410) 767- 6111

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Administrative Care Coordination-Ombudsman
Program Plan

1. Jurisdiction:_____

2. Fiscal Year: FY 2011

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 8/09
* Organizational Chart(s)

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Administrative Care Coordination/Ombudsman (F730N) Attachment A

Activities by Projected FTE and Salary

FY 2011

County:_____ Completed By:_____ Date:_____		ACCU/Ombudsman Care Coordination*								Awareness Activities**		Total
		Assistance For MA Helplines/CRU Request/Referrals		Assistance For MA-eligible & potentially eligible pregnant and postpartum women		Assistance For MA Recipients in all categories		Assistance For MA Providers/MCO		Medicaid Programs MA/MCHP HealthChoice: Families and Children, PAC, Family Planning		
Total Salaries & Special Payments [1]												
Name of Person	**Job Title**	%	Salary	%	Salary	%	Salary	%	Salary	%	Salary	
Total Salaries and Special Payments												

[1] List only staff funded in project F730N.

Note: Allocate Administrative and support staff salaries to the appropriate activities.

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* 90% of Activities must be focused in ACCU/Ombudsman Care Coordination

**Only 10% of Activities will be focused on outreach to potential MA/MCHP children and pregnant women

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OFFICE OF HEALTH SERVICES
HEALTH/CHOICE AND ACUTE CARE ADMINISTRATION

FY 10 – INSTRUCTIONS FOR THE PREPARATION OF NARRATIVE AND BUDGET

Healthy Start Grant (F564N)

1. **Allocation:** To be determined.

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, and OMB Circular No. A-87, June 2004.

   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.

4. **Program Priorities and Operations:** Maryland's infant mortality rate remains high. The number of low birth weight infants has increased over the past five years. Therefore, the Office of Health Service's, HealthChoice and Acute Care Administration, will allocate the amount of money to each local health department to carry out certain Medicaid administrative activities 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.

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Health/Choice& Acute Care Administration (continued)

Staff can also encourage family planning and preconceptual 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) Contact with Medicaid eligible women to encourage awareness and utilization of family planning services, as well as early identification and linkage to MA eligibility and preconceptual 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 information and 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;
- 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;

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Health/Choice& Acute Care Administration (continued)

- Provide a family-focused, problem solving approach to assist Medicaid women and children in accessing Medical Assistance services; and
- Provide awareness activities to Medicaid women and Medicaid women in the family planning program unless the LHD can demonstrate that these awareness activities are being adequately performed by staff in another Federal or Medical Assistance grant.

5. <u>Operational Requirements</u>

- 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.

<u>Program Proposal Format</u>: Follow the outline provided with these instructions.
Each program plan should not exceed five pages, excluding performance measures.

6. The **<u>Internal/External Assessment</u>** 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 **<u>goals and objectives</u>** 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.

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Health/Choice& Acute Care Administration (continued)

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 information; 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.

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.

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Health/Choice& Acute Care Administration (continued)

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 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, 2009 to

Ann Price
Division of Outreach and Care Coordination
APrice@dhmh.state.md.us
410-767-611

Healthy Start (F564N) **Attachn**

Activities by Projected FTE and Salary

FY 2011

County:_____

Completed By:_____

Date:_____

Total Salaries & Special Payments [1]		Healthy Start Care Coordination							
		Prenatal Care Coordination Minimum 40%		**Postpartum Care Coordination Minimum 10%**		**High Risk Children Under 2 yrs Minimum 20%**		**Family Plan Waiver Prog Maximum 1**	
Name of Person	**Job Title**	%	Salary	%	Salary	%	Salary	%	Sala
Total Salaries and Special Payments									

[1] List only staff funded in project F564N.

Note: Allocate Administrative and support staff salaries to the appropriate activities.

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OFFICE OF HEALTH SERVICES
LONG TERM CARE & COMMUNITY SUPPORT SERVICES ADMINISTRATION
ADULT DAY CARE HUMAN SERVICE AGREEMENT
FY 2011 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, 2010 and should be submitted with your FY 2011 proposal.

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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:

Form	Frequency	Due Date
1. Budget (DHMH 4542A-M)	yearly	prior to fiscal year as directed
2. Statistical Report Form	quarterly	10TH of month following close of quarter
3. Budget Modification	as needed	April-date specified by (DHMH 4542) 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

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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 2011. (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			

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III. PROCESS OBJECTIVES AND IMPLEMENTATION STEPS

In this year's proposal, eight process objectives are stated (A-H). In FY 2011 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 <u>Social Services</u>

- 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 <u>Medical and Nursing Services</u>

- 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 2011. If policies have not been completed, describe specific goals and anticipated completion

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.

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

A-6 Evaluation

- A requirement of the FY 2011 agreement is that you have a plan 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 2010 and any changes which may have occurred as a result of the evaluation.

* • Describe a specific study or area to be evaluated in FY 2011.

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 2010 (e.g. 2 program assistants attended (MAADS Activity Workshop.)

- What are the plans for staff continuing education this FY 2011?

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

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?

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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 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.

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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 2011 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@dhmh.state.md.us.

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

Both should be received in this office by Friday, April 30, 2010.

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

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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.

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Office of Health Services Long Term Care Services (continued)

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: PimentelM@dhmh,state.md.us

Due Date May 7, 2010: 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:

Myrna Pimentel, Acting Chief
Division of Evaluation and Quality Review
Office of Health Services
201 West Preston Street, (Room 119-B)
Baltimore, Maryland 21201

E-mail address: PimentelM@dhmh.state.md.us

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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							
GRAND TOTAL							

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							
PAS Sub-Total							
# of RR/MI # of RR/DD # of RR/ DUAL							
RR Sub-Total							
Total							

Table III

Case Management	Total
# of M.A. Clients # of Non-M.A. Clients	
Average Monthly Caseload	

NOTE: Please complete the above tables for FY2010 actuals, FY2010 actuals year-to-date (indicate date), and FY2011 projections.

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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 three separate programs:

Transportation Grants -- (COMAR 10.09.19),
Ambulance Services Program -- (COMAR 10.09.13), and the
Emergency Service Transporters Program -- (COMAR 10.09.31)

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Office of Health Services Transportation Grants Program (continued)

Only Medicare primary, Medicaid secondary ambulance services are covered under COMAR 10.09.13, Ambulance Services. 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

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Office of Health Services Transportation Grants Program (continued)

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.

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Office of Health Services Transportation Grants Program (continued)

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 <u>not</u> 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.

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Office of Health Services Transportation Grants Program (continued)

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.

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Office of Health Services Transportation Grants Program (continued)

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

`

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 (continued)

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@dhmh.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, 1st 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.

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Office of Health Services Transportation Grants Program (continued)

Fiscal Year: 2011

_____County Health Department
Medicaid Transportation Grants Program

Project Code: F738N

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 (continued)

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,

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Office of Health Services Transportation Grants Program (continued)

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).

County or Subdivision										
					# Recipients Using Service*		Number of Trips		Mileage	
Services Provided	Yes	No	Current Reimbursement Rate	Date Last Adjusted	FY09	FY10 Through 12/31/09	FY09	FY10 Through 12/31/09	FY09	FY10 Through 12/31/09
Ambulance-BLS										
Ambulance-ALS										
Ambulance - Specialty Care										
Ambulance - Neonatal Transport										
Air Ambulance			$2,300 + $30.00/air mile							
Total Ambulance							0	0	0	0
Wheelchair Van										
Ambulatory Van Service										
Taxicab/Sedan										
Bus Passes										
Gasoline Vouchers										
Other Ambulatory										
Total Ambulatory							0	0	0	0
TOTAL FOR COUNTY					0	0	0	0	0	0
Additional Comments:										

*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.

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*

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OFICE 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 Eligibility Services, 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

Office of Eligibility Services (continued)

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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, Families and Children (FAC), 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

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Office of Eligibility Services (continued)

- 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.

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Office of Eligibility Services (continued)

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 **mandatory** annual statistical report summarizing the preceding fiscal year, by **August 31st**, 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

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Office of Eligibility Services (continued)

Submit program plan and electronic budget package by May 21, 2010 to:

Alonzo Robinson, Division Chief
Yvonne Howell, Program Specialist
Maryland Children's Health Program Division
201 W. Preston Street, Room SS10
Baltimore, Maryland 21201
Phone: 410-767-3641 or 410-767-1473; FAX: 410-333-5361
E-Mail: RobinsonA@dhmh.state.md.us
E-Mail : YHowell@dhmh.state.md.us

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Medical Care Programs, Office of Eligibility Services
Maryland Children's Health Program Eligibility Determination
Program Plan

1. **Jurisdiction: _____**

2. **Fiscal Year: 2011**

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**
- FTE Chart

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Office of Eligibility Services (continued)

County:_____

Completed By:_____
Date:_____

MCHP Eligibility Program (731N)
Activities by Projected FTE and Salary
FY2011

Total Salaries & Special Payments *			Direct Eligibility Case Work		Program Administration & Supervision		Additional Follow-Up on Applications		MCHP Outreach		Total
Name of Person	Job Title (Classification) with grade/step**	% of FTE Funded in Project F731N	%	Salary	%	Salary	%	Salary	%	Salary	
Total Salaries and Special Payments											

*List only staff funded in Project F731N.
**Proposed FY2011 classification and grade level.

END OF OFFICE OF ELIGIBILITY SERVICES

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Guidance for Fiscal Year 2011 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 2011.

C. For complete details on the goals, tasks, target capabilities and performance measures of the Public Health Emergency Preparedness 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, 2010 – August 9, 2011. Local health departments will receive two separate awards in SFY 2011. One will be for the period July 1, 2010 - August 9, 2010 and the other for the period August 10, 2010 – June 30, 2011. **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.**

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, 2010 – August 9, 2011.

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Public Health & Emergency Preparedness (continued)

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 Appendices II and III.

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, 2010 and June 30, 2011, however separate budgets must be submitted for the periods July 1, 2010 -August 9, 2010 and August 10, 2010 - June 30, 2011.

In FY2011, the focus is on continued and expanded, where warranted, implementation of the Local and Regional Public Health Preparedness and Response for public health emergency efforts. For FY2011 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 (continued)

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:
   a. the purpose,
   b. 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
   c. how this project relates to the overall preparedness effort of the LHD
   d. how this project fulfills the listed CDC goals/performance measures.

PD2. If this is a continuing project, from the previous year (FY2010), 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:

1. For contracted items and other procured services, provide the following details:
   - For Contracts:
     a) **Name** of vendor and indicate whether proposed contract is with an institution or organization.
     b) **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.
     c) **Period of performance**: specify dates (start and end) of contract.
     d) **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.

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Public Health & Emergency Preparedness (continued)

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 **cities readiness initiative grant funding cannot** be used for the following:

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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-III). 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 OP&R or one of the relevant consultants listed in Appendix IV.
5. **Supplantation avoidance-**Information submitted with FY2011 budget request should be kept current. If there have been no changes in the job descriptions approved for the FY2011 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 FY2011 proposals has been approved you are NOT allowed to move funds between ***line items*** without prior approval (and a deadline for those type of FY2011 modifications will be announced in early 2010).
7. **FY2011 close-out/completion of DPCA 440** – the same procedure used for FY 2010 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.

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c) All reported expenditures are to be consistent with those included in your approved FY2011 budgets. All funds must be obligated by August 9, 2011.

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, 2010,*** 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 FY2011.

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, 2010 and February 16, 2011. Detailed guidance for these reports will be distributed at least one month prior to each of these dates.

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Public Health & Emergency Preparedness (continued)

Appendix I **Transmittal Checklist**

DATE: _____

FROM: Local Health Department _____

RE: **FY 2011 Public Health Emergency Preparedness Funding Request**

**$$$

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Public Health & Emergency Preparedness (continued)

Appendix II

CDC Emergency Preparedness Goals

Goal	**Target Capability**
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

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Appendix III

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

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Public Health & Emergency Preparedness (continued)

APPENDIX IV

Consultants for Local FY2011 Public Health Emergency Preparedness Funding Request

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END OF PUBLIC HEALTH & EMERGENCY PREPAREDNESS