



GENERAL GOVERNMENT AND HEALTH AND HUMAN SERVICES COMMITTEE MEETING AGENDA

October 3, 2022, 6:00 p.m.

Board of Commissioners Meeting Location

304 E. Grand River Ave., Board Chambers, Howell, Michigan

Zoom Virtual Meeting ID: 399-700-0062 / Password: LCBOC

<https://us02web.zoom.us/j/3997000062>

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1. CALL TO ORDER	
2. ROLL CALL	
3. APPROVAL OF MINUTES	
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5. REPORTS	
6. CALL TO THE PUBLIC	
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Resolution Urging the Michigan Legislature to Amend the No-Fault Insurance Reform Act	
8. ADJOURNMENT	

**GENERAL GOVERNMENT AND
HEALTH & HUMAN SERVICES COMMITTEE
MEETING MINUTES**



September 6, 2022, 6:00 p.m.
Board of Commissioners Meeting Location
304 E. Grand River Ave., Board Chambers, Howell, Michigan
Zoom Virtual Meeting ID: 399-700-0062 / Password: LCBOC
<https://us02web.zoom.us/j/3997000062>

Members Present: Jay Gross, Carol Sue Reader, Douglas Helzerman

Members Absent: Carol S. Griffith

1. CALL TO ORDER

The meeting was called to order by Commissioner Gross at 6:00 p.m.

2. ROLL CALL

Roll call by the recording secretary indicated the presence of a quorum.

3. APPROVAL OF MINUTES

3.1 Minutes of meeting dated: August 1, 2022

Motion to approve the Minutes as presented.

It was moved by D. Helzerman

Seconded by Carol Sue Reader

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

4. APPROVAL OF AGENDA

Motion to approve the Agenda as presented.

It was moved by C. Reader

Seconded by Douglas Helzerman

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

5. REPORTS

Comm. Jay Gross - This Thursday, September 8, 2022, is grand opening of Veterans Services Department.

6. CALL TO THE PUBLIC

None.

7. RESOLUTIONS FOR CONSIDERATION

7.1 Airport

Resolution Authorizing an Amendment to the 2022 Airport Operating Budget Due to the Increased Cost of Fuel

Recommend motion to the Board of Commissioners.

Moved by: D. Helzerman

Seconded by: Carol Sue Reader

Mark Johnson, Airport Manager, presented the resolution and answered questions from committee members.

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

7.2 Facility Services

Resolution Authorizing Granting an Easement to DTE

Recommend motion to the Board of Commissioners.

Moved by: D. Helzerman

Seconded by: Carol Sue Reader

Kevin Eggleston, Facility Services Director-to-Be, presented the resolution and answered questions from committee members.

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

7.3 Veteran Services

Resolution Authorizing the Reorganization of a Veteran Benefits Counselor Position

Recommend motion to the Board of Commissioners.

Moved by: D. Helzerman

Seconded by: Carol Sue Reader

Veterans Services Director, Ramon Baca, presented the resolution and answered questions from committee members.

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

7.4 Car Pool

Resolution Amending Resolution 2022-07-099 Authorizing FY 2023 Vehicle Replacements Leased through the County's Partnership with Enterprise Fleet Management

Recommend motion to the Board of Commissioners.

Moved by: C. Reader

Seconded by: Douglas Helzerman

Greg Kellogg, Car Pool Director, presented the resolution and answered questions from committee members.

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

7.5 Car Pool

Resolution Authorizing an Increase in Total Authorized Vehicles for the Sheriff's Office Field Services Division for Additional Deputies

Recommend motion to the Board of Commissioners.

Moved by: D. Helzerman

Seconded by: Carol Sue Reader

Greg Kellogg, Car Pool Director, presented the resolution and answered questions from committee members.

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

7.6 L.E.T.S.

Resolution to Accept Funding from Trinity Health, Ascension Providence, and Michigan Medicine to Support the Healthcare Transportation Collaborative Service

Recommend motion to the Board of Commissioners.

Moved by: C. Reader

Seconded by: Douglas Helzerman

Greg Kellogg, LETS Director, presented the resolution and answered questions from committee members.

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

7.7 L.E.T.S.

Resolution Authorizing Sub-Recipient Agreement for Transportation Services between Livingston County (LETS) and People's Express of Whitmore Lake for FY 2023

Recommend motion to the Board of Commissioners.

Moved by: C. Reader

Seconded by: Douglas Helzerman

LETS Director, Greg Kellogg, presented the resolution and answered questions from committee members.

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

7.8 L.E.T.S.

Resolution Amending Resolution 2021-03-033 Authorizing Revised Capital Expenditure for the Purchase of Six Replacement Buses

Recommend motion to the Board of Commissioners.

Moved by: C. Reader

Seconded by: Douglas Helzerman

Greg Kellogg, LETS Director, presented the resolution and answered questions from committee members.

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)

8. ADJOURNMENT

Motion to adjourn the meeting at 6:57 pm.


It was moved by D. Helzerman

Seconded by Carol Sue Reader

Yes (3): J. Gross, C. Reader, and D. Helzerman

Absent (1): C. Griffith

Motion Carried (3 to 0)



Carol Sue Jonckheere, Recording Secretary

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution to Accept Michigan Department of Health and Human Services Funding to Support Livingston County Health Department's Response to Emerging Threats – Health Department

WHEREAS, Michigan Department of Health and Human Services (MDHHS) has received federal funding to provide local health departments with capacity to respond to communicable diseases and environmental emergencies (Emerging Threats); and

WHEREAS, Livingston County Health Department is being awarded \$1,695,972 beginning October 1, 2022 – September 30, 2023 by MDHHS to fund activities in Emerging Threat support and response in the following projects

Epi Lab Capacity	\$ 606,095
Workforce Development	\$ 172,607
Immunizations	\$ 917,270
TOTAL	\$ 1,695,972

WHEREAS, the Michigan Department of Health and Human Services funding is designed to be flexible to allow Local Health Departments to respond to emergency threats in our community and allow for a timely reimbursement for training, equipment and staff resources; and

WHEREAS, the response activities will continue to align with the parameters set forth in Resolution 2021-09-156; and

WHEREAS, the Michigan Department of Health and Human Services may propose future amendments for the purpose of revising the funding or terms of the agreement; and

WHEREAS, this award will be included in a separate 2023 Agreement, available through the state reporting site E-Grams; similar to our 2023 Comprehensive Agreement.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby authorize an agreement with Michigan Department of Health and Human Services to respond to communicable diseases and environmental emergencies in Livingston County, through September 30, 2023, upon review of civil counsel.

BE IT FURTHER RESOLVED that \$1,695,972 be allocated to expenditures in Health Fund 221 in State Fiscal Year 2023 to support the provisions of the Agreement authorized herein.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners hereby authorize the Health Officer to electronically sign this agreement, and any future amendments for monetary and contract language adjustments of the above-referenced Agreement upon

review and approval by Civil Counsel, only as far as such contract language adjustments do not change the scope of the existing agreement.

BE IT FURTHER RESOLVED that the Board of Commissioners authorize any budget amendment to effectuate the above.

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MOVED:

SECONDED:

CARRIED:



LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102
Howell, Michigan 48843-7578

www.lchd.org

PERSONAL/PREVENTIVE HEALTH SERVICES

P: (517) 546-9850
F: (517) 546-6995

ENVIRONMENTAL HEALTH SERVICES

P: (517) 546-9858
F: (517) 546-9853

September 23, 2022

To: Livingston County Board of Commissioners

From: Matt Bolang

Re: Resolution to accept Emerging Threat funds from MDHHS for fiscal year 2023

The attached resolution allows for an updated agreement with the Michigan Department of Health and Human Services (MDHHS) to provide Livingston County Health Department (LCHD) with the capacity to respond to communicable diseases and environmental emergencies (Emerging Threats). The funding mechanism with this contract is flexible depending on the Emerging Threat. For example, we can use this funding source for any necessary response to Monkeypox as well as Tuberculosis testing and monitoring. We may also use this funding when needed in potential future responses to environmental contamination events such as PFAS, Lead, TCE, etc. This funding continues to allow for the response to COVID-19, with funding directed to approved activities as specified in Resolution 2021-09-156. This contract and associated funding is vital to maintaining our level of services to Livingston County residents and to keep them safe.

This funding may be used to reimburse the county for services covered in the agreement, primarily staffing, communications, IT costs, and supplies needed for further Emerging Threat support. The LCHD 2023 allocation of funding for these efforts is \$1,695,972; the breakdown of projects is as follows:

Epi Lab Capacity	\$ 606,095
Workforce Development	\$ 172,607
Immunizations	\$ 917,270
TOTAL	\$ 1,695,972

It is important to note that MDHHS has expanded the allowable expenses and response activities in this contract, specifically in the Epi Lab Capacity project. This includes the training of staff to respond to a wide variety of communicable diseases. Allowable response activities also include supporting general infection control measures and assisting in our congregate settings, which include nursing homes and long-term care facilities, keeping our senior population safe and preventing disease outbreaks. MDHHS also included a Workforce Development funding source that allows for a more robust training of staff to meet public health needs and overall planning for health departments to maintain and retain staff going forward to be able to meet future demands.

These expenses will be reported in the state's reporting website E-Grams, the same as it is done for the projects in LCHD's comprehensive agreement. As other Emerging Threats are identified, and LCHD incurs costs, MDHHS can use this contract as a mechanism for reimbursement.

I urge you to accept these funds and approve this contract from MDHHS. Please do not hesitate to contact me should you have any questions.

Agreement Between
Michigan Department of Health and Human Services
hereinafter referred to as the "Department"
and
Livingston County Board of Commissioners
hereinafter referred to as the "Local Governing Entity"
on Behalf of Health Department
Livingston County Department of Public Health
2300 E. Grand River Ave., Suite 102
Howell MI 48843 7578
Federal I.D.#: 38-6005819, Unique Entity Identifier: KKVDAK6JGJ96
hereinafter referred to as the "Grantee"
for
The Delivery of Public Health Services under
the Local Health Department Agreement

Part 1

1. Purpose

This Agreement is entered into for the purpose of setting forth a joint and cooperative Grantee/Department relationship and basis for facilitating the delivery of public health services to the citizens of Michigan under their jurisdiction, as described in the attached Annual Budget, established Minimum Program Requirements, and all other applicable federal, state and local laws and regulations pertaining to the Grantee and the Department. Public health services to be delivered under this Agreement include Essential Local Public Health Services (ELPHS) and Categorical Programs as specified in the attachments to this Agreement.

2. Period of Agreement

This Agreement will commence on the date of the Grantee's signature or October 1, 2022, whichever is later, and continue through September 30, 2023. Throughout the Agreement, the date of the Grantee's signature or October 1, 2022, whichever is later, will be referred to as the start date. This Agreement is in full force and effect for the period specified.

3. Program Budget and Agreement Amount

A. Agreement Amount

In accordance with Attachment IV - Funding/Reimbursement Matrix, the total State budget and amount committed for this period for the program elements covered by this Agreement is \$1,695,972.00.

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this Agreement must be listed in the supporting Equipment Inventory Schedule which should be attached to the Final Financial Status Report. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 will vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Budget Transfers and Adjustments

1. Transfers between categories within any program element budget supported in whole or in part by state/federal categorical sources of funding will be limited to increases in an expenditure budget category by \$10,000 or 15% whichever is greater. This transfer authority does not authorize purchase of additional equipment items or new subcontracts with state/federal categorical funds without prior written approval of the Department.
2. Except as otherwise provided, any transfers or adjustments involving state/federal categorical funds, other than those covered by C.1, including any related adjustment to the total state amount of the budget, must be made in writing through a formal amendment executed by all parties to this Agreement in accordance with Section IX. A. of Part 2.
3. The C.1 and C.2 provisions authorizing transfers or changes in local funds apply also to the Family Planning program, provided statewide local maintenance of effort is not diminished in total.

Any statewide diminishing of total local effort for family planning and/or any related funding penalty experienced by the Department will be recovered proportionately from each local Grantee that, during the course of the Agreement period, chose to reduce or transfer local funds from the Family Planning program.

4. Agreement Attachments

- A. The following documents are attachments to this Agreement Part 1 and Part 2 - General Provisions, which are part of this Agreement:
1. Attachment I - Annual Budget
 2. Attachment III - Program Specific Assurances and Requirements
 3. Attachment IV - Funding/Reimbursement Matrix

5. **Statement of Work**

The Grantee agrees to undertake, perform and complete the activities described in Attachment III - Program Specific Assurances and Requirements and the other applicable attachments to this Agreement which are part of this Agreement.

6. **Financial Requirements**

The financial requirements must be followed as described in Part 2 and Attachment I - Annual Budget and Attachment IV - Funding/Reimbursement Matrix, which are part of this Agreement.

7. **Performance/Progress Report Requirements**

The progress reporting methods, as applicable, must be followed as described in part 2 and Attachment III, Program Specific Assurances and Requirements, which are part of this Agreement.

8. **General Provisions**

The Grantee agrees to comply with the General Provisions outlined in Part 2, which is part of this Agreement.

9. **Administration of the Agreement**

The person acting for the Department in administering this Agreement (hereinafter referred to as the Contract Consultant) is:

Name: Carissa Reece
Title: Department Analyst
E-Mail Address ReeceC@michigan.gov

The financial contact acting on behalf of the Grantee for this Agreement is:

Barton Maas Financial Officer

Name	Title
bmaas@livgov.com	(517) 552-6805

E-Mail Address	Telephone No.
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10. Special Conditions

- A. This Agreement is valid upon approval and execution by the Department which may be contingent upon approval by the State Administrative Board and signature by the Grantee.
- B. This Agreement is conditionally approved subject to and contingent upon availability of funding and other applicable conditions.
- C. Based on the availability of funding, the Department may specify the amount of funding the Grantee may expend during a specific time period within the Agreement Period.
- D. The Department has the option to assume no responsibility or liability for costs incurred by the Grantee prior to the start date of this Agreement.
- E. The Grantee is required by 2004 PA 533 to receive payments by electronic funds transfer.

11. Special Certification

The individual or officer signing this Agreement certifies by their signature that they are authorized to sign this Agreement on behalf of the responsible governing board, official or Grantee.

12. Signature Section

For Livingston County Department of Public Health

Dianne McCormick

Health Officer

Name

Title

For the Michigan Department of Health and Human Services

Christine H. Sanches

09/06/2022

Christine H. Sanches, Director
Bureau of Grants and Purchasing

Date

Part 2

General Provisions

I. Responsibilities - Grantee

The Grantee, in accordance with the general purposes and objectives of this Agreement, must:

A. Publication Rights

1. Copyright materials only when the Grantee exclusively develops books, films or other such copyrightable materials through activities supported by this Agreement. The copyrighted materials cannot include recipient information or personal identification data. Grantee provides the Department a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials copyrighted by the Grantee and authorizes others to reproduce and use such materials.
2. Obtain prior written authorization from the Department's Office of Communications for any materials copyrighted by the Grantee or modifications bearing acknowledgment of the Department's name prior to reproduction and use of such materials. The state of Michigan may modify the material copyrighted by the Grantee and may combine it with other copyrightable intellectual property to form a derivative work. The state of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this Agreement to the Grantee. If the Grantee ceases to conduct business for any reason or ceases to support the copyrightable materials developed under this Agreement, the state of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Grantee has.
3. Obtain written authorization, at least 14 days in advance, from the Department's Office of Communications and give recognition to the Department in any and all publications, papers and presentations arising from the Agreement activities.
4. Notify the Department's Bureau of Grants and Purchasing 30 days before applying to register a copyright with the U.S. Copyright Office. The Grantee must submit an annual report for all copyrighted materials developed by the Grantee through activities supported by this Agreement and must submit a final invention statement and certification within 60 days of the end of the Agreement period.
5. Not make any media releases related to this Agreement, without prior written authorization from the Department's Office of Communications.

B. Fees

1. Guarantee that any claims made to the Department under this Agreement will not be financed by any sources other than the Department under the terms of this Agreement. If funding is received

through any other source, the Grantee agrees to budget the additional source of funds and reflect the source of funding on the Financial Status Report.

2. Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report those collections on the Financial Status Report. Any under recoveries of otherwise available fees resulting from failure to bill for eligible activities will be excluded from reimbursable expenditures.

C. Grant Program Operation

Provide the necessary administrative, professional and technical staff for operation of the grant program. The Grantee must obtain and maintain all necessary licenses, permits or other authorizations necessary for the performance of this Agreement.

Use an accounting system that can identify and account for the funds received from each separate grant, regardless of funding source, and assure that grant funds are not commingled.

D. Reporting

Utilize all report forms and reporting formats required by the Department at the start date of this Agreement and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

E. Record Maintenance/Retention

Maintain adequate program and fiscal records and files, including source documentation, to support program activities and all expenditures made under the terms of this Agreement, as required. The Grantee must assure that all terms of the Agreement will be appropriately adhered to and that records and detailed documentation for the grant project or grant program identified in this Agreement will be maintained for a period of not less than four years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved. This section applies to the Grantee, any parent, affiliate, or subsidiary organization of the Grantee and any subcontractor that performs activities in connection with this Agreement.

F. Authorized Access

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Inspector General, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, papers, files, documentation and personnel related to this Agreement, to the extent authorized by applicable state or federal law, rule or regulation.
2. Acknowledge the rights of access in this section are not limited to the required retention period. The rights of access will last as long as the

records are retained.

3. Cooperate and provide reasonable assistance to authorized representatives of the Department and others when those individuals have access to the Grantee's grant records.

G. Audits

1. Single Audit

The Grantee must submit to the Department a Single Audit consistent with the regulations set forth in Title 2 Code of Federal Regulations (CFR) Part 200, Subpart F. The Single Audit reporting package must include all components described in Title 2 Code of Federal Regulations, Section 200.512 (c) including a Corrective Action Plan, and management letter (if one is issued) with a response to the Department. The Grantee must assure that the Schedule of Expenditures of Federal Awards includes expenditures for all federally-funded grants.

2. Other Audits

The Department or federal agencies may also conduct or arrange for agreed upon procedures or additional audits to meet their needs.

3. Due Date and Where to Send

The required audit and any other required submissions (i.e., corrective action plan, and management letter with a corrective action plan), and/or Audit Exemption Notice must be submitted to the Department within nine months after the end of the Grantee's fiscal year by e-mail at, MDHHS-AuditReports@michigan.gov. Single Audit reports must be submitted simultaneously to the Department and Federal Audit Clearinghouse, in accordance with 2 CFR 200.512(a). The required submission must be assembled as one document in a PDF file and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

4. Penalty

a. Delinquent Single Audit or Financial Related Audit

If the Grantee does not submit the required Single Audit reporting package, management letter (if one is issued) with a response, and Corrective Action Plan within nine months after the end of the Grantee's fiscal year and an extension has not been approved by the cognizant or oversight agency for audit, the Department may withhold from the current funding an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount

withheld if the Grantee is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit. The Department may terminate the current grant if the Grantee is more than 180 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit.

b. Delinquent Audit Exemption Notice

Failure to submit the Audit Exemption Notice, when required, may result in withholding payment from Department to Grantee an amount equal to one percent of the audit year's grant funding until the Audit Exemption Notice is received.

H. Subrecipient/Contractor Monitoring

1. When passing federal funds through to a subrecipient (if the Agreement does not prohibit the passing of federal funds through to a subrecipient), the Grantee must:
 - a. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information required by 2 CFR 200.332.
 - b. Ensure the subrecipient complies with all the requirements of this Agreement.
 - c. Evaluate each subrecipient's risk for noncompliance as required by 2 CFR 200.332(b).
 - d. Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations and the terms and conditions of the subawards; that subaward performance goals are achieved; and that all monitoring requirements of 2 CFR 200.332(d) are met including reviewing financial and programmatic reports, following up on corrective actions and issuing management decisions for audit findings.
 - e. Verify that every subrecipient is audited as required by 2 CFR 200 Subpart F.
2. Develop a subrecipient monitoring plan that addresses the above requirements and provides reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations and the provisions of this Agreement, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight and monitoring activities, such as reviewing financial and performance reports, performing site visits and maintaining regular contact with subrecipients.
3. Establish requirements to ensure compliance for for-profit subrecipients

as required by 2 CFR 200.501(h), as applicable.

4. Ensure that transactions with subrecipients/contractors comply with laws, regulations and provisions of contracts or grant agreements.

I. Notification of Modifications

Provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of activities, funding or compliance with operational procedures.

J. Software Compliance

Ensure software compliance and compatibility with the Department's data systems for activities provided under this Agreement, including but not limited to stored data, databases and interfaces for the production of work products and reports. All required data under this Agreement must be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Grantee's business operations for processing data. All information systems, electronic or hard copy, that contain state or federal data must be protected from unauthorized access.

K. Human Subjects

Comply with Federal Policy for the Protection of Human Subjects, 45 CFR 46. The Grantee agrees that prior to the initiation of the research, the Grantee will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the state of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Grantee's authorized official.

L. Mandatory Disclosures

1. Disclose to the Department in writing within 14 days of receiving notice of any litigation, investigation, arbitration or other proceeding (collectively, "Proceeding") involving Grantee, a subcontractor or an officer or director of Grantee or subcontractor that arises during the term of this Agreement including:
 - a. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the Agreement.
 - b. A criminal Proceeding;
 - c. A parole or probation Proceeding;
 - d. A Proceeding under the Sarbanes-Oxley Act;

- e. A civil Proceeding involving:
 - 1. A claim that might reasonably be expected to adversely affect Grantee's viability or financial stability; or
 - 2. A governmental or public entity's claim or written allegation of fraud; or
 - 3. Any complaint filed in a legal or administrative proceeding alleging the Grantee or its subcontractors discriminated against its employees, subcontractors, vendors, or suppliers during the term of this Agreement; or
- f. A Proceeding involving any license that Grantee is required to possess in order to perform under this Agreement.
- 2. Notify the Department, at least 90 calendar days before the effective date, of a change in Grantee's ownership or executive management.

M. Minimum Program Requirements

Comply with Minimum Program Requirements established in accordance with Section 2472.3 of 1978 PA 368 as amended, MCL 333.2472 (3), MSA 14.15 (2472.3), for each applicable program element funded under this Agreement.

N. Annual Budget and Plan Submission

Submit an Annual Budget and Plan request to the Department, in accordance with instructions established by the Department, to serve as the basis for completion of specific details for Attachments I, III, and IV of this Agreement via Grantee/Department negotiated amendment(s). Failure to submit a complete Annual Budget and Plan by the due date through MI E-Grants will result in the deferral of Department payments until these documents are submitted.

O. Maintenance of Effort

Comply with maintenance of effort requirements for Essential Local Public Health Services (ELPHS), as defined in the current Department appropriation act, and Family Planning in accordance with federal requirements, except as noted in Section 3.C.3 of Part I.

P. Accreditation

- 1. Comply with the local public health accreditation standards and follow the accreditation process and schedule established by the Department to achieve full accreditation status.
 - a. Failure to meet all accreditation requirements or implement corrective plans of action within the prescribed time period will result in the status of "Not Accredited." Grantees designated as "Not Accredited" may have their Department allocations reduced for costs incurred in the assurance of service delivery.

- b. Submit a written request for inquiry to the Department should the Grantee disagree with on-site review findings or their accreditation status. The request must identify the disagreement and resolution sought. The inquiry participants will be comprised of Grantee staff, Department staff, the Accreditation Commission Chair, and the Accreditation Coordinator as needed. Participants will clarify facts, verify information and seek resolution.
- 2. Consent Agreements/Administrative Compliance Orders/Administrative Hearings for "Not Accredited" Grantees:
 - a. If designated as "Not Accredited", the Grantee will receive a Consent Agreement Package from the Department. Grantees and their local governing entities will be given 75 days to review the package, meet with the Department, and sign and return the Consent Agreement.
 - b. Fulfillment of the terms and conditions of the Consent Agreement will not affect accreditation status, but impacts the Grantees' ability to fulfill its contractual obligations under the Local Health Department Grant Agreement. Grantees designated as "Not Accredited", will retain this designation until the subsequent accreditation cycle.
 - c. Failure to fulfill the terms and conditions of the Consent Agreement within the prescribed time period will result in the issuance of an Administrative Compliance Order by the Department.
 - d. Within 60 working days after receipt of an Administrative Compliance Order and proposed compliance period, a local governing entity may petition the Department for an administrative hearing. If the local governing entity does not petition the Department for a hearing within 60 days after receipt of an Administrative Compliance Order, the order and proposed compliance date will be final. After a hearing, the Department may reaffirm, modify, or revoke the order or modify the time permitted for compliance.
 - e. If the local governing entity fails to correct a deficiency for which a final order has been issued within the period permitted for compliance, the Department may petition the appropriate circuit court for a writ of mandamus to compel correction.

Q. Medicaid Outreach Activities Reimbursement

Report allowable costs and request reimbursement for the Medicaid Outreach activities it provides in accordance with 2 CFR, Part 200 and the requirements in Medicaid Bulletin number: MSA 05-29.

Submit a Cost Allocation Plan Certification to the Department to bill for the Medicaid Outreach Activities. The Cost Allocation Plan Certification is valid until a change is made to the cost allocation plan or the Department determines it is invalid.

Submit quarterly FSRs for the Medicaid Outreach activities and an annual FSR for the Children with Special Health Care Services Medicaid Outreach activities in accordance with the instructions contained in Attachment I. In accordance with the Medicaid Bulletin, MSA 05-29, agree to target Medicaid outreach effort toward Department established priorities. For fiscal year 2021, the Department priorities are: lead testing, outreach and enrollment for the Family Planning waiver, and outreach for pregnant women, mothers and infants for the Maternal and Infant Health Program. The Grantee will submit a report using the MDHHS Local Health Department Medicaid Outreach form describing their outreach activities targeting the priorities 30 days after the end of a fiscal year quarter and at the same time as the final FSR is due to the Department. The Local Health Department Medicaid Outreach reports are to be sent through MI E-Grants as an attachment report to the Financial Status Report.

R. Conflict of Interest and Code of Conduct Standards

1. Be subject to the provisions of 1968 PA 317, as amended, 1973 PA 196, as amended, and 2 CFR 200.318 (c)(1) and (2).
2. Uphold high ethical standards and be prohibited from the following:
 - a. Holding or acquiring an interest that would conflict with this Agreement;
 - b. Doing anything that creates an appearance of impropriety with respect to the award or performance of this Agreement;
 - c. Attempting to influence or appearing to influence any state employee by the direct or indirect offer of anything of value; or
 - d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.
3. Immediately notify the Department of any violation or potential violation of these standards. This section applies to Grantee, any parent, affiliate or subsidiary organization of Grantee, and any subcontractor that performs activities in connection with this Agreement.

S. Travel Costs

1. Be reimbursed for travel costs (including mileage, meals, and lodging) budgeted and incurred related to services provided under this Agreement.
 - a. If the Grantee has a documented policy related to travel reimbursement for employees and if the Grantee follows that documented policy, the Department will reimburse the Grantee

for travel costs at the Grantee's documented reimbursement rate for employees. Otherwise, the State of Michigan travel reimbursement rate applies.

- b. State of Michigan travel rates may be found at the following website: https://www.michigan.gov/dtmb/0,5552,7-358-82548_13132---,00.html.
- c. International travel must be preapproved by the Department and itemized in the budget.

T. Insurance Requirements

- 1. Maintain at least a minimum of the insurances or governmental self-insurances listed below and be responsible for all deductibles. All required insurance or self-insurance must:
 - a. Protect the state of Michigan from claims that may arise out of, are alleged to arise out of, or result from Grantee's or a subcontractor's performance;
 - b. Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the state; and
 - c. Be provided by a company with an A.M. Best rating of "A-" or better and a financial size of VII or better.
- 2. Insurance Types
 - a. Commercial General Liability Insurance or Governmental Self-Insurance: Except for Governmental Self-Insurance, policies must be endorsed to add "the state of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds using endorsement CG 20 10 11 85, or both CG 2010 12 19 and CG 20 37 12 19.

If the Grantee will interact with children, schools, or the cognitively impaired, the Grantee must maintain appropriate insurance coverage related to sexual abuse and molestation liability.

- b. Workers' Compensation Insurance or Governmental Self-Insurance: Coverage according to applicable laws governing work activities. Policies must include waiver of subrogation, except where waiver is prohibited by law.
- c. Employers Liability Insurance or Governmental Self-Insurance.
- d. Privacy and Security Liability (Cyber Liability) Insurance: cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.

3. Require that subcontractors maintain the required insurances contained in this Section.
4. This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of the Grantee from any obligations under this Agreement.
5. Each Party must promptly notify the other Party of any knowledge regarding an occurrence which the notifying Party reasonably believes may result in a claim against either Party. The Parties must cooperate with each other regarding such claim.

U. Fiscal Questionnaire

1. Complete and upload the yearly fiscal questionnaire to the EGrAMS agency profile within three months of the start of the Agreement.
2. The fiscal questionnaire template can be found in EGrAMS documents.

V. Criminal Background Check

1. Conduct or cause to be conducted a search that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who under this Agreement works directly with clients or has access to client information.
 - a. ICHAT: <http://apps.michigan.gov/ichat>
 - b. Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
 - c. National Sex Offender Registry: <http://www.nsopw.gov>
2. Conduct or cause to be conducted a Central Registry (CR) check for each employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement works directly with children.
 - a. Central Registry: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html
3. Require each new employee, employee, subcontractor, subcontractor employee or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Grantee in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.
4. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with clients or accessing client information related to clients under this Agreement, based on the results of a positive ICHAT response or

reported criminal felony conviction or perpetrator identification.

5. Determine whether to prohibit any employee, subcontractor, subcontractor employee or volunteer from performing work directly with children under this Agreement, based on the results of a positive CR response or reported perpetrator identification.
6. Require any employee, subcontractor, subcontractor employee or volunteer who may have access to any databases of information maintained by the federal government that contain confidential or personal information, including but not limited to federal tax information, to have a fingerprint background check performed by the Michigan State Police.

II. Responsibilities - Department

The Department in accordance with the general purposes and objectives of this Agreement will:

A. Reimbursement

Provide reimbursement in accordance with the terms and conditions of this Agreement based upon appropriate reports, records, and documentation maintained by the Grantee.

B. Report Forms

Provide any report forms and reporting formats required by the Department at the start date of this Agreement and provide to the Grantee any new report forms and reporting formats proposed for issuance thereafter at least 90 days prior to their required usage in order to afford the Grantee an opportunity to review.

C. Notification of Modifications

Notify the Grantee in writing of modifications to federal or state laws, rules and regulations affecting this Agreement.

D. Identification of Laws

Identify for the Grantee relevant laws, rules, regulations, policies, procedures, guidelines and state and federal manuals, and provide the Grantee with copies of these documents to the extent they are not otherwise available to the Grantee.

E. Modification of Funding

Notify the Grantee in writing within 30 calendar days of becoming aware of the need for any modifications in Agreement funding commitments made necessary by action of the federal government, the governor, the legislature or the Department of Technology Management and Budget on behalf of the governor or the legislature. Implementation of the modifications will be determined jointly by the Grantee and the Department.

F. Monitor Compliance

Monitor compliance with all applicable provisions contained in federal grant

awards and their attendant rules, regulations and requirements pertaining to program elements covered by this Agreement.

G. Technical Assistance

Make technical assistance available to the Grantee for the implementation of this Agreement.

H. Accreditation

Adhere to the accreditation requirements including the process for “Not Accredited” Grantees. The process includes developing and monitoring consent agreements, issuing and monitoring administrative compliance orders, participating in administrative hearings and petitioning appropriate circuit courts.

I. Medicaid Outreach Activities Reimbursement

Agrees to reimburse the Grantee for all allowable Medicaid Outreach activities that meet the standards of the Medicaid Bulletin: MSA 05-29 including the cost allocation plan certification and that are billed in accordance with the requirements in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Department will identify each fiscal year the Medicaid Outreach priorities and establish a reporting requirement for the Grantee.

III. Assurances

The following assurances are hereby given to the Department:

A. Compliance with Applicable Laws

The Grantee will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this Agreement. The Grantee will also comply with all applicable general administrative requirements, such as 2 CFR 200, covering cost principles, grant/agreement principles and audits, in carrying out the terms of this Agreement. The Grantee will comply with all applicable requirements in the original grant awarded to the Department if the Grantee is a subgrantee. The Department may determine that the Grantee has not complied with applicable federal or state laws, guidelines, rules and regulations in carrying out the terms of this Agreement and may then terminate this Agreement under Part 2, Section V.

B. Anti-Lobbying Act

The Grantee will comply with the Anti-Lobbying Act (31 U.S.C. 1352) as revised by the Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 et seq.), Federal Acquisition Regulations 52.203.11 and 52.203.12, and Section 503 of the Departments of Labor, Health & Human Services, and Education, and Related Agencies section of the current fiscal year Omnibus Consolidated Appropriations Act. Further, the Grantee must require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients must certify and disclose

accordingly.

C. Non-Discrimination

1. The Grantee must comply with the Department's non-discrimination statement: The Michigan Department of Health and Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position. The Grantee further agrees that every subcontract entered into for the performance of any contract or purchase order resulting therefrom, will contain a provision requiring non-discrimination in employment, activity delivery and access, as herein specified, binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act (1976 PA 453, as amended; MCL 37.2101 et seq.) and the Persons with Disabilities Civil Rights Act (1976 PA 220, as amended; MCL 37.1101 et seq.), and any breach thereof may be regarded as a material breach of this Agreement.
2. The Grantee will comply with all federal statutes relating to nondiscrimination. These include but are not limited to:
 - a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination based on race, color or national origin;
 - b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, 1685-1686), which prohibits discrimination based on sex;
 - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination based on disabilities;
 - d. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination based on age;
 - e. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination based on drug abuse;
 - f. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination based on alcohol abuse or alcoholism;
 - g. Sections 523 and 527 of the Public Health Service Act of 1944 (42 U.S.C. 290dd-2), as amended, relating to confidentiality of alcohol and drug abuse patient records;
 - h. Any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made;

- and,
- i. The requirements of any other nondiscrimination statute(s) which may apply to the application.
3. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority-owned and women-owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee must include language in all contracts awarded under this Agreement which (1) prohibits discrimination against minority-owned and women-owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) makes discrimination a material breach of contract.

D. Debarment and Suspension

The Grantee will comply with federal regulation 2 CFR 180 and certifies to the best of its knowledge and belief that it, its employees and its subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or contractor;
2. Have not within a five-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) or private transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2;
4. Have not within a five-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause or default; and
5. Have not committed an act of so serious or compelling a nature that it affects the Grantee's present responsibilities.

E. Federal Requirement: Pro-Children Act

1. The Grantee will comply with the Pro-Children Act of 1994 (P.L. 103-227; 20 U.S.C. 6081, et seq.), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development activities, education or library activities to children under the age of 18, if the activities are funded by

federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's activities that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's activities provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; activity providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's activities.

2. The Grantee also assures, in addition to compliance with P.L. 103-227, any activity funded in whole or in part through this Agreement will be delivered in a smoke-free facility or environment. Smoking must not be permitted anywhere in the facility, or those parts of the facility under the control of the Grantee. If activities are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant or private work site), the activities must be smoke-free.

F. Hatch Act and Intergovernmental Personnel Act

The Grantee will comply with the Hatch Act (5 U.S.C. 1501-1508, 5 U.S.C. 7321-7326), and the Intergovernmental Personnel Act of 1970 (P.L. 91-648) as amended by Title VI of the Civil Service Reform Act of 1978 (P.L. 95-454). Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs.

G. Employee Whistleblower Protections

The Grantee will comply with 41 U.S.C. 4712 and must insert this clause in all subcontracts.

H. Clean Air Act and Federal Water Pollution Control Act

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671(q)) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1388), as amended. This Agreement and anyone working on this Agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must comply with all applicable standards, orders or regulations issued pursuant to these Acts. Violations must be reported to the Department.

I. Victims of Trafficking and Violence Protection Act

The Grantee will comply with the Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386), as amended.

This Agreement and anyone working on this Agreement will be subject to P.L.

106-386 and must comply with all applicable standards, orders or regulations issued pursuant to this Act. Violations must be reported to the Department.

J. Procurement of Recovered Materials

The Grantee will comply with section 6002 of the Solid Waste Disposal Act of 1965 (P.L. 89-272), as amended.

This Agreement and anyone working on this Agreement will be subject to section 6002 of P.L. 89-272, as amended, and must comply with all applicable standards, orders or regulations issued pursuant to this act. Violations must be reported to the Department.

K. Subcontracts

For any subcontracted activity or product, the Grantee will ensure:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity or delivery of any subcontracted product. Exceptions to this policy may be granted by the Department if the Grantee asks the Department in writing within 30 days of execution of the Agreement.
2. That any executed subcontract to this Agreement must require the subcontractor to comply with all applicable terms and conditions of this Agreement. In the event of a conflict between this Agreement and the provisions of the subcontract, the provisions of this Agreement will prevail.

A conflict between this Agreement and a subcontract, however, will not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this Agreement;
 - b. Restates provisions of this Agreement to afford the Grantee the same or substantially the same rights and privileges as the Department; or
 - c. Requires the subcontractor to perform duties and services in less time than that afforded the Grantee in this Agreement.
3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontracted activity.
 4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
 5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.
 6. That subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$10,000 must contain provisions or conditions

that will:

- a. Allow the Grantee or Department to seek administrative, contractual or legal remedies in instances in which the subcontractor violates or breaches contract terms, and provide for such remedial action as may be appropriate.
 - b. Provide for termination by the Grantee, including the manner by which termination will be effected and the basis for settlement.
7. That all subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government of amounts in excess of \$100,000 must contain a provision that requires compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970 (42 USC 1857(h)), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).
8. That all subcontracts and subgrants in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$2,000 for construction or repair, awarded by the Grantee must include a provision:
 - a. For compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in Department of Labor regulations (29 CFR, Part 3).
 - b. For compliance with the Davis-Bacon Act (40 U.S.C. 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR, Part 5) (if required by Federal Program Legislation).
 - c. For compliance with Section 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by Department of Labor regulations (29 CFR, Part 5). This provision also applies to all other contracts in excess of \$2,500 that involve the employment of mechanics or laborers.

L. Procurement

1. Grantee will ensure that all purchase transactions, whether negotiated or advertised, are conducted openly and competitively in accordance with the principles and requirements of 2 CFR 200.
2. Funding from this Agreement must not be used for the purchase of foreign goods or services.
3. Preference must be given to goods and services manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality.
4. Preference must be given to goods and services that are manufactured or provided by Michigan businesses owned and operated by veterans, if

they are competitively priced and of comparable quality.

5. Records must be sufficient to document the significant history of all purchases and must be maintained for a minimum of four years after the end of the Agreement period.

M. Health Insurance Portability and Accountability Act

To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is applicable to the Grantee under this Agreement, the Grantee assures that it is in compliance with requirements of HIPAA including the following:

1. The Grantee must not share any protected health information provided by the Department that is covered by HIPAA except as permitted or required by applicable law, or to a subcontractor as appropriate under this Agreement.
2. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Grantee must only use the protected health data and information for the purposes of this Agreement.
4. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
5. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures. The Department may demand specific corrective actions and assurances and the Grantee must provide the same to the Department.
6. Failure to comply with any of these contractual requirements may result in the termination of this Agreement in accordance with Part 2, Section V.
7. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information, including without limitation the Department's costs in responding to a breach, received by the Grantee from the Department or any other source.

8. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

N. Home Health Services

If the Grantee provides Home Health Services (as defined in Medicare Part B), the following requirements apply:

1. The Grantee must not use State ELPHS or categorical grant funds provided under this Agreement to unfairly compete for home health services available from private providers of the same type of services in the Grantee's service area.
2. For purposes of this Agreement, the term "unfair competition" will be defined as offering of home health services at fees substantially less than those generally charged by private providers of the same type of services in the Grantee's area, except as allowed under Medicare customary charge regulations involving sliding fee scale discounts for low-income clients based upon their ability to pay.
3. If the Department finds that the Grantee is not in compliance with its assurance not to use state ELPHS and categorical grant funds to unfairly compete, the Department will follow the procedure required for failure by local health departments to adequately provide required services set forth in Sections 2497 and 2498 of 1978 PA 368 as amended (Public Health Code), MCL 333.2497 and 2498, MSA 14.15 (2497) and (2498).

O. Website Incorporation

The Department is not bound by any content on Grantee's website or other internet communication platforms or technologies, unless expressly incorporated directly into this Agreement. The Department is not bound by any end user license agreement or terms of use unless specifically incorporated in this Agreement or any other agreement signed by the Department. The Grantee must not refer to the Department on the Grantee's website or other internet communication platforms or technologies without the prior written approval of the Department.

P. Survival

The provisions of this Agreement that impose continuing obligations will survive the expiration or termination of this Agreement.

Q. Non-Disclosure of Confidential Information

1. The Grantee agrees that it will use confidential information solely for the purpose of this Agreement. The Grantee agrees to hold all confidential information in strict confidence and not to copy, reproduce, sell, transfer or otherwise dispose of, give or disclose such confidential information to third parties other than employees, agents, or subcontractors of a party who have a need to know in connection with this Agreement or to use such confidential information for any purpose whatsoever other than the

performance of this Agreement. The Grantee must take all reasonable precautions to safeguard the confidential information. These precautions must be at least as great as the precautions the Grantee takes to protect its own confidential or proprietary information.

2. Meaning of Confidential Information

For the purpose of this Agreement the term “confidential information” means all information and documentation that:

- a. Has been marked “confidential” or with words of similar meaning, at the time of disclosure by such party;
 - b. If disclosed orally or not marked “confidential” or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked “confidential” or with words of similar meaning;
 - c. Should reasonably be recognized as confidential information of the disclosing party;
 - d. Is unpublished or not available to the general public; or
 - e. Is designated by law as confidential.
3. The term “confidential information” does not include any information or documentation that was:
- a. Subject to disclosure under the Michigan Freedom of Information Act (FOIA);
 - b. Already in the possession of the receiving party without an obligation of confidentiality;
 - c. Developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party’s proprietary rights;
 - d. Obtained from a source other than the disclosing party without an obligation of confidentiality; or
 - e. Publicly available when received or thereafter became publicly available (other than through an unauthorized disclosure by, through or on behalf of, the receiving party).
4. The Grantee must notify the Department within one business day after discovering any unauthorized use or disclosure of confidential information. The Grantee will cooperate with the Department in every way possible to regain possession of the confidential information and prevent further unauthorized use or disclosure.

R. Cap on Salaries

None of the funds awarded to the Grantee through this Agreement will be used to pay, either through a grant or other external mechanism, the salary of an individual at a rate in excess of Executive Level II. The current rates of pay for the Executive Schedule are located on the United States Office of Personnel

Management web site, <http://www.opm.gov>, by navigating to Policy — Pay & Leave — Salaries & Wages. The salary rate limitation does not restrict the salary that a Grantee may pay an individual under its employment; rather, it merely limits the portion of that salary that may be paid with funds from this Agreement.

IV. Financial Requirements

A. Operating Advance

Under the pre-payment reimbursement method, no additional operating advances will be issued.

B. Payment Method

1. Prepayments

- a. The Department will make monthly prepayments equal to 1/12th of the Agreement amount for each non-fee-for-service program contained in Attachment IV of this Agreement. One single payment covering all non-fee-for-service programs will be made within the first week of each month. The Grantee can view their monthly prepayment within the MI E-Grants system.
- b. Prepayments for the months of October thru January will be based upon the initial Agreement amounts in Attachment IV. Subsequent monthly prepayments may be adjusted based upon Agreement amendments or Grantee adjustment requests.
- c. If the sum of the prepayments does not equal at least 90% of the Grantee's expenditures for a quarter of the contract period, the Grantee may submit documentation for an adjustment to the monthly prepayment amount via the following process:
 - i. Submit a written request for the adjustment to the Department's Accounting Expenditure Operations Division.
 - ii. The adjustment request must be itemized by program and must list the amount received from the Department, the expenditure amount reported per the quarterly Financial Status Report (FSR), and the difference. The amount received from the Department and the expenditures must be for the same reporting quarterly FSR period.
 - iii. The Department will review the requests and if an adjustment is approved, it will be included in the next scheduled monthly prepayment.
 - iv. Adjustment requests will not be accepted prior to submission of the FSR for the quarter ending December 31. No adjustments will be made prior to the February monthly prepayment.

- v. The ability of the Department to approve adjustments may be limited by the quarterly allotments of spending authority in the Department's appropriation account mandated by the Office of the State Budget Director. The quarterly allotment limits the amount of each account (program) that the Department may expend during each fiscal quarter.

2. Fixed Fee Reimbursement

- a. Quarterly reimbursement for fixed fee projects is based on Attachment IV and approved quarterly Financial Status Reports.

C. Financial Status Report Submission

1. The Grantee must electronically prepare and submit FSRs to the Department via the EGrAMS website (<http://egrams-mi.com/mdhhs>).

A Financial Status Report (FSR) must be submitted on a quarterly basis no later than 30 days after the close of the calendar quarter for all programs listed on Attachment IV and fee for services project budgeted. Failure to meet financial reporting responsibilities as identified in this Agreement may result in withholding future payments.

2. FSR's must report total actual program expenditures regardless of the source of funds. The Department will reimburse the Grantee for expenditures in accordance with the terms and conditions of this Agreement. Failure to comply with the reporting due dates will result in the deferral of the Grantee's monthly prepayment.
3. The Grantee representative who submits the FSR is certifying to the best of their knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of this Agreement. The individual submitting the FSR should be aware that any false, fictitious, or fraudulent information, or the omission of any material facts, may subject them to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.
4. The instructions for completing the FSR form are available on the website <http://egrams-mi.com/dch>. Send FSR questions to FSRMDHHS@michigan.gov.

D. Reimbursement Method

The Grantee will be reimbursed in accordance with the reimbursement methods for applicable program elements described as follows:

1. Performance Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other

earmarked sources) up to the contracted amount of state funds. Any local funds used to support program elements operated under such provisions of this Agreement may be transferred by the Grantee within, among, to or from the affected elements without Department approval, subject to applicable provisions of Sections 3.B. and 3.C.3 of Part 1. If Grantee's performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation will be reduced equivalent to actual performance in relation to the minimum performance.

2. Actual Cost Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that state dollars will be paid up to total costs in relation to the state's share of the total costs and up to the total state allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable as a source before any local funding requirement unless a specific local match condition exists.
3. Fixed Unit Rate Reimbursement - A reimbursement method by which Grantee is reimbursed a specific amount for each output actually delivered and reported.
4. Essential Local Public Health Services (ELPHS) - A reimbursement method by which Grantees are reimbursed a share of reasonable and allowable costs incurred for required services, as noted in the current Appropriations Act.

E. Reimbursement Mechanism

All Grantees must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits. Vendor registration information is available through the Department of Technology, Management and Budget's web site: <http://www.michigan.gov/sigmavss>

F. Unobligated Funds

Any unobligated balance of funds held by the Grantee at the end of the Agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

G. Final Obligation Reporting Requirements

An Obligation Report, based on annual guidelines, must be submitted by the due date using the format provided by the Department through MI E-Grants. The Grantee must provide, by program, an estimate of total expenditures for the entire Agreement period (October 1 through September 30). This report

must represent the Grantee's best estimate of total program expenditures for the Agreement period. The information on the report will be used to record the Department's year-end accounts payables and receivables by program for this Agreement. The report assists the Department in reserving sufficient funding to reimburse the final expenditures that will be reported on the Final FSR without materially overstating or understating the year-end obligations for this Agreement. The Department compares the total estimated expenditures from this report to the total amount reimbursed to the Grantee in the monthly prepayments and quarterly fee-for-service payments to establish accounts payable and accounts receivable entries at fiscal year-end. The Department recognizes that based upon payment adjustments and timing of Agreement amendments, the Grantee may owe the Department funding for overpayment of a program and may be due funds from the Department for underpayment of a program at fiscal year-end.

Within 60 days after the Agreement fiscal year-end, the Grantee must liquidate any unpaid year-end commitments and obligations. Any obligation remaining unliquidated after 60 days from the end of the Agreement period will revert to the Department for disposition in accordance with applicable state and/or federal requirements, except as specifically authorized in writing by the Department.

H. Final Financial Status Reporting Requirements

Final FSRs are due on the following dates following the Agreement period end date:

<u>Project</u>	<u>Final FSR Due Date</u>
Public Health Emergency Preparedness	11/15/2023
All Remaining Projects	11/30/2023

Upon receipt of the final FSR electronically through MI E-Grants, the Department will determine by program, if funds are owed to the Grantee or if the Grantee owes funds to the Department. If funds are owed to the Grantee, payment will be processed. However, if the Grantee underestimated their year-end obligations in the Obligation Report as compared to the final FSR and the total reimbursement requested does not exceed the Agreement amount that is due to the Grantee, the Department will make every effort to process full reimbursement to the Grantee per the final FSR. Final payment may be delayed pending final disposition of the Department's year-end obligations.

If funds are owed to the Department, it will generally not be necessary for Grantee to send in a payment. Instead, the Department will make the necessary entries to offset other payments and as a result the Grantee will receive a net monthly prepayment. When this does occur, clarifying documentation will be provided to the Grantee by the Department's Bureau of Finance and Accounting.

I. Penalties for Reporting Noncompliance

For failure to submit the final total Grantee FSR report by November 30, through MI E-Grants after the Agreement period end date, the Grantee may be penalized with a one-time reduction in their current ELPHS allocation for noncompliance with the fiscal year-end reporting deadlines. Any penalty funds will be reallocated to other Local Health Department Grantees. Reductions will be one-time only and will not carryforward to the next fiscal year as an ongoing reduction to a Grantee's ELPHS allocation. Penalties will be assessed based upon the submitted date in MI E-Grants:

ELPHS Penalties for Noncompliance with Reporting Requirements:

1. 1% - 1 day to 30 days late;
2. 2% - 31 days to 60 days late;
3. 3% - over 60 days late with a maximum of 3% reduction in the Grantee's ELPHS allocation.

J. Indirect Costs and Cost Allocations/Distribution Plans

The Grantee is allowed to use approved federal indirect rate, 10% de minimis indirect rate or cost allocation/distribution plans in their budget calculations.

1. Costs must be consistently charged as indirect, direct or cost allocated, but may not be double charged or inconsistently charged.
2. If the Grantee does not have an existing approved federal indirect rate, they may use a 10% de minimis rate in accordance with Title 2 Code of Federal Regulations (CFR) Part 200 to recover their indirect costs.
3. Grantees using the cost allocation/distribution method must develop certified plan in accordance with the requirements described in Title 2 CFR, Part 200 which includes detailed budget narratives and is retained by the Grantee and subject to Department review.
4. There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles and subject to Department review.

V. Agreement Termination

This Agreement may be terminated without further liability or penalty to the Department for any of the following reasons:

- A. By either party by giving 30 days written notice to the other party stating the reasons for termination and the effective date.
- B. By either party with 30 days written notice upon the failure of either party to carry out the terms and conditions of this Agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the 30-day period.
- C. Immediately if the Grantee or an official of the Grantee or an owner is convicted of any activity referenced in Part 2 Section III. D. of this Agreement during the term of this Agreement or any extension thereof.

Further, this Agreement may be terminated or modified immediately upon a finding by the Department in accordance with MCL 333.2235 that the Grantee local health department for the delivery of public health services under this Agreement is unable or unwilling to provide any or all of the services as provided in this Agreement, and the Department may redirect funds as necessary to ensure that the public health services are provided within the Grantee's jurisdiction.

VI. Stop Work Order

The Department may suspend any or all activities under this Agreement at any time. The Department will provide the Grantee with a written stop work order detailing the suspension. Grantee must comply with the stop work order upon receipt. The Department will not pay for activities, Grantee's incurred expenses or financial losses, or any additional compensation during a stop work period.

VII. Final Reporting upon Termination

Should this Agreement be terminated by either party, within 30 days after the termination, the Grantee must provide the Department with all financial, performance and other reports required as a condition of this Agreement. The Department will make payments to the Grantee for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Grantee must immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Grantee in excess of allowable reimbursable expenditures.

VIII. Severability

If any part of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, that part will be deemed deleted from this Agreement and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining parts of the Agreement will continue in full force and effect.

IX. Amendments

A. Except as otherwise provided, any changes to this Agreement will be valid only if made in writing and accepted by all parties to this Agreement.

In the event that circumstances occur that are not reasonably foreseeable, or are beyond the Grantee's or Department's control, which reduce or otherwise interfere with the Grantee's or Department's ability to provide or maintain specified services or operational procedures, immediate written notification must be provided to the other party. Any change proposed by the Grantee which would affect the state funding of any project, in whole or in part as provided in Part 1, Section 3.C. of the Agreement, must be submitted in writing to the Department for approval immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

B. Except as otherwise provided, amendments to this Agreement will be made within thirty days after receipt and approval of a change proposed by the

Grantee.

Amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the Agreement scope, amount of funding to be provided by the Department or, the total amount of the budget may be submitted by the Grantee, in writing, at any time prior to June 7. The Department will provide a written response within 30 calendar days.

All amendments must be submitted to the Department within three weeks of receipt through MI E-Grants to assure the amendment can be executed prior to the end of the Agreement period.

X. Liability

- A. All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, by the Grantee, Grantee's subcontractors or anyone directly or indirectly employed by the Grantee in the performance of this Agreement will be the responsibility of the Grantee, and not the responsibility of the Department. Nothing herein will be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by law.
- B. In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Grantee and the Department in fulfillment of their responsibilities under this Agreement, such liability, loss, or damage will be borne by the Grantee and the Department in relation to each party's responsibilities under these joint activities, provided that nothing herein will be construed as a waiver of any governmental immunity by the Grantee, the state, its agencies (the Department) or their employees, respectively, as provided by statute or court decisions.

XI. Waiver

Failure to enforce any provision of this Agreement will not constitute a waiver.

Any clause or condition of this Agreement found to be an impediment to the intended and effective operation of this Agreement may be waived in writing by the Department or the Grantee, upon presentation of written justification by the requesting party. Such waiver may be temporary or for the life of the Agreement and may affect any or all program elements covered by this Agreement.

XII. State of Michigan Agreement

This Agreement is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Agreement are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Agreement must be resolved in the Michigan Court of Claims. Complaints against the State must be initiated in Ingham County, Michigan. Grantee waives any objections, such as lack of personal jurisdiction or forum non conveniens.

Grantee must appoint an agent in Michigan to receive service of process.

XIII. Funding

- A. State funding for this Agreement will be provided from the applicable and available Department appropriations for the current fiscal year. The Department provided funds will be as stated in the approved Annual Budget - Attachment I Instructions for the Annual Budget, Attachment III, Program Specific Assurances and Requirements, and as outlined in Attachment IV, Funding/Reimbursement Matrix.
- B. The funding provided through the Department for this Agreement will not exceed the amount shown for each federal and state categorical program element except as adjusted by amendment. The Grantee must advise the Department in writing by May 1, if the amount of Department funding may not be used in its entirety or appears to be insufficient for any program element. ELPHS transfer requests between MDHHS, MDARD and MDEQ must also be requested in writing by May 1. All ELPHS required services must be maintained throughout the entire period of the Agreement.
- C. The Department may periodically redistribute funds between agencies during the Agreement period in order to ensure that funds are expended to meet the varying needs for services.

AA Attachments

A1 Attachment I - Instructions for the Annual Budget

[Attachment I - Instructions for the Annual Budget](#)

A2 Attachment III - Program Specific Assurances and Requirements

[Attachment III - Program Specific Assurances and Requirements](#)

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTACHMENT IV - Emerging Threats- Local Health Department- 2023
CONTRACT MANAGEMENT SECTION
Livingston County Department of Public Health

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Percent Number (e)		Contractor / Subreceptient (f)
COVID Immunization	Reg. Alloc.	F	917,270	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
COVID Workforce Development	Reg. Alloc.	F	172,607	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
ELC Contract Tracing, Investigation, Testing Coord., and Infection Prevention	Reg. Alloc.	F	606,095	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient

TOTAL MDHHS FUNDING **1,695,972**

***SPECIFIC OUTPUT PERFORMANCE MEASURES WILL BE INCORPORATED VIA AMENDMENT**

Attachment IV Notes

[Attachment IV Notes](#)

1 Program Budget Summary

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / COVID Immunization			DATE PREPARED 9/6/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	549,382.00	549,382.00
2	Fringe Benefits	192,284.00	192,284.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	165,000.00	165,000.00
6	Travel	0.00	0.00
7	Communication	4,800.00	4,800.00
8	County-City Central Services	0.00	0.00
9	Space Costs	24,000.00	24,000.00
10	All Others (ADP, Con. Employees, Misc.)	65,000.00	65,000.00
Total Program Expenses		1,000,466.00	1,000,466.00
TOTAL DIRECT EXPENSES		1,000,466.00	1,000,466.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		1,000,466.00	1,000,466.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	917,270.00	917,270.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	83,196.00	0.00	83,196.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	1,000,466.00	917,270.00	83,196.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	3.0000	58793.000	0.000	FTE	176,379.00
	Clerk	4.0000	38223.000	0.000	FTE	152,892.00
	Coordinator	2.0000	82162.000	0.000	FTE	164,324.00
	Director	0.5000	111574.000	0.000	FTE	55,787.00
Total for Salary & Wages						549,382.00
2	Fringe Benefits					
	All Composite Rate	0.0000	35.000	549382.000		192,284.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Medical Supplies	0.0000	0.000	0.000		50,000.00
	MISC. CLINIC SUPPLIES	0.0000	0.000	0.000		115,000.00
Total for Supplies and Materials						165,000.00
6	Travel					
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		4,800.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		24,000.00
10	All Others (ADP, Con. Employees, Misc.)					
	IT HARWARE / SOFTWARE MONTHLY COSTS	0.0000	0.000	0.000		65,000.00
Total Program Expenses						1,000,466.00
TOTAL DIRECT EXPENSES						1,000,466.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					

	Line Item	Qty	Rate	Units	UOM	Total
2	Cost Allocation Plan / Other					
Total Indirect Costs						0.00
TOTAL INDIRECT EXPENSES						0.00
TOTAL EXPENDITURES						1,000,466.00

1 Program Budget Summary

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / COVID Workforce Development			DATE PREPARED 9/6/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 6/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	93,311.00	93,311.00
2	Fringe Benefits	32,659.00	32,659.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	55,000.00	55,000.00
6	Travel	100.00	100.00
7	Communication	1,500.00	1,500.00
8	County-City Central Services	0.00	0.00
9	Space Costs	2,500.00	2,500.00
10	All Others (ADP, Con. Employees, Misc.)	5,000.00	5,000.00
Total Program Expenses		190,070.00	190,070.00
TOTAL DIRECT EXPENSES		190,070.00	190,070.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		190,070.00	190,070.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	172,607.00	172,607.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	17,463.00	0.00	17,463.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	190,070.00	172,607.00	17,463.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	1.0000	66546.000	0.000	FTE	66,546.00
	Clerk	0.7500	35687.000	0.000	FTE	26,765.00
Total for Salary & Wages						93,311.00
2	Fringe Benefits					
	All Composite Rate	0.0000	35.000	93311.000		32,659.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Medical Supplies	0.0000	0.000	0.000		15,000.00
	IT Supplies	0.0000	0.000	0.000		40,000.00
Total for Supplies and Materials						55,000.00
6	Travel					
	Mileage	0.0000	0.000	0.000		100.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		1,500.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		2,500.00
10	All Others (ADP, Con. Employees, Misc.)					
	Supporting Services	0.0000	0.000	0.000		5,000.00
Total Program Expenses						190,070.00
TOTAL DIRECT EXPENSES						190,070.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
Total Indirect Costs						0.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL INDIRECT EXPENSES						0.00
TOTAL EXPENDITURES						190,070.00

1 Program Budget Summary

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / ELC Contract Tracing, Investigation, Testing Coord., and Infection Prevention			DATE PREPARED 9/6/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	410,540.00	410,540.00
2	Fringe Benefits	143,689.00	143,689.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	32,500.00	32,500.00
6	Travel	1,000.00	1,000.00
7	Communication	6,250.00	6,250.00
8	County-City Central Services	0.00	0.00
9	Space Costs	9,500.00	9,500.00
10	All Others (ADP, Con. Employees, Misc.)	14,650.00	14,650.00
Total Program Expenses		618,129.00	618,129.00
TOTAL DIRECT EXPENSES		618,129.00	618,129.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		618,129.00	618,129.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	606,095.00	606,095.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	12,034.00	0.00	12,034.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	618,129.00	606,095.00	12,034.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	3.0000	65687.000	0.000	FTE	197,061.00
	Clerk	2.0000	35648.000	0.000	FTE	71,296.00
	Director	0.2500	120589.000	0.000	FTE	30,147.00
	Supervisor	0.3300	89582.000	0.000	FTE	29,562.00
	Coordinator	0.8000	78546.000	0.000	FTE	62,837.00
	Epidemiologist	0.2500	78546.000	0.000	FTE	19,637.00
Total for Salary & Wages						410,540.00
2	Fringe Benefits					
	All Composite Rate	0.0000	35.000	410540.000		143,689.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Medical Supplies	0.0000	0.000	0.000		10,000.00
	Office Supplies	0.0000	0.000	0.000		7,500.00
	PPE, IT EQUIPMENT, MISC. SUPPLIES	0.0000	0.000	0.000		15,000.00
Total for Supplies and Materials						32,500.00
6	Travel					
	Mileage	0.0000	0.000	0.000		1,000.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		6,250.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		9,500.00
10	All Others (ADP, Con. Employees, Misc.)					
	Supporting Services	0.0000	0.000	0.000		14,650.00
Total Program Expenses						618,129.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL DIRECT EXPENSES						618,129.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
Total Indirect Costs						0.00
TOTAL INDIRECT EXPENSES						0.00
TOTAL EXPENDITURES						618,129.00

Summary of Budget

PROGRAM / PROJECT Emerging Threats- Local Health Department- 2023 / Emerging Threats- Local Health Department- 2023			DATE PREPARED 9/6/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	1,053,233.00	1,053,233.00
2	Fringe Benefits	368,632.00	368,632.00
3	Supplies and Materials	252,500.00	252,500.00
4	Travel	1,100.00	1,100.00
5	Communication	12,550.00	12,550.00
6	Space Costs	36,000.00	36,000.00
7	All Others (ADP, Con. Employees, Misc.)	84,650.00	84,650.00
Total Program Expenses		1,808,665.00	1,808,665.00
TOTAL DIRECT EXPENSES		1,808,665.00	1,808,665.00
INDIRECT EXPENSES			
Indirect Costs			
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		1,808,665.00	1,808,665.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
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1	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
2	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
3	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
5	Federally Provided Vaccines	0.00	0.00	0.00	0.00
6	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
7	Required Match - Local	0.00	0.00	0.00	0.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	1,695,972.00	1,695,972.00	0.00	0.00
14	MCH Funding	0.00	0.00	0.00	0.00
15	Local Funds - Other	112,693.00	0.00	112,693.00	0.00
16	Inkind Match	0.00	0.00	0.00	0.00
17	MDHHS Fixed Unit Rate	0.00	0.00	0.00	0.00
	TOTAL	1,808,665.00	1,695,972.00	112,693.00	0.00

Source of Funds

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Local Health Department Agreement
October 1, 2022- September 30, 2023
Fiscal Year 2023

INSTRUCTIONS
FOR THE
ANNUAL BUDGET

INSTRUCTIONS FOR THE ANNUAL BUDGET FOR LOCAL HEALTH DEPARTMENT SERVICES

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**INSTRUCTIONS FOR THE
ANNUAL BUDGET
FOR LOCAL HEALTH SERVICES**

I. INTRODUCTION

The Annual Budget for Local Health Services is completed on a state fiscal year basis and is used to establish budgets for many Department programs. In the Annual Budget, the Department consolidates many of its categorical programs' funding and Essential Local Public Health Services (ELPHS) (formerly known as the local public health operation's funding) into a single, Comprehensive Agreement for local health departments. The Department's Plan and Budget Framework serves as a principal reference point for budget development.

The Annual Budget for Local Health Services must be completed in accordance with and adhere to the established requirements as specified in these instructions and submitted to the Department as required by the agreement.

II. MINIMUM BUDGETING REQUIREMENTS

- A. Cost Principles** - Types or items of cost which will be considered for reimbursement are generally consistent with definitions contained in Title 2 Code of Federal Regulations CFR, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- B. Federal Block Grant Funds** - Maternal & Child Health and Preventive Health Block Grant funds may not be used to: provide inpatient services; make cash payments to intended recipients of health services; purchase or improve land; purchase, contract or permanently improve (other than minor remodeling defined as work required to change the interior arrangements or other physical characteristics of any existing facility or installed equipment when the cost of the remodeling incident does not exceed \$2,000) any building or other facility; or purchase major medical equipment (any item of medical equipment having a unit cost of over \$10,000 and used in the diagnosis or treatment of patients, excluding equipment typically used in a laboratory); satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of Federal funds; or provide financial assistance to any entity other than a public or nonprofit private entity.
- C. Expenditure and Funding Source Breakdown** - For purposes of development, analysis and negotiation activities must be budgeted at the individual expenditure and funding source category level on the Annual Budget for Local Health Services.
- D. Special Budget Requirements for Certain Categorical Program Elements** - The Annual Budget for Local Health Services is completed in the MI E-Grants System through the application budget to include details for all program elements (excluding Administration and Grantee Support).

III. REIMBURSEMENT CHART

A. Program Element/Funding Source

The Program Element/Funding Source column has been moved to Attachment III and provides the listing of all currently funded MDHHS programs that are included in the Comprehensive Local Health Department Agreement.

B. Type of Project

The type of project designation is indicated by footnote and is used if the project meets the Research and Development Project criteria. Research and Development Projects are defined by Title 2 CFR, Section 200.87, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Research and development (R&D) means all research activities, both basic and applied, and all development activities that are performed by non-Federal entities. Research is defined as a systematic study directed toward fuller scientific knowledge or understanding of the subject studied. The term research also includes activities involving the training of individuals in research techniques where such activities utilize the same facilities as other research and development activities and where such activities are not included in the instruction function. Development is the systematic use of knowledge and understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes.

C. Reimbursement Chart

The Reimbursement Chart notes elements/funding sources, applicable payment methods, target levels, output measures for each program/element having a performance reimbursement option. In addition, the chart also provides the subrecipient, contractor, or recipient designations, as in prior years:

IV. LOCAL ACCOUNTING SYSTEM STRUCTURE OF ACCOUNTS/COST ALLOCATION PROCEDURES

As in past years, no additional accounting system detail is being required beyond local uniform accounting procedures prescribed by the Michigan Department of Treasury, Local Financial Management System requirements, documentation requirements of categorical program funding sources and any local requirements. Some agencies may already have separate cost centers in their accounting system to directly identify costs and related funding of required services, but such breakdowns are not essential to being able to meet minimum reporting requirements if proper allocation procedures are used and adequate documentation is maintained. All allocations must have clearly measurable bases that directly apply to the amounts being allocated, must be documented with work papers that will provide an adequate audit trail and must result in a representative reporting of costs and funding for affected programs. More specific guidance can be found in Title 2 CFR, Part 200 Appendix V State/Local Government and Indian Tribe-Wide Central Service Cost Allocation Plans and the brochure published by the Department of Health and Human Services entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government."

V. FORM PREPARATION - GENERAL

The MI E-Grants System on-line application, including the budget entry forms, are utilized to develop a budget summary for each program element administered by the local Grantee. The system is designed to accommodate any number of local program elements including those unique to a particular local Grantee. Applications, including budget forms, are completed for all program elements, regardless of the reimbursement mechanism, including Agency administration(s) fee for service program elements, categorical program elements, performance-based program elements and Medicaid Outreach associated program elements. Budget entry is required for each major expenditure and source of fund categories for which costs/funds are identified.

VI. FORM PREPARATION - EXPENDITURE CATEGORIES

Budgeted expenditures are to be entered for each program element, project or group of services by applicable major category.

- A. Salaries and Wages** - This category includes the compensation budgeted for all permanent and part-time employees on the payroll of the Grantee and assigned directly to the program. This does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, vendor services, professional fees or personnel hired on a private contracting basis should be included in "Other Expenses." Contracts with secondary recipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Sub-contract) Expenses.
- B. Fringe Benefits** - This category is to include, for at least the specified elements, all Grantee costs for social security, retirement, insurance and other similar benefits for all permanent and part-time employees assigned to the specified elements.
- C. Cap Exp for Equip & Fac** - This category includes expenditures for budgeted stationary and movable equipment used in carrying out the objectives of each program element, project or service group. The cost of a single unit or piece of equipment includes necessary accessories, installation costs, freight and other applicable expenses associated with the purchase of the equipment. Only budgeted equipment items costing \$5,000 or more may be reported under this category. Small equipment items costing less than \$5,000 are properly classified as Supplies and Materials or Other Expenses. This category also includes capital outlay for purchase or renovation of facilities.
- D. Contractual (Subcontracts/Subrecipient)** - Use for expenditures applicable to written contracts or agreements with secondary recipient organizations such as cooperating service delivery institutions or delegate agencies. Payments to individuals for consulting or contractual services, or for vendor services are to be included under Other Expenses. Specify subcontractor(s) address, amount by subcontractor and total of all subcontractors.
- E. Supplies and Materials** - Use for all consumable items and materials including equipment-type items costing less than \$5,000 each. This includes office, printing, janitorial, postage and educational supplies; medical supplies; contraceptives and vaccines; tape and gauze; prescriptions and other appropriate drugs and chemicals. Federal Provided Vaccine Value should be reported and identified on in Other Cost Distributions category. Do not combine with supplies.
- F. Travel** - Travel costs of permanent and part-time employees assigned to each program element. This includes costs of mileage, per diem, lodging, meals, registration fees and

other approved travel costs incurred by the employee. Travel of private, non-employee consultants should be reported under Other Expenses.

- G. **Communication Costs** - These are costs for telephone, Internet, telegraph, data lines, websites, fax, email, etc., when related directly to the operation of the program element.
- H. **County/City Central Services** - These are costs associated with central support activities of the local governing unit allocated to the local health department in accordance with Title 2 CFR, part 200.
- I. **Space Costs** - These are costs of building space necessary for the operation of the program.
- J. **All Others (Line 11)** - These are costs for all other items purchased exclusively for the operation of the program element and not appropriately included in any of the other categories including items such as repairs, janitorial services, consultant services, vendor services, equipment rental, insurance, Automated Data Processing (ADP) systems, etc.
- K. **Total Direct Expenditures** – The MI E-Grants System sums the direct expenditures budgeted for each program element, project or service grouping and records in the Total Direct Expenditure line of the Budget Summary.
- L. **Indirect Cost** – These cost categories are used to distribute costs of general administrative operations that have not been directly charged to individual subrecipient programs. The Indirect Cost expenditures distribute administrative overhead costs to each program element, project or service grouping. Two separate local rates may apply to the agreement period (i.e., one for each local fiscal year). Use Calendar Rate 1 to reflect the rate applicable to the first part of the agreement period and Calendar Rate 2 for the rate applicable to the latter part. Indirect costs are not allowed on programs elements designated as vendor relationship.

An indirect rate proposal and related supporting documentation must be retained for audit in accordance with records retention requirements. In addition, these documents are reviewed as part of the Single Audit, subrecipient monitoring visit, or other State of Michigan reviews.

Following is further clarification regarding indirect rate and/or cost allocation approval requirements to distribute administrative overhead costs, in accordance with Title 2 CFR Part 200 (formerly Circular A-87 2 CFR Part 225, Appendix E), for Local Health Departments budgeting indirect costs:

1. Local Health Departments receiving more than \$35 million in direct Federal awards are required to have an approved indirect cost rate from a Federal Cognizant Agency. If your Local Health Department has received an approved indirect rate from a Federal Cognizant agency, attach the Federal approval letter to your MI E-Grants Grantee Profile.
2. Local Health Departments receiving \$35 million or less in direct Federal awards are required to prepare indirect cost rate proposals in accordance with Title 2 CFR and maintain the documentation on file subject to review.
3. Local Health Departments that received approved indirect cost rates from another State of Michigan Department should attach their State approval letter to their MI E-Grants Grantee Profile.
4. Local Health Departments with cost allocation plans should reflect these allocations in the Other Cost Distributions budget category. See Section M. Other Cost Distribution for budgeting guidance.
5. As a Subrecipient of federal funds from MDHHS, a Local Health Department that has

never received a negotiated indirect cost rate, your Local Health Department may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) based on Title 2 CFR part 200 requirements.

MTDC includes all direct salaries and wages, fringe benefits, supplies and materials, travel, services, and contractual expenses up to the first \$25,000 of each contract. MTDC excludes all equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and portions subcontractual/subaward expenses in excess of \$25,000 per contract.

Attach a current copy of the letter stating the applicable indirect costs rate or calculation information justifying the de minimis rate calculation to you MI E-Grants Grantee profile.
Detail on how the indirect costs was calculated must be shown on the Budget Detail Schedule.

The amount of Indirect Cost should be allocated to all appropriate program elements with the total equivalent amount reflected as a credit or minus in the Administration projects.

- M. Other Cost Distributions** – Use to distribute various contributing activity costs to appropriate program areas based upon activity counts, time study supporting data or other reasonable and equitable means. An example of Other Cost Distributions is nursing supervision. The distribution process permits costs reflected in a single program element to be subsequently distributed, perhaps only in part, to other programs or projects as appropriate. If an allocation is made, the charges must be reflected in the appropriate program element and the offsetting credit reflected in the program element being distributed.

There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles Local Health Departments using the cost distribution or cost allocation must develop the plan in accordance with the requirements described in Title 2 CFR, Part 200. Local Health Departments should maintain supporting documentation for audit in accordance with record retention requirements. The plan should include a Certification of Cost Allocation plan in accordance with Title 2 CFR, Part 200 Appendix V. The cost allocation plan documentation is not required to be submitted unless specifically requested.

Cost associated with the Essential Local Public Health Services (ELPHS), Maternal and Child Health (MCH) Block Grant and Fixed Fee may be budgeted in the associated program element and distributed to the associated projects.

Federal Provided Vaccine Value should be reported on a separate line and clearly identified.

- N. Total Direct & Admin. Expenditures** – The MI E-Grants System sums the indirect expenditures program element and records in the Total Indirect Expenditure line of the Budget Summary.
- O. Total Expenditures** – The MI E-Grants System sums the direct and indirect expenditures and records in the Total Expenditure line of the Budget Summary.

VII. FORM PREPARATION - SOURCE OF FUNDS

Source of Funds are to be entered for each program element, project or group of services by applicable major category as follows:

A. Fees & Collections - Fees 1st & 2nd Party

- i. 1st party funds projected to be received from private payers, including patients, source users and any member of the general population receiving services.
- ii. 2nd party funds received from organizations, private or public, who might reimburse services for a group or under a special plan.
- iii. Any Other Collections

B. Fees & Collections - 3rd Party – 3rd Party Fees - Funds projected to be received from private insurance, Medicaid, Medicare or other applicable titles of the Social Security Act directly related to the cost of providing patient care or other services (e.g., includes Early Periodic Screening, Detection and Treatment [EPSDT] Screening, Family Planning.)

C. Federal/State Funding (Non-MDHHS) - Funds received directly from the federal government and from any state Contractor other than MDHHS, such as the Department of Natural Resources and Environment (MDNRE). This line should also be used to exclude state aid funds such as those provided through the Michigan Department of Treasury under P.A. 264 of 1987 (cigarette tax).

D. Federal Cost Based Reimbursement – Funds received for Federal Cost Based Reimbursement which should be budgeted in the program in which they were earned.

E. Federally Provided Vaccines – The projected value of federally provided vaccine.

F. Federal Medicaid Outreach – (Please note: to be used only for Medicaid Outreach, CSHCS Medicaid Outreach or Nurse Family Partnership Medicaid Outreach program elements.) Funds projected to be received from the federal government for allowable Medicaid Outreach activities. This amount represents the anticipated 50% federal administrative match of local contributions.

G. Required Match - Local – Funds projected to be local contribution for programs that have a match contribution requirement (Please note: for Medicaid Outreach, CSHCS Medicaid Outreach, or Nurse Family Partnership Medicaid Outreach, this amount represents the 50% matching local contribution for allocable Medicaid Outreach Activities. Federal Medicaid Outreach and Required Local match amounts should equal each other.)

H. Local Non-ELPHS - Local funds budgeted for the following expenditures:

- 1. Expenditures for services not designated as required and allowable for ELPHS funding (e.g., medical examiner and inpatient maternity services); expenditures determined not to be reasonable; and, expenditures in excess of the maximum state share of funds available.
- 2. Any losses arising from uncollectible accounts and other related claims. Under-recovery of reimbursable expenditures from, or failure to bill, available funding sources that would otherwise result in exclusions from ELPHS funding, if recovered.

However, no exclusion is required where the local jurisdiction has made and documented a decision to have local funds underwrite:

- a. The cost of uncollectible accounts or bad debts incurred in support of providing required or allowable health services. An example of this condition would be for services provided to indigents who are billed as a matter of procedure with little chance for receipt of payment.
- b. Potential recoveries or under-recoveries from other sources for the principal purpose

of providing required and allowable health services at free or reduced cost to the public served by the Grantee. An example would be keeping fees for services at a reduced level for the benefit of the people served by the Grantee while recognizing that to do so limits recovery from third parties for the same types of services.

3. Contributions to a contingency reserve or any similar provisions for unforeseen events.
 4. Charitable contributions and donations.
 5. Salaries and other incidental expenditures of the chief executive of a political subdivision (i.e., county executive and mayor).
 6. Legislative expenditures, such as, salaries and other incidental expenditures of local governing bodies (i.e., county commissioners and city councils). Do not enter board of health expenses.
 7. Expenditures for amusements, social activities and other incidental expenditures related to, such as, meals, beverages, lodging, rentals, transportation and gratuities.
 8. Fines, penalties and interest on borrowings.
 9. Capital Expenditures - Local capital outlay for purchase of facilities and equipment (assets) are excluded from ELPHS funding.
- I. **Other Non- ELPHS** - Funds budgeted from sources other than state, federal and local appropriations to the extent that they are not eligible for ELPHS (e.g., funding from local substance abuse coordinating grantee, local area on aging grantees).
- J. **MDHHS - NON-COMPREHENSIVE** - Funds budgeted for services provided under separate MDHHS agreements. Examples include funding provided directly by the Community Services for Substance Abuse for community grants, etc.
- K. **MDHHS - COMPREHENSIVE** - This section includes all funding projected to be due under the Comprehensive Agreement from categorical programs and needs to equal the allocation.
- L. **ELPHS - MDHHS Hearing** – This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS MDHHS Hearing program and has to equal the MDHHS ELPHS Hearing allocation. Additional ELPHS to be budgeted for the Hearing Program must be entered into ELPHS – MDHHS Other. Hearing allocations may only be spent on the Hearing Program.
- M. **ELPHS - MDHHS Vision** – This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS MDHHS Vision program and has to equal the ELPHS MDHHS Vision allocation. Additional ELPHS to be budgeted for the Vision Program must be entered into ELPHS – MDHHS Other. Vision allocations may only be spent on the Vision Program.
- N. **ELPHS – MDHHS Other** – This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS MDHHS Other program for eligible program elements. Please note: The MI E-Grants System validates the ELPHS MDHHS Other budgeted funds across the applicable program elements to assure the agreement does exceed the ELPHS – MDHHS Other allocation.
- O. **ELPHS – Food** - This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS Food program and has to equal the ELPHS Food allocation.
- P. **ELPHS – Drinking Water** - This section includes all funding projected to be due under

Comprehensive Agreement specific to the ELPHS Drinking Water program and has to equal the ELPHS Drinking Water allocation.

- Q. ELPHS – On-site Sewage** - This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS On-site Sewage program and has to equal the ELPHS On-site Sewage allocation.
- R. MCH Funding** - This section includes all funding projected to be due under Comprehensive Agreement specific to the MCH eligible program elements. Please note: The MI E-Grants System validates the MCH budgeted funds across applicable program elements to assure the agreement does exceed the MCH allocation.
- S. Local Funds - Other** - Enter all local support in the appropriate element, project or service group column. This may include local property tax, and other local revenues (does not include fees).
- T. Inkind Match** – Enter Local Support from donated time or services.
- U. MDHHS Fixed Unit Rate** – Select the type of fee-for-services from the lookup to correspond with the program element.

VIII. SPECIAL BUDGET INSTRUCTIONS

Certain elements are supported by federal or other categorical program funds for which special budgeting requirements are placed upon grantees and subgrantees. These include:

<u>Element</u>	<u>Federal or Other Funding Contractor</u>
Public Health Emergency Preparedness	U.S. Department of Health & Human Services, Centers for Disease Control

In general, subgrantee budgets must provide sufficient budget detail to support grantee budget requests and be in a format consistent with grantor Contractor requirements. Certain types of costs must receive approval of the federal grantor Contractor and/or the grantee prior to being incurred.

A. Public Health Emergency Preparedness (PHEP) Special Budget Requirements

Local Health Departments will receive the initial FY 21/22 allocation of the CDC Public Health Emergency Preparedness (PHEP) funds in nine equal prepayments for the period October 1, 2021 through June 30, 2022. LHDs must submit a nine-month budget and a quarterly Financial Status Report (FSR) for each of the following COMPREHENSIVE Local Health Department program elements:

1. Public Health Emergency Preparedness (PHEP) (October 1 – June 30)
2. Public Health Emergency Preparedness (PHEP)– Cities of Readiness (October 1 – June 30)
3. Laboratory Services - Bioterrorism (October 1 – September 30)

Costs Allowable Only With Prior Approval - The following costs are allowable only with prior review/approval of the Michigan Department of Health & Human Services as specified by the U.S. Department of Agriculture, Food and Nutrition Service (Ref.: 7 CFR

Part 246, and USDA-WIC Administrative Cost Handbook 3/86). Prior approval is accomplished by providing appropriate detail in the budget request approved by MDHHS or subsequently in a written request approved in writing by MDHHS.

- A. Automated Information Systems - which are required by a local Grantees except for those used in general management and payroll, including acquisition of automated data processing hardware or software whether by outright purchase or rental-purchase agreement or other method of acquisition.
- B. Capital Expenditures of \$2,500 or More - such as the cost of facilities, equipment, including medical equipment, other capital assets and any repairs that materially increase the value or useful life of capital assets.
- C. Management Studies - performed by agencies or departments other than the local Grantee or those performed by outside consultants under contract with the local Grantee.
- D. Accounting and Auditing Services - performed by private sector firms under professional service contracts for purposes of preparation or audit of program and financial records/reports.
- E. Other Professional Services - rendered by individuals or organizations, not a part of the local Grantee, such as:
 - 1. Contractual private physician providing certification data.
 - 2. Contractual organization providing laboratory data.
 - 3. Contractual translators and interpreters at the local Grantee level.
- F. Training and Education - provided for employee development, which directly or indirectly benefits the grant program, to the extent that such training is contracted for or involves out-of-service training over extended periods of time.
- G. Building Space and Related Facilities - the cost to buy, lease or rent space in privately or publicly owned buildings for the benefit of the program.
- H. Non-Fringe Insurance and Indemnification Costs

All charges to WIC must be necessary, reasonable, allowable and allocable for the proper and efficient administration of the program. Further information and cost standards are provided in federal instructions including Title 2 CFR, Part 200 and 7 CFR Part 3015.

B. Program Budget - Online Detail Budget Application Entry

Complete the appropriate budget forms contained within the MI E-Grants System for each program element. An example of this form is attached (see Attachment 1 for reference).

1. Salary and Wages -


- a. **Position Description** - Select from the expenditure row look-up all position titles or job descriptions required to staff the program. If the position is missing from the list, please use Other and type in the position in the drop-down field provided.
- b. **Positions Required** - Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal (e.g., Full-Time Equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms

of time reports to support time charged to the program.

- c. **Amount** – The MI E-Grants System calculates the salary for the position required and records it on the Budget Detail. Enter this amount in the Amount column.
 - d. **Total Salary** –The MI E-Grants System totals the amount of all positions required and records it on the Budget Summary.
 - e. **Notes** - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).
- 2. **Fringe Benefits** – Select from the expenditure row look-up applicable fringe benefits for staff working in this program. Enter the percentage for each. The MI E-Grants system updates the total amount for salary and wages in the unit field and calculates the fringe benefit amount. If the “Composite Rate” fringe benefit item is selected from the expenditure row look up, record the applicable fringe benefit items (i.e. FICA, Life insurance, etc.) in the “Notes” tab.
 - 3. **Equipment** - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment purchases.
 - 4. **Contractual** - Specify subcontractor(s)/subrecipient(s) working on this program, including the subcontractor’s/subrecipient’s address, amount by subcontractor/subrecipient and total of all subcontractor(s)/subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts).
 - 5. **Supplies and Materials** - Enter amount by category. **A description is required if the budget category exceeds 10% of total expenditures.**
 - 6. **Travel** - Enter amount by category. **A description is required if the budget category exceeds 10% of total expenditures.**
 - 7. **Communication** - Enter amount by category. **A description is required if the budget category exceeds 10% of total expenditures.**
 - 8. **County-City Central Services** - Enter amount by category and total for all categories.
 - 9. **Space Costs** - Enter amount by category and total for all categories.
 - 10. **Other Expenses** - Enter amount by category and total for all categories. **A description is required if the budget category exceeds 10% of total expenditures.**
 - 11. **Indirect Cost Calculation** - Enter the base(s), rate(s) and amount(s).
 - 12. **Other Cost Distributions** - Enter a description of the cost, percent distributed to this program and the amount distributed.
 - 13. **Total Exp.** - MI E-grants totals the amount of all positions required and records it on the Budget Summary.

Program Budget-Cost Detail Schedule Preparation

B1 Attachment B1-Program Budget Summary


EGrAMS Application

Michigan.gov
The Official State of Michigan Website

Budget Category Application
Timeout : 20 mins
Date : Mar-25-13

Agency: ABC Health Department
 Application: Family Planning Services SAMPLE

Program: Comprehensive Agreement - FY 20XX

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Description	Total	Amount	Cash	Inkind	Narr.
DIRECT EXPENSES					
Program Expenses					
Salary & Wages	83,419.00	83,419.00	0.00	0.00	
Fringe Benefits	34,202.00	34,202.00	0.00	0.00	
Cap. Exp. for Equip & Fac.					
Contractual					
Supplies and Materials	23,275.00	23,275.00	0.00	0.00	
Travel	3,340.00	3,340.00	0.00	0.00	
Communication	7,262.00	7,262.00	0.00	0.00	
County-City Central Services					
Space Costs	10,131.00	10,131.00	0.00	0.00	
All Others (ADP, Con. Employees, Misc.)	3,894.00	3,894.00	0.00	0.00	
Total Program Expenses	165,523.00	165,523.00	0.00	0.00	
TOTAL DIRECT EXPENSES	165,523.00	165,523.00	0.00	0.00	
INDIRECT EXPENSES					
Indirect Costs					
Indirect Costs	29,405.00	29,405.00	0.00	0.00	
Other Costs Distributions	1,685.00	1,685.00	0.00	0.00	
Total Indirect Costs	31,090.00	31,090.00	0.00	0.00	
TOTAL INDIRECT EXPENSES	31,090.00	31,090.00	0.00	0.00	
TOTAL EXPENDITURES	196,613.00	196,613.00	0.00	0.00	

Source of Funds



EGrAMS Application



Budget Category Application
Timeout : 20 mins
Date : Mar-25-13

Agency: ABC Health Department
 Application: Family Planning Services SAMPLE

Program: Comprehensive Agreement - FY 20XX

[Show Documents](#)

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Save +
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Source of Funds		196,613.00	0.00	0.00	196,613.00	
Del.	Description	Amount	Cash	Inkind	Total	Narr.
Source of Funds						
<input checked="" type="checkbox"/>	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Fees and Collections - 3rd Party	0.00	66,000.00	0.00	66,000.00	
<input checked="" type="checkbox"/>	Federal or State (Non MDCH)	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Federal Cost Based Reimbursement	0.00	19,000.00	0.00	19,000.00	
<input checked="" type="checkbox"/>	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Required Match - Local	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Local Non-ELPHS	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Local Non-ELPHS	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Other Non-ELPHS	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	MDCH Non Comprehensive	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	MDCH Comprehensive	66,813.00	0.00	0.00	66,813.00	
<input checked="" type="checkbox"/>	ELPHS - MDCH Hearing	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	ELPHS - MDCH Vision	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	ELPHS - MDCH Other	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	ELPHS - Food	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	ELPHS - Drinking Water	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	ELPHS - On-Site Sewage	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	MCH Funding	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	Local Funds - Other	0.00	44,800.00	0.00	44,800.00	
<input checked="" type="checkbox"/>	Inkind Match	0.00	0.00	0.00	0.00	
<input checked="" type="checkbox"/>	MDCH Fixed Unit Rate					
<input checked="" type="checkbox"/>		0.00	0.00	0.00	0.00	

B2 Attachment B2-Program Budget Cost Detail

EGrAMS Application

Timeout : 20 mins Date : Mar-25-13

Budget Category Application
Agency: ABC Health Department Program: Comprehensive Agreement - FY 20XX
Application: Family Planning Services SAMPLE [Show Documents](#)

[Facesheet](#) [Certifications](#) [Budget](#) [Miscellaneous](#) [Index](#)
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Budget Detail

Category: Program Expenses - Salary & Wages
Type: Expenditure

Classification Seq.: 1
Sub Type: Direct
Narrative: [\[icon\]](#)

Instructions: Select the position description. Identify the quantity as FTEs. Identify the rate as average cost per FTE.

	Description	Qty	Rate	UoM	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>	Nurse Practitioner	0.19	91000.000	FTE	17,290.00	17,290.00	0.00	0.00	[icon]
<input checked="" type="checkbox"/>	Public Health Nurse	0.46	34932.430	FTE	16,069.00	16,069.00	0.00	0.00	[icon]
<input checked="" type="checkbox"/>	Coordinator	0.41	51036.000	FTE	20,925.00	20,925.00	0.00	0.00	[icon]
<input checked="" type="checkbox"/>	Clerk	1.09	26729.240	FTE	29,135.00	29,135.00	0.00	0.00	[icon]

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Budget Detail

Category: Program Expenses - Cap. Exp. for Equip & Fac.
Type: Expenditure

Classification Seq.: 1
Sub Type: Direct
Narrative: [\[icon\]](#)

Instructions: Equipment is defined as the cost of a single item valued at \$5,000 or more and with a useful life of more than one year. Costs should include the item and any applicable expenses such as installation costs, maintenance fees, etc. Items costing less than \$5,000 should be entered into the supplies and materials line.

	Description	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>						[icon]
<input checked="" type="checkbox"/>						[icon]

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Budget Detail

Category: Program Expenses - Contractual
Type: Expenditure

Classification Seq.: 1
Sub Type: Direct
Narrative: [\[icon\]](#)

Instructions: Contractual refers to secondary recipient organizations only. Please enter the contact information. Consultants and supporting service subcontracts should be budgeted under the other expense line.

	Description	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>						[icon]
<input checked="" type="checkbox"/>						[icon]
<input checked="" type="checkbox"/>						[icon]

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Budget Detail

Category: Program Expenses - Supplies and Materials
Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category
Sub Type: Direct
Narrative: [\[icon\]](#)

Instructions: Items that cost less than \$5,000.

	Description	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>	Printing	100.00	100.00	0.00	0.00	[icon]
<input checked="" type="checkbox"/>	Postage	700.00	700.00	0.00	0.00	[icon]

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[Show Tree](#)

Budget Detail

Category: Program Expenses - Travel
Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category
Sub Type: Direct
Narrative: [\[icon\]](#)

Instructions:

	Description	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>	Mileage	3,000.00	3,000.00	0.00	0.00	[icon]
<input checked="" type="checkbox"/>	Conferences	340.00	340.00	0.00	0.00	[icon]

Budget Detail

Category: Program Expenses - Communication Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Other phones and IT lines	7,262.00	7,262.00	0.00	0.00	

Budget Detail

Category: Program Expenses - County-City Central Services Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/>					
<input type="checkbox"/> <input checked="" type="checkbox"/>					

Budget Detail

Category: Program Expenses - Space Costs Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Rent	6,923.00	6,923.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/> Other Utilities	2,608.00	2,608.00	0.00	0.00	

Budget Detail

Category: Program Expenses - All Others (ADP, Con. Employees, Misc) Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Supporting Services	2,279.00	2,279.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/> Lab Fees	300.00	300.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/> Other	300.00	300.00	0.00	0.00	

Budget Detail

Category: Indirect Costs - Indirect Costs Type: Expenditure

Classification Seq.: 3 Sub Type: Indirect Narrative:

Instructions:

Description	Percent	Units	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Fiscal Year Rate	25.000	117621.0	29,405.00	29,405.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/>							

Budget Detail

Category: Indirect Costs - Other Costs Distributions Type: Expenditure

Classification Seq.: 3 Sub Type: Indirect Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Nursing Adm Distribution	1,685.00	1,685.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/>					

I. Budget Preparation

A. Sources of Local Fund Types

Local Health Departments may utilize their county appropriation, funds received from local or private foundations, local contributors, or donators, and from other non-state/non-federal grant agreements that are specific to Medicaid Outreach or are to be used at the discretion of the Health Department as a source for matching funds.

B. Indirect Costs

There are three (3) options for indirect costs. They are:

1. an approved federal or state indirect rate
2. a 10% de minimis rate; or
3. a cost allocation/distribution plan

Most Health Departments will use the cost allocation plan for indirect costs. For further detail, go to VI. Form Preparation, L. Indirect Cost section on this document.

C. Cost Allocation Certification

The Cost Allocation Certification remains on file with the Department until there is a change in the Cost Allocation Plan. When the cost allocation plan on file with the program (MDHHS-Medicaid-Outreach), the local health department must: 1) submit a copy of the revised cost allocation plan with the budget request; and 2) complete a revised cost allocation methodology certification. Both documents are to be attached to a Detailed Budget line in EGrAMS.

II. Financial Status Report (FSR) – LHDs seeking 50% federal administrative match **must** request reimbursement by submitting their actual expenses for allowable Medicaid Outreach activities on their quarterly FSRs through MI E-Grants.

A. Quarterly and Final FSR

LHDs must reflect the actual Medicaid Outreach expenses incurred on the quarterly and final FSR. Actual expenses incurred must be specific to Medicaid Outreach as defined by the MSA Bulletin 05-29 and not part of a direct service. All expenses should be supported by an approved methodology and appropriate support documentation.

1. Required Match - Local

Should be used to report the local match for Medicaid Outreach, both the federal and local amounts must match.

2. Source of Funds Category

Other source of funds that are non-reimbursable for Medicaid Outreach (i.e., other federal grants, other MDHHS grants, etc.) should be reported on the

appropriate line has indicated in the Comprehensive Budget Instructions - Attachment I (e.g., Local non-ELPHS or Local Funds – Other).

Total Source of Funds must equal **Total Expenditures**.

III. Comprehensive Local Health Department Agreement Obligation Report – filed in September.

The Obligation report is used to estimate the payable amount due to Local Health Departments from MDHHS for each program element.

- A.** In the Estimate Column, enter the maximum projected federal administrative match earnings for allowable Medicaid Outreach Activities to be earned from Medicaid Outreach on the Federal Medicaid Outreach row.
- B.** In the Estimate Column, enter the maximum projected federal administrative match earnings for allowable Medicaid Outreach activities to be earned from CSHSC – Medicaid Outreach. This should reflect the local contribution multiplied by the Medicaid enrollment participation rate x 50% federal match rate.
- C.** In the Estimate Column, enter the maximum projected federal administrative match earnings for allowable Medicaid Outreach activities to be earned from Nurse Family Partnership Outreach. This should reflect the local contribution multiplied by the Medicaid enrollment participation rate x 50% federal match rate.

Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
VFC-only site visits	✓	✓		✓			✓
AFIX-only site visits	✓			✓			✓
Combined (AFIX & VFC site visits)	✓	✓		✓			✓
Perinatal hospital record reviews	✓						✓
Equipment*							
Fax machines for vaccine ordering	✓	✓	✓				✓
Vaccine storage equipment for VFC vaccine	✓	✓				✓ (for distribution facility)	✓
Copy machines	✓	✓	✓	✓	✓	✓	✓
<i>*Equipment: an article of tangible nonexpendable personal property having useful life of more than one year and an acquisition cost of \$5,000 or more per unit. If cost is below this threshold amount, item may be included in supplies.</i>							
Supplies							
Vaccine administration supplies (including, but not limited to, nasal pharyngeal swabs, syringes for emergency vaccination clinics)	✓						✓
Office supplies-computers, general office (pens, paper, paper clips, etc.), ink cartridges, calculators	✓	✓	✓	✓	✓	✓	✓
Personal computers / Laptops / Tablets	✓	✓	✓	✓	✓	✓	✓
Pink Books, Red Books, Yellow Books	✓						✓
Printers	✓	✓	✓	✓	✓	✓	✓

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Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Ftn funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Laboratory supplies (influenza cultures and PCRs, cultures and molecular, lab media serotyping)	✓						✓
Digital data logger with valid certificate of calibration/validation/testing report	✓	✓				✓	✓
Vaccine shipping supplies (storage containers, ice packs, bubble wrap, etc.)	✓					✓	✓
Contractual							
State/local conferences expenses (conference site, materials printing, hotel accommodations expenses, speaker fees)	✓	✓			✓		✓
<i>Food cost is not allowable.</i>							
Regional/Local meetings	✓	✓		✓	✓		✓
General contractual services (e.g., IAPs, local health departments, contractual staff, advisory committee media, provider trainings)	✓	✓	✓	✓	✓		✓ (FA only)
GSA Contractual services (CDC managed)	✓	✓					
Other IIS contractual agreements (support, enhancement, upgrades)	✓	✓ (VFC-related)			✓ (preparedness -related)		✓ (FA only)
Financial Assistance (FA)							
Non-CDC Contract vaccines							
317 vaccine funds must be requested in funding application (eGrATIS) under 317 FA vaccines							

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IPOM 2017

Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan-Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Indirect							
Indirect costs	✓	✓	✓	✓	✓	✓	✓
Miscellaneous							
Accounting services	✓	✓					✓
Advertising (restricted to recruitment of staff or trainees, procurement of goods and services, disposal of scrap or surplus materials)	✓	✓					✓
Audit Fees	✓	✓					✓
BRFSS Survey	✓						✓
Committee meetings (room rental, equipment rental, etc.)	✓	✓			✓		✓
Communication (electronic/computer transmittal, messenger, postage, local and long distance telephone)	✓	✓	✓	✓	✓		✓
Consumer information activities	✓	✓			✓		✓
Consumer / provider board participation (travel reimbursement)	✓						✓
Data processing	✓	✓	✓	✓	✓		✓
Laboratory services (tests conducted for immunization programs)	✓						✓
Local service delivery activities	✓						✓
Maintenance operation/repairs	✓						✓
Malpractice insurance for volunteers	✓						
Memberships/subscriptions	✓						✓
NIS Oversampling	✓						
Pagers/cell phones	✓	✓		✓	✓		✓
Printing of vaccine accountability forms	✓	✓					✓

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IPOM 2017

Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with VFC/AFLX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Professional service costs directly related to immunization activities (limited term staff), Attorney General Office services	✓						✓
Public relations	✓				✓		✓
Publication/printing costs (all other immunization related publication and printing expenses)	✓	✓		✓	✓		✓
Rent (requires explanation of why these costs are not included in the indirect cost rate agreement or cost allocation plan)	✓	✓				✓ (vaccine distribution facility)	✓
Shipping for materials (other than vaccine)	✓	✓					✓
Shipping (vaccine)						✓	✓
Software license/Renewals (ORACLE, etc.)	✓						✓ (FA only)
Stipend Reimbursements	✓						✓
Toll-free phone lines for vaccine ordering	✓	✓	✓				✓
Training costs – Statewide, staff, providers	✓	✓		✓	✓		✓
Translations (translating materials)	✓						✓
Vehicle lease (restricted to awardees with policies that prohibit local travel reimbursement)	✓						✓
VFC enrollment materials	✓	✓					✓
VFC provider feedback surveys	✓	✓					✓
VIS camera-ready copies	✓						✓

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Non-Allowable Expenses with Federal Immunization Funds

Expense	NOT allowable with federal immunization funds
Honoraria	✓
Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)	✓
Alcoholic beverages	✓
Building purchases, construction, capital improvements	✓
Land purchases	✓
Legislative/lobbying activities	✓
Bonding	✓
Depreciation on use charges	✓
Research	✓
Fundraising	✓
Interest on loans for the acquisition and/or modernization of an existing building	✓
Clinical care (non-immunization services)	✓
Entertainment	✓
Payment of bad debt	✓
Dry cleaning	✓
Vehicle Purchase	✓
Promotional and/or Incentive Materials (e.g., plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, conference bags)	✓
Purchase of food (unless part of required travel per diem costs)	✓

Other restrictions which must be taken into account while writing the budget:

- Funds may be spent only for activities and personnel costs that are directly related to the Immunization and Vaccines for Children Cooperative Agreement. Funding requests not directly related to immunization activities are outside the scope of this cooperative agreement program and will not be funded.
- Pre-award costs will not be reimbursed.

**MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES
LOCAL HEALTH DEPARTMENT AGREEMENT
October 1, 2022 – September 30, 2023
Fiscal Year 2023**

PROGRAM SPECIFIC ASSURANCES AND REQUIREMENTS

Local health service program elements funded under this agreement will be administered by the Grantee and the Department in accordance with the Public Health Code (P.A. 368 of 1978, as amended), rules promulgated under the Code, minimum program requirements and all other applicable Federal, State and Local laws, rules and regulations. These requirements are fulfilled through the following approach:

- A. Development and issuance of minimum program requirements, further describing the objective criteria for meeting requirements of law, rule, regulation, or professionally accepted methods or practices for the purpose of ensuring the quality, availability and effectiveness of services and activities.
- B. Utilization of a Minimum Reporting Requirements Notebook listing specific reporting formats, source documentation, timeframes and utilization needs for required local data compilation and transmission on program elements funded under this agreement.
- C. Utilization of annual program and budget instructions describing special program performance and funding policies and requirements unique to each State fiscal year.
- D. Execution of an agreement setting forth the basic terms and conditions for administration and local service delivery of the program elements.
- E. Emphasis and reliance upon service definitions, minimum program requirements, local budgets and projected output measures reports, State/local agreements, and periodic department on-site program management evaluation and audits, while minimizing local program plan detail beyond that needed for input on the State budget process.

Special requirements are applicable for the program elements listed in the attached pages.

Attachment IV Reimbursement Chart

Program Element:

The Program Element indicates currently funded Department programs that are included in the Comprehensive Local Health Department Agreement.

Reimbursement Methods

The Reimbursement Methods specifies the type of method used for each of the program element/funding sources. Funding under the Comprehensive Local Health Department Agreement can generally be grouped under four (4) different methods of reimbursement. These methods are defined as follows:

Performance Reimbursement

A reimbursement method by which local agencies are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of state funds prior to any utilization of local funds. Performance targets are negotiated starting from the last year's negotiated target and the most recent year's actual numbers except for programs in which caseload targets are directly tied to funding formulas/annual allocations. Other considerations in setting performance targets include changes in state allocations from past years, local fiscal and programmatic factors requiring adjustment of caseloads, etc. Once total performance targets are negotiated, a minimum state funded performance target percentage is applied (typically 90% unless otherwise specified). If local Grantee actual performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation for cost reimbursement will be reduced equivalent to actual performance in relation to the minimum performance.

Fixed Unit Rate Reimbursement

A reimbursement method by which local health departments are reimbursed a specific amount for each output actually delivered and reported.

ELPHS

A reimbursement method by which local health departments are reimbursed a share of reasonable and allowable costs incurred for required Essential Local Public Health Services (ELPHS), as noted in the current Appropriations Act.

Grant Reimbursement

A reimbursement method by which local health departments are reimbursed based upon the understanding that State dollars will be paid up to total costs in relation to the State's share of the total costs and up to the total state allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable and a source before any local funding requirements unless a special local match condition exists.

Performance Level If Applicable

The Performance Level column specifies the minimum state funded performance target percentage for all program elements/funding sources utilizing the performance reimbursement method (see above). If the program elements/funding source utilizes a reimbursement method other than performance or if a target is not specified, N/A (not available) appears in the space provided.

Performance Target Output Measures

Performance Target Output Measure column specifies the output indicator that is applicable for the program elements/ funding source utilizing the performance reimbursement method. Output measures are based upon counts of services delivered.

Relationship Designation

The Subrecipient, Contractor, or Recipient Designation column identifies the type of relationship that exists between the Department and grantee on a program-by-program basis. Federal awards expended as a subrecipient are subject to audit or other requirements of Title 2 Code of Federal Regulations (CFR). Payments made to or received as a Contractor are not considered Federal awards and are, therefore, not subject to such requirements.

Subrecipient

A subrecipient is a non-Federal entity that expends Federal awards received from a pass-through entity to carry out a Federal program, but does not include an individual that is a beneficiary of such a program; or is a recipient of other Federal awards directly from a Federal Awarding agency. Therefore, a pass-through entity must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor. Subrecipient characteristics include:

- Determines who is eligible to receive what Federal assistance;

- Has its performance measured in relation to whether the objectives of a Federal program were met;
- Has responsibility for programmatic decision making;
- Is responsible for adherence to applicable Federal program requirements specified in the Federal award; and
- In accordance with its agreements uses the Federal funds to carry out a program for a public purpose specified in authorizing status as opposed to providing goods or services for the benefit of the pass-through entity.

Contractor

A Contractor is for the purpose of obtaining goods and services for the non-Federal entity's own user and creates a procurement relationship with the Grantee. Contractor characteristics include:

- Provides the goods and services within normal business operations;
- Provides similar goods or services to many different purchasers.
- Normally operates in a competitive environment.
- Provides goods or services that are ancillary to the operation of the Federal program; and
- Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

In determining whether an agreement between a pass-through entity and another non-Federal entity casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above may not be present in all cases, and the pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract.

Recipient

A Recipient is for grant agreement with no federal funding.

Amendment Schedule

Amendment Schedule will be added in first amendment.

Key Terms

- **Amendment Request Due Date** – The date amendment requests are due to the program office.
 - a. Budget category amendment requests need to be submitted to the program office.
- **Anticipated Consolidation Date** – The day the agreement (original/amendment) will be released to the health department for final signature.
- **New Project Start/Effective Date** – The date new projects are expected to start, unless otherwise communicated by the program office.

PROJECT	PROGRAM CONTACT	EMAIL
American Rescue Plan	Charisse Sanders	sandersc2@michigan.gov
COVID Immunization	Terri Adams	adamst2@michigan.gov
COVID-19 Mobile Testing	Brenda Jegede	jegedeb@michigan.gov
COVID Workforce Development	Laura de la Rambelje	DelaRambeljeL@michigan.gov
ELC Contract Tracing, Investigation, Testing Coord., and Infection Prevention	Laura de la Rambelje	DelaRambeljeL@michigan.gov
ELC Regional Lab	Marty Soehnlen	soehnlenm@michigan.gov
ELC Sewer Network	Mary Stobierski	stobierskim@michigan.gov
Lead Response	Laura de la Rambelje	DelaRambeljeL@michigan.gov
Local Public Health Nursing Case Management Expansion	Carin Speidel	speidelc@michigan.gov
PFAS Response (All Locations)	Laura de la Rambelje	DelaRambeljeL@michigan.gov
Reopening Schools HRA	Joseph Coyle	coylej@michigan.gov

PROJECT TITLE: American Rescue Plan

American Rescue Plan – HFA

American Rescue Plan – NFP

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The American Rescue Plan (ARP) funding is federal funding issued to assist Home Visiting programs and associated families with the means to respond to immediate needs resulting from the impacts of COVID-19. This funding will assist Home Visiting programs with addressing the impacts of COVID-19 by providing services and supplies to families while also supporting the programmatic costs and training needs of Home Visiting agencies.

Reporting Requirements (if different than agreement language):

The Local Implementing Agency (LIA) shall submit all required reports in accordance with the Department reporting requirements. See the Michigan Department of Health and Human Services' (MDHHS) Home Visiting Guidance Manual for details about what must be included in each report.

- a. Staffing Changes: Within 10 days of a staffing change, notify the appropriate Model Consultant via e-mail and incorporate the change(s) into the budget and facesheet during the next amendment cycle as appropriate. The facesheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director in E-GrAMS can make the facesheet changes once the agreement is available to be amended.
- b. ARP Work Plan: By June 30, 2022, the LIA must submit a Work Plan to the MDHHS Home Visiting mailbox (MDHHS-HVInitiative@michigan.gov) for preapproval. An ARP Work Plan template will be provided. See the MDHHS Home Visiting Guidance Manual for requirements related to Work Plan development and reporting.
- c. Work Plan Reports: Must be submitted to the MDHHS Home Visiting mailbox (MDHHS-HVInitiative@michigan.gov) within 30 days of the end of each quarter (January 30, April 30, July 30 and October 30). The template mentioned in section b. above can also be used for Work Plan Report submissions.
- d. ARP Quarterly Report: This report is unique to ARP funding asking for specific information relating to the allowable uses of ARP funds. These reports will assist the MDHHS Home Visiting Unit in complying with HRSA requirements and are due on the 15th of the month following each calendar quarter. The report template is available in EGrAMS. All ARP Quarterly Reports should be submitted to the MDHHS Home Visiting mailbox (MDHHS-HVInitiative@michigan.gov).

All reports and/or information (a-d), unless stated otherwise, shall be submitted electronically to the MDHHS Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov.

PROJECT: COVID Immunization

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

This grant should be directed to increase COVID vaccination within Michigan. will be used to support awardee and local Health Department (HD) staffing, communications campaigns, pandemic preparedness, mass vaccination and all COVID-19 vaccine response work.

Reporting Requirements (if different than contract language)

Completion of the Vaccination Situation Report.

Any additional requirements (if applicable)

Allowable expenses include staffing, communications, and supplies to support COVID-19 vaccination events, including PPE, vaccine refrigerators, data loggers, vaccine coolers, and indirect costs for COVID-19 related work.

Are not allowable expenses: Vehicles purchasing, Food, Alcoholic beverages, Building purchases, construction, capital improvements, Entertainment Cost, Goods and services for personal use and Promotional and/or Incentive Material such as: Mugs/Cups, Pens, or Bags.

PROJECT: COVID Workforce Development

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Funding for COVID Workforce Development to establish, expand, and sustain a public health workforce, including school nurses.

Reporting Requirements (if different than contract language)

Reporting requirements will be provided at a later date.

Any additional requirements (if applicable)

Eligible purchases include:

- Hiring personnel (including wages and benefits) for roles that may range from senior leadership positions to early career or entry-level positions (including, but not limited to permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, and contractors or contracted employees). Examples of personnel include professional or clinical staff, disease investigation staff, school nurses and school-based health services personnel, program staff, administrative staff, and any other positions that may be required to prevent, prepare for, and respond to COVID-19.
- Purchase of equipment and supplies necessary to support the expanded workforce including personal protective equipment, equipment needed to perform the duties of the position, computers, cell phones, internet costs, cybersecurity software, and other costs associated with support of the expanded workforce (to the extent these are not included in recipient indirect costs).
- Administrative support services necessary to implement activities funded under this section, including travel and training (to the extent these are not included in recipient indirect costs).

PROJECT: COVID-19 Mobile Testing

Start Date: 10/1/2022

End Date: 10/1/2023

Project Synopsis

Mobile testing deployment to high-risk areas of need. Walk or drive up testing. Partnerships with community organizations. Eliminate barriers by offering no appointments or prescription. Testing and include vaccinations and health screening. Services include social determinant assessments and linkage to services and care.

Reporting Requirements (if different than contract language)

Monthly Project Updates

Please submit monthly project updates via email to **Shronda Grigsby** Grigsbys1@michigan.gov and **Nina Talarico** TalaricoN@michigan.gov no later than the 15th of each calendar month.

Quarterly Narrative Progress Reports

Submit quarterly narrative progress reports utilizing the template provided via email to **Shronda Grigsby** at Grigsbys1@Michigan.gov and Nina Talarico TalaricoN@michigan.gov in accordance with the following schedule:

Reporting Period	Report Due Date
October 1 - December 31	January 31
January -March 31	April 30
April 1 - June 30	July 31
October 1 - Septmeber 30 (entire FY)	October 31

Any additional requirements (if applicable)

- A. Ensure that activities implemented under this grant award are in accordance with established MDHHS program standards, as well as State and Federal policy and statutes, including HIPAA.
- B. Adhere to timelines and work plans, budgets, and staffing plans submitted and approved by MDHHS. Deviations from approved timelines, work plans, budgets and staffing plans must receive advance authorization from MDHHS. Failure to

make reasonable progress in program development may result in revocation or reduction of the grant award.

- C. Collaborate with and build on other MDHHS COVID-19 response programs wherever possible, rather than duplicating or rebuilding efforts.
- D. Ensure that services and materials are culturally and linguistically appropriate to meet the needs of the respective client populations.
- E. Utilize results from the Social Vulnerability Index/mortality analysis from the State of Michigan at the census tract level for Southeast Michigan to help identify priority areas for the mobile testing program within high priority census tracts, and share data maps of COVID-19 “hot spots” with MDHHS.
- F. Assess insurance status of each individual being tested. Bill relevant insurers, including private insurers, Medicaid health plans, and the Health Resources and Services Administration for COVID-19 testing costs when possible.
- G. Store, refuel, and maintain vehicles to ensure optimum vehicle performance. Take all reasonable precautions to keep vehicles safe against fire, water, and traffic damage, and maintain cleanliness of the vehicles. Submit documentation and billing for storage, fuel, and maintenance reimbursement.
- H. As part of any vaccination activities, follow all relevant MDHHS protocols, including record and account of all doses of vaccine administered in the Michigan Care Improvement Registry (MCIR) and assuring vaccines are stored at recommended temperatures at all times.
 - 1. Reports from temperature data logger showing temperatures within recommended range may be requested at any time by MDHHS.

The terms below are in addition to the standard terms in the County Health Department Agreement, and apply only to this specific project:

Insurance Requirements. Grantee, at its sole expense, must maintain the insurance coverage identified below.

All required insurance must:

- (i) Protect the State from claims that arise out of, are alleged to arise out of, or otherwise result from Grantee's performance;
- (ii) Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the State; and
- (iii) Be provided by a company with an A.M. Best rating of "A-" or better, and a financial size of VII or better.

Required Limits		Additional Requirements
Commercial General Liability Insurance		
<u>Minimum Limits:</u> \$1,000,000 Each Occurrence \$1,000,000 Personal & Advertising Injury \$2,000,000 Products/Completed Operations \$2,000,000 General Aggregate		Coverage must not have exclusions or limitations related to sexual abuse and molestation liability.
Automobile Liability Insurance		
<u>Minimum Limits:</u> \$1,000,000 Per Accident		Policy must include Hired and Non-Owned Automobile coverage.
Workers' Compensation Insurance		
<u>Minimum Limits:</u> Coverage according to applicable laws governing work activities		Waiver of subrogation, except where waiver is prohibited by law.
Employers Liability Insurance		
<u>Minimum Limits:</u> \$500,000 Each Accident \$500,000 Each Employee by Disease \$500,000 Aggregate Disease		
Privacy and Security Liability (Cyber Liability) Insurance		
<u>Minimum Limits:</u> \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate		Policy must cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.
Medical Malpractice Insurance		
<u>Minimum Limits:</u> \$1,000,000 Each Occurrence \$3,000,000 Annual Aggregate		

If any required policies provide claims-made coverage, the Grantee must:

1. Provide coverage with a retroactive date before the Effective Date of the Grant or the beginning of Grant Activities;
2. Maintain coverage and provide evidence of coverage for at least three (3) years after completion of the Grant Activities; and
3. If coverage is cancelled or not renewed, and not replaced with another claims-

made policy form with a retroactive date prior to the Effective Date of this Grant, Grantee must purchase extended reporting coverage for a minimum of three (3) years after completion of work.

Grantee must:

1. Provide insurance certificates to the Grant Administrator, containing the agreement or delivery order number, at Grant formation and within twenty (20) calendar days of the expiration date of the applicable policies;
2. Require that subgrantees maintain the required insurances contained in this Section;
3. Notify the Grant Administrator within five (5) business days if any policy is cancelled; and (iv) waive all rights against the State for damages covered by insurance. Failure to maintain the required insurance does not limit this waiver.

This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of either party for any obligations under this Grant (including any provisions hereof requiring Grantee to indemnify, defend and hold harmless the State).

PROJECT: ELC (Epi Lab Capacity) Contact Tracing, Case Investigation, Testing Coordination, and Infection Prevention

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

For COVID-19 funding from ELC Supplemental for Case Investigations and Contact Tracing and Infection Prevention. The inability to meet quality standards will elicit the following response from MDHHS related to this funding:

- Technical assistance
- Corrective action/performance improvement plans with MDHHS
- Required support from MDHHS

Any single procurement of over \$4,000 should be vetted with MDHHS prior to purchase.

Reporting Requirements (if different than contract language)

Related to Case Investigation Quality:

LHD's will continue to perform high quality case investigation and contact tracing for Department-recommended priorities. Local health departments should focus on interview completion, timeliness, and race and ethnicity completion, as well as effective communication with providers, individuals, the general public, and businesses related to isolation and quarantine. LHD's shall focus work on outbreak investigations in populations of interest. LHD's can procure tools to increase case investigation quality (people finding software, communications, printed materials for testing events, EMR access, etc.).

Case investigation data will be reported in MDSS. Allowable expenses include staffing, IT, communications, computers and or phones or other office needs, access to people finding software or EMR, supports to cases for isolation and quarantine (not including wraparound services). Funding cannot be used for clinical care or research.

Related to Contact Tracing:

Dependent on MDHHS guidance, LHDs will collaborate with MDHHS to assure timely contact notification and education of close contacts of a COVID-19 case.

Related to testing:

LHDs will provide staffing and support for testing activities related to outbreak response. This funding can be used to staff testing events or assure testing strategies are completed.

Related to Infection Prevention:

MDHHS SHARP/IPRAT will serve as a statewide technical assistance provider to LHD Infection Prevention personnel, including but not limited to train-the-trainer models, job

shadowing, assistance with onsite and virtual facility assessments, pre-and post-visit consultation and follow-up, cluster/outbreak reporting, response and containment.

1. The LHD will designate a staff member or members responsible for leading virtual and onsite infection prevention assessments:
 - a. Proactive IP assessments (preparedness)
 - b. Assessments in response to an outbreak/cluster
2. A list of LHD IP team members and contact information will be available to MDHHS
3. Team members will participate in a Project kickoff meeting and routinely
4. scheduled coordination calls with MDHHS
5. Dedicated LHD staff will complete Project FirstLine Training provided by CDC and/or MDHHS
6. Dedicated LHD staff will participate in an APIC training sponsored by MDHHS
7. LHDs will conduct ongoing outreach to high-risk settings to assess communicable disease reporting and existing infection prevention resources, policies, practices, processes and provide facilities with best practice recommendations for infection prevention.
 - a. High risk settings include but are not limited to healthcare settings (hospitals, nursing homes, other long term care facilities), jails, prisons, and shelters.
8. LHDs shall submit ICARs to MDHHS at
https://dhhshivstd.iad1.qualtrics.com/jfe/form/SV_0dNux70o256K6B7

This data will be reported to MDHHS in a quarterly survey (Qualtrics/SurveyMonkey):

1. # of LHD staff completing Project FirstLine Training
2. # of LHD staff completing APIC training
3. # of proactive virtual site visits conducted
4. # of proactive onsite visits conducted
5. # of outbreak/cluster site visits conducted
6. # of trainings coordinated by LHD personnel
7. # of infection prevention consultations conducted
8. # of IP meetings coordinated by the LHD

Allowable expenses include staffing, IT, communications, computers and/or phones or other office needs, travel, PPE, professional development/trainings/conferences for staff, expenses related to hosting events/trainings.

Funding cannot be used for clinical care or research.

For local health departments:

Use staffing to collaborate to conduct contact tracing, contact notification, and mitigation for high-priority settings like schools, jails, dorms, congregate settings, etc.

1. LHDs will report to MDHHS the number of clusters/outbreaks investigated with supported staff
2. LHD's will provide education to contacts on public health recommendations for COVID-19 to other emerging communicable disease threats.
3. LHD will provide information to close contacts such as websites, printed materials, social media, or hotlines.

Staffing can be used to support:

- connecting people with supportive services and treatments when indicated
- assisting with expanding public education and outreach
- promoting vaccination — including scheduling and booster reminders

Staff can be cross trained to support other communicable disease investigation activities such as:

- sexually transmitted infection and
 - HIV partner services,
 - Hepatitis C infection,
 - foodborne outbreak response,
 - tuberculosis investigations,
 - healthcare associated and antibiotic resistant organisms,
 - other programs that can benefit from the skills of this highly-trained workforce.
4. LHDs should report to MDHHS, on a quarterly basis, which non-COVID-19 conditions were investigated by staff supported under this award
 5. LHDs will support local public health staff impacted by COVID-19 by providing development and training opportunities, including addressing the physical and behavioral health impact of COVID-19 on the public health workforce.
 6. LHDs will support staff workforce development and training, including conference fees and associated travel.

Allowable expenses include staffing, IT, communications, computers and or phones or other office needs, access to people finding software or EMR, supports to cases and contacts for isolation and quarantine for COVID-19 and/or other infectious disease threats.

Any additional requirements (if applicable)

PROJECT: ELC Regional Lab

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

ELC Regional Lab funds are dedicated to developing lab, epi, and other public health efforts to modernize and expand testing and response capabilities of pandemics with special emphasis on the responses to COVID-19. The Regional laboratory system is intended to serve as a “hub-and-spoke” model in conjunction with the state public health laboratory to rapidly respond to community needs. Funding is expected in personnel, equipment, overhead (discretionary of county or district needs if in support of public health), and lab supplies/consumables or materials that directly support sampling for return to the lab.

Reporting Requirements (if different than contract language)

None, but sites may be asked to provide tally counts of testing if not directly available from StarLIMS or to answer occasional question from CDC on capabilities.

Any additional requirements (if applicable)

PROJECT: ELC SEWER Network

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The State of Michigan SARS-CoV-2 Epidemiology - Wastewater Evaluation and Reporting Network, also known as the SEWER Network, is a wastewater monitoring project that utilizes locally coordinated projects to conduct surveillance for SARS-CoV-2 virus shed into Michigan public sewer systems. The overarching goal of the Michigan SEWER Network is to rapidly detect circulation of SARS-CoV-2 virus within specific communities via wastewater testing. The SEWER Network is designed to support local project participation through the collection, transportation, and testing of wastewater samples, analysis and reporting of results, coordination and communications within local projects and with state agencies, and submission of results to MDHHS and EGLE. The emphasis for this funding is that the funded activities provide useful, timely, and consistent wastewater data to support local COVID-19 public health responses.

Reporting Requirements (if different than contract language)

All local projects may be required to submit a weekly summary of project activities to MDHHS via email or uploading to the existing Microsoft Teams site for the project. This could include information on sample collection, testing, data reporting and utility, and partner communication. A template for this report will be provided by MDHHS. MDHHS will communicate any changes in reporting requirements to project participants.

Quarterly workplan updates will be required from all local projects. Lead agencies who are not local health departments will be required to complete a quarterly workplan report in EGrAMS that details the activities and objectives during that time period. LHD leads for local projects will submit quarterly workplan reports directly to MDHHS project staff.

Failure to implement project requirements or submit required financial and performance reports in accordance with this agreement may result in reduction of funds or non-renewal of future contracts.

Any additional requirements (if applicable)

This agreement reflects the sampling commitments written in the proposal. Any changes in the sampling plan need to be discussed with SEWER Network project staff.

PROJECT TITLE: Lead Response

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Lead Action Level Exceedance (ALE) response capacity encompasses public outreach, including education on water testing and results, water filter usage, flushing recommendations, and the interim provision of water filtration systems.

The Michigan Department of Health and Human Services (MDHHS), through a legislative funding allocation, can provide lead-reducing water filter systems and replacement cartridges if the local water supply cannot provide them, and if the LHD or local unit of government doesn't have the resources to provide them.

Filters from MDHHS can be offered at no cost to low-income households that meet these criteria:

<p>Requirement 1: To qualify for a filter, both requirements must be met:</p> <ul style="list-style-type: none">○ Household receives water from the ALE Community Water Supply○ Household has NOT received a water filter from ALE Community Water Supply, the Local Health Department, or the Michigan Department of Health and Human Services.
<p>Requirement 2: To qualify for a filter, one requirement must be met:</p> <ul style="list-style-type: none">○ A child under age 18 lives at the applicant's address.○ A child under age 18 spends a few hours a day and several days a week at the applicant's address for at least 3 months of the year.○ A pregnant woman lives at the applicant's address.
<p>Requirement 3: To qualify for a filter, one requirement must be met:</p> <ul style="list-style-type: none">○ Household includes a person who receives WIC benefits or Medicaid insurance.○ Household attests they can't afford a filter and replacement cartridges (filters cost about \$35 and replacement cartridges cost about \$15.)

If an eligible household's water test result is above the action level (AL = 15 ppb) for lead, or the resident's home is on the public water system experiencing an ALE for lead, a faucet mount filter and 2 replacement cartridges will be offered. A pitcher filter and 3 replacement cartridges may be offered, when necessary (e.g., faucet mount does not fit their faucet).

These measures will be provided until a permanent solution can be identified and implemented, as resources allow, or a determination is made by MDHHS Division of Environmental Health that filtration is no longer recommended or advised.

Reporting Requirements

By *Wednesday* at noon each week, grantees are required to enter all data collected on the Water Filter Request Forms in the attached Excel file. The file will be submitted to *Gabriella Dionise*, at dioniseg1@michigan.gov.

Additional Requirements:

Requesting Funding

Local Health Departments requesting funds for Lead ALE response will provide an estimated budget, as well as a description of expenses on Form DCH-0385(E) and DCH-0386(E).

Lead ALE response funds are not capacity building funds but are limited-term funding to achieve a critical public health response on behalf of the MDHHS for environmental public health needs related to lead in drinking water.

Eligible Expenses Include:

- a) Staff time and fringe dedicated to Lead ALE response in association with the interim response.
 - Eligible staff activities for Lead ALE response include filtration system distribution, home visits, organizing and hosting town hall meetings or other public education, phone banks, water sample collection or other activities approved by and conducted in collaboration with MDHHS Division of Environmental Health.
- b) Printing materials associated with ALE response;
- c) Mileage associated with lead ALE response and MDHHS-provided training;
- d) Lead and copper analysis fees for health departments with certified drinking water laboratories when costs are in alignment with the Michigan Department of Environment, Great Lakes, and Energy's (EGLE) Drinking Water Laboratory fees (\$26/sample).
- e) Other items as need is determined, such as public meeting venue rental or phone bank expenses.

Other expenses that are not on this list must receive prior approval by DEH before submission to Division of Local Health Services. Any deviation or amendment to existing

Lead ALE response projects requires DEH approval. Local Health Departments submit all budget requests to DEH Community Engagement Unit.

Ineligible Expenses Include:

- Training
- Association membership fees; and
- Travel not associated with direct Lead ALE service delivery.

Providing Interim Filtration Systems

When distributing water filters to residents, health departments will obtain a signed **Water Filter Request Form** from each resident. *A site-specific form will be provided as a fillable PDF. Health Departments may choose to type resident's information into the fillable PDF or print off the form.* Residents will complete Page 1 of the form, and health department staff (or their designees) will complete Page 2 of the form. Grantees are requested to maintain hard copies of the Water Filter Request Forms for audit purposes. Completion of the Water Filter Request Form is NOT intended to be a barrier to the provision of filtration systems for households with pregnant women and children under age 18.

- A note here: sometimes the filter distributions happen at CE events that are not run by LHDs, in that case, Lakecia holds onto the PDF forms.

PROJECT: Local Public Health Nurse Case Management

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The purpose of this project is to fund nursing case management support for children 6-16 years of age with elevated lead levels in Berrien County, as well as children under 6 years of age with an elevated blood lead level who are not enrolled in a Medicaid Health Plan in Berrien County. This project also supports funding to InterCare FQHC, as needed, for reimbursement blood lead sample analysis at \$7.00 each. Finally, this project supports efforts to increase blood lead testing within Berrien County, with high priority to Benton Harbor. This funding can support Berrien County in identifying barriers to blood lead testing, reduction strategies for these identified barriers and methods to increase access to blood lead testing, focusing messaging on blood lead testing for children and pregnant persons.

Reporting Requirements (if different than contract language)

N/A

Any additional requirements (if applicable)

N/A

PROJECT: PFAS Response (All Locations)

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The Michigan Department of Health and Human Services (MDHHS) Division of Environmental Health (DEH), in consultation and collaboration with local health departments, provides drinking water recommendations to residents with private residential wells contaminated with PFAS. Local health departments are eligible for PFAS Response funding when filtration or another source of drinking water is recommended as a health protective measure.

PFAS Response encompasses the components below:

- Educational outreach such as, but not limited to, education regarding drinking water testing and results.
- Interim provision of water filtration systems or an alternate source(s) of water until a determination is made by MDHHS DEH that filtration or alternate water is no longer recommended.
- Follow-up with residents who have received a water filter to offer free replacement filter cartridges every six months.

Local health departments requesting funds for PFAS response will provide an estimated budget as well as a description of expenses on forms DCH-0385E and -0386E.

PFAS Response funds are not capacity building funds but are limited-term funding to achieve a critical public health response on behalf of MDHHS DEH for environmental public health needs related to PFAS.

Eligible expenses Include:

- Water filters certified for PFAS reduction.
- Installation of certified water filters by a plumber licensed in the State of Michigan.
- Replacement water filter cartridges provided approximately every 6 months or after 800 gallons of water has been filtered, depending on residents' water usage.
- Alternate water such as water coolers/dispensers or bottled water, as need is determined and approved by MDHHS DEH.
- Mileage.
- Supplies.

- Staff time and fringe dedicated to PFAS response. Required staff activities for PFAS response include:
 - a. Distribution of certified water filtration systems and replacement cartridges.
 - b. Coordination of water filter installation by a licensed plumber when requested by the resident.
 - c. Provision of semi-annual filter replacement cartridge offers and reminders. These offers and reminders are made to residents previously provided with water filters until:
 - a determination is made by MDHHS DEH that water filtration is no longer recommended.
 - d. Documentation of water filter and replacement cartridge distribution.
 - e. Data entry and submission to MDHHS DEH.
- When necessary, staff activities may include:
 - a. Bottled water distribution.
 - b. Home visits.
 - c. Organizing and hosting town hall meetings or other public education.
 - d. Phone banks.
 - e. Water sample collection support when requested by MDHHS DEH.
- Other items as need is determined such as public meeting venue rental or phone bank expenses.
- Indirect costs.

Expenses not on this list must receive prior approval by MDHHS DEH before submission. Any deviation from or amendment to existing PFAS response projects requires MDHHS DEH approval.

Ineligible expenses include:

- Training.
- Association membership fees.
- Travel not associated with direct PFAS service delivery.
- The cost to remove filters unless the water filter is found to be defective and requires replacement.

Reporting Requirements (if different than contract language):

By the first Wednesday of each month, grantees are required to submit:

- Site-specific, updated tracking forms including:
 - a. Site name.
 - b. Resident's name, address, contact information.
 - c. Water filter or alternate water type provided.
 - d. Water filter or alternate water quantity distributed.
 - e. Filter replacement cartridges distributed.
 - f. Date of each distribution.
 - g. Permission to contact resident.
 - h. Filter declination.
 - i. Staff name.

- Site-specific updated information on number of bottles of water distributed.

Submit tracking forms to MDHHS DEH via email to MDHHS-DEHresponse@michigan.gov with the subject line PFAS Alternate Water Tracker – (add reported month).

Any additional requirements (if applicable)

- Local health departments submit all budget requests to MDHHS DEH for approval.
- Application for funds in subsequent fiscal years is expected where there is an ongoing recommendation for water filtration or an alternate water source.
- Local health department are to maintain number of staff hours expended on the grant.

Acknowledgement of Receiving or Declining Water Filter Form

When providing a water filter to a resident, grantees will complete the **Acknowledgement of Water Filter Receipt** form, or similar acknowledgment form based on the grantee's legal review, including the resident's signature. The forms will be retained by the grantees.

- Please note that an acknowledgement form is NOT intended to be a barrier to provision of water assistance.

PROJECT: Reopening Schools HRA

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The Michigan Department of Health and Human Services (MDHHS) is offering a voluntary program to provide rapid antigen testing to educators, staff, and students at public and private schools. In addition, MDHHS is providing funds to school districts that have indicated the need for additional technical support with the intent to participate in testing programs, among other factors. Funding provided will support hiring health resource advocates (HRAs). Individuals serving in the role as an HRA will provide front-line support for COVID-19 testing and reporting, help districts identify emerging COVID-19 related health concerns, and amplify best health practices.

Any additional requirements (if applicable)

Reporting Requirements (if different than contract language)

Bi-Monthly reports by school district to include the following (**additional information may be requested**):

1. Total enrollment
2. PCR tests conducted
3. Antigen tests conducted
4. Total positive cases
5. # HRAs hired
6. Qualitative feedback on:
 - barriers
 - successes
 - lessons learned
 - verification of funding use for HRA positions

Reports should be submitted via email to MDHHS-HRAreporting@michigan.gov. For any, additional questions or concerns can be submitted to MDHHS-COVIDTestingSupport@michigan.gov.

Funding may only be used for hiring an HRA(s). The funding shall not be used for any other purpose beyond hiring and/or funding an HRA(s), which may include supporting existing positions. These funds must also be accompanied by a plan to conduct COVID-19 testing in school settings.

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution to Authorize an Agreement for Delivery of Comprehensive Health Services for the Period of October 1, 2022 through September 30, 2023 – Health Department

WHEREAS, The Livingston County Health Department has determined a need for provision of the delivery of comprehensive health services; and

WHEREAS, These services are basic, required, and allowable health services under Act 368 Public Acts of 1978, and individual categorical contractual services; and

WHEREAS, The Michigan Department of Health and Human Services provides a contractual relationship to partially reimburse Livingston County for the following health services,

Food - Essential Local Public Health Services	\$137,749
Hearing - Essential Local Public Health Services	\$40,187
Vision - Essential Local Public Health Services	\$40,187
MDHHS - Essential Local Public Health Services (General Communicable Disease)	\$268,305
EGLE Drinking Water and Onsite Wastewater Management	\$315,007
Bioterrorism Cities Readiness Initiatives	\$46,306
Bioterrorism Emergency Preparedness	\$105,827
Children's Special Health Care Services (CSHCS)	\$82,640
HIV Prevention	\$20,000
CSHCS Vaccine Initiative	\$9,917
Immunization Field Services Rep	\$5,000
Immunization Action Plan (IAP)	\$80,878
Local MCH (Maternal & Child Health)	\$39,490
Tuberculosis (TB) Control	\$590
Immunization Vaccine Quality Assurance (VQA)	\$15,901
Vector-Borne Surveillance & Prevention	\$9,000
Women, Infants & Children (WIC) Resident Services	\$377,231
Women, Infants & Children (WIC) Breastfeeding	\$28,853
TOTAL	\$1,623,068

WHEREAS, the Michigan Department of Health and Human Services may propose future amendments for the purpose of revising the funding or terms of the agreement.

THEREFORE BE IT RESOLVED that the Livingston County Board of Commissioners hereby authorize an Agreement with the Michigan Department of Health and Human Services

for the delivery of comprehensive health services in Livingston County during the period of October 1, 2022 through September 30, 2023, upon review by Civil Counsel.

BE IT FURTHER RESOLVED that \$1,623,068 be allocated to expenditures in Health Fund 221 for State Fiscal Year 2023, to support the provisions of the Comprehensive Health Services Agreement authorized herein.

BE IT FURTHER RESOLVED that the Livingston County Board of Commissioners hereby authorize the Health Officer to electronically sign this agreement, and any future amendments for monetary and contract language adjustments of the above-referenced Agreement upon review and approval by Civil Counsel.

BE IT FURTHER RESOLVED that any deletions or additions of programs shall require Board approval.

BE IT FURTHER RESOLVED that the Board of Commissioners authorize any budget amendment to effectuate the above.

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MOVED:
SECONDED:
CARRIED:



LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102
Howell, Michigan 48843-7578

www.lchd.org

PERSONAL/PREVENTIVE HEALTH SERVICES

P: (517) 546-9850
F: (517) 546-6995

ENVIRONMENTAL HEALTH SERVICES

P: (517) 546-9858
F: (517) 546-9853

September 23, 2022

To: Livingston County Board of Commissioners

From: Matt Bolang

Re: Resolution to Authorize Agreement for Delivery of Comprehensive Health Services for the Period of
October 1, 2022 through September 30, 2023

The attached resolution establishes continuation of the agreement with the Michigan Department of Health and Human Services for the delivery of mandated comprehensive health services. The MDHHS provides funding to partially reimburse the county for services covered in the agreement. There have been no significant changes in program requirements. The changes seen in funding from our 2022 resolution includes increases in Emergency Preparedness and WIC programs in the amount totaling \$38,546. Please don't hesitate to contact me should you have any questions.

Food - Essential Local Public Health Services	\$137,749
Hearing - Essential Local Public Health Services	\$40,187
Vision - Essential Local Public Health Services	\$40,187
MDHHS - Essential Local Public Health Services (General Communicable Disease)	\$268,305
EGLE Drinking Water and Onsite Wastewater Management	\$315,007
Bioterrorism Cities Readiness Initiatives	\$46,306
Bioterrorism Emergency Preparedness	\$105,827
Children's Special Health Care Services (CSHCS)	\$82,640
HIV Prevention	\$20,000
CSHCS Vaccine Initiative	\$9,917
Immunization Field Services Rep	\$5,000
Immunization Action Plan (IAP)	\$80,878
Local MCH (Maternal & Child Health)	\$39,490
Tuberculosis (TB) Control	\$590
Immunization Vaccine Quality Assurance (VQA)	\$15,901
Vector-Borne Surveillance & Prevention	\$9,000
Women, Infants & Children (WIC) Resident Services	\$377,231
Women, Infants & Children (WIC) Breastfeeding	\$28,853
TOTAL	\$1,623,068

Agreement Between
Michigan Department of Health and Human Services
hereinafter referred to as the "Department"
and
Livingston County Board of Commissioners
hereinafter referred to as the "Local Governing Entity"
on Behalf of Health Department
Livingston County Department of Public Health
2300 E. Grand River Ave., Suite 102
Howell MI 48843 7578
Federal I.D.#: 38-6005819, Unique Entity Identifier: KKVDAK6JGJ96
hereinafter referred to as the "Grantee"
for
The Delivery of Public Health Services under
the Local Health Department Agreement

Part 1

1. Purpose

This Agreement is entered into for the purpose of setting forth a joint and cooperative Grantee/Department relationship and basis for facilitating the delivery of public health services to the citizens of Michigan under their jurisdiction, as described in the attached Annual Budget, established Minimum Program Requirements, and all other applicable federal, state and local laws and regulations pertaining to the Grantee and the Department. Public health services to be delivered under this Agreement include Essential Local Public Health Services (ELPHS) and Categorical Programs as specified in the attachments to this Agreement.

2. Period of Agreement

This Agreement will commence on the date of the Grantee's signature or October 1, 2022, whichever is later, and continue through September 30, 2023. Throughout the Agreement, the date of the Grantee's signature or October 1, 2022, whichever is later, will be referred to as the start date. This Agreement is in full force and effect for the period specified.

3. Program Budget and Agreement Amount

A. Agreement Amount

In accordance with Attachment IV - Funding/Reimbursement Matrix, the total State budget and amount committed for this period for the program elements covered by this Agreement is \$1,623,068.00.

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this Agreement must be listed in the supporting Equipment Inventory Schedule which should be attached to the Final Financial Status Report. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 will vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title.

C. Budget Transfers and Adjustments

1. Transfers between categories within any program element budget supported in whole or in part by state/federal categorical sources of funding will be limited to increases in an expenditure budget category by \$10,000 or 15% whichever is greater. This transfer authority does not authorize purchase of additional equipment items or new subcontracts with state/federal categorical funds without prior written approval of the Department.
2. Except as otherwise provided, any transfers or adjustments involving state/federal categorical funds, other than those covered by C.1, including any related adjustment to the total state amount of the budget, must be made in writing through a formal amendment executed by all parties to this Agreement in accordance with Section IX. A. of Part 2.
3. The C.1 and C.2 provisions authorizing transfers or changes in local funds apply also to the Family Planning program, provided statewide local maintenance of effort is not diminished in total.

Any statewide diminishing of total local effort for family planning and/or any related funding penalty experienced by the Department will be recovered proportionately from each local Grantee that, during the course of the Agreement period, chose to reduce or transfer local funds from the Family Planning program.

4. Agreement Attachments

- A. The following documents are attachments to this Agreement Part 1 and Part 2 - General Provisions, which are part of this Agreement:
1. Attachment I - Annual Budget
 2. Attachment III - Program Specific Assurances and Requirements
 3. Attachment IV - Funding/Reimbursement Matrix

5. Statement of Work

The Grantee agrees to undertake, perform and complete the activities described in Attachment III - Program Specific Assurances and Requirements and the other applicable attachments to this Agreement which are part of this Agreement.

6. Financial Requirements

The financial requirements must be followed as described in Part 2 and Attachment I - Annual Budget and Attachment IV - Funding/Reimbursement Matrix, which are part of this Agreement.

7. Performance/Progress Report Requirements

The progress reporting methods, as applicable, must be followed as described in part 2 and Attachment III, Program Specific Assurances and Requirements, which are part of this Agreement.

8. General Provisions

The Grantee agrees to comply with the General Provisions outlined in Part 2, which is part of this Agreement.

9. Administration of the Agreement

The person acting for the Department in administering this Agreement (hereinafter referred to as the Contract Consultant) is:

Name: Carissa Reece
Title: Department Analyst
E-Mail Address ReeceC@michigan.gov

The financial contact acting on behalf of the Grantee for this Agreement is:

Barton Maas Financial Officer

Name	Title
bmaas@livgov.com	(517) 552-6805

E-Mail Address	Telephone No.
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10. Special Conditions

- A. This Agreement is valid upon approval and execution by the Department which may be contingent upon approval by the State Administrative Board and signature by the Grantee.
- B. This Agreement is conditionally approved subject to and contingent upon availability of funding and other applicable conditions.
- C. Based on the availability of funding, the Department may specify the amount of funding the Grantee may expend during a specific time period within the Agreement Period.
- D. The Department has the option to assume no responsibility or liability for costs incurred by the Grantee prior to the start date of this Agreement.
- E. The Grantee is required by 2004 PA 533 to receive payments by electronic funds transfer.

11. Special Certification

The individual or officer signing this Agreement certifies by their signature that they are authorized to sign this Agreement on behalf of the responsible governing board, official or Grantee.

12. Signature Section

For Livingston County Department of Public Health

Matthew Bolang

Health Officer

Name

Title

For the Michigan Department of Health and Human Services

Christine H. Sanches

09/09/2022

Christine H. Sanches, Director
Bureau of Grants and Purchasing

Date

Part 2
General Provisions

I. Responsibilities - Grantee

The Grantee, in accordance with the general purposes and objectives of this Agreement, must:

A. Publication Rights

1. Copyright materials only when the Grantee exclusively develops books, films or other such copyrightable materials through activities supported by this Agreement. The copyrighted materials cannot include recipient information or personal identification data. Grantee provides the Department a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials copyrighted by the Grantee and authorizes others to reproduce and use such materials.
2. Obtain prior written authorization from the Department's Office of Communications for any materials copyrighted by the Grantee or modifications bearing acknowledgment of the Department's name prior to reproduction and use of such materials. The state of Michigan may modify the material copyrighted by the Grantee and may combine it with other copyrightable intellectual property to form a derivative work. The state of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this Agreement to the Grantee. If the Grantee ceases to conduct business for any reason or ceases to support the copyrightable materials developed under this Agreement, the state of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Grantee has.
3. Obtain written authorization, at least 14 days in advance, from the Department's Office of Communications and give recognition to the Department in any and all publications, papers and presentations arising from the Agreement activities.
4. Notify the Department's Bureau of Grants and Purchasing 30 days before applying to register a copyright with the U.S. Copyright Office. The Grantee must submit an annual report for all copyrighted materials developed by the Grantee through activities supported by this Agreement and must submit a final invention statement and certification within 60 days of the end of the Agreement period.
5. Not make any media releases related to this Agreement, without prior written authorization from the Department's Office of Communications.

B. Fees

1. Guarantee that any claims made to the Department under this Agreement will not be financed by any sources other than the Department under the terms of this Agreement. If funding is received

through any other source, the Grantee agrees to budget the additional source of funds and reflect the source of funding on the Financial Status Report.

2. Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report those collections on the Financial Status Report. Any under recoveries of otherwise available fees resulting from failure to bill for eligible activities will be excluded from reimbursable expenditures.

C. Grant Program Operation

Provide the necessary administrative, professional and technical staff for operation of the grant program. The Grantee must obtain and maintain all necessary licenses, permits or other authorizations necessary for the performance of this Agreement.

Use an accounting system that can identify and account for the funds received from each separate grant, regardless of funding source, and assure that grant funds are not commingled.

D. Reporting

Utilize all report forms and reporting formats required by the Department at the start date of this Agreement and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

E. Record Maintenance/Retention

Maintain adequate program and fiscal records and files, including source documentation, to support program activities and all expenditures made under the terms of this Agreement, as required. The Grantee must assure that all terms of the Agreement will be appropriately adhered to and that records and detailed documentation for the grant project or grant program identified in this Agreement will be maintained for a period of not less than four years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved. This section applies to the Grantee, any parent, affiliate, or subsidiary organization of the Grantee and any subcontractor that performs activities in connection with this Agreement.

F. Authorized Access

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, Federal Grantor Agency, Inspector General, Comptroller General of the United States and State Auditor General, or any of their duly authorized representatives, to records, papers, files, documentation and personnel related to this Agreement, to the extent authorized by applicable state or federal law, rule or regulation.
2. Acknowledge the rights of access in this section are not limited to the required retention period. The rights of access will last as long as the

records are retained.

3. Cooperate and provide reasonable assistance to authorized representatives of the Department and others when those individuals have access to the Grantee's grant records.

G. Audits

1. Single Audit

The Grantee must submit to the Department a Single Audit consistent with the regulations set forth in Title 2 Code of Federal Regulations (CFR) Part 200, Subpart F. The Single Audit reporting package must include all components described in Title 2 Code of Federal Regulations, Section 200.512 (c) including a Corrective Action Plan, and management letter (if one is issued) with a response to the Department. The Grantee must assure that the Schedule of Expenditures of Federal Awards includes expenditures for all federally-funded grants.

2. Other Audits

The Department or federal agencies may also conduct or arrange for agreed upon procedures or additional audits to meet their needs.

3. Due Date and Where to Send

The required audit and any other required submissions (i.e., corrective action plan, and management letter with a corrective action plan), and/or Audit Exemption Notice must be submitted to the Department within nine months after the end of the Grantee's fiscal year by e-mail at, MDHHS-AuditReports@michigan.gov. Single Audit reports must be submitted simultaneously to the Department and Federal Audit Clearinghouse, in accordance with 2 CFR 200.512(a). The required submission must be assembled as one document in a PDF file and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

4. Penalty

a. Delinquent Single Audit or Financial Related Audit

If the Grantee does not submit the required Single Audit reporting package, management letter (if one is issued) with a response, and Corrective Action Plan within nine months after the end of the Grantee's fiscal year and an extension has not been approved by the cognizant or oversight agency for audit, the Department may withhold from the current funding an amount equal to five percent of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by the Department. The Department may retain the amount

withheld if the Grantee is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit. The Department may terminate the current grant if the Grantee is more than 180 days delinquent in meeting the filing requirements and an extension has not been approved by the cognizant or oversight agency for audit.

b. Delinquent Audit Exemption Notice

Failure to submit the Audit Exemption Notice, when required, may result in withholding payment from Department to Grantee an amount equal to one percent of the audit year's grant funding until the Audit Exemption Notice is received.

H. Subrecipient/Contractor Monitoring

1. When passing federal funds through to a subrecipient (if the Agreement does not prohibit the passing of federal funds through to a subrecipient), the Grantee must:
 - a. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information required by 2 CFR 200.332.
 - b. Ensure the subrecipient complies with all the requirements of this Agreement.
 - c. Evaluate each subrecipient's risk for noncompliance as required by 2 CFR 200.332(b).
 - d. Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations and the terms and conditions of the subawards; that subaward performance goals are achieved; and that all monitoring requirements of 2 CFR 200.332(d) are met including reviewing financial and programmatic reports, following up on corrective actions and issuing management decisions for audit findings.
 - e. Verify that every subrecipient is audited as required by 2 CFR 200 Subpart F.
2. Develop a subrecipient monitoring plan that addresses the above requirements and provides reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations and the provisions of this Agreement, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight and monitoring activities, such as reviewing financial and performance reports, performing site visits and maintaining regular contact with subrecipients.
3. Establish requirements to ensure compliance for for-profit subrecipients

as required by 2 CFR 200.501(h), as applicable.

4. Ensure that transactions with subrecipients/contractors comply with laws, regulations and provisions of contracts or grant agreements.

I. Notification of Modifications

Provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of activities, funding or compliance with operational procedures.

J. Software Compliance

Ensure software compliance and compatibility with the Department's data systems for activities provided under this Agreement, including but not limited to stored data, databases and interfaces for the production of work products and reports. All required data under this Agreement must be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Grantee's business operations for processing data. All information systems, electronic or hard copy, that contain state or federal data must be protected from unauthorized access.

K. Human Subjects

Comply with Federal Policy for the Protection of Human Subjects, 45 CFR 46. The Grantee agrees that prior to the initiation of the research, the Grantee will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the state of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Grantee's authorized official.

L. Mandatory Disclosures

1. Disclose to the Department in writing within 14 days of receiving notice of any litigation, investigation, arbitration or other proceeding (collectively, "Proceeding") involving Grantee, a subcontractor or an officer or director of Grantee or subcontractor that arises during the term of this Agreement including:
 - a. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the Agreement.
 - b. A criminal Proceeding;
 - c. A parole or probation Proceeding;
 - d. A Proceeding under the Sarbanes-Oxley Act;

- e. A civil Proceeding involving:
 - 1. A claim that might reasonably be expected to adversely affect Grantee's viability or financial stability; or
 - 2. A governmental or public entity's claim or written allegation of fraud; or
 - 3. Any complaint filed in a legal or administrative proceeding alleging the Grantee or its subcontractors discriminated against its employees, subcontractors, vendors, or suppliers during the term of this Agreement; or
- f. A Proceeding involving any license that Grantee is required to possess in order to perform under this Agreement.
- 2. Notify the Department, at least 90 calendar days before the effective date, of a change in Grantee's ownership or executive management.

M. Minimum Program Requirements

Comply with Minimum Program Requirements established in accordance with Section 2472.3 of 1978 PA 368 as amended, MCL 333.2472 (3), MSA 14.15 (2472.3), for each applicable program element funded under this Agreement.

N. Annual Budget and Plan Submission

Submit an Annual Budget and Plan request to the Department, in accordance with instructions established by the Department, to serve as the basis for completion of specific details for Attachments I, III, and IV of this Agreement via Grantee/Department negotiated amendment(s). Failure to submit a complete Annual Budget and Plan by the due date through MI E-Grants will result in the deferral of Department payments until these documents are submitted.

O. Maintenance of Effort

Comply with maintenance of effort requirements for Essential Local Public Health Services (ELPHS), as defined in the current Department appropriation act, and Family Planning in accordance with federal requirements, except as noted in Section 3.C.3 of Part I.

P. Accreditation

- 1. Comply with the local public health accreditation standards and follow the accreditation process and schedule established by the Department to achieve full accreditation status.
 - a. Failure to meet all accreditation requirements or implement corrective plans of action within the prescribed time period will result in the status of "Not Accredited." Grantees designated as "Not Accredited" may have their Department allocations reduced for costs incurred in the assurance of service delivery.

- b. Submit a written request for inquiry to the Department should the Grantee disagree with on-site review findings or their accreditation status. The request must identify the disagreement and resolution sought. The inquiry participants will be comprised of Grantee staff, Department staff, the Accreditation Commission Chair, and the Accreditation Coordinator as needed. Participants will clarify facts, verify information and seek resolution.
- 2. Consent Agreements/Administrative Compliance Orders/Administrative Hearings for "Not Accredited" Grantees:
 - a. If designated as "Not Accredited", the Grantee will receive a Consent Agreement Package from the Department. Grantees and their local governing entities will be given 75 days to review the package, meet with the Department, and sign and return the Consent Agreement.
 - b. Fulfillment of the terms and conditions of the Consent Agreement will not affect accreditation status, but impacts the Grantees' ability to fulfill its contractual obligations under the Local Health Department Grant Agreement. Grantees designated as "Not Accredited", will retain this designation until the subsequent accreditation cycle.
 - c. Failure to fulfill the terms and conditions of the Consent Agreement within the prescribed time period will result in the issuance of an Administrative Compliance Order by the Department.
 - d. Within 60 working days after receipt of an Administrative Compliance Order and proposed compliance period, a local governing entity may petition the Department for an administrative hearing. If the local governing entity does not petition the Department for a hearing within 60 days after receipt of an Administrative Compliance Order, the order and proposed compliance date will be final. After a hearing, the Department may reaffirm, modify, or revoke the order or modify the time permitted for compliance.
 - e. If the local governing entity fails to correct a deficiency for which a final order has been issued within the period permitted for compliance, the Department may petition the appropriate circuit court for a writ of mandamus to compel correction.

Q. Medicaid Outreach Activities Reimbursement

Report allowable costs and request reimbursement for the Medicaid Outreach activities it provides in accordance with 2 CFR, Part 200 and the requirements in Medicaid Bulletin number: MSA 05-29.

Submit a Cost Allocation Plan Certification to the Department to bill for the Medicaid Outreach Activities. The Cost Allocation Plan Certification is valid until a change is made to the cost allocation plan or the Department determines it is invalid.

Submit quarterly FSRs for the Medicaid Outreach activities and an annual FSR for the Children with Special Health Care Services Medicaid Outreach activities in accordance with the instructions contained in Attachment I. In accordance with the Medicaid Bulletin, MSA 05-29, agree to target Medicaid outreach effort toward Department established priorities. For fiscal year 2021, the Department priorities are: lead testing, outreach and enrollment for the Family Planning waiver, and outreach for pregnant women, mothers and infants for the Maternal and Infant Health Program. The Grantee will submit a report using the MDHHS Local Health Department Medicaid Outreach form describing their outreach activities targeting the priorities 30 days after the end of a fiscal year quarter and at the same time as the final FSR is due to the Department. The Local Health Department Medicaid Outreach reports are to be sent through MI E-Grants as an attachment report to the Financial Status Report.

R. Conflict of Interest and Code of Conduct Standards

1. Be subject to the provisions of 1968 PA 317, as amended, 1973 PA 196, as amended, and 2 CFR 200.318 (c)(1) and (2).
2. Uphold high ethical standards and be prohibited from the following:
 - a. Holding or acquiring an interest that would conflict with this Agreement;
 - b. Doing anything that creates an appearance of impropriety with respect to the award or performance of this Agreement;
 - c. Attempting to influence or appearing to influence any state employee by the direct or indirect offer of anything of value; or
 - d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.
3. Immediately notify the Department of any violation or potential violation of these standards. This section applies to Grantee, any parent, affiliate or subsidiary organization of Grantee, and any subcontractor that performs activities in connection with this Agreement.

S. Travel Costs

1. Be reimbursed for travel costs (including mileage, meals, and lodging) budgeted and incurred related to services provided under this Agreement.
 - a. If the Grantee has a documented policy related to travel reimbursement for employees and if the Grantee follows that documented policy, the Department will reimburse the Grantee

for travel costs at the Grantee's documented reimbursement rate for employees. Otherwise, the State of Michigan travel reimbursement rate applies.

- b. State of Michigan travel rates may be found at the following website: https://www.michigan.gov/dtmb/0,5552,7-358-82548_13132---,00.html.
- c. International travel must be preapproved by the Department and itemized in the budget.

T. Insurance Requirements

- 1. Maintain at least a minimum of the insurances or governmental self-insurances listed below and be responsible for all deductibles. All required insurance or self-insurance must:
 - a. Protect the state of Michigan from claims that may arise out of, are alleged to arise out of, or result from Grantee's or a subcontractor's performance;
 - b. Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the state; and
 - c. Be provided by a company with an A.M. Best rating of "A-" or better and a financial size of VII or better.
- 2. Insurance Types
 - a. Commercial General Liability Insurance or Governmental Self-Insurance: Except for Governmental Self-Insurance, policies must be endorsed to add "the state of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds using endorsement CG 20 10 11 85, or both CG 2010 12 19 and CG 20 37 12 19.

If the Grantee will interact with children, schools, or the cognitively impaired, the Grantee must maintain appropriate insurance coverage related to sexual abuse and molestation liability.

- b. Workers' Compensation Insurance or Governmental Self-Insurance: Coverage according to applicable laws governing work activities. Policies must include waiver of subrogation, except where waiver is prohibited by law.
- c. Employers Liability Insurance or Governmental Self-Insurance.
- d. Privacy and Security Liability (Cyber Liability) Insurance: cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.

3. Require that subcontractors maintain the required insurances contained in this Section.
4. This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of the Grantee from any obligations under this Agreement.
5. Each Party must promptly notify the other Party of any knowledge regarding an occurrence which the notifying Party reasonably believes may result in a claim against either Party. The Parties must cooperate with each other regarding such claim.

U. Fiscal Questionnaire

1. Complete and upload the yearly fiscal questionnaire to the EGrAMS agency profile within three months of the start of the Agreement.
2. The fiscal questionnaire template can be found in EGrAMS documents.

V. Criminal Background Check

1. Conduct or cause to be conducted a search that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who under this Agreement works directly with clients or has access to client information.
 - a. ICHAT: <http://apps.michigan.gov/ichat>
 - b. Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
 - c. National Sex Offender Registry: <http://www.nsopw.gov>
2. Conduct or cause to be conducted a Central Registry (CR) check for each employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement works directly with children.
 - a. Central Registry: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html
3. Require each new employee, employee, subcontractor, subcontractor employee or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Grantee in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.
4. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with clients or accessing client information related to clients under this Agreement, based on the results of a positive ICHAT response or

reported criminal felony conviction or perpetrator identification.

5. Determine whether to prohibit any employee, subcontractor, subcontractor employee or volunteer from performing work directly with children under this Agreement, based on the results of a positive CR response or reported perpetrator identification.
6. Require any employee, subcontractor, subcontractor employee or volunteer who may have access to any databases of information maintained by the federal government that contain confidential or personal information, including but not limited to federal tax information, to have a fingerprint background check performed by the Michigan State Police.

II. Responsibilities - Department

The Department in accordance with the general purposes and objectives of this Agreement will:

A. Reimbursement

Provide reimbursement in accordance with the terms and conditions of this Agreement based upon appropriate reports, records, and documentation maintained by the Grantee.

B. Report Forms

Provide any report forms and reporting formats required by the Department at the start date of this Agreement and provide to the Grantee any new report forms and reporting formats proposed for issuance thereafter at least 90 days prior to their required usage in order to afford the Grantee an opportunity to review.

C. Notification of Modifications

Notify the Grantee in writing of modifications to federal or state laws, rules and regulations affecting this Agreement.

D. Identification of Laws

Identify for the Grantee relevant laws, rules, regulations, policies, procedures, guidelines and state and federal manuals, and provide the Grantee with copies of these documents to the extent they are not otherwise available to the Grantee.

E. Modification of Funding

Notify the Grantee in writing within 30 calendar days of becoming aware of the need for any modifications in Agreement funding commitments made necessary by action of the federal government, the governor, the legislature or the Department of Technology Management and Budget on behalf of the governor or the legislature. Implementation of the modifications will be determined jointly by the Grantee and the Department.

F. Monitor Compliance

Monitor compliance with all applicable provisions contained in federal grant

awards and their attendant rules, regulations and requirements pertaining to program elements covered by this Agreement.

G. Technical Assistance

Make technical assistance available to the Grantee for the implementation of this Agreement.

H. Accreditation

Adhere to the accreditation requirements including the process for “Not Accredited” Grantees. The process includes developing and monitoring consent agreements, issuing and monitoring administrative compliance orders, participating in administrative hearings and petitioning appropriate circuit courts.

I. Medicaid Outreach Activities Reimbursement

Agrees to reimburse the Grantee for all allowable Medicaid Outreach activities that meet the standards of the Medicaid Bulletin: MSA 05-29 including the cost allocation plan certification and that are billed in accordance with the requirements in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Department will identify each fiscal year the Medicaid Outreach priorities and establish a reporting requirement for the Grantee.

III. Assurances

The following assurances are hereby given to the Department:

A. Compliance with Applicable Laws

The Grantee will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this Agreement. The Grantee will also comply with all applicable general administrative requirements, such as 2 CFR 200, covering cost principles, grant/agreement principles and audits, in carrying out the terms of this Agreement. The Grantee will comply with all applicable requirements in the original grant awarded to the Department if the Grantee is a subgrantee. The Department may determine that the Grantee has not complied with applicable federal or state laws, guidelines, rules and regulations in carrying out the terms of this Agreement and may then terminate this Agreement under Part 2, Section V.

B. Anti-Lobbying Act

The Grantee will comply with the Anti-Lobbying Act (31 U.S.C. 1352) as revised by the Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 et seq.), Federal Acquisition Regulations 52.203.11 and 52.203.12, and Section 503 of the Departments of Labor, Health & Human Services, and Education, and Related Agencies section of the current fiscal year Omnibus Consolidated Appropriations Act. Further, the Grantee must require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients must certify and disclose

accordingly.

C. Non-Discrimination

1. The Grantee must comply with the Department's non-discrimination statement: The Michigan Department of Health and Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position. The Grantee further agrees that every subcontract entered into for the performance of any contract or purchase order resulting therefrom, will contain a provision requiring non-discrimination in employment, activity delivery and access, as herein specified, binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act (1976 PA 453, as amended; MCL 37.2101 et seq.) and the Persons with Disabilities Civil Rights Act (1976 PA 220, as amended; MCL 37.1101 et seq.), and any breach thereof may be regarded as a material breach of this Agreement.
2. The Grantee will comply with all federal statutes relating to nondiscrimination. These include but are not limited to:
 - a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination based on race, color or national origin;
 - b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, 1685-1686), which prohibits discrimination based on sex;
 - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination based on disabilities;
 - d. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination based on age;
 - e. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination based on drug abuse;
 - f. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination based on alcohol abuse or alcoholism;
 - g. Sections 523 and 527 of the Public Health Service Act of 1944 (42 U.S.C. 290dd-2), as amended, relating to confidentiality of alcohol and drug abuse patient records;
 - h. Any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made;

- and,
- i. The requirements of any other nondiscrimination statute(s) which may apply to the application.
3. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority-owned and women-owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee must include language in all contracts awarded under this Agreement which (1) prohibits discrimination against minority-owned and women-owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) makes discrimination a material breach of contract.

D. Debarment and Suspension

The Grantee will comply with federal regulation 2 CFR 180 and certifies to the best of its knowledge and belief that it, its employees and its subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or contractor;
2. Have not within a five-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) or private transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2;
4. Have not within a five-year period preceding this Agreement had one or more public transactions (federal, state or local) terminated for cause or default; and
5. Have not committed an act of so serious or compelling a nature that it affects the Grantee's present responsibilities.

E. Federal Requirement: Pro-Children Act

1. The Grantee will comply with the Pro-Children Act of 1994 (P.L. 103-227; 20 U.S.C. 6081, et seq.), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development activities, education or library activities to children under the age of 18, if the activities are funded by

federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's activities that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's activities provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; activity providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's activities.

2. The Grantee also assures, in addition to compliance with P.L. 103-227, any activity funded in whole or in part through this Agreement will be delivered in a smoke-free facility or environment. Smoking must not be permitted anywhere in the facility, or those parts of the facility under the control of the Grantee. If activities are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant or private work site), the activities must be smoke-free.

F. Hatch Act and Intergovernmental Personnel Act

The Grantee will comply with the Hatch Act (5 U.S.C. 1501-1508, 5 U.S.C. 7321-7326), and the Intergovernmental Personnel Act of 1970 (P.L. 91-648) as amended by Title VI of the Civil Service Reform Act of 1978 (P.L. 95-454). Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs.

G. Employee Whistleblower Protections

The Grantee will comply with 41 U.S.C. 4712 and must insert this clause in all subcontracts.

H. Clean Air Act and Federal Water Pollution Control Act

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671(q)) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1388), as amended. This Agreement and anyone working on this Agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must comply with all applicable standards, orders or regulations issued pursuant to these Acts. Violations must be reported to the Department.

I. Victims of Trafficking and Violence Protection Act

The Grantee will comply with the Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386), as amended.

This Agreement and anyone working on this Agreement will be subject to P.L.

106-386 and must comply with all applicable standards, orders or regulations issued pursuant to this Act. Violations must be reported to the Department.

J. Procurement of Recovered Materials

The Grantee will comply with section 6002 of the Solid Waste Disposal Act of 1965 (P.L. 89-272), as amended.

This Agreement and anyone working on this Agreement will be subject to section 6002 of P.L. 89-272, as amended, and must comply with all applicable standards, orders or regulations issued pursuant to this act. Violations must be reported to the Department.

K. Subcontracts

For any subcontracted activity or product, the Grantee will ensure:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity or delivery of any subcontracted product. Exceptions to this policy may be granted by the Department if the Grantee asks the Department in writing within 30 days of execution of the Agreement.
2. That any executed subcontract to this Agreement must require the subcontractor to comply with all applicable terms and conditions of this Agreement. In the event of a conflict between this Agreement and the provisions of the subcontract, the provisions of this Agreement will prevail.

A conflict between this Agreement and a subcontract, however, will not be deemed to exist where the subcontract:

- a. Contains additional non-conflicting provisions not set forth in this Agreement;
 - b. Restates provisions of this Agreement to afford the Grantee the same or substantially the same rights and privileges as the Department; or
 - c. Requires the subcontractor to perform duties and services in less time than that afforded the Grantee in this Agreement.
3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontracted activity.
 4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
 5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.
 6. That subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$10,000 must contain provisions or conditions

that will:

- a. Allow the Grantee or Department to seek administrative, contractual or legal remedies in instances in which the subcontractor violates or breaches contract terms, and provide for such remedial action as may be appropriate.
 - b. Provide for termination by the Grantee, including the manner by which termination will be effected and the basis for settlement.
7. That all subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government of amounts in excess of \$100,000 must contain a provision that requires compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970 (42 USC 1857(h)), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).
8. That all subcontracts and subgrants in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$2,000 for construction or repair, awarded by the Grantee must include a provision:
 - a. For compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in Department of Labor regulations (29 CFR, Part 3).
 - b. For compliance with the Davis-Bacon Act (40 U.S.C. 276a to a-7) and as supplemented by Department of Labor regulations (29 CFR, Part 5) (if required by Federal Program Legislation).
 - c. For compliance with Section 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by Department of Labor regulations (29 CFR, Part 5). This provision also applies to all other contracts in excess of \$2,500 that involve the employment of mechanics or laborers.

L. Procurement

1. Grantee will ensure that all purchase transactions, whether negotiated or advertised, are conducted openly and competitively in accordance with the principles and requirements of 2 CFR 200.
2. Funding from this Agreement must not be used for the purchase of foreign goods or services.
3. Preference must be given to goods and services manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality.
4. Preference must be given to goods and services that are manufactured or provided by Michigan businesses owned and operated by veterans, if

they are competitively priced and of comparable quality.

5. Records must be sufficient to document the significant history of all purchases and must be maintained for a minimum of four years after the end of the Agreement period.

M. Health Insurance Portability and Accountability Act

To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is applicable to the Grantee under this Agreement, the Grantee assures that it is in compliance with requirements of HIPAA including the following:

1. The Grantee must not share any protected health information provided by the Department that is covered by HIPAA except as permitted or required by applicable law, or to a subcontractor as appropriate under this Agreement.
2. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Grantee must only use the protected health data and information for the purposes of this Agreement.
4. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
5. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures. The Department may demand specific corrective actions and assurances and the Grantee must provide the same to the Department.
6. Failure to comply with any of these contractual requirements may result in the termination of this Agreement in accordance with Part 2, Section V.
7. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information, including without limitation the Department's costs in responding to a breach, received by the Grantee from the Department or any other source.

8. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.

N. Home Health Services

If the Grantee provides Home Health Services (as defined in Medicare Part B), the following requirements apply:

1. The Grantee must not use State ELPHS or categorical grant funds provided under this Agreement to unfairly compete for home health services available from private providers of the same type of services in the Grantee's service area.
2. For purposes of this Agreement, the term "unfair competition" will be defined as offering of home health services at fees substantially less than those generally charged by private providers of the same type of services in the Grantee's area, except as allowed under Medicare customary charge regulations involving sliding fee scale discounts for low-income clients based upon their ability to pay.
3. If the Department finds that the Grantee is not in compliance with its assurance not to use state ELPHS and categorical grant funds to unfairly compete, the Department will follow the procedure required for failure by local health departments to adequately provide required services set forth in Sections 2497 and 2498 of 1978 PA 368 as amended (Public Health Code), MCL 333.2497 and 2498, MSA 14.15 (2497) and (2498).

O. Website Incorporation

The Department is not bound by any content on Grantee's website or other internet communication platforms or technologies, unless expressly incorporated directly into this Agreement. The Department is not bound by any end user license agreement or terms of use unless specifically incorporated in this Agreement or any other agreement signed by the Department. The Grantee must not refer to the Department on the Grantee's website or other internet communication platforms or technologies without the prior written approval of the Department.

P. Survival

The provisions of this Agreement that impose continuing obligations will survive the expiration or termination of this Agreement.

Q. Non-Disclosure of Confidential Information

1. The Grantee agrees that it will use confidential information solely for the purpose of this Agreement. The Grantee agrees to hold all confidential information in strict confidence and not to copy, reproduce, sell, transfer or otherwise dispose of, give or disclose such confidential information to third parties other than employees, agents, or subcontractors of a party who have a need to know in connection with this Agreement or to use such confidential information for any purpose whatsoever other than the

performance of this Agreement. The Grantee must take all reasonable precautions to safeguard the confidential information. These precautions must be at least as great as the precautions the Grantee takes to protect its own confidential or proprietary information.

2. Meaning of Confidential Information

For the purpose of this Agreement the term “confidential information” means all information and documentation that:

- a. Has been marked “confidential” or with words of similar meaning, at the time of disclosure by such party;
 - b. If disclosed orally or not marked “confidential” or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked “confidential” or with words of similar meaning;
 - c. Should reasonably be recognized as confidential information of the disclosing party;
 - d. Is unpublished or not available to the general public; or
 - e. Is designated by law as confidential.
3. The term “confidential information” does not include any information or documentation that was:
- a. Subject to disclosure under the Michigan Freedom of Information Act (FOIA);
 - b. Already in the possession of the receiving party without an obligation of confidentiality;
 - c. Developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party’s proprietary rights;
 - d. Obtained from a source other than the disclosing party without an obligation of confidentiality; or
 - e. Publicly available when received or thereafter became publicly available (other than through an unauthorized disclosure by, through or on behalf of, the receiving party).
4. The Grantee must notify the Department within one business day after discovering any unauthorized use or disclosure of confidential information. The Grantee will cooperate with the Department in every way possible to regain possession of the confidential information and prevent further unauthorized use or disclosure.

R. Cap on Salaries

None of the funds awarded to the Grantee through this Agreement will be used to pay, either through a grant or other external mechanism, the salary of an individual at a rate in excess of Executive Level II. The current rates of pay for the Executive Schedule are located on the United States Office of Personnel

Management web site, <http://www.opm.gov>, by navigating to Policy — Pay & Leave — Salaries & Wages. The salary rate limitation does not restrict the salary that a Grantee may pay an individual under its employment; rather, it merely limits the portion of that salary that may be paid with funds from this Agreement.

IV. Financial Requirements

A. Operating Advance

Under the pre-payment reimbursement method, no additional operating advances will be issued.

B. Payment Method

1. Prepayments

- a. The Department will make monthly prepayments equal to 1/12th of the Agreement amount for each non-fee-for-service program contained in Attachment IV of this Agreement. One single payment covering all non-fee-for-service programs will be made within the first week of each month. The Grantee can view their monthly prepayment within the MI E-Grants system.
- b. Prepayments for the months of October thru January will be based upon the initial Agreement amounts in Attachment IV. Subsequent monthly prepayments may be adjusted based upon Agreement amendments or Grantee adjustment requests.
- c. If the sum of the prepayments does not equal at least 90% of the Grantee's expenditures for a quarter of the contract period, the Grantee may submit documentation for an adjustment to the monthly prepayment amount via the following process:
 - i. Submit a written request for the adjustment to the Department's Accounting Expenditure Operations Division.
 - ii. The adjustment request must be itemized by program and must list the amount received from the Department, the expenditure amount reported per the quarterly Financial Status Report (FSR), and the difference. The amount received from the Department and the expenditures must be for the same reporting quarterly FSR period.
 - iii. The Department will review the requests and if an adjustment is approved, it will be included in the next scheduled monthly prepayment.
 - iv. Adjustment requests will not be accepted prior to submission of the FSR for the quarter ending December 31. No adjustments will be made prior to the February monthly prepayment.

- v. The ability of the Department to approve adjustments may be limited by the quarterly allotments of spending authority in the Department's appropriation account mandated by the Office of the State Budget Director. The quarterly allotment limits the amount of each account (program) that the Department may expend during each fiscal quarter.

2. Fixed Fee Reimbursement

- a. Quarterly reimbursement for fixed fee projects is based on Attachment IV and approved quarterly Financial Status Reports.

C. Financial Status Report Submission

1. The Grantee must electronically prepare and submit FSRs to the Department via the EGrAMS website (<http://egrams-mi.com/mdhhs>).

A Financial Status Report (FSR) must be submitted on a quarterly basis no later than 30 days after the close of the calendar quarter for all programs listed on Attachment IV and fee for services project budgeted. Failure to meet financial reporting responsibilities as identified in this Agreement may result in withholding future payments.

2. FSR's must report total actual program expenditures regardless of the source of funds. The Department will reimburse the Grantee for expenditures in accordance with the terms and conditions of this Agreement. Failure to comply with the reporting due dates will result in the deferral of the Grantee's monthly prepayment.
3. The Grantee representative who submits the FSR is certifying to the best of their knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of this Agreement. The individual submitting the FSR should be aware that any false, fictitious, or fraudulent information, or the omission of any material facts, may subject them to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.
4. The instructions for completing the FSR form are available on the website <http://egrams-mi.com/dch>. Send FSR questions to FSRMDHHS@michigan.gov.

D. Reimbursement Method

The Grantee will be reimbursed in accordance with the reimbursement methods for applicable program elements described as follows:

1. Performance Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other

earmarked sources) up to the contracted amount of state funds. Any local funds used to support program elements operated under such provisions of this Agreement may be transferred by the Grantee within, among, to or from the affected elements without Department approval, subject to applicable provisions of Sections 3.B. and 3.C.3 of Part 1. If Grantee's performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation will be reduced equivalent to actual performance in relation to the minimum performance.

2. Actual Cost Reimbursement - A reimbursement method by which Grantees are reimbursed based upon the understanding that state dollars will be paid up to total costs in relation to the state's share of the total costs and up to the total state allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable as a source before any local funding requirement unless a specific local match condition exists.
3. Fixed Unit Rate Reimbursement - A reimbursement method by which Grantee is reimbursed a specific amount for each output actually delivered and reported.
4. Essential Local Public Health Services (ELPHS) - A reimbursement method by which Grantees are reimbursed a share of reasonable and allowable costs incurred for required services, as noted in the current Appropriations Act.

E. Reimbursement Mechanism

All Grantees must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits. Vendor registration information is available through the Department of Technology, Management and Budget's web site: <http://www.michigan.gov/sigmavss>

F. Unobligated Funds

Any unobligated balance of funds held by the Grantee at the end of the Agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

G. Final Obligation Reporting Requirements

An Obligation Report, based on annual guidelines, must be submitted by the due date using the format provided by the Department through MI E-Grants. The Grantee must provide, by program, an estimate of total expenditures for the entire Agreement period (October 1 through September 30). This report

must represent the Grantee's best estimate of total program expenditures for the Agreement period. The information on the report will be used to record the Department's year-end accounts payables and receivables by program for this Agreement. The report assists the Department in reserving sufficient funding to reimburse the final expenditures that will be reported on the Final FSR without materially overstating or understating the year-end obligations for this Agreement. The Department compares the total estimated expenditures from this report to the total amount reimbursed to the Grantee in the monthly prepayments and quarterly fee-for-service payments to establish accounts payable and accounts receivable entries at fiscal year-end. The Department recognizes that based upon payment adjustments and timing of Agreement amendments, the Grantee may owe the Department funding for overpayment of a program and may be due funds from the Department for underpayment of a program at fiscal year-end.

Within 60 days after the Agreement fiscal year-end, the Grantee must liquidate any unpaid year-end commitments and obligations. Any obligation remaining unliquidated after 60 days from the end of the Agreement period will revert to the Department for disposition in accordance with applicable state and/or federal requirements, except as specifically authorized in writing by the Department.

H. Final Financial Status Reporting Requirements

Final FSRs are due on the following dates following the Agreement period end date:

<u>Project</u>	<u>Final FSR Due Date</u>
Public Health Emergency Preparedness	11/15/2023
All Remaining Projects	11/30/2023

Upon receipt of the final FSR electronically through MI E-Grants, the Department will determine by program, if funds are owed to the Grantee or if the Grantee owes funds to the Department. If funds are owed to the Grantee, payment will be processed. However, if the Grantee underestimated their year-end obligations in the Obligation Report as compared to the final FSR and the total reimbursement requested does not exceed the Agreement amount that is due to the Grantee, the Department will make every effort to process full reimbursement to the Grantee per the final FSR. Final payment may be delayed pending final disposition of the Department's year-end obligations.

If funds are owed to the Department, it will generally not be necessary for Grantee to send in a payment. Instead, the Department will make the necessary entries to offset other payments and as a result the Grantee will receive a net monthly prepayment. When this does occur, clarifying documentation will be provided to the Grantee by the Department's Bureau of Finance and Accounting.

I. Penalties for Reporting Noncompliance

For failure to submit the final total Grantee FSR report by November 30, through MI E-Grants after the Agreement period end date, the Grantee may be penalized with a one-time reduction in their current ELPHS allocation for noncompliance with the fiscal year-end reporting deadlines. Any penalty funds will be reallocated to other Local Health Department Grantees. Reductions will be one-time only and will not carryforward to the next fiscal year as an ongoing reduction to a Grantee's ELPHS allocation. Penalties will be assessed based upon the submitted date in MI E-Grants:

ELPHS Penalties for Noncompliance with Reporting Requirements:

1. 1% - 1 day to 30 days late;
2. 2% - 31 days to 60 days late;
3. 3% - over 60 days late with a maximum of 3% reduction in the Grantee's ELPHS allocation.

J. Indirect Costs and Cost Allocations/Distribution Plans

The Grantee is allowed to use approved federal indirect rate, 10% de minimis indirect rate or cost allocation/distribution plans in their budget calculations.

1. Costs must be consistently charged as indirect, direct or cost allocated, but may not be double charged or inconsistently charged.
2. If the Grantee does not have an existing approved federal indirect rate, they may use a 10% de minimis rate in accordance with Title 2 Code of Federal Regulations (CFR) Part 200 to recover their indirect costs.
3. Grantees using the cost allocation/distribution method must develop certified plan in accordance with the requirements described in Title 2 CFR, Part 200 which includes detailed budget narratives and is retained by the Grantee and subject to Department review.
4. There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles and subject to Department review.

V. Agreement Termination

This Agreement may be terminated without further liability or penalty to the Department for any of the following reasons:

- A. By either party by giving 30 days written notice to the other party stating the reasons for termination and the effective date.
- B. By either party with 30 days written notice upon the failure of either party to carry out the terms and conditions of this Agreement, provided the alleged defaulting party is given notice of the alleged breach and fails to cure the default within the 30-day period.
- C. Immediately if the Grantee or an official of the Grantee or an owner is convicted of any activity referenced in Part 2 Section III. D. of this Agreement during the term of this Agreement or any extension thereof.

Further, this Agreement may be terminated or modified immediately upon a finding by the Department in accordance with MCL 333.2235 that the Grantee local health department for the delivery of public health services under this Agreement is unable or unwilling to provide any or all of the services as provided in this Agreement, and the Department may redirect funds as necessary to ensure that the public health services are provided within the Grantee's jurisdiction.

VI. Stop Work Order

The Department may suspend any or all activities under this Agreement at any time. The Department will provide the Grantee with a written stop work order detailing the suspension. Grantee must comply with the stop work order upon receipt. The Department will not pay for activities, Grantee's incurred expenses or financial losses, or any additional compensation during a stop work period.

VII. Final Reporting upon Termination

Should this Agreement be terminated by either party, within 30 days after the termination, the Grantee must provide the Department with all financial, performance and other reports required as a condition of this Agreement. The Department will make payments to the Grantee for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Grantee must immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Grantee in excess of allowable reimbursable expenditures.

VIII. Severability

If any part of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, that part will be deemed deleted from this Agreement and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining parts of the Agreement will continue in full force and effect.

IX. Amendments

A. Except as otherwise provided, any changes to this Agreement will be valid only if made in writing and accepted by all parties to this Agreement.

In the event that circumstances occur that are not reasonably foreseeable, or are beyond the Grantee's or Department's control, which reduce or otherwise interfere with the Grantee's or Department's ability to provide or maintain specified services or operational procedures, immediate written notification must be provided to the other party. Any change proposed by the Grantee which would affect the state funding of any project, in whole or in part as provided in Part 1, Section 3.C. of the Agreement, must be submitted in writing to the Department for approval immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

B. Except as otherwise provided, amendments to this Agreement will be made within thirty days after receipt and approval of a change proposed by the

Grantee.

Amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the Agreement scope, amount of funding to be provided by the Department or, the total amount of the budget may be submitted by the Grantee, in writing, at any time prior to June 7. The Department will provide a written response within 30 calendar days.

All amendments must be submitted to the Department within three weeks of receipt through MI E-Grants to assure the amendment can be executed prior to the end of the Agreement period.

X. Liability

- A. All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, by the Grantee, Grantee's subcontractors or anyone directly or indirectly employed by the Grantee in the performance of this Agreement will be the responsibility of the Grantee, and not the responsibility of the Department. Nothing herein will be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by law.
- B. In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Grantee and the Department in fulfillment of their responsibilities under this Agreement, such liability, loss, or damage will be borne by the Grantee and the Department in relation to each party's responsibilities under these joint activities, provided that nothing herein will be construed as a waiver of any governmental immunity by the Grantee, the state, its agencies (the Department) or their employees, respectively, as provided by statute or court decisions.

XI. Waiver

Failure to enforce any provision of this Agreement will not constitute a waiver.

Any clause or condition of this Agreement found to be an impediment to the intended and effective operation of this Agreement may be waived in writing by the Department or the Grantee, upon presentation of written justification by the requesting party. Such waiver may be temporary or for the life of the Agreement and may affect any or all program elements covered by this Agreement.

XII. State of Michigan Agreement

This Agreement is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Agreement are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Agreement must be resolved in the Michigan Court of Claims. Complaints against the State must be initiated in Ingham County, Michigan. Grantee waives any objections, such as lack of personal jurisdiction or forum non conveniens.

Grantee must appoint an agent in Michigan to receive service of process.

XIII. Funding

- A. State funding for this Agreement will be provided from the applicable and available Department appropriations for the current fiscal year. The Department provided funds will be as stated in the approved Annual Budget - Attachment I Instructions for the Annual Budget, Attachment III, Program Specific Assurances and Requirements, and as outlined in Attachment IV, Funding/Reimbursement Matrix.
- B. The funding provided through the Department for this Agreement will not exceed the amount shown for each federal and state categorical program element except as adjusted by amendment. The Grantee must advise the Department in writing by May 1, if the amount of Department funding may not be used in its entirety or appears to be insufficient for any program element. ELPHS transfer requests between MDHHS, MDARD and MDEQ must also be requested in writing by May 1. All ELPHS required services must be maintained throughout the entire period of the Agreement.
- C. The Department may periodically redistribute funds between agencies during the Agreement period in order to ensure that funds are expended to meet the varying needs for services.

AA Attachments

A1 Attachment I - Instructions for the Annual Budget

[Attachment I - Instructions for the Annual Budget](#)

A2 Attachment III - Program Specific Assurances and Requirements

[Attachment III - Program Specific Assurances and Requirements](#)

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTACHMENT IV - Local Health Department - 2023
CONTRACT MANAGEMENT SECTION
Livingston County Department of Public Health

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Percent	Contractor / Subrecipient (f)
Body Art Fixed Fee	Calc. Amt.		250.00/Numbers	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Recipient
Children's Special Hlth Care Services (CSHCS) Care Coordination	Calc. Amt.		150.00/Various	Fixed Unit Rate (1), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Reg. Alloc.	F	41,320	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	41,320							
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Calc. Amt.		201.58/Various	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
CSHCS Vaccine Initiative	Reg. Alloc.	F	9,917	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
EGLE Drinking Water and Onsite Wastewater Management	Reg. Alloc.	S	315,007	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
Food ELPHS	Reg. Alloc.	S	137,749	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Recipient
Hearing ELPHS	Reg. Alloc.	L	40,187	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV Prevention	Reg. Alloc.	F	1,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	P	1,000							
	Reg. Alloc.	S	18,000							
Immunization Action Plan (IAP)	Reg. Alloc.	F	80,878	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Field Services Rep	Reg. Alloc.	F	4,841	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	159							
Immunization Fixed Fees	Calc. Amt.		300.00/Numbers	Fixed Unit Rate (2), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Vaccine Quality Assurance	Reg. Alloc.	S	15,901	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
MCH - All Other	Reg. Alloc.	F	0	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MCH - All Other	Local MCH	S	10,000	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTACHMENT IV - Local Health Department - 2023
CONTRACT MANAGEMENT SECTION
Livingston County Department of Public Health

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Minimum Performance Number (e)	Percent	Contractor / Subrecipient (f)
MCH - Children	Reg. Alloc.	F	0	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MCH - Children	Local MCH	S	29,490	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MDHHS-Essential Local Public Health Services (ELPHS)	Reg. Alloc.	S	268,305	ELPHS (3),(6)	N/A	N/A	N/A	N/A	N/A	Recipient
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	Reg. Alloc.	F	105,827	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Reg. Alloc.	F	46,306	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Tuberculosis (TB) Control	Reg. Alloc.	F	590	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Vector-Borne Surveillance & Prevention	Reg. Alloc.	S	9,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Vision ELPHS	Reg. Alloc.	L	40,187	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
WIC Breastfeeding	Reg. Alloc.	F	28,853	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
WIC Resident Services	Reg. Alloc.	F	377,231	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient

TOTAL MDHHS FUNDING **1,623,068**

***SPECIFIC OUTPUT PERFORMANCE MEASURES WILL BE INCORPORATED VIA AMENDMENT**

Attachment IV Notes

[Attachment IV Notes](#)

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Administration			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	270,000.00	270,000.00
2	Fringe Benefits	95,000.00	95,000.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	12,500.00	12,500.00
6	Travel	6,000.00	6,000.00
7	Communication	2,500.00	2,500.00
8	County-City Central Services	0.00	0.00
9	Space Costs	10,000.00	10,000.00
10	All Others (ADP, Con. Employees, Misc.)	30,000.00	30,000.00
Total Program Expenses		426,000.00	426,000.00
TOTAL DIRECT EXPENSES		426,000.00	426,000.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		426,000.00	426,000.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	426,000.00	0.00	426,000.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate	0.00	0.00	0.00	0.00
	Total Source of Funds	426,000.00	0.00	426,000.00	0.00
	Totals	426,000.00	0.00	426,000.00	0.00

3 Program Budget - Cost Detail

	Line Item	Total
DIRECT EXPENSES		
Program Expenses		
1	Salary & Wages	270,000.00
2	Fringe Benefits	95,000.00
3	Cap. Exp. for Equip & Fac.	0.00
4	Contractual	
5	Supplies and Materials	12,500.00
6	Travel	6,000.00
7	Communication	2,500.00
8	County-City Central Services	
9	Space Costs	10,000.00
10	All Others (ADP, Con. Employees, Misc.)	30,000.00
Total Program Expenses		426,000.00
TOTAL DIRECT EXPENSES		426,000.00
INDIRECT EXPENSES		
Indirect Costs		
1	Indirect Costs	
2	Cost Allocation Plan / Other	
Total Indirect Costs		0.00
TOTAL INDIRECT EXPENSES		0.00
TOTAL EXPENDITURES		426,000.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Public Health Emergency Preparedness (PHEP) 10/1 - 6/30			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 6/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	62,452.00	62,452.00
2	Fringe Benefits	23,732.00	23,732.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	4,250.00	4,250.00
6	Travel	6,522.00	6,522.00
7	Communication	825.00	825.00
8	County-City Central Services	0.00	0.00
9	Space Costs	2,250.00	2,250.00
10	All Others (ADP, Con. Employees, Misc.)	5,025.00	5,025.00
Total Program Expenses		105,056.00	105,056.00
TOTAL DIRECT EXPENSES		105,056.00	105,056.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	12,928.00	12,928.00
Total Indirect Costs		12,928.00	12,928.00
TOTAL INDIRECT EXPENSES		12,928.00	12,928.00
TOTAL EXPENDITURES		117,984.00	117,984.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	10,583.00	0.00	10,583.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	105,827.00	105,827.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	1,574.00	0.00	1,574.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	117,984.00	105,827.00	12,157.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Coordinator	0.7500	72846.000	0.000	FTE	54,635.00
	Health Educator	0.0150	67963.000	0.000	FTE	1,019.00
	Health Educator	0.0800	66224.000	0.000		5,298.00
	Misc. Staff Hours - Training, etc.	1.0000	1500.000	0.000		1,500.00
Total for Salary & Wages						62,452.00
2	Fringe Benefits					
	All Composite Rate	0.0000	38.000	62452.000		23,732.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		250.00
	Printing	0.0000	0.000	0.000		500.00
	IT EQUIPMET	0.0000	0.000	0.000		3,500.00
Total for Supplies and Materials						4,250.00
6	Travel					
	Conferences	0.0000	0.000	0.000		6,522.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		825.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		2,250.00
10	All Others (ADP, Con. Employees, Misc.)					
	Supporting Services	0.0000	0.000	0.000		5,025.00
Total Program Expenses						105,056.00
TOTAL DIRECT EXPENSES						105,056.00
INDIRECT EXPENSES						
Indirect Costs						

	Line Item	Qty	Rate	Units	UOM	Total
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		12,928.00
Total Indirect Costs						12,928.00
TOTAL INDIRECT EXPENSES						12,928.00
TOTAL EXPENDITURES						117,984.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Body Art Fixed Fee			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	4,000.00	4,000.00
Total Indirect Costs		4,000.00	4,000.00
TOTAL INDIRECT EXPENSES		4,000.00	4,000.00
TOTAL EXPENDITURES		4,000.00	4,000.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Body Art Fee[BODY ART FEES]	4,000.00	4,000.00	0.00	0.00
	Totals	4,000.00	4,000.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-BODY ART FEES	0.0000	0.000	0.000		4,000.00
Total Indirect Costs						4,000.00
TOTAL INDIRECT EXPENSES						4,000.00
TOTAL EXPENDITURES						4,000.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Children's Special Hlth Care Services (CSHCS) Care Coordination			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	47,000.00	47,000.00
Total Indirect Costs		47,000.00	47,000.00
TOTAL INDIRECT EXPENSES		47,000.00	47,000.00
TOTAL EXPENDITURES		47,000.00	47,000.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	CSHCS Care Coordination	47,000.00	47,000.00	0.00	0.00
	Totals	47,000.00	47,000.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-CSHCS CARE COORDINATION	0.0000	0.000	0.000		47,000.00
Total Indirect Costs						47,000.00
TOTAL INDIRECT EXPENSES						47,000.00
TOTAL EXPENDITURES						47,000.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / CSHCS Medicaid Outreach			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	122,588.00	122,588.00
Total Indirect Costs		122,588.00	122,588.00
TOTAL INDIRECT EXPENSES		122,588.00	122,588.00
TOTAL EXPENDITURES		122,588.00	122,588.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	37,659.00	37,659.00	0.00	0.00
	Required Match - Local	37,659.00	0.00	37,659.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	47,270.00	0.00	47,270.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	122,588.00	37,659.00	84,929.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-CSHCS MEDICAID OUTREACH	0.0000	0.000	0.000		122,588.00
Total Indirect Costs						122,588.00
TOTAL INDIRECT EXPENSES						122,588.00
TOTAL EXPENDITURES						122,588.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / CSHCS Medicaid Elevated Blood Lead Case Mgmt			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	2,419.00	2,419.00
Total Indirect Costs		2,419.00	2,419.00
TOTAL INDIRECT EXPENSES		2,419.00	2,419.00
TOTAL EXPENDITURES		2,419.00	2,419.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	CSHCS Medicaid Elevated Blood Lead Case	2,419.00	2,419.00	0.00	0.00
	Totals	2,419.00	2,419.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-CSHCS ELEVATED BLOOD LEAD	0.0000	0.000	0.000		2,419.00
Total Indirect Costs						2,419.00
TOTAL INDIRECT EXPENSES						2,419.00
TOTAL EXPENDITURES						2,419.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 6/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	34,988.00	34,988.00
2	Fringe Benefits	6,998.00	6,998.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	6,500.00	6,500.00
6	Travel	1,093.00	1,093.00
7	Communication	375.00	375.00
8	County-City Central Services	0.00	0.00
9	Space Costs	825.00	825.00
10	All Others (ADP, Con. Employees, Misc.)	2,063.00	2,063.00
Total Program Expenses		52,842.00	52,842.00
TOTAL DIRECT EXPENSES		52,842.00	52,842.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	6,298.00	6,298.00
Total Indirect Costs		6,298.00	6,298.00
TOTAL INDIRECT EXPENSES		6,298.00	6,298.00
TOTAL EXPENDITURES		59,140.00	59,140.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	4,631.00	0.00	4,631.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	46,306.00	46,306.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	8,203.00	0.00	8,203.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	59,140.00	46,306.00	12,834.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Coordinator	0.4500	77750.000	0.000	FTE	34,988.00
2	Fringe Benefits					
	All Composite Rate	0.0000	20.000	34988.000		6,998.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	IT EQUIPMENT	0.0000	0.000	0.000		5,500.00
	Printing	0.0000	0.000	0.000		500.00
	Office Supplies	0.0000	0.000	0.000		500.00
Total for Supplies and Materials						6,500.00
6	Travel					
	Conferences	0.0000	0.000	0.000		1,093.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		375.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		825.00
10	All Others (ADP, Con. Employees, Misc.)					
	Supporting Services	0.0000	0.000	0.000		2,063.00
Total Program Expenses						52,842.00
TOTAL DIRECT EXPENSES						52,842.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		6,298.00
Total Indirect Costs						6,298.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL INDIRECT EXPENSES						6,298.00
TOTAL EXPENDITURES						59,140.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	190,299.00	190,299.00
2	Fringe Benefits	95,150.00	95,150.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	300.00	300.00
6	Travel	1,286.00	1,286.00
7	Communication	1,677.00	1,677.00
8	County-City Central Services	0.00	0.00
9	Space Costs	4,513.00	4,513.00
10	All Others (ADP, Con. Employees, Misc.)	5,614.00	5,614.00
Total Program Expenses		298,839.00	298,839.00
TOTAL DIRECT EXPENSES		298,839.00	298,839.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	23,147.00	23,147.00
2	Cost Allocation Plan / Other	-159,610.00	-159,610.00
Total Indirect Costs		-136,463.00	-136,463.00
TOTAL INDIRECT EXPENSES		-136,463.00	-136,463.00
TOTAL EXPENDITURES		162,376.00	162,376.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	82,640.00	82,640.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	79,736.00	0.00	79,736.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	162,376.00	82,640.00	79,736.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	1.5000	71724.000	0.000	FTE	107,586.00
	Clerk	1.0000	47879.000	0.000	FTE	47,879.00
	Supervisor	0.4000	87084.000	0.000	FTE	34,834.00
Total for Salary & Wages						190,299.00
2	Fringe Benefits					
	All Composite Rate	0.0000	50.000	190299.000		95,150.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		100.00
	Postage	0.0000	0.000	0.000		200.00
Total for Supplies and Materials						300.00
6	Travel					
	AUTO LEASE	0.0000	0.000	0.000		1,086.00
	Mileage	0.0000	0.000	0.000		50.00
	Conferences	0.0000	0.000	0.000		150.00
Total for Travel						1,286.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		1,677.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		4,513.00
10	All Others (ADP, Con. Employees, Misc.)					
	IT MONTHLY CHARGES	0.0000	0.000	0.000		5,614.00
Total Program Expenses						298,839.00
TOTAL DIRECT EXPENSES						298,839.00
INDIRECT EXPENSES						

	Line Item	Qty	Rate	Units	UOM	Total
Indirect Costs						
1	Indirect Costs					
	Other Approval	0.0000	100.000	23147.000		23,147.00
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		9,978.00
	Other Cost Distributions-CARE COORDINATION	0.0000	0.000	0.000		-47,000.00
	Other Cost Distributions-CSHCS MEDICAID OUTREAC	0.0000	0.000	0.000		-122,588.00
Total for Cost Allocation Plan / Other						-159,610.00
Total Indirect Costs						-136,463.00
TOTAL INDIRECT EXPENSES						-136,463.00
TOTAL EXPENDITURES						162,376.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / CSHCS Vaccine Initiative			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	5,912.00	5,912.00
2	Fringe Benefits	2,365.00	2,365.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	992.00	992.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		9,269.00	9,269.00
TOTAL DIRECT EXPENSES		9,269.00	9,269.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	648.00	648.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		648.00	648.00
TOTAL INDIRECT EXPENSES		648.00	648.00
TOTAL EXPENDITURES		9,917.00	9,917.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	9,917.00	9,917.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	9,917.00	9,917.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.0750	78825.000	0.000		5,912.00
2	Fringe Benefits					
	All Composite Rate	0.0000	40.000	5912.000		2,365.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Outreach	0.0000	0.000	0.000		992.00
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						9,269.00
TOTAL DIRECT EXPENSES						9,269.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
	Other Approval	0.0000	100.000	648.000		648.00
2	Cost Allocation Plan / Other					
Total Indirect Costs						648.00
TOTAL INDIRECT EXPENSES						648.00
TOTAL EXPENDITURES						9,917.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / MCH - Children			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	25,197.00	25,197.00
2	Fringe Benefits	8,819.00	8,819.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	2,500.00	2,500.00
6	Travel	100.00	100.00
7	Communication	1,000.00	1,000.00
8	County-City Central Services	0.00	0.00
9	Space Costs	2,500.00	2,500.00
10	All Others (ADP, Con. Employees, Misc.)	3,500.00	3,500.00
Total Program Expenses		43,616.00	43,616.00
TOTAL DIRECT EXPENSES		43,616.00	43,616.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	5,000.00	5,000.00
2	Cost Allocation Plan / Other	2,500.00	2,500.00
Total Indirect Costs		7,500.00	7,500.00
TOTAL INDIRECT EXPENSES		7,500.00	7,500.00
TOTAL EXPENDITURES		51,116.00	51,116.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	500.00	0.00	500.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	29,490.00	29,490.00	0.00	0.00
	Local Funds - Other	21,126.00	0.00	21,126.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	51,116.00	29,490.00	21,626.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.2500	66224.000	0.000	FTE	16,556.00
	Clerk	0.2500	34564.000	0.000	FTE	8,641.00
Total for Salary & Wages						25,197.00
2	Fringe Benefits					
	All Composite Rate	0.0000	35.000	25197.000		8,819.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		2,500.00
6	Travel					
	Mileage	0.0000	0.000	0.000		100.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		1,000.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		2,500.00
10	All Others (ADP, Con. Employees, Misc.)					
	Supporting Services	0.0000	0.000	0.000		3,500.00
Total Program Expenses						43,616.00
TOTAL DIRECT EXPENSES						43,616.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
	Other Approval	0.0000	100.000	5000.000		5,000.00
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		2,500.00
Total Indirect Costs						7,500.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL INDIRECT EXPENSES						7,500.00
TOTAL EXPENDITURES						51,116.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Food ELPHS			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	276,682.00	276,682.00
2	Fringe Benefits	133,527.00	133,527.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	8,475.00	8,475.00
6	Travel	3,156.00	3,156.00
7	Communication	3,454.00	3,454.00
8	County-City Central Services	0.00	0.00
9	Space Costs	9,292.00	9,292.00
10	All Others (ADP, Con. Employees, Misc.)	12,284.00	12,284.00
Total Program Expenses		446,870.00	446,870.00
TOTAL DIRECT EXPENSES		446,870.00	446,870.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	103,600.00	103,600.00
Total Indirect Costs		103,600.00	103,600.00
TOTAL INDIRECT EXPENSES		103,600.00	103,600.00
TOTAL EXPENDITURES		550,470.00	550,470.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	403,400.00	0.00	403,400.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	137,749.00	137,749.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	9,321.00	0.00	9,321.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	550,470.00	137,749.00	412,721.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Coordinator	1.0000	79167.000	0.000	FTE	79,167.00
	Clerk	1.0000	40147.000	0.000	FTE	40,147.00
	Sanitarian	1.0000	59950.000	0.000	FTE	59,950.00
	Sanitarian	1.0000	62349.000	0.000	FTE	62,349.00
	Clerk	1.0000	35069.000	0.000	FTE	35,069.00
Total for Salary & Wages						276,682.00
2	Fringe Benefits					
	All Composite Rate	0.0000	48.260	276682.000		133,527.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		750.00
	Printing	0.0000	0.000	0.000		250.00
	Postage	0.0000	0.000	0.000		600.00
	UNIFORMS	0.0000	0.000	0.000		375.00
	MISC OPERATING SUPPLIES	0.0000	0.000	0.000		6,500.00
Total for Supplies and Materials						8,475.00
6	Travel					
	AUTO LEASE CHARGES	0.0000	0.000	0.000		2,236.00
	Conferences	0.0000	0.000	0.000		620.00
	Meals	0.0000	0.000	0.000		300.00
Total for Travel						3,156.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		3,454.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		9,292.00

	Line Item	Qty	Rate	Units	UOM	Total
10	All Others (ADP, Con. Employees, Misc.)					
	Membership	0.0000	0.000	0.000		725.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		11,559.00
Total for All Others (ADP, Con. Employees, Misc.)						12,284.00
Total Program Expenses						446,870.00
TOTAL DIRECT EXPENSES						446,870.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		103,600.00
Total Indirect Costs						103,600.00
TOTAL INDIRECT EXPENSES						103,600.00
TOTAL EXPENDITURES						550,470.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Hearing ELPHS			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	71,944.00	71,944.00
2	Fringe Benefits	17,727.00	17,727.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,100.00	1,100.00
6	Travel	3,925.00	3,925.00
7	Communication	2,664.00	2,664.00
8	County-City Central Services	0.00	0.00
9	Space Costs	7,168.00	7,168.00
10	All Others (ADP, Con. Employees, Misc.)	9,067.00	9,067.00
Total Program Expenses		113,595.00	113,595.00
TOTAL DIRECT EXPENSES		113,595.00	113,595.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	22,964.00	22,964.00
Total Indirect Costs		22,964.00	22,964.00
TOTAL INDIRECT EXPENSES		22,964.00	22,964.00
TOTAL EXPENDITURES		136,559.00	136,559.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	2,500.00	0.00	2,500.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	40,187.00	40,187.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	93,872.00	0.00	93,872.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	136,559.00	40,187.00	96,372.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Director	0.1000	110699.000	0.000	FTE	11,070.00
	Clerk	0.1000	43103.000	0.000	FTE	4,310.00
	Technician	0.6000	29157.000	0.000	FTE	17,494.00
	Technician	0.4000	31572.000	0.000	FTE	12,629.00
	Technician	0.4000	17534.000	0.000	FTE	7,014.00
	Technician	0.6000	17534.000	0.000	FTE	10,520.00
	Technician	0.5000	17814.000	0.000	FTE	8,907.00
Total for Salary & Wages						71,944.00
2	Fringe Benefits					
	All Composite Rate	0.0000	24.640	71944.000		17,727.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		250.00
	Medical Supplies	0.0000	0.000	0.000		150.00
	Postage	0.0000	0.000	0.000		700.00
Total for Supplies and Materials						1,100.00
6	Travel					
	Conferences	0.0000	0.000	0.000		2,000.00
	Meals	0.0000	0.000	0.000		200.00
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		1,725.00
Total for Travel						3,925.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		2,664.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		7,168.00

	Line Item	Qty	Rate	Units	UOM	Total
10	All Others (ADP, Con. Employees, Misc.)					
	IT MONTHLY CHARGES	0.0000	0.000	0.000		9,067.00
Total Program Expenses						113,595.00
TOTAL DIRECT EXPENSES						113,595.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		22,964.00
Total Indirect Costs						22,964.00
TOTAL INDIRECT EXPENSES						22,964.00
TOTAL EXPENDITURES						136,559.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / HIV Prevention			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	20,598.00	20,598.00
2	Fringe Benefits	7,537.00	7,537.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		28,135.00	28,135.00
TOTAL DIRECT EXPENSES		28,135.00	28,135.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		28,135.00	28,135.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	20,000.00	20,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	8,135.00	0.00	8,135.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	28,135.00	20,000.00	8,135.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Clerk	0.5000	41196.000	0.000	FTE	20,598.00
2	Fringe Benefits					
	All Composite Rate	0.0000	36.590	20598.000		7,537.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						28,135.00
TOTAL DIRECT EXPENSES						28,135.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
Total Indirect Costs						0.00
TOTAL INDIRECT EXPENSES						0.00
TOTAL EXPENDITURES						28,135.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Immunization Action Plan (IAP)			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	84,298.00	84,298.00
2	Fringe Benefits	30,980.00	30,980.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	675.00	675.00
6	Travel	1,133.00	1,133.00
7	Communication	1,480.00	1,480.00
8	County-City Central Services	0.00	0.00
9	Space Costs	3,982.00	3,982.00
10	All Others (ADP, Con. Employees, Misc.)	4,954.00	4,954.00
Total Program Expenses		127,502.00	127,502.00
TOTAL DIRECT EXPENSES		127,502.00	127,502.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	22,192.00	22,192.00
Total Indirect Costs		22,192.00	22,192.00
TOTAL INDIRECT EXPENSES		22,192.00	22,192.00
TOTAL EXPENDITURES		149,694.00	149,694.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	80,878.00	80,878.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	68,816.00	0.00	68,816.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	149,694.00	80,878.00	68,816.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.2000	72339.000	0.000	FTE	14,468.00
	Director	0.2000	110699.000	0.000	FTE	22,140.00
	Clerk	0.1000	47879.000	0.000	FTE	4,788.00
	Clerk	0.4000	47879.000	0.000	FTE	19,152.00
	Public Health Nurse	0.6000	39584.000	0.000	FTE	23,750.00
Total for Salary & Wages						84,298.00
2	Fringe Benefits					
	All Composite Rate	0.0000	36.750	84298.000		30,980.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		300.00
	Medical Supplies	0.0000	0.000	0.000		50.00
	Postage	0.0000	0.000	0.000		75.00
	MISC OPERATING EQUIPMENT	0.0000	0.000	0.000		250.00
Total for Supplies and Materials						675.00
6	Travel					
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		958.00
	Mileage	0.0000	0.000	0.000		25.00
	Conferences	0.0000	0.000	0.000		150.00
Total for Travel						1,133.00
7	Communication					
	TELEPHONE COSTS	0.0000	0.000	0.000		1,480.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		3,982.00

	Line Item	Qty	Rate	Units	UOM	Total
10	All Others (ADP, Con. Employees, Misc.)					
	IT MONTHLY CHARGES	0.0000	0.000	0.000		4,954.00
Total Program Expenses						127,502.00
TOTAL DIRECT EXPENSES						127,502.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		22,192.00
Total Indirect Costs						22,192.00
TOTAL INDIRECT EXPENSES						22,192.00
TOTAL EXPENDITURES						149,694.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Immunization Field Services Rep			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	5,000.00	5,000.00
Total Indirect Costs		5,000.00	5,000.00
TOTAL INDIRECT EXPENSES		5,000.00	5,000.00
TOTAL EXPENDITURES		5,000.00	5,000.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	5,000.00	5,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	5,000.00	5,000.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-IMMS FIELD SERVICE REP	0.0000	0.000	0.000		5,000.00
Total Indirect Costs						5,000.00
TOTAL INDIRECT EXPENSES						5,000.00
TOTAL EXPENDITURES						5,000.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Medicaid Outreach			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	115,639.00	115,639.00
2	Fringe Benefits	51,425.00	51,425.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	300.00	300.00
6	Travel	1,278.00	1,278.00
7	Communication	1,974.00	1,974.00
8	County-City Central Services	0.00	0.00
9	Space Costs	5,309.00	5,309.00
10	All Others (ADP, Con. Employees, Misc.)	6,605.00	6,605.00
Total Program Expenses		182,530.00	182,530.00
TOTAL DIRECT EXPENSES		182,530.00	182,530.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	32,136.00	32,136.00
Total Indirect Costs		32,136.00	32,136.00
TOTAL INDIRECT EXPENSES		32,136.00	32,136.00
TOTAL EXPENDITURES		214,666.00	214,666.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	107,333.00	107,333.00	0.00	0.00
	Required Match - Local	107,333.00	0.00	107,333.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	214,666.00	107,333.00	107,333.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.1000	72339.000	0.000	FTE	7,234.00
	Director	0.2000	110699.000	0.000	FTE	22,140.00
	Clerk	0.2000	44538.000	0.000	FTE	8,908.00
	Public Health Nurse	0.2000	79167.000	0.000	FTE	15,833.00
	Nutritionist/Dietician	0.2000	73175.000	0.000	FTE	14,635.00
	Clerk	0.2000	47879.000	0.000	FTE	9,576.00
	Clerk	0.2000	43103.000	0.000	FTE	8,621.00
	Supervisor	0.1000	87084.000	0.000	FTE	8,708.00
	Public Health Nurse	0.3000	41013.000	0.000	FTE	12,304.00
	Clerk	0.3000	25600.000	0.000	FTE	7,680.00
Total for Salary & Wages						115,639.00
2	Fringe Benefits					
	All Composite Rate	0.0000	44.470	115639.000		51,425.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		100.00
	Postage	0.0000	0.000	0.000		200.00
Total for Supplies and Materials						300.00
6	Travel					
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		1,278.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		1,974.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		5,309.00
10	All Others (ADP, Con. Employees, Misc.)					

	Line Item	Qty	Rate	Units	UOM	Total
	IT MONTHLY CHARGES	0.0000	0.000	0.000		6,605.00
Total Program Expenses						182,530.00
TOTAL DIRECT EXPENSES						182,530.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		32,136.00
Total Indirect Costs						32,136.00
TOTAL INDIRECT EXPENSES						32,136.00
TOTAL EXPENDITURES						214,666.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / MCH - All Other			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	10,200.00	10,200.00
2	Fringe Benefits	3,570.00	3,570.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	500.00	500.00
6	Travel	100.00	100.00
7	Communication	500.00	500.00
8	County-City Central Services	0.00	0.00
9	Space Costs	750.00	750.00
10	All Others (ADP, Con. Employees, Misc.)	865.00	865.00
Total Program Expenses		16,485.00	16,485.00
TOTAL DIRECT EXPENSES		16,485.00	16,485.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	1,000.00	1,000.00
2	Cost Allocation Plan / Other	750.00	750.00
Total Indirect Costs		1,750.00	1,750.00
TOTAL INDIRECT EXPENSES		1,750.00	1,750.00
TOTAL EXPENDITURES		18,235.00	18,235.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	500.00	0.00	500.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	10,000.00	10,000.00	0.00	0.00
	Local Funds - Other	7,735.00	0.00	7,735.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	18,235.00	10,000.00	8,235.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.1000	66546.000	0.000	FTE	6,655.00
	Clerk	0.1000	35446.000	0.000	FTE	3,545.00
Total for Salary & Wages						10,200.00
2	Fringe Benefits					
	All Composite Rate	0.0000	35.000	10200.000		3,570.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		500.00
6	Travel					
	Mileage	0.0000	0.000	0.000		100.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		500.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		750.00
10	All Others (ADP, Con. Employees, Misc.)					
	Supporting Services	0.0000	0.000	0.000		865.00
Total Program Expenses						16,485.00
TOTAL DIRECT EXPENSES						16,485.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
	Other Approval	0.0000	100.000	1000.000		1,000.00
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		750.00
Total Indirect Costs						1,750.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL INDIRECT EXPENSES						1,750.00
TOTAL EXPENDITURES						18,235.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / MDHHS-Essential Local Public Health Services (ELPHS)			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	249,095.00	249,095.00
2	Fringe Benefits	92,165.00	92,165.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,500.00	1,500.00
6	Travel	3,612.00	3,612.00
7	Communication	2,800.00	2,800.00
8	County-City Central Services	0.00	0.00
9	Space Costs	15,815.00	15,815.00
10	All Others (ADP, Con. Employees, Misc.)	20,386.00	20,386.00
Total Program Expenses		385,373.00	385,373.00
TOTAL DIRECT EXPENSES		385,373.00	385,373.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	36,606.00	36,606.00
2	Cost Allocation Plan / Other	14,768.00	14,768.00
Total Indirect Costs		51,374.00	51,374.00
TOTAL INDIRECT EXPENSES		51,374.00	51,374.00
TOTAL EXPENDITURES		436,747.00	436,747.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	268,305.00	268,305.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	168,442.00	0.00	168,442.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	436,747.00	268,305.00	168,442.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.4000	78945.000	0.000	FTE	31,578.00
	Epidemiologist	1.0000	64303.000	0.000	FTE	64,303.00
	Coordinator	0.5000	81560.000	0.000	FTE	40,780.00
	Clerk	0.4000	49326.000	0.000	FTE	19,730.00
	Supervisor	0.3000	89716.000	0.000	FTE	26,915.00
	Clerk	0.3300	37688.000	0.000	FTE	12,437.00
	Public Health Nurse	0.2000	62006.000	0.000	FTE	12,401.00
	Public Health Nurse	0.1000	64918.000	0.000	FTE	6,492.00
	Public Health Nurse	0.4800	59413.000	0.000	FTE	28,518.00
	Public Health Nurse	0.1000	59414.000	0.000	FTE	5,941.00
Total for Salary & Wages						249,095.00
2	Fringe Benefits					
	All Composite Rate	0.0000	37.000	249095.000		92,165.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		1,500.00
6	Travel					
	Mileage	0.0000	0.000	0.000		3,612.00
7	Communication					
	TELEPHONE COSTS	0.0000	0.000	0.000		2,800.00
8	County-City Central Services					
9	Space Costs					
	Space/Rental Costs	0.0000	0.000	0.000		15,815.00
10	All Others (ADP, Con. Employees, Misc.)					
	IT COSTS	0.0000	0.000	0.000		15,386.00
	Lab Fees	0.0000	0.000	0.000		5,000.00

	Line Item	Qty	Rate	Units	UOM	Total
Total for All Others (ADP, Con. Employees, Misc.)						20,386.00
Total Program Expenses						385,373.00
TOTAL DIRECT EXPENSES						385,373.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
	Other Approval	0.0000	100.000	36606.000		36,606.00
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		14,768.00
Total Indirect Costs						51,374.00
TOTAL INDIRECT EXPENSES						51,374.00
TOTAL EXPENDITURES						436,747.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Tuberculosis (TB) Control			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	590.00	590.00
Total Indirect Costs		590.00	590.00
TOTAL INDIRECT EXPENSES		590.00	590.00
TOTAL EXPENDITURES		590.00	590.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	590.00	590.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	590.00	590.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-TB CONTROL	0.0000	0.000	0.000		590.00
Total Indirect Costs						590.00
TOTAL INDIRECT EXPENSES						590.00
TOTAL EXPENDITURES						590.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Vector-Borne Surveillance & Prevention			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 4/1/2023 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	5,621.00	5,621.00
2	Fringe Benefits	2,192.00	2,192.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,200.00	1,200.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		9,013.00	9,013.00
TOTAL DIRECT EXPENSES		9,013.00	9,013.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		9,013.00	9,013.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	9,000.00	9,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	13.00	0.00	13.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	9,013.00	9,000.00	13.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Sanitarian	0.0800	58774.000	0.000	FTE	4,702.00
	Director	0.0100	91927.000	0.000	FTE	919.00
Total for Salary & Wages						5,621.00
2	Fringe Benefits					
	All Composite Rate	0.0000	39.000	5621.000		2,192.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	MISC PROGRAM SUPPLIES	0.0000	0.000	0.000		1,200.00
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						9,013.00
TOTAL DIRECT EXPENSES						9,013.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
Total Indirect Costs						0.00
TOTAL INDIRECT EXPENSES						0.00
TOTAL EXPENDITURES						9,013.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Immunization Fixed Fees			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	0.00	0.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	5,350.00	5,350.00
Total Indirect Costs		5,350.00	5,350.00
TOTAL INDIRECT EXPENSES		5,350.00	5,350.00
TOTAL EXPENDITURES		5,350.00	5,350.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	IMM: VFC - AFIX Visits	5,350.00	5,350.00	0.00	0.00
	Totals	5,350.00	5,350.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Other Cost Distributions-IMMS	0.0000	0.000	0.000		5,350.00
	FIXED FEES					
Total Indirect Costs						5,350.00
TOTAL INDIRECT EXPENSES						5,350.00
TOTAL EXPENDITURES						5,350.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Vision ELPHS			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	72,427.00	72,427.00
2	Fringe Benefits	17,868.00	17,868.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	1,600.00	1,600.00
6	Travel	1,925.00	1,925.00
7	Communication	2,664.00	2,664.00
8	County-City Central Services	0.00	0.00
9	Space Costs	7,168.00	7,168.00
10	All Others (ADP, Con. Employees, Misc.)	9,067.00	9,067.00
Total Program Expenses		112,719.00	112,719.00
TOTAL DIRECT EXPENSES		112,719.00	112,719.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	23,049.00	23,049.00
Total Indirect Costs		23,049.00	23,049.00
TOTAL INDIRECT EXPENSES		23,049.00	23,049.00
TOTAL EXPENDITURES		135,768.00	135,768.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	2,500.00	0.00	2,500.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	40,187.00	40,187.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	93,081.00	0.00	93,081.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	135,768.00	40,187.00	95,581.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Director	0.1000	110699.000	0.000	FTE	11,070.00
	Clerk	0.1000	43103.000	0.000	FTE	4,310.00
	Technician	0.4000	29157.000	0.000	FTE	11,663.00
	Technician	0.6000	31572.000	0.000	FTE	18,943.00
	Technician	0.6000	17534.000	0.000	FTE	10,520.00
	Technician	0.4000	17534.000	0.000	FTE	7,014.00
	Technician	0.5000	17814.000	0.000	FTE	8,907.00
Total for Salary & Wages						72,427.00
2	Fringe Benefits					
	All Composite Rate	0.0000	24.670	72427.000		17,868.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		250.00
	Medical Supplies	0.0000	0.000	0.000		150.00
	Postage	0.0000	0.000	0.000		1,200.00
Total for Supplies and Materials						1,600.00
6	Travel					
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		1,725.00
	Mileage	0.0000	0.000	0.000		200.00
Total for Travel						1,925.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		2,664.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		7,168.00
10	All Others (ADP, Con. Employees, Misc.)					

	Line Item	Qty	Rate	Units	UOM	Total
	Staff Training	0.0000	0.000	0.000		150.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		8,917.00
Total for All Others (ADP, Con. Employees, Misc.)						9,067.00
Total Program Expenses						112,719.00
TOTAL DIRECT EXPENSES						112,719.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		23,049.00
Total Indirect Costs						23,049.00
TOTAL INDIRECT EXPENSES						23,049.00
TOTAL EXPENDITURES						135,768.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / Immunization Vaccine Quality Assurance			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	27,856.00	27,856.00
2	Fringe Benefits	7,900.00	7,900.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	200.00	200.00
6	Travel	433.00	433.00
7	Communication	592.00	592.00
8	County-City Central Services	0.00	0.00
9	Space Costs	1,593.00	1,593.00
10	All Others (ADP, Con. Employees, Misc.)	2,131.00	2,131.00
Total Program Expenses		40,705.00	40,705.00
TOTAL DIRECT EXPENSES		40,705.00	40,705.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	7,745.00	7,745.00
Total Indirect Costs		7,745.00	7,745.00
TOTAL INDIRECT EXPENSES		7,745.00	7,745.00
TOTAL EXPENDITURES		48,450.00	48,450.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	15,901.00	15,901.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	32,549.00	0.00	32,549.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	48,450.00	15,901.00	32,549.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.1000	72339.000	0.000	FTE	7,234.00
	Clerk	0.1000	47879.000	0.000	FTE	4,788.00
	Coordinator	0.4000	39584.000	0.000	FTE	15,834.00
Total for Salary & Wages						27,856.00
2	Fringe Benefits					
	All Composite Rate	0.0000	28.360	27856.000		7,900.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		100.00
	Medical Supplies	0.0000	0.000	0.000		50.00
	Postage	0.0000	0.000	0.000		50.00
Total for Supplies and Materials						200.00
6	Travel					
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		383.00
	Mileage	0.0000	0.000	0.000		25.00
	Meals	0.0000	0.000	0.000		25.00
Total for Travel						433.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		592.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		1,593.00
10	All Others (ADP, Con. Employees, Misc.)					
	Staff Training	0.0000	0.000	0.000		150.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		1,981.00
Total for All Others (ADP, Con. Employees, Misc.)						2,131.00

	Line Item	Qty	Rate	Units	UOM	Total
Total Program Expenses						40,705.00
TOTAL DIRECT EXPENSES						40,705.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		7,745.00
Total Indirect Costs						7,745.00
TOTAL INDIRECT EXPENSES						7,745.00
TOTAL EXPENDITURES						48,450.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / WIC Breastfeeding			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	19,604.00	19,604.00
2	Fringe Benefits	1,582.00	1,582.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	75.00	75.00
6	Travel	764.00	764.00
7	Communication	987.00	987.00
8	County-City Central Services	0.00	0.00
9	Space Costs	2,655.00	2,655.00
10	All Others (ADP, Con. Employees, Misc.)	3,548.00	3,548.00
Total Program Expenses		29,215.00	29,215.00
TOTAL DIRECT EXPENSES		29,215.00	29,215.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	2,530.00	2,530.00
2	Cost Allocation Plan / Other	3,564.00	3,564.00
Total Indirect Costs		6,094.00	6,094.00
TOTAL INDIRECT EXPENSES		6,094.00	6,094.00
TOTAL EXPENDITURES		35,309.00	35,309.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	28,853.00	28,853.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	6,456.00	0.00	6,456.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	35,309.00	28,853.00	6,456.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Counselor	1.0000	17104.000	0.000	FTE	17,104.00
	IBCLC SALARY FOR SUPPORT / SERVICES	1.0000	2500.000	0.000	FTE	2,500.00
Total for Salary & Wages						19,604.00
2	Fringe Benefits					
	All Composite Rate	0.0000	8.070	19604.000		1,582.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		50.00
	Postage	0.0000	0.000	0.000		25.00
Total for Supplies and Materials						75.00
6	Travel					
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		639.00
	Meals	0.0000	0.000	0.000		100.00
	Mileage	0.0000	0.000	0.000		25.00
Total for Travel						764.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		987.00
8	County-City Central Services					
9	Space Costs					
	Rent	0.0000	0.000	0.000		2,655.00
10	All Others (ADP, Con. Employees, Misc.)					
	Staff Training	0.0000	0.000	0.000		245.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		3,303.00
Total for All Others (ADP, Con. Employees, Misc.)						3,548.00
Total Program Expenses						29,215.00

	Line Item	Qty	Rate	Units	UOM	Total
TOTAL DIRECT EXPENSES						29,215.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
	Other Approval	0.0000	100.000	2530.000		2,530.00
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		3,564.00
Total Indirect Costs						6,094.00
TOTAL INDIRECT EXPENSES						6,094.00
TOTAL EXPENDITURES						35,309.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / WIC Resident Services			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	197,183.00	197,183.00
2	Fringe Benefits	87,392.00	87,392.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	19,400.00	19,400.00
6	Travel	3,013.00	3,013.00
7	Communication	4,000.00	4,000.00
8	County-City Central Services	0.00	0.00
9	Space Costs	10,000.00	10,000.00
10	All Others (ADP, Con. Employees, Misc.)	15,750.00	15,750.00
Total Program Expenses		336,738.00	336,738.00
TOTAL DIRECT EXPENSES		336,738.00	336,738.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	45,000.00	45,000.00
2	Cost Allocation Plan / Other	37,500.00	37,500.00
Total Indirect Costs		82,500.00	82,500.00
TOTAL INDIRECT EXPENSES		82,500.00	82,500.00
TOTAL EXPENDITURES		419,238.00	419,238.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	377,231.00	377,231.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	42,007.00	0.00	42,007.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	419,238.00	377,231.00	42,007.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Public Health Nurse	0.2500	72339.000	0.000	FTE	18,085.00
	Director	0.2200	110699.000	0.000	FTE	24,354.00
	Public Health Nurse	0.6500	58161.000	0.000	FTE	37,805.00
	Coordinator	0.6000	73175.000	0.000	FTE	43,905.00
	Clerk	0.6000	43103.000	0.000	FTE	25,862.00
	Public Health Nurse	0.4250	41013.000	0.000	FTE	17,431.00
	Clerk	0.4500	25600.000	0.000	FTE	11,520.00
	Clerk	0.7500	24294.000	0.000	FTE	18,221.00
Total for Salary & Wages						197,183.00
2	Fringe Benefits					
	All Composite Rate	0.0000	44.320	197183.000		87,392.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		1,000.00
	Medical Supplies	0.0000	0.000	0.000		3,000.00
	Postage	0.0000	0.000	0.000		400.00
	MIS OPERATING SUPPLIES	0.0000	0.000	0.000		15,000.00
Total for Supplies and Materials						19,400.00
6	Travel					
	AUTO LEASE	0.0000	0.000	0.000		2,363.00
	Mileage	0.0000	0.000	0.000		250.00
	Meals	0.0000	0.000	0.000		400.00
Total for Travel						3,013.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		4,000.00
8	County-City Central Services					

	Line Item	Qty	Rate	Units	UOM	Total
9	Space Costs					
	Rent	0.0000	0.000	0.000		10,000.00
10	All Others (ADP, Con. Employees, Misc.)					
	Staff Training	0.0000	0.000	0.000		1,750.00
	Lab Fees	0.0000	0.000	0.000		500.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		13,500.00
Total for All Others (ADP, Con. Employees, Misc.)						15,750.00
Total Program Expenses						336,738.00
TOTAL DIRECT EXPENSES						336,738.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
	Other Approval	0.0000	100.000	45000.000		45,000.00
2	Cost Allocation Plan / Other					
	Nursing Adm Distribution	0.0000	0.000	0.000		37,500.00
Total Indirect Costs						82,500.00
TOTAL INDIRECT EXPENSES						82,500.00
TOTAL EXPENDITURES						419,238.00

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2023 / EGLE Drinking Water and Onsite Wastewater Management			DATE PREPARED 9/9/2022		
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023		
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819		

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	386,224.00	386,224.00
2	Fringe Benefits	185,388.00	185,388.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	3,375.00	3,375.00
6	Travel	6,491.00	6,491.00
7	Communication	4,650.00	4,650.00
8	County-City Central Services	0.00	0.00
9	Space Costs	22,602.00	22,602.00
10	All Others (ADP, Con. Employees, Misc.)	28,300.00	28,300.00
Total Program Expenses		637,030.00	637,030.00
TOTAL DIRECT EXPENSES		637,030.00	637,030.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	70,000.00	70,000.00
2	Cost Allocation Plan / Other	75,000.00	75,000.00
Total Indirect Costs		145,000.00	145,000.00
TOTAL INDIRECT EXPENSES		145,000.00	145,000.00
TOTAL EXPENDITURES		782,030.00	782,030.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	465,000.00	0.00	465,000.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	315,007.00	315,007.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	2,023.00	0.00	2,023.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	Totals	782,030.00	315,007.00	467,023.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	Coordinator	1.0000	79167.000	0.000	FTE	79,167.00
	Sanitarian	1.0000	60307.000	0.000	FTE	60,307.00
	Director	0.1500	91883.000	0.000	FTE	13,782.00
	Sanitarian	0.6000	73644.000	0.000	FTE	44,186.00
	Sanitarian	1.0000	59987.000	0.000	FTE	59,987.00
	Clerk	0.6000	43711.000	0.000	FTE	26,227.00
	Clerk	0.6000	40147.000	0.000	FTE	24,088.00
	Clerk	0.6000	35069.000	0.000	FTE	21,041.00
	Sanitarian	0.5000	73772.000	0.000	FTE	36,886.00
	Clerk	0.7000	29362.000	0.000	FTE	20,553.00
Total for Salary & Wages						386,224.00
2	Fringe Benefits					
	All Composite Rate	0.0000	48.000	386224.000		185,388.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
	Office Supplies	0.0000	0.000	0.000		2,150.00
	Postage	0.0000	0.000	0.000		600.00
	UNIFORMS	0.0000	0.000	0.000		625.00
Total for Supplies and Materials						3,375.00
6	Travel					
	AUTO LEASE PAYMENTS	0.0000	0.000	0.000		5,891.00
	Meals	0.0000	0.000	0.000		600.00
Total for Travel						6,491.00
7	Communication					
	TELEPHONE CHARGES	0.0000	0.000	0.000		4,650.00
8	County-City Central Services					

	Line Item	Qty	Rate	Units	UOM	Total
9	Space Costs					
	Rent	0.0000	0.000	0.000		22,602.00
10	All Others (ADP, Con. Employees, Misc.)					
	Lab Fees	0.0000	0.000	0.000		1,700.00
	Staff Training	0.0000	0.000	0.000		600.00
	IT MONTHLY CHARGES	0.0000	0.000	0.000		26,000.00
Total for All Others (ADP, Con. Employees, Misc.)						28,300.00
Total Program Expenses						637,030.00
TOTAL DIRECT EXPENSES						637,030.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
	Other Approval	0.0000	100.000	70000.000		70,000.00
2	Cost Allocation Plan / Other					
	Environmental Hlth Adm Distribution	0.0000	0.000	0.000		75,000.00
Total Indirect Costs						145,000.00
TOTAL INDIRECT EXPENSES						145,000.00
TOTAL EXPENDITURES						782,030.00

Summary of Budget

PROGRAM / PROJECT Local Health Department - 2023 / Local Health Department - 2023			DATE PREPARED 9/9/2022	
CONTRACTOR NAME Livingston County Department of Public Health			BUDGET PERIOD From : 10/1/2022 To : 9/30/2023	
MAILING ADDRESS (Number and Street) 2300 E. Grand River Ave., Suite 102			BUDGET AGREEMENT <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	AMENDMENT # 0
CITY Howell	STATE MI	ZIP CODE 48843-7578	FEDERAL ID NUMBER 38-6005819	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	2,126,219.00	2,126,219.00
2	Fringe Benefits	871,317.00	871,317.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Supplies and Materials	65,442.00	65,442.00
5	Travel	40,831.00	40,831.00
6	Communication	32,142.00	32,142.00
7	Space Costs	106,422.00	106,422.00
8	All Others (ADP, Con. Employees, Misc.)	159,159.00	159,159.00
Total Program Expenses		3,401,532.00	3,401,532.00
TOTAL DIRECT EXPENSES		3,401,532.00	3,401,532.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	183,931.00	183,931.00
2	Cost Allocation Plan / Other	392,331.00	392,331.00
Total Indirect Costs		576,262.00	576,262.00
TOTAL INDIRECT EXPENSES		576,262.00	576,262.00
TOTAL EXPENDITURES		3,977,794.00	3,977,794.00

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Fees and Collections - 1st and 2nd Party	873,400.00	0.00	873,400.00	0.00
2	Fees and Collections - 3rd Party	1,000.00	0.00	1,000.00	0.00
3	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
4	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
5	Federally Provided Vaccines	0.00	0.00	0.00	0.00
6	Federal Medicaid Outreach	144,992.00	144,992.00	0.00	0.00
7	Required Match - Local	160,206.00	0.00	160,206.00	0.00
8	Local Non-ELPHS	0.00	0.00	0.00	0.00
9	Local Non-ELPHS	0.00	0.00	0.00	0.00
10	Local Non-ELPHS	0.00	0.00	0.00	0.00
11	Other Non-ELPHS	0.00	0.00	0.00	0.00
12	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
13	MDHHS Comprehensive	1,583,578.00	1,583,578.00	0.00	0.00
14	MCH Funding	39,490.00	39,490.00	0.00	0.00
15	Local Funds - Other	1,116,359.00	0.00	1,116,359.00	0.00
16	Inkind Match	0.00	0.00	0.00	0.00
17	MDHHS Fixed Unit Rate	58,769.00	58,769.00	0.00	0.00
	TOTAL	3,977,794.00	1,826,829.00	2,150,965.00	0.00

Source of Funds

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Local Health Department Agreement
October 1, 202- September 30, 2023
Fiscal Year 2023

INSTRUCTIONS
FOR THE
ANNUAL BUDGET

INSTRUCTIONS FOR THE ANNUAL BUDGET FOR LOCAL HEALTH DEPARTMENT SERVICES

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**INSTRUCTIONS FOR THE
ANNUAL BUDGET
FOR LOCAL HEALTH SERVICES**

I. INTRODUCTION

The Annual Budget for Local Health Services is completed on a state fiscal year basis and is used to establish budgets for many Department programs. In the Annual Budget, the Department consolidates many of its categorical programs' funding and Essential Local Public Health Services (ELPHS) (formerly known as the local public health operation's funding) into a single, Comprehensive Agreement for local health departments. The Department's Plan and Budget Framework serves as a principal reference point for budget development.

The Annual Budget for Local Health Services must be completed in accordance with and adhere to the established requirements as specified in these instructions and submitted to the Department as required by the agreement.

II. MINIMUM BUDGETING REQUIREMENTS

- A. Cost Principles** - Types or items of cost which will be considered for reimbursement are generally consistent with definitions contained in Title 2 Code of Federal Regulations CFR, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- B. Federal Block Grant Funds** - Maternal & Child Health and Preventive Health Block Grant funds may not be used to: provide inpatient services; make cash payments to intended recipients of health services; purchase or improve land; purchase, contract or permanently improve (other than minor remodeling defined as work required to change the interior arrangements or other physical characteristics of any existing facility or installed equipment when the cost of the remodeling incident does not exceed \$2,000) any building or other facility; or purchase major medical equipment (any item of medical equipment having a unit cost of over \$10,000 and used in the diagnosis or treatment of patients, excluding equipment typically used in a laboratory); satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of Federal funds; or provide financial assistance to any entity other than a public or nonprofit private entity.
- C. Expenditure and Funding Source Breakdown** - For purposes of development, analysis and negotiation activities must be budgeted at the individual expenditure and funding source category level on the Annual Budget for Local Health Services.
- D. Special Budget Requirements for Certain Categorical Program Elements** - The Annual Budget for Local Health Services is completed in the MI E-Grants System through the application budget to include details for all program elements (excluding Administration and Grantee Support).
- E. Local MCH** - Local MCH funds can be used to support the health of women, children, and families in communities across Michigan. Funding addresses one or more Title V Maternal and Child Health Block Grant national and state priority areas and/or a local

MCH priority need identified through a needs assessment process. Priority areas are developed into Local MCH Work Plans which are described in the Annual Local MCH Plan. These funds are to be budgeted as a funding source in two project categories. The Local MCH projects need to be budgeted separately. Please note only two LMCH project titles can be used:

- MCH – Children
- MCH – All Other

These funding sources cannot be used under the WIC element except in extreme circumstances where a waiver is requested in advance of expenditures, and evidence is provided that the expenditures satisfy all funding requirements. Local health departments are encouraged to select only one to two performance measures and delve deeper into the strategies in an effort to “move the needle.”

III. REIMBURSEMENT CHART

A. Program Element/Funding Source

The Program Element/Funding Source column has been moved to Attachment III and provides the listing of all currently funded MDHHS programs that are included in the Comprehensive Local Health Department Agreement.

B. Type of Project

The type of project designation is indicated by footnote and is used if the project meets the Research and Development Project criteria. Research and Development Projects are defined by Title 2 CFR, Section 200.87, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Research and development (R&D) means all research activities, both basic and applied, and all development activities that are performed by non-Federal entities. Research is defined as a systematic study directed toward fuller scientific knowledge or understanding of the subject studied. The term research also includes activities involving the training of individuals in research techniques where such activities utilize the same facilities as other research and development activities and where such activities are not included in the instruction function. Development is the systematic use of knowledge and understanding gained from research directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes.

C. Reimbursement Chart

The Reimbursement Chart notes elements/funding sources, applicable payment methods, target levels, output measures for each program/element having a performance reimbursement option. In addition, the chart also provides the subrecipient, contractor, or recipient designations, as in prior years:

IV. **LOCAL ACCOUNTING SYSTEM STRUCTURE OF ACCOUNTS/COST ALLOCATION PROCEDURES**

As in past years, no additional accounting system detail is being required beyond local uniform accounting procedures prescribed by the Michigan Department of Treasury, Local Financial Management System requirements, documentation requirements of categorical program funding sources and any local requirements. Some agencies may already have separate cost centers in their accounting system to directly identify costs and related funding of required services, but such breakdowns are not essential to being able to meet minimum reporting requirements if proper allocation procedures are used and adequate documentation is maintained. All allocations must have clearly measurable bases that directly apply to the amounts being allocated, must be documented with work papers that will provide an adequate audit trail and must result in a representative reporting of costs and funding for affected programs. More specific guidance can be found in Title 2 CFR, Part 200 Appendix V State/Local Government and Indian Tribe-Wide Central Service Cost Allocation Plans and the brochure published by the Department of Health and Human Services entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government."

V. **FORM PREPARATION - GENERAL**

The MI E-Grants System on-line application, including the budget entry forms, are utilized to develop a budget summary for each program element administered by the local Grantee. The system is designed to accommodate any number of local program elements including those unique to a particular local Grantee. Applications, including budget forms, are completed for all program elements, regardless of the reimbursement mechanism, including Agency administration(s) fee for service program elements, categorical program elements, performance-based program elements and Medicaid Outreach associated program elements. Budget entry is required for each major expenditure and source of fund categories for which costs/funds are identified.

VI. **FORM PREPARATION - EXPENDITURE CATEGORIES**

Budgeted expenditures are to be entered for each program element, project or group of services by applicable major category.

- A. **Salaries and Wages**- This category includes the compensation budgeted for all permanent and part-time employees on the payroll of the Grantee and assigned directly to the program. This does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, vendor services, professional fees or personnel hired on a private contracting basis should be included in "Other Expenses." Contracts with secondary recipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Sub-contract) Expenses.
- B. **Fringe Benefits** - This category is to include, for at least the specified elements, all Grantee costs for social security, retirement, insurance, and other similar benefits for all permanent and part-time employees assigned to the specified elements.
- C. **Cap Exp for Equip & Fac** - This category includes expenditures for budgeted stationary and movable equipment used in carrying out the objectives of each program element, project or service group. The cost of a single unit or piece of equipment includes necessary accessories, installation costs, freight and other applicable expenses associated with the

purchase of the equipment. Only budgeted equipment items costing \$5,000 or more may be reported under this category. Small equipment items costing less than \$5,000 are properly classified as Supplies and Materials or Other Expenses. This category also includes capital outlay for purchase or renovation of facilities.

- D. **Contractual (Subcontracts/Subrecipient)** - Use for expenditures applicable to written contracts or agreements with secondary recipient organizations such as cooperating service delivery institutions or delegate agencies. Payments to individuals for consulting or contractual services, or for vendor services are to be included under Other Expenses. Specify subcontractor(s) address, amount by subcontractor and total of all subcontractors.
- E. **Supplies and Materials** - Use for all consumable items and materials including equipment-type items costing less than \$5,000 each. This includes office, printing, janitorial, postage and educational supplies; medical supplies; contraceptives and vaccines; tape and gauze; prescriptions and other appropriate drugs and chemicals. Federal Provided Vaccine Value should be reported and identified on in Other Cost Distributions category. Do not combine with supplies.
- F. **Travel** - Travel costs of permanent and part-time employees assigned to each program element. This includes costs of mileage, per diem, lodging, meals, registration fees and other approved travel costs incurred by the employee. Travel of private, non-employee consultants should be reported under Other Expenses.
- G. **Communication Costs** - These are costs for telephone, Internet, telegraph, data lines, websites, fax, email, etc., when related directly to the operation of the program element.
- H. **County/City Central Services** - These are costs associated with central support activities of the local governing unit allocated to the local health department in accordance with Title 2 CFR, part 200.
- I. **Space Costs** - These are costs of building space necessary for the operation of the program.
- J. **All Others (Line 11)** - These are costs for all other items purchased exclusively for the operation of the program element and not appropriately included in any of the other categories including items such as repairs, janitorial services, consultant services, vendor services, equipment rental, insurance, Automated Data Processing (ADP) systems, etc.
- K. **Total Direct Expenditures** – The MI E-Grants System sums the direct expenditures budgeted for each program element, project or service grouping and records in the Total Direct Expenditure line of the Budget Summary.
- L. **Indirect Cost** – These cost categories are used to distribute costs of general administrative operations that have not been directly charged to individual subrecipient programs. The Indirect Cost expenditures distribute administrative overhead costs to each program element, project or service grouping. Two separate local rates may apply to the agreement period (i.e., one for each local fiscal year). Use Calendar Rate 1 to reflect the rate applicable to the first part of the agreement period and Calendar Rate 2 for the rate applicable to the latter part. Indirect costs are not allowed on programs elements designated as vendor relationship.

An indirect rate proposal and related supporting documentation must be retained for audit in accordance with records retention requirements. In addition, these documents are reviewed as part of the Single Audit, subrecipient monitoring visit, or other State of Michigan reviews.

Following is further clarification regarding indirect rate and/or cost allocation approval requirements to distribute administrative overhead costs, in accordance with Title 2 CFR Part 200 (formerly Circular A-87 2 CFR Part 225, Appendix E), for Local Health Departments

budgeting indirect costs:

1. Local Health Departments receiving more than \$35 million in direct Federal awards are required to have an approved indirect cost rate from a Federal Cognizant Agency. If your Local Health Department has received an approved indirect rate from a Federal Cognizant agency, attach the Federal approval letter to your MI E-Grants Grantee Profile.
2. Local Health Departments receiving \$35 million or less in direct Federal awards are required to prepare indirect cost rate proposals in accordance with Title 2 CFR and maintain the documentation on file subject to review.
3. Local Health Departments that received approved indirect cost rates from another State of Michigan Department should attach their State approval letter to their MI E-Grants Grantee Profile.
4. Local Health Departments with cost allocation plans should reflect these allocations in the Other Cost Distributions budget category. See Section M. Other Cost Distribution for budgeting guidance.
5. As a Subrecipient of federal funds from MDHHS, a Local Health Department that has never received a negotiated indirect cost rate, your Local Health Department may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) based on Title 2 CFR part 200 requirements.

MTDC includes all direct salaries and wages, fringe benefits, supplies and materials, travel, services, and contractual expenses up to the first \$25,000 of each contract. MTDC excludes all equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and portions subcontractual/subaward expenses in excess of \$25,000 per contract.

Attach a current copy of the letter stating the applicable indirect costs rate or calculation information justifying the de minimis rate calculation to you MI E-Grants Grantee profile.

Detail on how the indirect costs was calculated must be shown on the Budget Detail Schedule.

The amount of Indirect Cost should be allocated to all appropriate program elements with the total equivalent amount reflected as a credit or minus in the Administration projects.

- M. Other Cost Distributions** – Use to distribute various contributing activity costs to appropriate program areas based upon activity counts, time study supporting data or other reasonable and equitable means. An example of Other Cost Distributions is nursing supervision. The distribution process permits costs reflected in a single program element to be subsequently distributed, perhaps only in part, to other programs or projects as appropriate. If an allocation is made, the charges must be reflected in the appropriate program element and the offsetting credit reflected in the program element being distributed. **There must be a documented, well-defined rationale and audit trail for any cost distribution or allocation based upon Title 2 CFR, Part 200 Cost Principles** Local Health Departments using the cost distribution or cost allocation must develop the plan in accordance with the requirements described in Title 2 CFR, Part 200. Local Health Departments should maintain supporting documentation for audit in accordance with record retention requirements. The plan should include a Certification of Cost Allocation plan in accordance with Title 2 CFR, Part 200 Appendix V. The cost allocation plan documentation

is not required to be submitted unless specifically requested.

Cost associated with the Essential Local Public Health Services (ELPHS), Maternal and Child Health (MCH) Block Grant and Fixed Fee may be budgeted in the associated program element and distributed to the associated projects.

Federal Provided Vaccine Value should be reported on a separate line and clearly identified.

- N. **Total Direct & Admin. Expenditures** – The MI E-Grants System sums the indirect expenditures program element and records in the Total Indirect Expenditure line of the Budget Summary.
- O. **Total Expenditures** – The MI E-Grants System sums the direct and indirect expenditures and records in the Total Expenditure line of the Budget Summary.

VII. **FORM PREPARATION - SOURCE OF FUNDS**

Source of Funds are to be entered for each program element, project or group of services by applicable major category as follows:

A. **Fees & Collections - Fees 1st & 2nd Party**–

- i. 1st party funds projected to be received from private payers, including patients, source users and any member of the general population receiving services.
- ii. 2nd party funds received from organizations, private or public, who might reimburse services for a group or under a special plan.
- iii. Any Other Collections

B. **Fees & Collections - 3rd Party** – 3rd Party Fees - Funds projected to be received from private insurance, Medicaid, Medicare or other applicable titles of the Social Security Act directly related to the cost of providing patient care or other services (e.g., includes Early Periodic Screening, Detection and Treatment [EPSDT] Screening, Family Planning.)

C. **Federal/State Funding (Non-MDHHS)** - Funds received directly from the federal government and from any state Contractor other than MDHHS, such as the Department of Natural Resources and Environment (MDNRE). This line should also be used to exclude state aid funds such as those provided through the Michigan Department of Treasury under P.A. 264 of 1987 (cigarette tax).

D. **Federal Cost Based Reimbursement** – Funds received for Federal Cost Based Reimbursement which should be budgeted in the program in which they were earned.

E. **Federally Provided Vaccines** – The projected value of federally provided vaccine.

F. **Federal Medicaid Outreach** – (**Please note:** to be used only for Medicaid Outreach, CSHCS Medicaid Outreach or Nurse Family Partnership Medicaid Outreach program elements.) Funds projected to be received from the federal government for allowable Medicaid Outreach activities. This amount represents the anticipated 50% federal administrative match of local contributions.

G. **Required Match - Local** – Funds projected to be local contribution for programs that have a match contribution requirement (**Please note:** for Medicaid Outreach, CSHCS Medicaid

Outreach, or Nurse Family Partnership Medicaid Outreach, this amount represents the 50% matching local contribution for allocable Medicaid Outreach Activities. Federal Medicaid Outreach and Required Local match amounts should equal each other.)

H. Local Non-ELPHS - Local funds budgeted for the following expenditures:

1. Expenditures for services not designated as required and allowable for ELPHS funding (e.g., medical examiner and inpatient maternity services); expenditures determined not to be reasonable; and expenditures in excess of the maximum state share of funds available.
2. Any losses arising from uncollectible accounts and other related claims. Under-recovery of reimbursable expenditures from, or failure to bill, available funding sources that would otherwise result in exclusions from ELPHS funding, if recovered.

However, no exclusion is required where the local jurisdiction has made and documented a decision to have local funds underwrite:

- a. The cost of uncollectible accounts or bad debts incurred in support of providing required or allowable health services. An example of this condition would be for services provided to indigents who are billed as a matter of procedure with little chance for receipt of payment.
 - b. Potential recoveries or under-recoveries from other sources for the principal purpose of providing required and allowable health services at free or reduced cost to the public served by the Grantee. An example would be keeping fees for services at a reduced level for the benefit of the people served by the Grantee while recognizing that to do so limits recovery from third parties for the same types of services.
3. Contributions to a contingency reserve or any similar provisions for unforeseen events.
 4. Charitable contributions and donations.
 5. Salaries and other incidental expenditures of the chief executive of a political subdivision (i.e., county executive and mayor).
 6. Legislative expenditures, such as, salaries and other incidental expenditures of local governing bodies (i.e., county commissioners and city councils). Do not enter board of health expenses.
 7. Expenditures for amusements, social activities and other incidental expenditures related to, such as, meals, beverages, lodging, rentals, transportation and gratuities.
 8. Fines, penalties, and interest on borrowings.
 9. Capital Expenditures - Local capital outlay for purchase of facilities and equipment (assets) are excluded from ELPHS funding.

I. Other Non- ELPHS - Funds budgeted from sources other than state, federal and local appropriations to the extent that they are not eligible for ELPHS (e.g., funding from local substance abuse coordinating grantee, local area on aging grantees).

J. MDHHS - NON-COMPREHENSIVE - Funds budgeted for services provided under separate MDHHS agreements. Examples include funding provided directly by the Community Services for Substance Abuse for community grants, etc.

- K. **MDHHS - COMPREHENSIVE** - This section includes all funding projected to be due under the Comprehensive Agreement from categorical programs and needs to equal the allocation.
- L. **ELPHS - MDHHS Hearing** – This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS MDHHS Hearing program and has to equal the MDHHS ELPHS Hearing allocation. Additional ELPHS to be budgeted for the Hearing Program must be entered into ELPHS – MDHHS Other. Hearing allocations may only be spent on the Hearing Program.
- M. **ELPHS - MDHHS Vision** – This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS MDHHS Vision program and has to equal the ELPHS MDHHS Vision allocation. Additional ELPHS to be budgeted for the Vision Program must be entered into ELPHS – MDHHS Other. Vision allocations may only be spent on the Vision Program.
- N. **ELPHS – MDHHS Other** – This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS MDHHS Other program for eligible program elements. Please note: The MI E-Grants System validates the ELPHS MDHHS Other budgeted funds across the applicable program elements to assure the agreement does exceed the ELPHS – MDHHS Other allocation.
- O. **ELPHS – Food** - This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS Food program and must equal the ELPHS Food allocation.
- P. **ELPHS – Drinking Water** - This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS Drinking Water program and must equal the ELPHS Drinking Water allocation.
- Q. **ELPHS – On-site Sewage** - This section includes all funding projected to be due under Comprehensive Agreement specific to the ELPHS On-site Sewage program and must equal the ELPHS On-site Sewage allocation.
- R. **MCH Funding** - This section includes all funding projected to be due under Comprehensive Agreement specific to the MCH eligible program elements. Please note: The MI E-Grants System validates the MCH budgeted funds across applicable program elements to assure the agreement does exceed the MCH allocation.
- S. **Local Funds - Other** - Enter all local support in the appropriate element, project, or service group column. This may include local property tax, and other local revenues (does not include fees).
- T. **Inkind Match** – Enter Local Support from donated time or services.
- U. **MDHHS Fixed Unit Rate** – Select the type of fee-for-services from the lookup to correspond with the program element.

VIII. SPECIAL BUDGET INSTRUCTIONS

Certain elements are supported by federal or other categorical program funds for which special budgeting requirements are placed upon grantees and subgrantees. These include:

<u>Element</u>	<u>Federal or Other Funding Contractor</u>
Public Health Emergency Preparedness	U.S. Department of Health & Human Services, Centers for Disease Control
WIC	U.S. Department of Agriculture, Food & Nutrition Service
Family Planning	U.S. Department of Health & Human Services, Public Health Service
Breast and Cervical Cancer	U.S. Department of Health & Human Services, Centers for Disease Control
CSHCS Outreach & Advocacy	Michigan Department of Health & Human Services
Medicaid Outreach Activities	Centers for Medicare and Medicaid Services

In general, subgrantee budgets must provide sufficient budget detail to support grantee budget requests and be in a format consistent with grantor Contractor requirements. Certain types of costs must receive approval of the federal grantor Contractor and/or the grantee prior to being incurred.

A. Public Health Emergency Preparedness (PHEP) Special Budget Requirements

Local Health Departments will receive the initial FY 22/23 allocation of the CDC Public Health Emergency Preparedness (PHEP) funds in nine equal prepayments for the period October 1, 2022 through June 30, 2023. LHDs must submit a nine-month budget and a quarterly Financial Status Report (FSR) for each of the following COMPREHENSIVE Local Health Department program elements:

1. Public Health Emergency Preparedness (PHEP) (October 1 – June 30)
2. Public Health Emergency Preparedness (PHEP)– Cities of Readiness (October 1 – June 30)
3. Laboratory Services - Bioterrorism (October 1 – September 30)

B. WIC Special Budget Requirements

1. **Cost/Funding Categories** - The following local budget breakdowns are required to fulfill WIC grant application budget requirements each fiscal year:

Salaries & Fringe Benefits
Automated Management Systems
Space Utilization Costs
Equipment

Supplies
Communications & Travel
All Other Direct Costs
Indirect Costs
All Funding Sources by Type

The WIC cost/funding categories and supporting budget detail requirements are satisfied by completion of an application budget form in the MI E-Grants System. General instructions for these forms are contained at the end of this section.

Agencies receiving WIC-USDA Infrastructure grants must budget these funds as a separate element. Agencies must track and report expenditures separately on the FSR.

Agencies receiving WIC-USDA Breastfeeding Peer Counselor funds must budget these funds as a separate element. Agencies must track and report expenditures separately on the FSR. And comply with special reporting requirements.

2. **Costs Allowable Only With Prior Approval** - The following costs are allowable only with prior review/approval of the Michigan Department of Health & Human Services as specified by the U.S. Department of Agriculture, Food and Nutrition Service (Ref.: 7 CFR Part 246, and USDA-WIC Administrative Cost Handbook 3/86). Prior approval is accomplished by providing appropriate detail in the budget request approved by MDHHS or subsequently in a written request approved in writing by MDHHS.
- A. Automated Information Systems - which are required by a local Grantees except for those used in general management and payroll, including acquisition of automated data processing hardware or software whether by outright purchase or rental-purchase agreement or other method of acquisition.
 - B. Capital Expenditures of \$2,500 or More - such as the cost of facilities, equipment, including medical equipment, other capital assets and any repairs that materially increase the value or useful life of capital assets.
 - C. Management Studies - performed by agencies or departments other than the local Grantee or those performed by outside consultants under contract with the local Grantee.
 - D. Accounting and Auditing Services - performed by private sector firms under professional service contracts for purposes of preparation or audit of program and financial records/reports.
 - E. Other Professional Services - rendered by individuals or organizations, not a part of the local Grantee, such as:
 - 1. Contractual private physician providing certification data.
 - 2. Contractual organization providing laboratory data.
 - 3. Contractual translators and interpreters at the local Grantee level.
 - F. Training and Education - provided for employee development, which directly or indirectly benefits the grant program, to the extent that such training is contracted for or involves out-of-service training over extended periods of time.
 - G. Building Space and Related Facilities - the cost to buy, lease or rent space in privately or publicly owned buildings for the benefit of the program.

H. Non-Fringe Insurance and Indemnification Costs

All charges to WIC must be necessary, reasonable, allowable and allocable for the proper and efficient administration of the program. Further information and cost standards are provided in federal instructions including Title 2 CFR, Part 200 and 7 CFR Part 3015.

C. **Family Planning Special Budget Requirements**

1. **Cost/Funding Categories** - The following local budget breakdowns are required to fulfill Family Planning grant application budget requirements each fiscal year:

Salaries & Wages
Fringe Benefits
Travel
Equipment
Supplies
Contractual
Construction
All Other Direct Costs
Indirect Costs
All Funding Sources by Type

The Family Planning cost/funding categories and supporting budget detail requirements are satisfied by completion of an application budget in the MI E-Grants System. General instructions for these forms are contained at the end of this section.

2. **Costs Allowable Only With Prior Approval** - The following costs are allowable only with prior review/approval of MDHHS. Prior approval is accomplished by providing appropriate detail in the budget request approved by MDHHS or subsequently in a written request approved in writing by MDHHS.

- A. Alterations and Renovations - to change the interior arrangements or other physical characteristics of existing facilities or installed equipment, to the extent that such changes cost more than \$1,000 each.
- B. Audiovisual Materials and Activities - acquired, produced, presented, or disseminated to the general public.
- C. Consultant Contracts for General Support Services - including equipment and supplies, that will cost in excess of \$25,000 or 10% of the total direct cost budget (whichever is greater).
- D. Equipment - including general purpose and special equipment (e.g., air conditioning) costing \$5,000 or more per unit.
- E. Insurance - contributions to a reserve for a self-insurance program.
- F. Public Information Service Costs – for the cost of providing public information services.
- G. Publication and Printing Costs - for the cost of publications.
- H. Capital Expenditures - for land or buildings.
- I. Indemnification Against Third Parties Costs - insurance against potential liabilities.
- J. Mass Severance Pay - involving grant-supported personnel.

- K. Organization/Reorganization Costs - allocable to the program.
- L. Overtime Premium - involving grant-supported personnel.
- M. Patient Care Costs – re-budgeting out of or reduction in patient care costs (considered a change in scope).
- N. Professional Services - in connection with Patent/Copyright Infringement Litigation.
- O. Trailers or Modular Units – for costs of trailers and modular units.
- P. Transfers Between Construction and Non-construction - for approved construction funds.
- Q. Transfers Between Indirect and Direct Costs - for amounts awarded for indirect costs to absorb increases in direct costs.
- R. Transfers for Substantive Programmatic Work - to a third party, by contracting, or any other means used for the actual performance of substantive programmatic work.

All charges to Family Planning must be necessary, reasonable, allowable, and allocable, for the proper and efficient administration of the program. Further information and cost standards are provided in federal instructions including 2 CFR, Part 225 (OMB Circular A-87), A-102 Common Rule and 2 CFR, Part 215 (OMB Circular A-110)

D. Breast and Cervical Cancer Control Coordination Program Special Budget Requirements

1. The Breast and Cervical Cancer Control Navigation Program (BC3NP) budget is to be developed based on specific responsibilities of Local Health Departments (LHDs) participating in the Breast and Cervical Cancer Control Navigation Program. LHDs agreeing to participate in the program fall into two categories: LHDs agreeing to participate as Local Coordinating Agencies (LCAs) and LHDs agreeing to participate as Local Community Partners (LCPs).
 - a. LHDs agreeing to participate as Local Coordinating Agencies (LCAs) – LCAs are responsible in assuring implementation of all program requirements and policies and procedures. This includes client outreach and recruitment into BC3NP to achieve yearly targeted caseload allocations, financial monitoring of program expenses and claims for provision of client clinical services, obtaining results of client services and entry of client data into the program's secure statewide database to monitor timeliness and completeness of care delivery and authorize payment for services, and assuring appropriate providers are contracted with the program to provide screening and diagnostic services to enrolled clients. Only coordination expenses will be reimbursed through the Comprehensive Agreement. **No clinical services will be reimbursed through the Comprehensive Agreement.** All clinical service claims must be billed to the MDHHS Cancer Prevention and Control Section for claim processing. The LCA and/or direct service providers with contracts or letters of agreement with the LCA will be responsible for billing clinical services claims to the MDHHS Cancer Prevention and Control Section. The Coordination amount

of \$205-\$210 per woman is based on achievement of a target caseload established for each LCA by MDHHS. Requirements. Each LCAs target caseload is evaluated yearly based on the BC3NP Tiered Program Performance requirements. There is no longer a match requirement. Match is recorded by the program and reported to MDHHS in EGrAMS.

- b. LHDs agreeing to participate as Community Partners (LCPs) – LCPs are responsible for implementing strategies to identify and recruit clients eligible for the BC3NP, enroll clients into the program, and arrange for provision of screening and diagnostic clinical services through contracted providers. LCPs will obtain results of all clinical services provided to BC3NP clients and send this information to MDHHS for data entry into the secure program's statewide database. Information entered into the database will be reviewed by MDHHS staff to evaluate timeliness and completeness of care delivery and authorize payment for services. MDHHS staff will oversee financial monitoring of program expenses and claims for provision of client clinical services. LCPs will be awarded a base award (to be determined yearly by MDHHS) that is to be used to implement strategies to recruit a minimum target caseload of BC3NP women established for these agencies by MDHHS. **No clinical services will be reimbursed through the Comprehensive Agreement.** All clinical service claims must be billed to the MDHHS Cancer Prevention and Control Section for claim processing. The LCP and/or direct service providers with contracts or letters of agreement with the LCP will be responsible for billing clinical service claims to the MDHHS Cancer Prevention and Control Section. There is no longer a match requirement. Match is recorded by the program and reported to MDHHS in EGrAMS.

For specific billing requirements refer to the most recent BC3NP Participation Manual. For specific program requirements, including current fiscal year Direct Service Reimbursement Rates refer to the current fiscal year Unit Cost Reimbursement Rate Schedule for the BC3NP issued in August of each fiscal year. The above referenced documents are available at <https://michigan.gov/BC3NP>

- E. The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) budget is to be developed in the following way:
 - 1. WISEWOMAN Coordination and Screening should be used to budget costs associated with coordination of the program and delivery of the initial screening and risk reduction counseling to WISEWOMAN participants. This includes collecting answers to health intake questions, WISEWOMAN screening services (height, weight, body mass index, 2 blood pressure readings, total cholesterol, HDL cholesterol, and fasting glucose or A1C), and delivery of risk reduction counseling.
 - 2. All Direct Service claims must be billed to the MDHHS Cancer Prevention and Control Section for claim processing. The Local Coordinating Agency (LCA) and/or direct service providers with contracts or letters of agreements with the LCA will be responsible for billing Direct Service claims to the MDHHS Cancer Prevention and

Control Section. This includes follow-up fasting lipid panel, fasting glucose, A1c, and one diagnostic exam. **No Direct Services expenses will be reimbursed through the Comprehensive Agreement.** The Coordination and Screening amount is \$150 per woman based on a target caseload established by MDHHS.

3. Performance reimbursement will be based upon the understanding that a certain level of performance (measured by outputs) must be met. There is a **95% caseload performance requirement** for this project.

For specific billing requirements refer to the most recent Billing Manual. For specific program requirements, including current fiscal year Direct Service Reimbursement rates and documentation related to the match requirement, refer to the current fiscal year Special Budgeting and other Program instructions for the WISEWOMAN Program issued in August of each fiscal year. The above referenced documents are available at www.michigan.gov/wisewoman.

- F. **Children's Special Health Care Services (CSHCS) Outreach and Advocacy** - The program element, titled CSHCS Outreach and Advocacy should be used to budget costs associated with this program.

- I. **Program Budget - Online Detail Budget Application Entry**

Complete the appropriate budget forms contained within the MI E-Grants System for each program element. An example of this form is attached (see Attachment 1 for reference).

1. **Salary and Wages** -

- a. **Position Description** - Select from the expenditure row look-up all position titles or job descriptions required to staff the program. If the position is missing from the list, please use Other and type in the position in the drop-down field provided.
 - b. **Positions Required** - Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal (e.g., Full-Time Equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of time reports to support time charged to the program.
 - c. **Amount** – The MI E-Grants System calculates the salary for the position required and records it on the Budget Detail. Enter this amount in the Amount column.
 - d. **Total Salary** – The MI E-Grants System totals the amount of all positions required and records it on the Budget Summary.
 - e. **Notes** - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).

2. **Fringe Benefits** – Select from the expenditure row look-up applicable fringe benefits for staff working in this program. Enter the percentage for each. The MI E-Grants

system updates the total amount for salary and wages in the unit field and calculates the fringe benefit amount. If the “Composite Rate” fringe benefit item is selected from the expenditure row look up, record the applicable fringe benefit items (i.e. FICA, Life insurance, etc.) in the “Notes” tab.

3. **Equipment** - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment purchases.
4. **Contractual** - Specify subcontractor(s)/subrecipient(s) working on this program, including the subcontractor’s/subrecipient’s address, amount by subcontractor/subrecipient and total of all subcontractor(s)/subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts).
5. **Supplies and Materials** - Enter amount by category. **A description is required if the budget category exceeds 10% of total expenditures.**
6. **Travel** - Enter amount by category. **A description is required if the budget category exceeds 10% of total expenditures.**
7. **Communication** - Enter amount by category. **A description is required if the budget category exceeds 10% of total expenditures.**
8. **County-City Central Services** - Enter amount by category and total for all categories.
9. **Space Costs** - Enter amount by category and total for all categories.
10. **Other Expenses** - Enter amount by category and total for all categories. **A description is required if the budget category exceeds 10% of total expenditures.**
11. **Indirect Cost Calculation** - Enter the base(s), rate(s) and amount(s).
12. **Other Cost Distributions** - Enter a description of the cost, percent distributed to this program and the amount distributed.
13. **Total Exp.** - MI E-grants totals the amount of all positions required and records it on the Budget Summary.

G. Program Budget-Cost Detail Schedule Preparation

B1 Attachment B1-Program Budget Summary



The screenshot displays the EGrAMS Application interface. At the top, there is a header bar with the Michigan state logo on the left, the text "EGrAMS Application" in the center, and the Michigan.gov logo on the right. Below the header, a navigation bar shows "Budget Category Application" as the active tab, with other tabs like "Facesheet", "Certifications", "Budget", "Miscellaneous", and "Index". The main form area contains fields for "Agency" (ABC Health Department), "Program" (Comprehensive Agreement - FY 20XX), and "Application" (Family Planning Services SAMPLE). A "Show Documents" link is visible next to the application field. At the bottom right, there is a "Close" button.

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Budget Summary

Description	Total	Amount	Cash	Inkind	Narr.
DIRECT EXPENSES					
Program Expenses					
Salary & Wages	83,419.00	83,419.00	0.00	0.00	
Fringe Benefits	34,202.00	34,202.00	0.00	0.00	
Cap. Exp. for Equip & Fac.					
Contractual					
Supplies and Materials	23,275.00	23,275.00	0.00	0.00	
Travel	3,340.00	3,340.00	0.00	0.00	
Communication	7,262.00	7,262.00	0.00	0.00	
County-City Central Services					
Space Costs	10,131.00	10,131.00	0.00	0.00	
All Others (ADP, Con. Employees, Misc.)	3,894.00	3,894.00	0.00	0.00	
Total Program Expenses	165,523.00	165,523.00	0.00	0.00	
TOTAL DIRECT EXPENSES	165,523.00	165,523.00	0.00	0.00	
INDIRECT EXPENSES					
Indirect Costs					
Indirect Costs	29,405.00	29,405.00	0.00	0.00	
Other Costs Distributions	1,685.00	1,685.00	0.00	0.00	
Total Indirect Costs	31,090.00	31,090.00	0.00	0.00	
TOTAL INDIRECT EXPENSES	31,090.00	31,090.00	0.00	0.00	
TOTAL EXPENDITURES	196,613.00	196,613.00	0.00	0.00	

Source of Funds

EGrAMS Application

Budget Category Application
Timeout : 20 mins
Date : Mar-25-13

Agency : ABC Health Department
Program : Comprehensive Agreement - FY 20XX

Application : Family Planning Services SAMPLE
[Show Documents](#)

[Facesheet](#)
[Certifications](#)
[Budget](#)
[Miscellaneous](#)
[Index](#)
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Source of Funds					
TOTAL EXPENDITURES		196,613.00	0.00	0.00	196,613.00
Del.	Description	Amount	Cash	Inkind	Total
Source of Funds					
<input checked="" type="checkbox"/>	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Fees and Collections - 3rd Party	0.00	66,000.00	0.00	66,000.00
<input checked="" type="checkbox"/>	Federal or State (Non MDCH)	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Federal Cost Based Reimbursement	0.00	19,000.00	0.00	19,000.00
<input checked="" type="checkbox"/>	Federally Provided Vaccines	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Required Match - Local	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Local Non-ELPHS	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Local Non-ELPHS	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Other Non-ELPHS	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	MDCH Non Comprehensive	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	MDCH Comprehensive	66,813.00	0.00	0.00	66,813.00
<input checked="" type="checkbox"/>	ELPHS - MDCH Hearing	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS - MDCH Vision	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS - MDCH Other	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS - Food	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS - Drinking Water	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	ELPHS - On-Site Sewage	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	MCH Funding	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	Local Funds - Other	0.00	44,800.00	0.00	44,800.00
<input checked="" type="checkbox"/>	Inkind Match	0.00	0.00	0.00	0.00
<input checked="" type="checkbox"/>	MDCH Fixed Unit Rate				
<input checked="" type="checkbox"/>		0.00	0.00	0.00	0.00

B2 Attachment B2-Program Budget Cost Detail

EGrAMS Application

Michigan.gov
The Official State of Michigan Website

Budget Category Application
Timeout : 20 mins
Date : Mar-25-13

Agency : ABC Health Department
Program : Comprehensive Agreement - FY 20XX

Application : Family Planning Services SAMPLE
[Show Documents](#)

[Facesheet](#)
[Certifications](#)
[Budget](#)
[Miscellaneous](#)
[Index](#)
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Budget Detail

Category : Program Expenses - Salary & Wages
Type : Expenditure

Classification Seq. : 1
Sub Type : Direct
[Narrative](#)

Instructions : Select the position description. Identify the quantity as FTEs. Identify the rate as average cost per FTE.

	Description	Qty	Rate	UoM	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>	Nurse Practitioner	0.19	91000.000	FTE	17,290.00	17,290.00	0.00	0.00	
<input checked="" type="checkbox"/>	Public Health Nurse	0.46	34932.430	FTE	16,069.00	16,069.00	0.00	0.00	
<input checked="" type="checkbox"/>	Coordinator	0.41	51036.000	FTE	20,925.00	20,925.00	0.00	0.00	
<input checked="" type="checkbox"/>	Clerk	1.09	26729.240	FTE	29,135.00	29,135.00	0.00	0.00	

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Budget Detail

Category : Program Expenses - Cap. Exp. for Equip & Fac.
Type : Expenditure

Classification Seq. : 1
Sub Type : Direct
[Narrative](#)

Instructions : Equipment is defined as the cost of a single item valued at \$5,000 or more and with a useful life of more than one year. Costs should include the item and any applicable expenses such as installation costs, maintenance fees, etc. Items costing less than \$5,000 should be entered into the supplies and materials line.

	Description	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>						
<input checked="" type="checkbox"/>						

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Budget Detail

Category : Program Expenses - Contractual
Type : Expenditure

Classification Seq. : 1
Sub Type : Direct
[Narrative](#)

Instructions : Contractual refers to secondary recipient organizations only. Please enter the contact information. Consultants and supporting service subcontracts should be budgeted under the other expense line.

	Description	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>						
<input checked="" type="checkbox"/>						
<input checked="" type="checkbox"/>						

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Budget Detail

Category : Program Expenses - Supplies and Materials
Type : Expenditure

Classification Seq. : 1
Level : ☒ Line Item ☐ Category
Sub Type : Direct
[Narrative](#)

Instructions : Items that cost less than \$5,000.

	Description	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>	Printing	100.00	100.00	0.00	0.00	
<input checked="" type="checkbox"/>	Postage	700.00	700.00	0.00	0.00	

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Budget Detail

Category : Program Expenses - Travel
Type : Expenditure

Classification Seq. : 1
Level : ☒ Line Item ☐ Category
Sub Type : Direct
[Narrative](#)

Instructions :

	Description	Total	Amount	Cash	Inkind	Notes
<input checked="" type="checkbox"/>	Mileage	3,000.00	3,000.00	0.00	0.00	
<input checked="" type="checkbox"/>	Conferences	340.00	340.00	0.00	0.00	

Budget Detail

Category: Program Expenses - Communication Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Other phones and IT lines	7,262.00	7,262.00	0.00	0.00	

Budget Detail

Category: Program Expenses - County-City Central Services Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/>					
<input type="checkbox"/> <input checked="" type="checkbox"/>					

Budget Detail

Category: Program Expenses - Space Costs Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Rent	6,923.00	6,923.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/> Other Utilities	2,608.00	2,608.00	0.00	0.00	

Budget Detail

Category: Program Expenses - All Others (ADP, Con. Employees, Misc) Type: Expenditure

Classification Seq.: 1 Level: ☒ Line Item ☐ Category Sub Type: Direct Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Supporting Services	2,279.00	2,279.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/> Lab Fees	300.00	300.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/> Other	300.00	300.00	0.00	0.00	

Budget Detail

Category: Indirect Costs - Indirect Costs Type: Expenditure

Classification Seq.: 3 Sub Type: Indirect Narrative:

Instructions:

Description	Percent	Units	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Fiscal Year Rate	25.000	117621.0	29,405.00	29,405.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/>							

Budget Detail

Category: Indirect Costs - Other Costs Distributions Type: Expenditure

Classification Seq.: 3 Sub Type: Indirect Narrative:

Instructions:

Description	Total	Amount	Cash	Inkind	Notes
<input type="checkbox"/> <input checked="" type="checkbox"/> Nursing Adm Distribution	1,685.00	1,685.00	0.00	0.00	
<input type="checkbox"/> <input checked="" type="checkbox"/>					

H. Medicaid Outreach Activities Reimbursement Procedures

Medicaid Outreach Activities that are funded by local dollars and meet federal requirements are eligible for reimbursement at a 50% federal administrative match rate. Local Health Departments must maintain proper documentation of the activities performed and those activities must conform with the activities outlined in MSA Bulletin 05-29. Medicaid Outreach Activities funding is a subrecipient relationship.

I. Budget Preparation

A. Medicaid Outreach Activities

Complete the MI E-Grants application and budget forms for the application **Medicaid Outreach Activities** that occur during the fiscal year: 10/1/xx-09/30/xx. Reimbursable activities included in the budget must conform to the requirements as specified in the MSA Bulletin 05-29. Complete the MI E-Grants application and budget forms for this program.

1. Expenditure Category Tab

Enter the expenditures budgeted for the fiscal year: 10/01/xx-09/30/xx. Expenses budgeted for each of the listed expenditure categories are allowable and must be specific to the Medicaid program as described in MSA Bulletin 05-29. Outreach activities must not be part of direct service. Expenditures must be reflected in the cost allocation plan.

2. Source of Funds Tab

Budget the amount expected from the federal government for allowable Medicaid Outreach Activities. **Federal Medicaid Outreach** represents the anticipated 50% federal administrative match of local contributions. Budget the local contribution. **Required Match - Local** represents the 50% matching local contribution for Medicaid Outreach activities. **These two amounts must match.**

3. Sources of Local Funds Types

Local Health Departments may utilize their county appropriation, **any earned income**, funds received from local or private foundations, local contributors or donors, and from other non-state/non-federal grant agreements that are specific to Medicaid outreach or are to be used at the discretion of the Health Department as a source for matching funds. Other state and/or federal grant awards for Medicaid Outreach must be recorded on the appropriate line as indicated in the Comprehensive Budget Instructions - Attachment I.

B. Nurse-Family Partnership Outreach (applicable only for Berrien, Calhoun, Ingham, Kalamazoo, Kent, Oakland, and Saginaw)

Complete the MI E-Grants application and budget forms for the application titled **Nurse-Family Partnership** Medicaid Outreach for the timeframe: 10/01/xx-09/30/xx. Complete the MI E-Grants application and budget forms for this program.

Expenditures related to Nurse-Family Partnership Medicaid Outreach should be reflected under one program element and adhere to Section VIII, Special Budget Instructions section found in the Comprehensive Budget Instructions - Attachment I. The budget should reflect the entire fiscal year period: 10/1/xx-09/30/xx.

1. **Federal Medicaid Outreach**

Fifty percent (50%) of local funds after the percentage of Medicaid clients enrolled in the LHD Nurse-Family Partnership program has been applied. The formula for calculating the federal funding is as follows:

Federal funding = (Local funds x % of Medicaid Participation Rate) x 50% Federal Administrative Match rate)

2. **Required Match - Local**

Represents the 50% match of local contributions. Budget the local match contribution in Required Match – Local. Federal Medicaid Outreach and Required Match – Local must equal each other. **Additional local contribution related to service provision for non-Medicaid eligible participants which are not eligible for the 50% federal match should be reported in Local Funds – Other.**

3. **Sources of Local Fund Types**

Local Health Departments may utilize their county appropriation, funds received from local or private foundations, local contributors or donators, and from other non-state/non-federal grant agreements that are specific to Medicaid Outreach or are to be used at the discretion of the Health Department as a source for matching funds.

C. CSHCS Medicaid Outreach

Complete the MI E-Grants application and budget forms for the application titled **CSHCS Medicaid Outreach** for the timeframe: 10/01/xx-09/30/xx.

Expenditures related to CSHCS Medicaid Outreach should be reflected under one program element and adhere to Section IV, Special Instruction Section found in the Comprehensive Budget Instructions - Attachment I. The budget should reflect the entire fiscal year period: 10/1/xx-09/30/xx.

1. **Federal Medicaid Outreach**

Fifty percent (50%) of local funds after the percentage of Medicaid clients enrolled in the LHD CSHCS program has been applied. A table containing each health jurisdiction Medicaid Participation Rate is located in the MI E-Grants site. The formula for calculating the federal funding is as follows:

Federal funding = (Local funds x % of Medicaid Participation Rate) x 50% Federal Administrative Match rate)

2. **Required Match - Local**

Represents the 50% match of local contributions. Budget the local match contribution. Federal Medicaid Outreach and Required Match – Local must equal each other.

Additional local contribution that is not eligible for the 50% federal match should be reported on the Local Funds – Other line.

3. Sources of Local Fund Types

Local Health Departments may utilize their county appropriation, funds received from local or private foundations, local contributors or donators, and from other non-state/non-federal grant agreements that are specific to Medicaid Outreach or are to be used at the discretion of the health department as a source for matching funds to be used at the discretion of the health department as a source for matching funds.

4. Comprehensive CSHCS Outreach and Advocacy and Case Management/Care Coordination Funds

Should be reported in a separate program element.

D. Indirect Costs

There are three (3) options for indirect costs. They are:

1. an approved federal or state indirect rate;
2. a 10% de minimis rate; or
3. a cost allocation/distribution plan

Most Health Departments will use the cost allocation plan for indirect costs. For further detail, go to VI. Form Preparation, L. Indirect Cost, on page 5 of this document.

E. Cost Allocation Certification

The Cost Allocation Certification remains on file with the Department until there is a change in the Cost Allocation Plan. When the cost allocation plan on file with the program (MDHHS-Medicaid-Outreach), the local health department must: 1) submit a copy of the revised cost allocation plan with the budget request; and 2) complete a revised cost allocation methodology certification. Both documents are to be attached to a Detailed Budget line in EGrAMS.

II. Financial Status Report (FSR) – LHDs seeking 50% federal administrative match **must** request reimbursement by submitting their actual expenses for allowable Medicaid Outreach activities on their quarterly FSRs through MI E-Grants.

A. Quarterly and Final FSR

LHDs must reflect the actual Medicaid Outreach expenses incurred on the quarterly and final FSR. Actual expenses incurred must be specific to Medicaid Outreach as defined by the MSA Bulletin 05-29 and not part of a direct service. All expenses should be supported by an approved methodology and appropriate support documentation.

1. Federal Medicaid Outreach

Should be used to request the 50% federal administrative match for Medicaid Outreach.

2. Required Match - Local

Should be used to report the local match for Medicaid Outreach. Both the federal and local amounts must match.

3. Source of Funds Category

Other source of funds that are non-reimbursable for Medicaid Outreach (i.e., other federal grants, other MDHHS grants, etc.) should be reported on the appropriate line has indicated in the Comprehensive Budget Instructions - Attachment I (e.g., Local non-ELPHS or Local Funds – Other).

Total Source of Funds must equal Total Expenditures.

B. Nurse-Family Partnership Medicaid Outreach – Quarterly and Final FSRs

For Quarters 1-3, LHDs must reflect the actual Medicaid Outreach expenses incurred in a separate program element titled Medicaid Outreach. Actual expenses incurred for each of the listed expenditure categories are allowable but must be specific to Medicaid Outreach as defined by MSA Bulletin 05-29 and not part of a direct service. Expenses should be supported by a time study or other federally approved methodology.

1. Federal Medicaid Outreach

Should be used to request the 50% federal administrative match. Match is determined by multiplying local contribution for the program by the percentage of Medicaid enrollees. This product is then multiplied by 50% in order to determine the eligible federal administrative match.

2. Required Match - Local

Should be used to report the remaining portion of the local contribution for the Medicaid Outreach Match. Both lines should equal. **Additional local contribution related to service provision for non-Medicaid eligible participants which are not eligible for the 50% federal match should be reported in Local Funds - Other.**

3. Source of Funds Category

Other source of funds that are non-reimbursable for Medicaid Outreach (i.e., other federal grants, other MDHHS grants, etc.) should be reported on the appropriate line has indicated in the Comprehensive Budget Instructions - Attachment I (e.g., Local non-ELPHS or Local Funds – Other).

C. CSHCS Medicaid Outreach – Final FSR

CSHCS Medicaid Outreach billing may occur before the final FSR through the MI E-Grants system after Comprehensive Agreement CSHCS Outreach and Advocacy funds have been

fully expended. **Local contributions eligible for the Medicaid Outreach match should be cost distributed to the CSHCS Medicaid Outreach program element from the CSHCS Outreach and Advocacy program element and reported as indicated below.**

1. Federal Medicaid Outreach

Should be used to request the 50% federal administrative match. Match is determined by multiplying local contribution for the program by the percentage of Medicaid enrollees. This product is then multiplied by 50% in order to determine the eligible federal administrative match.

2. Required Match - Local

Should be used to report the remaining portion of the local contribution for the Medicaid Outreach Match. **Additional local contribution that is not eligible for the 50% federal match should be reported in Local Funds - Other.**

3. Source of Funds Category

Other source of funds that are non-reimbursable for Medicaid Outreach (i.e., other federal grants, other MDHHS grants, etc.) should be reported on the appropriate line has indicated in the Comprehensive Budget Instructions - Attachment I.

4. Comprehensive CSHCS Outreach and Advocacy and Care Coordination

Should be billed as separate program element.

III. **Comprehensive Local Health Department Agreement Obligation Report – filed in September.**

The Obligation report is used to estimate the payable amount due to Local Health Departments from MDHHS for each program element.

- A. In the Estimate Column, enter the maximum projected federal administrative match earnings for allowable Medicaid Outreach Activities to be earned from Medicaid Outreach on the Federal Medicaid Outreach row.
- B. In the Estimate Column, enter the maximum projected federal administrative match earnings for allowable Medicaid Outreach activities to be earned from CSHSC – Medicaid Outreach. This should reflect the local contribution multiplied by the Medicaid enrollment participation rate x 50% federal match rate.
- C. In the Estimate Column, enter the maximum projected federal administrative match earnings for allowable Medicaid Outreach activities to be earned from Nurse Family Partnership Outreach. This should reflect the local contribution multiplied by the Medicaid enrollment participation rate x 50% federal match rate.

Note: CSHCS Outreach and Advocacy and CSHCS Care Coordination activities funded through the Comprehensive Agreement are recorded as separate program element.

Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
VFC-only site visits	✓	✓		✓			✓
AFIX-only site visits	✓			✓			✓
Combined (AFIX & VFC site visits)	✓	✓		✓			✓
Perinatal hospital record reviews	✓						✓
Equipment*							
Fax machines for vaccine ordering	✓	✓	✓				✓
Vaccine storage equipment for VFC vaccine	✓	✓				✓ (for distribution facility)	✓
Copy machines	✓	✓	✓	✓	✓	✓	✓
<i>*Equipment: an article of tangible nonexpendable personal property having useful life of more than one year and an acquisition cost of \$5,000 or more per unit. If cost is below this threshold amount, item may be included in supplies.</i>							
Supplies							
Vaccine administration supplies (including, but not limited to, nasal pharyngeal swabs, syringes for emergency vaccination clinics)	✓						✓
Office supplies-computers, general office (pens, paper, paper clips, etc.), ink cartridges, calculators	✓	✓	✓	✓	✓	✓	✓
Personal computers / Laptops / Tablets	✓	✓	✓	✓	✓	✓	✓
Pink Books, Red Books, Yellow Books	✓						✓
Printers	✓	✓	✓	✓	✓	✓	✓

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Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Ftn funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Laboratory supplies (influenza cultures and PCRs, cultures and molecular, lab media serotyping)	✓						✓
Digital data logger with valid certificate of calibration/validation/testing report	✓	✓				✓	✓
Vaccine shipping supplies (storage containers, ice packs, bubble wrap, etc.)	✓					✓	✓
Contractual							
State/local conferences expenses (conference site, materials printing, hotel accommodations expenses, speaker fees)	✓	✓			✓		✓
<i>Food cost is not allowable.</i>							
Regional/Local meetings	✓	✓		✓	✓		✓
General contractual services (e.g., IAPs, local health departments, contractual staff, advisory committee media, provider trainings)	✓	✓	✓	✓	✓		✓ (FA only)
GSA Contractual services (CDC managed)	✓	✓					
Other IIS contractual agreements (support, enhancement, upgrades)	✓	✓ (VFC-related)			✓ (preparedness -related)		✓ (FA only)
Financial Assistance (FA)							
Non-CDC Contract vaccines							
317 vaccine funds must be requested in funding application (eGrATIS) under 317 FA vaccines							

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Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operation s funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan-Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Indirect							
Indirect costs	✓	✓	✓	✓	✓	✓	✓
Miscellaneous							
Accounting services	✓	✓					✓
Advertising (restricted to recruitment of staff or trainees, procurement of goods and services, disposal of scrap or surplus materials)	✓	✓					✓
Audit Fees	✓	✓					✓
BRFSS Survey	✓						✓
Committee meetings (room rental, equipment rental, etc.)	✓	✓			✓		✓
Communication (electronic/computer transmittal, messenger, postage, local and long distance telephone)	✓	✓	✓	✓	✓		✓
Consumer information activities	✓	✓			✓		✓
Consumer / provider board participation (travel reimbursement)	✓						✓
Data processing	✓	✓	✓	✓	✓		✓
Laboratory services (tests conducted for immunization programs)	✓						✓
Local service delivery activities	✓						✓
Maintenance operation/repairs	✓						✓
Malpractice insurance for volunteers	✓						
Memberships/subscriptions	✓						✓
NIS Oversampling	✓						
Pagers/cell phones	✓	✓		✓	✓		✓
Printing of vaccine accountability forms	✓	✓					✓

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Object Class Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operations funds	Allowable with VFC ordering funds	Allowable with VFC/AFLX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)	Allowable with PPHF funds
Professional service costs directly related to immunization activities (limited term staff), Attorney General Office services	✓						✓
Public relations	✓				✓		✓
Publication/printing costs (all other immunization related publication and printing expenses)	✓	✓		✓	✓		✓
Rent (requires explanation of why these costs are not included in the indirect cost rate agreement or cost allocation plan)	✓	✓				✓ (vaccine distribution facility)	✓
Shipping for materials (other than vaccine)	✓	✓					✓
Shipping (vaccine)						✓	✓
Software license/Renewals (ORACLE, etc.)	✓						✓ (FA only)
Stipend Reimbursements	✓						✓
Toll-free phone lines for vaccine ordering	✓	✓	✓				✓
Training costs – Statewide, staff, providers	✓	✓		✓	✓		✓
Translations (translating materials)	✓						✓
Vehicle lease (restricted to awardees with policies that prohibit local travel reimbursement)	✓						✓
VFC enrollment materials	✓	✓					✓
VFC provider feedback surveys	✓	✓					✓
VIS camera-ready copies	✓						✓

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Non-Allowable Expenses with Federal Immunization Funds

Expense	NOT allowable with federal immunization funds
Honoraria	✓
Advertising costs (e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs)	✓
Alcoholic beverages	✓
Building purchases, construction, capital improvements	✓
Land purchases	✓
Legislative/lobbying activities	✓
Bonding	✓
Depreciation on use charges	✓
Research	✓
Fundraising	✓
Interest on loans for the acquisition and/or modernization of an existing building	✓
Clinical care (non-immunization services)	✓
Entertainment	✓
Payment of bad debt	✓
Dry cleaning	✓
Vehicle Purchase	✓
Promotional and/or Incentive Materials (e.g., plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, conference bags)	✓
Purchase of food (unless part of required travel per diem costs)	✓

Other restrictions which must be taken into account while writing the budget:

- Funds may be spent only for activities and personnel costs that are directly related to the Immunization and Vaccines for Children Cooperative Agreement. Funding requests not directly related to immunization activities are outside the scope of this cooperative agreement program and will not be funded.
- Pre-award costs will not be reimbursed.

**MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES
LOCAL HEALTH DEPARTMENT AGREEMENT
October 1, 2022 – September 30, 2023
Fiscal Year 2023**

PROGRAM SPECIFIC ASSURANCES AND REQUIREMENTS

Local health service program elements funded under this agreement will be administered by the Grantee and the Department in accordance with the Public Health Code (P.A. 368 of 1978, as amended), rules promulgated under the Code, minimum program requirements and all other applicable Federal, State and Local laws, rules and regulations. These requirements are fulfilled through the following approach:

- A. Development and issuance of minimum program requirements, further describing the objective criteria for meeting requirements of law, rule, regulation, or professionally accepted methods or practices for the purpose of ensuring the quality, availability and effectiveness of services and activities.
- B. Utilization of a Minimum Reporting Requirements Notebook listing specific reporting formats, source documentation, timeframes and utilization needs for required local data compilation and transmission on program elements funded under this agreement.
- C. Utilization of annual program and budget instructions describing special program performance and funding policies and requirements unique to each State fiscal year.
- D. Execution of an agreement setting forth the basic terms and conditions for administration and local service delivery of the program elements.
- E. Emphasis and reliance upon service definitions, minimum program requirements, local budgets and projected output measures reports, State/local agreements, and periodic department on-site program management evaluation and audits, while minimizing local program plan detail beyond that needed for input on the State budget process.

Many program specific assurances and other requirements are defined within the referenced documents including Minimum Program Requirements established for the following program elements as of October 1, 2006:

- 1. Breast and Cervical Cancer Control
- 2. Clinical Laboratory
- 3. CSHCS

4. EGLE Drinking Water and Onsite Wastewater Management
5. Family Planning
6. Food ELPHS
7. Hearing ELPHS
8. HIV/STD Prevention Treatment
9. MDHHS Essential Local Public Health Services (ELPHS)
10. Michigan Care Improvement Registry
11. Vision ELPHS
12. WIC

For Fiscal Year 2023, special requirements are applicable for the remaining program elements listed in the attached pages.

Attachment IV Reimbursement Chart

Program Element:

The Program Element indicates currently funded Department programs that are included in the Comprehensive Local Health Department Agreement.

Reimbursement Methods

The Reimbursement Methods specifies the type of method used for each of the program element/funding sources. Funding under the Comprehensive Local Health Department Agreement can generally be grouped under four (4) different methods of reimbursement. These methods are defined as follows:

Performance Reimbursement

A reimbursement method by which local agencies are reimbursed based upon the understanding that a certain level of performance (measured by outputs) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of state funds prior to any utilization of local funds. Performance targets are negotiated starting from the last year's negotiated target and the most recent year's actual numbers except for programs in which caseload targets are directly tied to funding formulas/annual allocations. Other considerations in setting performance targets include changes in state allocations from past years, local fiscal and programmatic factors requiring adjustment of caseloads, etc. Once total performance targets are negotiated, a minimum state funded performance target percentage is applied (typically 90% unless otherwise specified). If local Grantee actual performance falls short of the expectation by a factor greater than the allowed minimum performance percentage, the state maximum allocation for cost reimbursement will be reduced equivalent to actual performance in relation to the minimum

performance.

Fixed Unit Rate Reimbursement

A reimbursement method by which local health departments are reimbursed a specific amount for each output actually delivered and reported.

ELPHS

A reimbursement method by which local health departments are reimbursed a share of reasonable and allowable costs incurred for required Essential Local Public Health Services (ELPHS), as noted in the current Appropriations Act.

Grant Reimbursement

A reimbursement method by which local health departments are reimbursed based upon the understanding that State dollars will be paid up to total costs in relation to the State's share of the total costs and up to the total state allocation as agreed to in the approved budget. This reimbursement approach is not directly dependent upon whether a specified level of performance is met by the local health department. Department funding under this reimbursement method is allocable and a source before any local funding requirements unless a special local match condition exists.

Performance Level If Applicable

The Performance Level column specifies the minimum state funded performance target percentage for all program elements/funding sources utilizing the performance reimbursement method (see above). If the program elements/funding source utilizes a reimbursement method other than performance or if a target is not specified, N/A (not available) appears in the space provided.

Performance Target Output Measures

Performance Target Output Measure column specifies the output indicator that is applicable for the program elements/ funding source utilizing the performance reimbursement method. Output measures are based upon counts of services delivered.

Relationship Designation

The Subrecipient, Contractor, or Recipient Designation column identifies the type of relationship that exists between the Department and grantee on a program-by-program basis. Federal awards expended as a subrecipient are subject to audit or other requirements of Title 2 Code of Federal Regulations (CFR). Payments made to or received as a Contractor are not considered Federal awards and are, therefore, not subject to such requirements.

Subrecipient

A subrecipient is a non-Federal entity that expends Federal awards received from a pass-through entity to carry out a Federal program, but does not include an individual that is a beneficiary of such a program; or is a recipient of other Federal awards directly from a Federal Awarding agency. Therefore, a pass-through entity must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor. Subrecipient characteristics include:

- Determines who is eligible to receive what Federal assistance;
- Has its performance measured in relation to whether the objectives of a Federal program were met;
- Has responsibility for programmatic decision making;
- Is responsible for adherence to applicable Federal program requirements specified in the Federal award; and
- In accordance with its agreements uses the Federal funds to carry out a program for a public purpose specified in authorizing status as opposed to providing goods or services for the benefit of the pass-through entity.

Contractor

A Contractor is for the purpose of obtaining goods and services for the non-Federal entity's own user and creates a procurement relationship with the Grantee. Contractor characteristics include:

- Provides the goods and services within normal business operations;
- Provides similar goods or services to many different purchasers;
- Normally operates in a competitive environment;
- Provides goods or services that are ancillary to the operation of the Federal program; and
- Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

In determining whether an agreement between a pass-through entity and another non-Federal entity casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above may not be present in all cases, and the pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract.

Recipient

A Recipient is for grant agreement with no federal funding.

Amendment Schedule

Amendment schedule will be provided in amendment #1.

Project Title	Name	EMAIL
Administration Projects	Laura de la Rambelje	delarambeljel@michigan.gov
Adolescent STI Screening	Christopher Stickney	stickneyc@michigan.gov
Asthma Demonstration Project	Laura de la Rambelje	delarambeljel@michigan.gov
Body Art Fixed Fee	Seth Eckel	eckels1@michigan.gov
Breast & Cervical Cancer Control (BCCCP) Coordination	Polly Hager	hagerp@michigan.gov
CAHC MI Kids Now	Kim Kovalchick	kovalchickk@michigan.gov
Child and Adolescent Health Center Program Expansion	Kim Kovalchick	kovalchickk@michigan.gov
Childhood Lead Poisoning Prevention	Michelle Twichell	twichellm@michigan.gov
Children's Special Hlth Care Services (CSHCS) Care Coordination	Kelly Schoenherr-Gram	Gramk2@michigan.gov
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Kelly Schoenherr-Gram	Gramk2@michigan.gov
CLPP Lead Expansion	Carin Speidel	speidelc@michigan.gov
Community Blood Lead Testing	Carin Speidel	speidelc@michigan.gov
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Thomas Largo	largot@michigan.gov
CSHCS Medicaid Outreach	Kelly Schoenherr-Gram	Gramk2@michigan.gov
CSHCS Vaccine Initiative	Kelly Schoenherr-Gram	Gramk2@michigan.gov
Eastern Equine Encephalitis Virus Surveillance Project	Mary Grace Stobierski	stobierskim@michigan.gov
Eat Safe Fish	Christopher Finch	finchc2@michigan.gov
EEEH-All Locations	Taggart Doll	dollt@michigan.gov
EGLE Drinking Water and Onsite Wastewater Management	Jeremy Hoeh	hoehj@michigan.gov
Emergency Response Planning	Gerald Tiernan	tiernang@michigan.gov
Ending the HIV Epidemic Implementation	Christopher Stickney	stickneyc@michigan.gov
Enviromental Health Data in Michigan	Thomas Largo	largot@michigan.gov
Fetal Alcohol Spectrum Disorders Community Projects	Aurea Booncharoen	booncharoena@michigan.gov
Fetal Infant Mortality Review (FIMR) Case Abstraction	Nicholas Drzal	drzaln@michigan.gov
FFPSA HV Expansion	Charisse Sanders	sandersc2@michigan.gov
FIMR Interviews	Nicholas Drzal	drzaln@michigan.gov
Food ELPHS	Adam Christenson	christensona@michigan.gov
Gonococcal Isolate Surveillance Project	Christopher Stickney	stickneyc@michigan.gov
Harm Reduction Support Services	Seth Eckel	eckels1@michigan.gov
Hearing ELPHS	Jennifer Dakers	dakersj@michigan.gov
HIV & STI Testing and Prevention	Christopher Stickney	stickneyc@michigan.gov
HIV / STI Partner Services	Christopher Stickney	stickneyc@michigan.gov
HIV Care Coordination	Christopher Stickney	stickneyc@michigan.gov
HIV Data to Care	Christopher Stickney	stickneyc@michigan.gov
HIV Housing Assistance	Christopher Stickney	stickneyc@michigan.gov
HIV Linkage to Care	Christopher Stickney	stickneyc@michigan.gov
HIV PrEP Clinic	Christopher Stickney	stickneyc@michigan.gov
HIV Prevention	Christopher Stickney	stickneyc@michigan.gov
HOPWA Plus	Lynn Hendges	HendgesL2@michigan.gov
Housing Opportunities for People Living with HIV/AIDS	Jessica Altenbernt	altenberntj@michigan.gov
Immunization Action Plan (IAP)	Terri Adams	adamst2@michigan.gov
Immunization Action Plan-Pilot	Terri Adams	adamst2@michigan.gov
Immunization Field Services Rep	Terri Adams	adamst2@michigan.gov
Immunization Fixed Fees	Terri Adams	adamst2@michigan.gov
Immunization Michigan Care Improvement Registry (MCIR) Regions	Ryan de la Rambelje	delarambeljer@michigan.gov
Immunization Vaccine Quality Assurance	Terri Adams	adamst2@michigan.gov
Infant Safe Sleep	Nicholas Drzal	drzaln@michigan.gov
Informed Consent	Laura de la Rambelje	delarambeljel@michigan.gov
Laboratory Services Bio	Marty Soehnlén	soehnlénm@michigan.gov
Lactation Consultant	Deanna Charest	charestd@michigan.gov
Lead Hazard Control	Courtney Wisinski	wisinskic@michigan.gov
Local Health Department (LHD) Sharing Support	Laura de la Rambelje	delarambeljel@michigan.gov
Maternal Infant Eryl Chd Home Visiting Initiative Rural Local Home Visiting Grp3	Charisse Sanders	sandersc2@michigan.gov
Maternal Infant Eryl Childhood Home Visiting Initiative Local Home Visiting Grp	Charisse Sanders	sandersc2@michigan.gov
MCH - All Other	Trudy Esch	EschT@michigan.gov
MCH - Children	Trudy Esch	EschT@michigan.gov
MDHHS-Essential Local Public Health Services (ELPHS)	Laura de la Rambelje	delarambeljel@michigan.gov
Medicaid Outreach	Carrie Tarry	tarryc@michigan.gov
MI Adolescent Pregnancy & Parenting Program	Hillary Brandon	brandonh@michigan.gov
MI Health and Wellness 4x4 Plan - Implementation	Scott Bell	bells1@michigan.gov

MI Home Visiting Initiative Rural Expansion Grant	Charisse Sanders	sandersc2@michigan.gov
MIECHVP Healthy Families America Expansion	Charisse Sanders	sandersc2@michigan.gov
Minority Health Community Capacity Building Initiative	Brenda Jegede	jegedeb@michigan.gov
Nurse Family Partnership Medicaid Outreach	Charisse Sanders	sandersc2@michigan.gov
Nurse Family Partnership Services	Charisse Sanders	sandersc2@michigan.gov
Oral Health - Kindergarten Assessment	Carrie Tarry	tarryc@michigan.gov
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	Mary Macqueen	macqueenm@michigan.gov
Public Health Emergency Preparedness (PHEP) 7/1- 9/30	Mary Macqueen	macqueenm@michigan.gov
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Mary Macqueen	macqueenm@michigan.gov
Public Health Emergency Preparedness (PHEP) CRI 7/1 - 9/30	Mary Macqueen	macqueenm@michigan.gov
Regional Perinatal Care System	Deanna Charest	charestd@michigan.gov
SEAL! Michigan Dental Sealant	Christine Farrell	farrellc@michigan.gov
Sexual Violence Prevention	Jennifer DeLaCruz	delacruzj@michigan.gov
Sexually Transmitted Infection (STI) Control	Christopher Stickney	stickneyc@michigan.gov
Statewide Lead Case Management - Fixed Fee	Carin Speidel	speidelc@michigan.gov
STI Specialty Services	Christopher Stickney	stickneyc@michigan.gov
Taking Pride in Prevention	Kara Anderson	andersonk10@michigan.gov
Tobacco Control Grant Program	Julia Hitchingham	hitchinghamj@michigan.gov
Transforming Youth Suicide Prevention	Jennifer DeLaCruz	delacruzj@michigan.gov
Tuberculosis (TB) Control	Peter Davidson	davidsonp@michigan.gov
Vector-Borne Surveillance & Prevention	Mary Grace Stobierski	stobierskim@michigan.gov
Vision ELPHS	Rachel Schumann	schumannr@michigan.gov
West Nile Virus Community Surveillance	Mary Grace Stobierski	stobierskim@michigan.gov
WIC Breastfeeding	Cecilia Hutson	hutsonc1@michigan.gov
WIC Migrant	Cecilia Hutson	hutsonc1@michigan.gov
WIC Resident Services	Cecilia Hutson	hutsonc1@michigan.gov
Wisewoman	Polly Hager	hagerp@michigan.gov

PROJECT TITLE: Adolescent Sexually Transmitted Infection (STI) Screening

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Sexually Transmitted Infections (STIs) result in excessive morbidity, mortality, and health care cost. Adolescents and young adults experience elevated rates of infection in Michigan and across the country. Individuals 15-24 years of age will be screened for chlamydia and gonorrhea at the following Oakland County sites:

1. Oakland County Main Jail
2. Oakland County Work Release
3. Oakland County Community Sites where Priority Population Gathers

Reporting Requirements (if different than agreement language):

Report	Period	Due Date(s)	How to Submit Report
Quarterly report of screening and treatment activity	Quarterly	15 days after the end of the quarter	Email to MDHHS contract liaison

GRANTEE SPECIFIC REQUIREMENTS

Utilizing the identified project sites:

1. Test at least 100 adolescents and young adults per month, using NAAT tests for gonorrhea and chlamydia.
2. Collect race, gender, age, test result, and treatment date for all tests.
3. Refer clients for further health evaluation if indicated.
4. Provide client centered risk reduction plan, promoting abstinence.
5. Treat all positives on site if possible.
6. Contact positive clients that are released prior to treatment with treatment options in community.
7. Promote self-notification of partners.
8. Develop one annual slide set highlighting year end data by demographic variable including trend data.
9. Continue to promote awareness of prevalence of STIs within adolescent and young adult populations.

Participate in MDHHS convened meetings regarding chlamydia and gonorrhea screening as requested.

Technical Assistance

1. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
2. Recipient agency must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov

PROJECT: Asthma Demonstration

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Provide evidence-based asthma management education to families and providers in an attempt to decrease hospitalizations and emergency room utilization for individuals with asthma.

Reporting Requirements (if different than contract language)

Progress report updates are required twice per year per CDC reporting requirements.

Any additional requirements (if applicable)

PROJECT: Body Art Fixed Fee

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

This agreement is intended to establish a payment schedule to the Grantee, following notification of a completed inspection and recommendation for issuance of license. The intent is to help offset costs related to the licensing of a body art facility, when fees are collected from the respective Grantee's jurisdiction in accordance with Section 13101-13111 of the Public Health Code, Public Act 149 of 2007, which was updated on December 22, 2010 and is now Public Act 375.

Reporting Requirements (if different than contract language)

The Department will reimburse the Grantee on a quarterly basis according to the following criteria:

1. Initial annual license for a Body Art Facility prior to July 1
 - \$288.98 (50% of state fee)
2. Initial annual license for a Body Art Facility after to July 1
 - \$144.49 (50% of state fee)
3. Issue a temporary license for a Body Art Facility
 - \$130.03 (75% of state fee)
4. License renewal prior to December 1
 - \$288.98 (50% of state fee)
5. License renewal after to December 1
 - \$433.47 (50% of state fee + 50% late fee penalty)
6. Duplicate license
 - \$28.89

Payment will be made for those body art facilities that have applied and paid in full to the Department, following notification of a completed inspection and recommendation for issuance of license. Please note that the fees in the list above are based on FY2022 reimbursement rates and are subject to change with the Consumer Price Index.

Any additional requirements (if applicable)

The Grantee is authorized to enforce PA 375 and conduct an inspection of all body art facilities under its jurisdiction, investigate complaints, and enforce licensing regulations and requirements. The Grantee must complete a Body Art Facility Inspection Report [DCH-1468 (07-09)], as provided by the Department, or other report form approved by the Department that meets, at minimum, all standards of the state inspection report. Only body art facilities that have applied for licensure should be inspected. All body art facilities must be inspected annually. Licenses will only be released from the Department following notification of a completed inspection and upon recommendation by the Grantee.

Completed inspection reports should be signed by the facility owner and recommendation for licensure should be forwarded to the Department within two to four weeks following the inspection. Reports should be entered via the online interface or can be sent to:

HIV/STD and Body Art Section
Division of Communicable Diseases
333 S. Grand Ave, 3rd Floor
Lansing, Michigan 48933

PROJECT: Breast and Cervical Cancer Control Navigation Program

Beginning Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The BC3NP (Breast and Cervical Cancer Control Navigation Program) provides individualized assistance to low-income women, < 250% FPL, in overcoming barriers that may impede their access to receiving breast and cervical cancer services. Services are provided to uninsured, underinsured, and insured women both within and outside the program. Women identified for priority enrollment in the program are those women in hard-to-reach populations, such as minorities, particularly African American, Hispanic, Asian American, Arab American, and Native American women as well as women who have insurance but do not know how to access the healthcare system to receive breast or cervical cancer services.

Breast and/or cervical screening and diagnostic services are reimbursed for uninsured and underinsured low-income women enrolled through the program that meet the following criteria:

- Age 21-64; self-referred, referred from a BC3NP provider or a non-BC3NP provider and requires cervical cancer screening and/or diagnostic services for an identified cervical screening abnormality.
- Age 40-64; self-referred, referred from a BC3NP provider or a non-BC3NP provider and requires breast cancer screening and/or diagnostic services for an identified abnormality.
- Age 21-39; referred from either a BC3NP or non-BC3NP provider with an I breast finding requiring diagnostic follow-up to rule out or confirm a breast cancer diagnosis.

The BC3NP provides navigation services to low-income insured women, not enrolled in the program, to assist them in accessing the healthcare system so they can receive breast and/or cervical cancer screening, diagnostic, and/or treatment services through their insurance provider.

Reporting Requirements (if different than contract language)

Instructions for use of MBCIS, a statewide database, will be provided to agencies that contribute data to this database. The CPCS will exchange relevant program reports with appropriate contractors through encrypted email or a secure file transfer system.

Any additional requirements (if applicable)

For specific BC3NP requirements, refer to the most current BC3NP Policies and Procedures or visit www.michigan.gov/BC3NP.

PROJECT: CAHC MI Kids Now (All Locations)

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

A major role of the CAHC program is to provide a safe and caring place for children and adolescents to receive needed medical care and support, learn positive health behaviors, and prevent diseases, resulting in healthy youth who are ready and able to learn and become educated, productive adults. CAHCs assist eligible children and adolescents with enrollment in Medicaid and provide access to Medicaid preventive services.

Reporting Requirements (if different than contract language)

- A. The Grantee shall submit the following reports on the following dates:
- Quarterly Program Data Report: Due 30 days after the end of the reported quarter
 - Annual Program Narrative: Due 30 days after the end of the grant period
- B. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Grantee as required by the Contract Manager.
- C. Reports and information shall be submitted to the Contract Manager as follows:
- Quarterly Program Data Report: via the Child and Adolescent Health Center Clinical Reporting Tool located at [Clinical Reporting Tool \(knack.com\)](https://knack.com)
 - Annual Program Narrative: email
- D. The Contract Manager shall evaluate the reports submitted as described in Attachment C, Items A. and B. for their completeness and adequacy.
- E. The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager.

Any additional requirements (if applicable)

Funding Eligibility

To be eligible for funding, all applicants must provide signed assurance that referrals for abortion services or assistance in obtaining an abortion will not be provided as part of the services (MCL §388.1766). For programs providing services on school property, signed assurance is required that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in the Michigan School Code (MCL §380.1507). Applicants must also provide assurance with all federal and state laws

and regulations prohibiting discrimination and with all requirements and regulations of MDE and MDHHS.

Target Populations to be Served

Proposals should focus on the delivery of health services to ages 5-21 years at school-based sites, and 10-21 years at school-linked sites, in geographic areas where it can be documented that health care services that are accessible and acceptable to children and adolescents require enhancement or do not currently exist. The children (birth and up) of the adolescent target population may also be served where appropriate. Funding may be used to provide clinical services to students receiving special education services up to 26 years of age.

Technology

Successful applicants are required to have an accessible electronic mail account (email) to facilitate ongoing communication. All successful applicants will be added to a CAHC program list serve, which is the primary vehicle for communication from the State.

Successful applicants must have the necessary technology and equipment to support billing and reimbursement from third party payers. Refer to Reference A, Minimum Program Requirements which describes the billing and reimbursement requirements for all grantees.

Training

At least one staff member is required to attend a yearly Michigan Department of Health and Human Services CAHC Annual Meeting in the fall, as announced by the MDHHS team.

Unallowable Expenses

The following costs are not allowed with this funding:

- The purchase or improvement of land
- Fundraising activities
- Political education or lobbying, including membership costs for advocacy or lobbying organizations
- Indirect costs

The following restrictions are in effect for this funding:

- Funds may not be used to refer a student for an abortion or assist a student in obtaining an abortion (MCL §388.1766).
- Funds may not be used to prescribe, dispense or otherwise distribute a family planning drug or device in a public school or on public school property (MCL §380.1507).

- Funding may not be used to serve the adult population (ages 22 years and older), with the exception of students up to 26 years of age who are receiving special education services.
- Funds may not be used to supplant or replace an existing program supported with another source of funds or for ongoing or usual activities of any organization involved in the project.

Minimum Program Requirements

The Minimum Program Requirements document is considered to be part of Attachment III.

PROJECT: Child and Adolescent Health Center Program Expansion

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

A major role of the CAHC program is to provide a safe and caring place for children and adolescents to receive needed medical care and support, learn positive health behaviors, and prevent diseases, resulting in healthy youth who are ready and able to learn and become educated, productive adults. CAHCs assist eligible children and adolescents with enrollment in Medicaid and provide access to Medicaid preventive services.

Reporting Requirements (if different than contract language)

- A. The Grantee shall submit the following reports on the following dates:
- Quarterly Program Data Report: Due 30 days after the end of the reported quarter
 - Annual Program Narrative: Due 30 days after the end of the grant period
- B. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Grantee as required by the Contract Manager.
- C. Reports and information shall be submitted to the Contract Manager as follows:
- Quarterly Program Data Report: via the Child and Adolescent Health Center Clinical Reporting Tool located at [Clinical Reporting Tool \(knack.com\)](https://knack.com)
 - Annual Program Narrative: email
- D. The Contract Manager shall evaluate the reports submitted as described in Attachment C, Items A. and B. for their completeness and adequacy.
- E. The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager.

Any additional requirements (if applicable)

Funding Eligibility

To be eligible for funding, all applicants must provide signed assurance that referrals for abortion services or assistance in obtaining an abortion will not be provided as part of the services (MCL §388.1766). For programs providing services on school property, signed assurance is required that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in the Michigan School Code (MCL §380.1507). Applicants must also provide assurance with all federal and state laws

and regulations prohibiting discrimination and with all requirements and regulations of MDE and MDHHS.

Target Populations to be Served

Proposals should focus on the delivery of health services to ages 5-21 years at school-based sites, and 10-21 years at school-linked sites, in geographic areas where it can be documented that health care services that are accessible and acceptable to children and adolescents require enhancement or do not currently exist. The children (birth and up) of the adolescent target population may also be served where appropriate. Funding may be used to provide clinical services to students receiving special education services up to 26 years of age.

Technology

Successful applicants are required to have an accessible electronic mail account (email) to facilitate ongoing communication. All successful applicants will be added to a CAHC program list serve, which is the primary vehicle for communication from the State.

Successful applicants must have the necessary technology and equipment to support billing and reimbursement from third party payers. Refer to Reference A, Minimum Program Requirements which describes the billing and reimbursement requirements for all grantees.

Training

At least one staff member is required to attend a yearly Michigan Department of Health and Human Services CAHC Annual Meeting in the fall, as announced by the MDHHS team.

Unallowable Expenses

The following costs are not allowed with this funding:

- The purchase or improvement of land
- Fundraising activities
- Political education or lobbying, including membership costs for advocacy or lobbying organizations
- Indirect costs

The following restrictions are in effect for this funding:

- Funds may not be used to refer a student for an abortion or assist a student in obtaining an abortion (MCL §388.1766).
- Funds may not be used to prescribe, dispense or otherwise distribute a family planning drug or device in a public school or on public school property (MCL §380.1507).

- Funding may not be used to serve the adult population (ages 22 years and older), with the exception of students up to 26 years of age who are receiving special education services.
- Funds may not be used to supplant or replace an existing program supported with another source of funds or for ongoing or usual activities of any organization involved in the project.

Minimum Program Requirements

The Minimum Program Requirements document is considered to be part of Attachment III.

PROJECT: Childhood Lead Poisoning Prevention

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

MDHHS CLPPP's mission is "to prevent childhood lead poisoning across the state through surveillance, outreach and health services". This grant provides local health departments the opportunity to prevent and address lead poisoning within their communities, with support of CLPPP. The overall goal of the grant is to increase testing for children under the age of 6, specifically capillary to venous testing rates.

Reporting Requirements (if different than contract language)

1. Workplan – submitted according to due dates set by CLPPP
2. Quarterly Reports – submitted no later than thirty (30) days after the close of the quarter.

Grantee Specific Requirements

Grantees shall:

- Identify target areas with lower testing rates, with the assistance of CLPPP and quarterly data reports provided to the LHDs.
- Provide a workplan with a detailed overview of how your LHD plans to increase testing rates within the grantee focus area, and explanation of target audience/locations. Metrics for success should be strategic, measurable, ambitious, realistic, time-bound, inclusive, and equitable. Planning for the workplan should be done in coordination with CLPPP. CLPPP will provide recommended activities to the grantees.
- Conduct a quarterly review of the workplan and grant activity progress. Submit a quarterly report to CLPPP with progress made, as well as revisions needed for the workplan.
- Attend meetings with CLPPP and other grantees as scheduled.
- Ensure all communication materials that are developed and distributed by the grantee are approved by CLPPP if MDHHS funds are used.

PROJECT: CLPP Lead Expansion

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

MDHHS CLPPP's mission is "to prevent childhood lead poisoning across the state through surveillance, outreach and health services". The goal of this pilot is to maximize the number of children less than six years of age protected from lead poisoning and the number of City of Detroit childcare facilities where lead hazards are controlled. This goal should be accomplished through targeted lead testing and hazard controls efforts, expanded education and outreach, and enhancing nursing and environmental services to children with an EBLL 3.5-19 mcg/dL, residing in the 6 high risk zip codes in the City of Detroit.

Grantees could achieve this goal through:

1) Targeted lead testing and hazard controls efforts, this can include:

- Lead education in early childhood care centers (daycares, Early Head Start, Head Start)
- Lead inspection risk assessments in licensed childcare centers

2) Expanded education and outreach, this can include:

- Providing lead testing on site at early childcare centers
- Providing referrals to other essential health services (WIC, IMMS, Vision/Hearing screening)

3) Enhancing nursing and environmental services to children with an EBLL 3.5-19mcg/dL, residing in the 6 high risk zip codes in the City of Detroit, this can include:

- Non-Medicaid children – providing nursing case management home visits
- Coordinate lead inspection risk assessments for children with an EBLL, residing in this zip code

Reporting Requirements (if different than contract language)

- Provide a workplan with a detailed overview of how your LHD plans to expand education, NCM and linkage to care within the grantee focus area, and explanation of target audience/locations

- Submit quarterly reports

Any additional requirements (if applicable)

- Attend quarterly call/in-person meetings
- Ensure all communication materials that are developed and distributed by the grantee are approved by CLPPP if MDHHS funds are used.

PROJECT: Community Blood Lead Testing

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

In response to the decrease in blood lead testing due to COVID-19 and the impact on pediatric visits and WIC agency closure, there is a necessity to support local health departments to facilitate innovative strategies in their jurisdictions to ensure access to and completion of blood lead testing for children to identify lead exposure. It is imperative that there is a community-based approach to blood lead testing. This pilot funding is to support local health departments in planning for implementation of strategies to increased blood lead testing of children <6 years old within their jurisdiction. This planning will follow the ABC Building Blocks for Community Blood Lead Testing, comprised of assessing, bolstering, and coordinating.

Grantees could achieve this goal through:

1) Assess current state of blood lead testing in the jurisdiction, this can include:

- Survey community partners and local health department to determine where blood lead testing is taking place
- Identify gaps in blood lead testing availability
- Identify barriers to accessing blood lead testing
- Identify Medicaid Health Plans (MHPs) serving the community
- Identify Partners for promotion of lead testing

2) Bolster current testing efforts, this can include:

- Conduct provider education regarding recommendations for blood lead testing at existing access points
- Conduct public education about existing testing options, targeting children less than 6 years old
- Enhance access to existing local access points for blood lead testing by reducing identified barriers to testing

3) Coordinate a testing plan, this can include:

- Work with Medicaid Health Plans to identify children due for screening and perform targeted outreach
- Identify a plan for a “safety net” option for free testing for uninsured, those whose insurance will not cover testing, those falling outside our target groups, or communities needing timely access to testing

- Reporting Requirements (if different than contract language)
- Provide a workplan with a detailed overview of how your LHD will demonstrate functional “safety net” option and ability to increase access to testing as needed
- Submit quarterly reports

Any additional requirements (if applicable)

- Attend quarterly call/in-person meetings
- Ensure all communication materials that are developed and distributed by the grantee are approved by CLPPP if MDHHS funds are used.

PROJECT: CSHCS Care Coordination

Start Date: 10/01/2022

End Date: 09/30/2023

Project Synopsis

Beneficiaries enrolled in CSHCS with identified needs may be eligible to receive Care Coordination Services as provided by the local health department. In addition, beneficiaries with either CSHCS, CSHCS and Medicaid, or Medicaid only (no CSHCS) may be eligible to receive Case Management services if they have a CSHCS medically eligible diagnosis, complex medical care needs and/or complex psychosocial situations which require that intervention and direction be provided by the local health department.

LHD staff includes registered nurses (RNs), social workers, or paraprofessionals under the direction and supervision of RNs. Services are reimbursed on a fee for services basis, as specified in Attachment IV Notes.

Reporting Requirements (if different than contract language)

See Attachment I for specific budget and financial requirements.

Case Management and Care Coordination services within a specific Case Management role cannot be billed during the same LHD billing period, which is usually a fiscal quarter.

Care Coordination and Case Management Logs are submitted electronically via the Children's Healthcare Automated Support Services (CHASS) Billing Module to the Contract Manager. Quarterly logs must be submitted with the financial status report.

Annual Narrative Progress Report

A brief annual narrative report is due by November 15 following the end of the fiscal year. The reporting period is October 1 – September 30. The annual report will be submitted to the Department and shall include:

- Summary of successes and challenges
- Technical assistance needs the Grantee is requesting the Department to address
- Brief description of how any local MCH funds allocated to CSHCS were used (e.g. CSHCS salaries, outreach materials, mailing costs, etc.), if applicable
- The unduplicated number of CSHCS eligible clients assisted with CSHCS enrollment.

- The unduplicated number of CSHCS clients assisted in the CSHCS renewal process.

Definitions

Unduplicated Number of CSHCS Eligible Clients Assisted with CSHCS Enrollment is defined as:

Number of CSHCS eligible clients the Grantee provided one-on-one (in person or via telephone) substantial assistance to complete the CSHCS enrollment process during the fiscal year. This assistance includes, but is not limited to, helping the family obtain necessary medical reports to determine clinical eligibility, completing the CSHCS Application for Services, completing the CSHCS financial assessment forms, etc. Assistance does not include mailed letters to the family.

Unduplicated Number of CSHCS Clients Assisted in the CSHCS Renewal Process is defined as:

Number of CSHCS enrollees the Grantee provided one-on-one (in person or via telephone) substantial assistance to complete and/or submit documents required for the Department to make a determination whether to continue/renew CSHCS coverage during the fiscal year. "Assisted" may also include collaboration with the client's Medicaid Health Plan. Assistance does not include mailed letters to the family.

Any additional requirements (if applicable)

Case Management services address complex needs and services and include an initial face-to-face encounter with the beneficiary/family. Case Management requires that services be provided in the home setting or other non-office setting based on family preference. Beneficiaries are eligible for a maximum of six billing units per eligibility year. Services above the maximum of six require prior approval by MDHHS. To request approval, the LHD must submit an exception request, including the rationale for additional services, to MDHHS. Limitations on the need for and number of Case Management service units are set by MDHHS and must be provided by a specific Case Management role, in accordance with training and certification requirements.

Staff must be trained in the service needs of the CSHCS population and demonstrate skill and sensitivity in communicating with children with special needs and their families. Care Coordination is not reimbursable for beneficiaries also receiving Case Management services during the same LHD billing period, which is usually a calendar quarter. In the event Care Coordination services are no longer appropriate and Case Management services are needed, the change in services may only be made at the beginning of the next billing period.

PROJECT: CSHCS Medicaid Elevated Blood Lead Case Management

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The local health department will complete in-home elevated blood lead (EBL) case management (CM) services, with parental consent, for children less than age 6 in their jurisdiction enrolled in Medicaid with a blood lead level equal to or greater than 3.5 µg/dL as determined by a venous test. EBL CM will be conducted according to the “Case Management Guide for Children with Elevated Blood Lead Levels” that is provided by the Childhood Lead Poisoning Prevention Program (CLPPP), Michigan Department of Health and Human Services (MDHHS). For each child eligible for EBL CM, efforts to contact the family to provide CM services and specific services provided must be documented in the child’s electronic record in the Healthy Homes and Lead Poisoning Prevention Surveillance System (HHPSS) database.

Reporting Requirements (if different than contract language)

Quarterly FSR and FSR Supplemental Attachment

Submit request for reimbursement through EGrAMS based on the “fixed unit rate” method. The fixed rate for case management services is \$201.58 per home visit, for up to 6 home visits. Additionally, a FSR supplemental attachment form is required to be uploaded in EGrAMS that specifies the number of children and home visits for which reimbursement is being requested on. The FSR and the FSR supplemental attachment form must be submitted no later than thirty (30) days after the close of the quarter.

Quarterly Case Management Logs

A complete spreadsheet of CM activities is due quarterly, submitted electronically through the CLPPP’s secure DCH-File Transfer Site available through MiLogin, using a template provided by CLPPP. The quarterly spreadsheet must be submitted no later than thirty (30) days after the close of the quarter.

Annual Report

An annual report is required covering the reporting period for FY23 is October 1 – September 30. The format and due date for the submission will be determined by CLPPP, and communicated to the local health departments.

Reporting Time Period	Due dates for quarterly spreadsheet, FSR, and supplemental form
October 1 – December 31	January 31
January 1 – March 31	April 30
April 1 – June 30	July 30
July 1 – September 30	October 20

Any additional requirements (if applicable)

The local health department shall:

- Have CM conducted by a registered nurse trained by MDHHS CLPPP. To be reimbursed for a home visit, the visit must be completed by a registered nurse.
- Sign up for the DCH-File Transfer Site available through MiLogin. This site will be used for data sharing of confidential information.
- Have an agreement with all Medicaid Health Plans in their jurisdiction that allows for sharing of Personal Health Information.
- Identify and initiate contact with families of all Medicaid-enrolled children with EBLLs.
- Complete case management activities according to the MDHHS CLPPP Case Management Guide.
- Document all required case management activities in the child's electronic file in the HHLPPS database. Required documentation includes an initial home visit form, follow-up visit forms, dates of chelation therapy, and plan of care.

PROJECT: CSHCS Medicaid Outreach

Start Date: 10/01/2022

End Date: 09/30/2023

Project Synopsis

Local Health Departments may perform Medicaid Outreach activities for CSHCS/Medicaid dually enrolled clients and receive reimbursement at a 50% federal administrative match rate based upon their CSHCS Medicaid dually enrolled caseload percentage and local matching funds.

Reporting Requirements (if different than contract language)

See Attachment I for specific budget and financial requirements.

Annual Narrative Progress Report

N/A

Any additional requirements (if applicable)

N/A

PROJECT TITLE: CSHCS Outreach and Advocacy

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Local Health Departments (LHDs) throughout the state serve children with special health care needs in the community. The LHD acts as an agent of the CSHCS program at the community level. It is through the LHD that CSHCS succeeds in achieving its charge to be community-based. The LHD serves as a vital link between the CSHCS program, the family, the local community and the Medicaid Health Plan (as applicable) to assure that children with special health care needs receive the services they require covering every county in Michigan.

LHD is required to provide the following specific outreach and advocacy services:

- Program representation and advocacy
- Application and renewal assistance
- Link families to support services (e.g. The Family Center, CSHCS Family Phone Line, the CSHCS Family Support Network (FSN), transportation assistance, etc.)
- Implement any additional MPR requirements
- Care coordination
- Budget and Agreement Requirement and Grantee
- Submission of all documents via the document management portal, as required

Reporting Requirements (if different than agreement language):

Annual Narrative Progress Report

A brief annual narrative report is due by November 15 following the end of the fiscal year. The reporting period is October 1 – September 30. The annual report will be submitted to the Department and shall include:

- Summary of successes and challenges
- Technical assistance needs the Grantee is requesting the Department to address
- Brief description of how any local MCH funds allocated to CSHCS were used (e.g. CSHCS salaries, outreach materials, mailing costs, etc.), if applicable
- The unduplicated number of CSHCS eligible clients assisted with CSHCS enrollment.

- The unduplicated number of CSHCS clients assisted in the CSHCS renewal process.

Definitions

Unduplicated Number of CSHCS Eligible Clients Assisted with CSHCS Enrollment is defined as:

Number of CSHCS eligible clients the Grantee provided one-on-one (in person or via telephone) substantial assistance to complete the CSHCS enrollment process during the fiscal year. This assistance includes, but is not limited to, helping the family obtain necessary medical reports to determine clinical eligibility, completing the CSHCS Application for Services, completing the CSHCS financial assessment forms, etc. Assistance does not include mailed letters to the family.

Unduplicated Number of CSHCS Clients Assisted in the CSHCS Renewal Process is defined as:

Number of CSHCS enrollees the Grantee provided one-on-one (in person or via telephone) substantial assistance to complete and/or submit documents required for the Department to make a determination whether to continue/renew CSHCS coverage during the fiscal year. “Assisted” may also include collaboration with the client’s Medicaid Health Plan. Assistance does not include mailed letters to the family.

Any additional requirements (if applicable):

Relationship between Grantees and Medicaid Health Plans:

The Grantee must establish and maintain care coordination agreements with all Medicaid Health Plans for CSHCS enrollees in the Grantees service area. Grantees and the Medicaid Health Plans may share enrollee information to facilitate coordination of care without specific, signed authorization from the enrollee. The enrollee has given consent to share information for purposes of payment, treatment and operations as part of the Medicaid Beneficiary Application.

Care coordination agreements between Grantees and the Medicaid Health Plans will be available for review upon request from the Department.

The agreement must address **all** the following topics:

- Data sharing
- Communication on development of Care Coordination Plan
- Reporting requirements
- Quality assurance coordination
- Grievance and appeal resolution
- Dispute resolution
- Transition planning for youth

PROJECT: CSHCS Vaccine Initiative

Start Date: 10/01/2022

End Date: 09/30/2023

Project Synopsis

Local Health Departments are eligible to receive funding to support efforts to increase vaccination rates among children with disabilities and special health care needs, along with parents and family members of children with special health care needs. Eligible activities include incorporating the promotion of adherence to MDHHS vaccination guidelines into existing interactions and communications with CSHCS families, accommodations for serving children with special needs into existing or established community vaccination efforts, and additional vaccination outreach and promotion efforts focused on child populations with special needs. Eligible activities should include a focus on vaccinations for COVID-19 but can also include a broader focus on adherence to recommended pediatric vaccination schedules. Children with disabilities and special health care needs includes children enrolled in CSHCS but can also include children with special health care needs that are not enrolled in or medically eligible for CSHCS.

Reporting Requirements (if different than contract language)

Annual Narrative Progress Report

With Final FSR, please submit a brief narrative with the following information:

1. Describe how these funds have been used to promote vaccinations among children with special needs and their family members. When feasible, include a list of events or activities that have been supported with these funds, a total for the number of events or activities, and an estimate of the number of families reached through these activities.
2. Describe any local partnerships or collaborations used to reach families for vaccinations, including partnerships with health care providers and/or provider organizations. Please note any challenges or successes.
3. Describe any innovative or unique methods used to reach families with a child with special health care needs to promote or encourage adherence to recommended vaccination guidelines.

Any additional requirements (if applicable)

N/A

PROJECT: Eat Safe Fish

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The Grantee will collaborate with the Department and the EPA Region V Saginaw Community Information Office to deliver a uniform message for the Saginaw River and connected waters regarding the fish and wild game consumption advisories within the tri-county area (Midland, Saginaw, and Bay).

Reporting Requirements (if different than contract language)

Track and report output measures.

Write and Submit quarterly reports and an annual report to the Department.

- Submit draft quarterly reports within 15 days after the end of each quarter.
- Annual reports upon request.

Any additional requirements (if applicable)

1. The grantee will develop a plan to distribute that message using existing health department programs, the medical community, special events, and community service providers to communicate with the at-risk population.
2. The grantee will get approval from the Department program manager and for any changes to the Saginaw and Bay County Cooperative Agreement Scope of Work including budget and budget narratives.
3. The grantee will provide appropriate staff to fulfill the following objectives and outputs as detailed:
 - Comply with the Saginaw and Bay County Cooperative Agreement budget and budget narratives as describe in the scopes of work provided to the BCHD program manager as applicable from October 1 to September 30.

- Provide 30 hours of health education and community outreach per week.
- Conduct health education and community outreach in Saginaw, Midland, and Bay Counties. Activities will include, but not be limited to, internal BCHD distribution, health care provider outreach, and key event participation.
- Track hours to comply with cost recovery requirements.
- Development, Printing, and Distribution of Outreach Materials and implementation of Display Booth.
- Identify, track, and record of materials distributed at additional locations within Midland, Bay, and Saginaw Counties.
- Make payment for the replacement of signage on the Tittabawassee and Saginaw Rivers.
- Conduct Capacity Building in Saginaw, Midland and Bay Counties
- Actively seek out new community partners in Saginaw, Midland and Bay Counties.
- Participate in monthly SBCA teleconference.
- Provide Presentation of display booth at select community events in coordination with EPA Region V Saginaw Community Information Office.
- Conduct Outreach through existing BCHD Programs such as WIC, Immunizations, programs for young mothers, or other programs reaching the target population.
- Assist the EPA Region V Saginaw Community Information Office with community outreach.
- Outreach to Health Care Providers.

PROJECT: EGLE Drinking Water and Onsite Wastewater Management

Start Date: 10/1/2022

End Date: 09/30/2023

Project Synopsis

State funding for ELPHS shall support, and the Grantee shall provide for, all of the following required services in accordance with P.A. 368, of 1978 and P.A. 92 of 2000, as amended, Part 24 and Act No. 336, of 1998 Section 909:

- Infectious/Communicable Disease Control
 - Sexually Transmitted Disease
 - Immunization
 - On-Site Wastewater Treatment Management
 - Drinking Water Supply
 - Food Service Sanitation
 - Hearing
 - Vision
-
- State funding for ELPHS can support administrative cost for the eight required services including allowable indirect cost, or a Grantee's cost allocation plan.
 - ELPHS funding can also be used to fund other core health functions including: Community Health Assessment and Improvement, Public Policy Development, Health Services Administration, Quality Assurance, Creating and Maintaining a Competent Work Force and Local Public Health Accreditation. These services may be budgeted separately as part of the Administrative Budget element.
 - Net allowable expenditures are the authorized actual/allowable expenditures (total costs less specified exclusions). Available funding is also limited by state appropriations.
 - First and second party fees earned in each required service program may be used only in that required service program.
 - State ELPHS funding is subject to local maintenance of effort compliance. Distribution of state ELPHS funds shall only be made to agencies with total local general fund public health services spending in fiscal year (FY) 2023 of at least

the amount expended in FY 92/93. To be eligible for any of the State funding increases from FY 94/95 through FY 2023, the FY 92/93 Local Maintenance of Effort Level must be met.

Reporting Requirements (if different than contract language)

All final amendment ELPHS funding shift request memos need to be submitted no later than May 1. Please send the official memo to request ELPHS funding shifts by email to Laura de la Rambelje (DelaRambeljeL@michigan.gov) and copy Carissa Reece (ReeceC@Michigan.gov).

Any Additional Requirements (if applicable)

- Assure the availability and accessibility of services for the following basic health services: Prenatal Care; Immunizations; Communicable Disease Control; Sexually Transmitted Disease (STD) Control; Tuberculosis Control; Health/Medical Annex of Emergency Preparedness Plan.
- Fully comply with the Minimum Program Requirements for each of the required services.
- Grantee will be held to accreditation standards and follow the accreditation process and schedule established by the Department for the required services to achieve full accreditation status. Grantees designated as “not accredited” may have their Department allocations reduced for Departmental costs incurred in the assurance of service delivery. The accreditation process is based upon the Minimum Program Standards and scheduled on a three-year cycle. The Minimum Program Standards include the majority of the required Department reviews. Some additional reviews, as mandated by the funding agency, may not be included in the Program Standards and may need to be scheduled at other times.

Onsite Wastewater Management

The Grantee shall perform the following services for private single- and two-family homes and other establishments that generate less than 10,000 gallons per day of sanitary sewage:

- Maintain an up-to-date regulation for on-site wastewater treatment systems (Systems). The regulation shall be supplemented by established internal policies and procedures. Technical guidance for staff that defines site suitability

requirements, the basis for permit approval and/or denial, and issues not specifically addressed by the regulation shall be provided.

- Evaluate all parcels to determine the suitability of the site for the installation of initial and replacement Systems in accordance with applicable regulation(s). These evaluations shall be conducted by a trained sanitarian or equivalent and shall consist of a review of the permit application for the installation of a System and a physical evaluation of the site to determine suitability.
- Accurately record on the permit to install the initial or replacement System or on an attachment to the permit the site conditions for each parcel evaluated including soil profile data, seasonal high-water table, topography, isolation distances, and the available area and location for initial and replacement Systems. The requirement for identifying a replacement System applies to issuance of new construction permits only.
- Issue a permit, prior to construction, in accord with applicable regulation(s) for those sites that meet the criteria for the installation of a System. The permit shall include a detailed plan and/or specification that accurately define the location of the initial or replacement System, System size, other pertinent construction details, and any documented variances.
- Provide and keep on file formal written denials, stating the reason for denial, for those applications where site conditions are found to be unsuitable.
- Conduct a construction inspection prior to covering each System to confirm that the completed System complies with the requirements of the permit that has been issued. Maintain, on file, an accurate individual record of each inspection conducted during construction of each system. In limited circumstances where constraints prohibit staff from completing the required construction inspection in a timely manner, an effective alternate method to confirm the adequacy of the completed System shall be established. The effective alternative method shall be utilized for no more than ten (10) percent of the total number of final inspections

unless specific authorization has been granted by the State for other percentage. The results of all such inspections or an alternate method shall be clearly documented.

- Maintain an organized filing system with retrievable information that includes documentation regarding all site evaluations, permits issued or denied, final inspection documentation, and the results of any appeals.

- Conduct review and approval or rejection of proposed subdivisions, condominiums and also land divisions under one acre in size for site suitability according to the statutes and Administrative Rules for Onsite Water Supply and Sewage Disposal for Land Divisions and Subdivisions.
- Utilize the State's "Michigan Criteria for Subsurface Sewage Disposal" (Criteria) for Systems other than private single- and two-family homes that generate less than 10,000 gallons per day. Systems treating less than 1,000 gallons per day may be approved in accordance with the Grantee's regulation. Advise the State prior to issuance of a variance from the Criteria. Variances are only to be issued by the Director of Environmental Health of the Grantee after consultation with the State. Appeals of any decision of the Grantee pursuant to the Criteria including systems treating less than 1,000 gallons evaluated in accordance with the Grantee's regulation shall only be made to the State.
- Maintain quarterly reports that summarize the total number of parcels evaluated, permits issued, alternative or engineered plans reviewed, and number of appeals, number of inspections during construction, number of failed systems evaluated, and number of sewage complaints received and investigated for each residential (single and two-family homes) and non-residential properties. The report forms EQP2057a.1 (Non-Residential) and EQP2057b.1 (Residential) are available on the EGLE [website](#). All quarterly reports are to be submitted directly to EGLE, to the address noted on the form, within fifteen (15) days following the end of each quarter.
- Review all engineered or alternative System plans. Conduct adequate inspections during the various phases of construction to ensure proper installation.
- Collect data at the time of permit issuance when a System has failed to document the System age, design, site conditions, and other pertinent factors that may have contributed to the failure of the original System. Evaluations shall record information indicated on the EGLE Onsite Wastewater Program Residential and Non-Residential Information forms. The results for all failed Systems evaluated shall be maintained in a retrievable file or database and summarized in an annual calendar year data report. Annual summaries of failed system data shall be provided to EGLE for input into the state-wide failed system database. The EGLE Onsite Wastewater Program Residential and Non-Residential Information forms shall be provided to the State no later than February 1st of the year following the calendar year for which the data has been collected.

- Provide training for staff involved in the Program as necessary to maintain knowledge of current regulations and internal policies and procedures and to keep staff informed of technological improvements and advancements in Systems.
- Establish and maintain an enforcement process that is utilized to resolve violations of the Local Entity and/or State's rules and regulations.
- Maintain complaint forms and a filing system containing results of complaint investigations and documentation of final resolution. Investigate and respond to all complaints related to onsite wastewater in a timely manner.

Drinking Water:

The Grantee shall perform the following services including but not limited to:

- Perform water well permitting activities, pre-drilling site reviews, random construction inspections, and water supply system inspections for code compliance purposes with qualified individuals classified as sanitarians or equivalent.
- Assign one individual to be responsible for quarterly reporting of the data and to coordinate communication with the assigned State staff. Reports shall be submitted no later than fifteen (15) days following the end of the quarter on forms provided by the State. The report form EQP2057 (07/2019) is available on the EGLE [website](#). All quarterly reports are submitted directly to the EGLE address noted on the form.
- Perform Minimum Program Requirements (MPRs) activities and associated performance indicators. These are available on the EGLE website. Guidance regarding the MPRs and indicators is available in the "Local Health Department Guidance Manual for the Private and Type III Drinking Water Supply Systems." The guidance manual is available online at Michigan.gov/WaterWellConstruction.

PROJECT: Food Service Sanitation (FOOD ELPHS)

Start Date: 10/1/2022

End Date: 09/30/2023

Project Synopsis

State funding for ELPHS shall support and the Grantee shall provide for all the following required services in accordance with P.A. 368, of 1978 and P.A. 92 of 2000, as amended, Part 24 and Act No. 336, of 1998 Section 909:

- Infectious/Communicable Disease Control
 - Sexually Transmitted Disease
 - Immunization
 - On-Site Wastewater Treatment Management
 - Drinking Water Supply
 - Food Service Sanitation
 - Hearing
 - Vision
-
- State funding for ELPHS can support administrative cost for the eight required services including allowable indirect cost, or a Grantee's cost allocation plan.
 - ELPHS funding can also be used to fund other core health functions including: Community Health Assessment & Improvement, Public Policy Development, Health Services Administration, Quality Assurance, Creating & Maintaining a Competent Work Force and Local Public Health Accreditation. These services may be budgeted separately as part of the Administrative Budget element.
 - Net allowable expenditures are the authorized actual/allowable expenditures (total costs less specified exclusions). Available funding is also limited by state appropriations.
 - First- and second-party fees earned in each required service program may be used only in that required service program.

Reporting Requirements (if different than contract language)

All final amendment ELPHS funding shift request memos need to be submitted no later than May 1st. Please send the memo to Laura de la Rambelje (DelaRambeljeL@michigan.gov) and copy Carissa Reece (ReeceC@michigan.gov)

Food Service Establishment Licensing

- Provide updates to MDARD on the 1st and 15th of each month, as necessary to:
- Provide a list of food service establishments approved for licensure/license issued.
- Provide a list of food service establishment licenses that have not been approved for licensure and are considered voided or deleted.
- Return the actual licenses to MDARD that are to be voided or deleted.
- Return renewal license applications and licenses that require correction. Mark the corrections on the renewal application.

Temporary Food Establishment Licensing

Provide updates to MDARD on the 1st and 15th of each month, as necessary, to provide:

- A copy of each temporary food establishment license issued.
- A list of lost or voided licenses by license number.

Any additional requirements (if applicable)

Food Service Establishment Licensing

- Accept responsibility for all licenses specified in the “Record of Licenses Received.”

- Issue licenses in accordance with the Michigan Food Law 2000, as amended.

Temporary Food Establishment Licensing

Upon receipt, sign and return the “Record of Licenses Received” to MDARD.

Issue licenses in accordance with the Michigan Food Law 2000, as amended.

Make every effort to issue temporary food establishment licenses in numerical order.

Michigan Department of Agriculture and Rural Development (MDARD) Agrees to:

Food Service Establishment Licensing

- Furnish pre-printed food service establishment license applications and pre-printed licenses to the Grantee for each licensing year (May 1 through April 30) using previous year active license data.
- Provide a count of all licenses sent to the Grantee titled “Record of Licenses Received.”
- Reprint any licenses requiring correction and send corrected copies to the Grantee.
- Bill the local health department for state fees upon notification by Grantee that the license has been approved and issued.

Temporary Food Service Establishment Licensing

- Furnish blank temporary food service license application forms (forms FI-231, FI-231A) and blank Combined License/Inspection forms (FI-229) upon request from the local health department.
- Furnish a “Record of Licenses Received” with each order of Combined Licenses/Inspection forms.
- Periodically reconcile temporary food service establishment licenses sent to the Grantee with the licenses that have been issued (copy returned to MDARD).

- Bill the local health department for state fees upon notification by the Grantee that the license has been approved and issued.

PROJECT TITLE: ELPHS Hearing and Vision

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The Hearing and Vision Programs screen over one million preschool and school-age children each year. Screening services are conducted in schools, Head Starts, and other preschool centers by local health department (LHD) hearing and vision technicians. Children who fail their vision screening are referred to a licensed eye doctor (Ophthalmologist or Optometrist) for an exam and treatment. Follow-up is conducted by the LHD to confirm that the child gets the care that they need. Children who do not pass their hearing screening are referred to their primary care physician, audiologist, or Ear, Nose, and Throat physician for diagnosis, treatment, and recommendations.

Reporting Requirements (if different than agreement language):

Upon completion of the FY23 grant agreement, grantees must submit a School-Based Hearing and Vision Program Annual Narrative Progress Report to MDHHS-Hearing-and-Vision@michigan.gov and cc: respective Program Consultants (Jennifer Dakers, dakersj@michigan.gov and Dr. Rachel Schumann, schumannr@michigan.gov). The report must include:

1. Successes-accomplishments of the program/technician(s)
 2. Challenges- issues that created difficulty in managing the program and/or performing screening services.
 3. Technical Assistance Needs- request support from the Hearing and/or Vision Consultant.
 4. Additional Feedback-questions in this section will change annually based on relevant/current program topics/issues.
- Each Local Health Department (coordinators and technicians) should keep an ongoing log of Successes and Challenges to compile and share at the end of the fiscal year.
 - Final reports are submitted by the grantee to MDHHS. The reports are due 30 days after the end of the fiscal year.

For questions regarding these reports, please contact:

Jennifer Dakers, MDHHS Hearing Consultant, dakersj@michigan.gov

Dr. Rachel Schumann, MDHHS Vision Consultant, schumannr@michigan.gov

Any additional requirements (if applicable):

Grantees must adhere to established Minimum Program Requirements for School-Based Hearing & Vision Services as outlined in the Michigan Local Public Health Accreditation Program 2019 MPR Indicator Guide.

PROJECT: MDHHS Essential Local Public Health Services (ELPHS)

Beginning Date: 10/1/2022

End Date: 09/30/2023

Project Synopsis

State funding for ELPHS shall support and the Grantee shall provide for all of the following required services in accordance with P.A. 368, of 1978 and P.A. 92 of 2000, as amended, Part 24 and Act No. 336, of 1998 Section 909:

- Infectious/Communicable Disease Control
 - Sexually Transmitted Disease
 - Immunization
 - EGLE Drinking Water and Onsite Wastewater Management
 - Food Service Sanitation
 - Hearing
 - Vision
-
- State funding for ELPHS can support administrative cost for the eight required services including allowable indirect cost, or a Grantee's cost allocation plan.
 - ELPHS funding can also be used to fund other core health functions including Community Health Assessment & Improvement, Public Policy Development, Health Services Administration, Quality Assurance, Creating & Maintaining a Competent Work Force and Local Public Health Accreditation. These services may be budgeted separately as part of the Administrative Budget element.
 - Net allowable expenditures are the authorized actual/allowable expenditures (total costs less specified exclusions). Available funding is also limited by state appropriations.
 - First and second party fees earned in each required service program may be used only in that required service program.

- State ELPHS funding is subject to local maintenance of effort compliance. Distribution of state ELPHS funds shall only be made to agencies with total local general fund public health services spending in FY23 of at least the amount expended in FY 92/93. To be eligible for any of the State funding increases from FY 94/95 through FY23, the FY 92/93 Local Maintenance of Effort Level must be met.

Reporting Requirements (if different than contract language)

- Local maintenance of effort reports are due:
 1. Projected Current Fiscal Year – October 30
 2. Prior Fiscal Year Actual – March 31
- A final statewide cost settlement will be performed to assure that all available ELPHS funds are fully distributed and applied for required services.
- All final amendment ELPHS funding shift request memos need to be submitted no later than May 1st. Please send the memo to Laura de la Rambelje (DelaRambeljeL@michigan.gov) and copy Carissa Reece (ReeceC@michigan.gov)
- Each LHD will be required to complete the MDHHS ELPHS Detail report at the end of Quarter 2 and Quarter 4.

Any additional requirements (if applicable)

- Assure the availability and accessibility of services for the following basic health services: Prenatal Care; Immunizations; Communicable Disease Control; Sexually Transmitted Disease (STD) Control; Tuberculosis Control; Health/Medical Annex of Emergency Preparedness Plan.
- Fully comply with the Minimum Program Requirements for each of the required services.
- Grantee will be held to accreditation standards and follow the accreditation process and schedule established by the Department for the required services to achieve full accreditation status. Grantees designated as “not accredited” may have their department allocations reduced for Departmental costs incurred in the assurance of service delivery. The accreditation process is based upon the Minimum Program Standards and scheduled on a three-year cycle. The

Minimum Program Standards include the majority of the required Department reviews. Some additional reviews, as mandated by the funding agency, may not be included in the Program Standards and may need to be scheduled at other times.

PROJECT: Emerging Threats – Hepatitis C

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

Funds are provided to grantees to increase local capacity to make improvements in hepatitis C virus (HCV) testing, case follow-up, and linkage to care. Progress will be tracked by monitoring case completion rates and HCV linkage to care within the MDSS and evaluating HCV testing volumes submitted by grantees through STARLIMS.

Reporting Requirements (if different than contract language)

- Grantees will keep a log of MDSS IDs on client interactions and linkage to care progress for submission to the MDHHS Viral Hepatitis Unit on a quarterly basis.
- Grantees will participate on semi-routine group conference calls and/or 1:1 technical assistance check in calls to discuss best practices and identify barriers.
- Grantees will collect and submit specimens to the MDHHS Bureau of Laboratories for HCV testing through their public health clinics.

Target Requirements

Grantees will meet the following objectives for Hepatitis C, Chronic follow-up:

Target 1: Interview attempted on 90% of Hepatitis C, Chronic cases within 30 days of referral date.

Target 2: Interview completed on 50% of Hepatitis C, Chronic cases within 60 days of referral date.

Target 3: Hepatitis C RNA test result on 50% of Probable Hepatitis C, Chronic cases within 90 days of referral date.

Violation Monitoring:

The inability to meet the metrics will elicit the following response from MDHHS related to this funding:

- Technical assistance
- Corrective action/performance improvement plans with MDHHS
- Reallocation of funds.

Any additional requirements (if applicable)

- Grantees will document process for carrying out the HCV project during the current pandemic
- Grantees will document best practices or protocols for HCV case investigation and linkage to care
- Grantees will document pathways to link patients to medical care
- Grantees may collaborate with the State Viral Hepatitis Unit for assistance
- Grantees can submit HCV specimens to the MDHHS Bureau of Laboratories at no cost to them or the client

PROJECT TITLE: Ending the HIV Epidemic Implementation

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The purpose of this project is to implement activities to support the objectives of the CDC PS20-2010 Ending the HIV Epidemic in Wayne County. The purpose of these objectives is to reduce the incidence of HIV in and improve the overall health and well-being of residents of Wayne County.

Reporting Requirements:

1. The Grantee will clean-up missing data by the 10th day after the end of each calendar month. Grantee must report required variables as outlined by National HIV Monitoring and Evaluation (NHME) and MDHHS.
2. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Grantee as required by the Division of HIV and STI Programs (DHSP).
3. The Quality Control and Daily Client Logs may be sent to the Contract Manager via:

Email – Mary Roach (roachm@michigan.gov) and Safina Thomas (thomass56@michigan.gov)

Fax - (517) 241-5922

Mailed - HIV Prevention Unit, Attn: CTR Coordinator, PO Box 30727, Lansing, MI 48909

4. The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by the Division of HIV and STI Programs (DHSP).

Grantee Report Submission Schedule

Report	Period	Due Date(s)	Report submission
Counseling, Testing, and referrals			
Quality Control Reports	Monthly	10 th of the following month	Department Staff
Daily Client Logs	Monthly	10 th of the following month	Department Staff
HIV Testing Proficiencies	Annually	Reviewed during site visits	Department Staff

HIV Testing Competencies	Annually	Sent to MDHHS before the end of the fiscal year	Department Staff
Non-Reactive Results	As needed	Within 7 days of test	APHIRM
PrEP Cascade Data	Monthly	10 th of the following month	APHIRM
Reactive Results	As needed	Within 24 hours of test	APHIRM
Case Report Forms	As needed in the event of a reactive result	Adult Case Report Form Directions	LMS MDHHS Surveillance
Partner Services & Linkage to Care (as applicable)			
Linkage to Care and Partner Services Interview***	As needed	Within 30 days of service	APHIRM
Internet Partner Services (IPS) and Partner Services Interview****	Ongoing	Within 30 days of service	APHIRM
Disposition on Partners of HIV Cases	Ongoing	Within 30 days of service	APHIRM
Evidence Based Risk Reduction Activities (as applicable)			
SSP Data Report,	Quarterly	10 th of the following month	Syringe Utilization Platform (SUP)
Clinical HIV/STI services (as applicable)			
340b PrEP Prescription Log	Weekly	Every Friday by the close of business	DCH File Transfer – MDHHS-340B PrEP PT ADT*****
Billing Revenue Report	Quarterly	10th of the following month	Department Staff
STI 340B Utilization/Inventory Report,	Quarterly	Within 10 days after the end of the quarter	Log into SGRX340BFlex.com website, generate a quarterly report on the reporting tab, and it will be transferred automatically to ScriptGuide/DHSP
*CDC/MDHHS required activities including: Condom Distribution Data, if applicable; Social Marketing data; Evidence based intervention data; other prevention services and activities, if applicable			

** Aggregated testing data

*** (e.g. client attended a medical care appointment within 30 days of diagnosis, and was interviewed by Partner Services within 30 days of diagnosis)

**** (e.g. client identify dating apps used to meet partners), if applicable

***** <https://milogintp.michigan.gov>

Any additional Requirements:

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal fund, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal funds.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
4. The Grantee will submit all educational materials (e.g., brochures, posters, pamphlets, and videos) used in conjunction with program activities to DHSP for review and approval prior to their use, regardless of the source of funding used to purchase these materials. Materials may be emailed to: MDHHS-HIVSTIoperations@michigan.gov.

Grant Program Operation

1. The Grantee will participate in DHSP needs assessment and planning activities, as requested.
2. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities, network detection response and interventions in collaboration with DHSP opportunities provided by DHSP.
3. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - a. Have policies and procedures to ensure time and effort reporting.
 - b. Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.

- c. Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for funds must match the percentage claimed on the FSR for the same period.
 - d. Submit a budget modification to DHSP in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
 - e. If there are any changes in staff or agency operations, please email MDHHS Operations MDHHS-HIVSTIoperations@michigan.gov.
4. **If conducting HIV testing using rapid HIV testing**, the Grantee will comply with guidelines and standards issued by DHSP and:
- a. Provide medical oversight letter/agreement signed by a licensed physician is necessary to collect specimens and order HIV antibody/antigen, HIV genotype, HIV incidence, syphilis, gonorrhea, chlamydia, and hepatitis C testing. According to Part 15 of the Public Health Code MCL 333.17001(j), 'practice of medicine' is defined as
 - "the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these act".
 - b. Conduct quality assurance activities, guided by written protocol and procedures. Protocols and procedures, as updated and revised Quality assurance activities are to be responsive to: Quality Assurance for Rapid HIV Testing, MDHHS. See "Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals."
 - Ensure provision of Clinical Laboratory Improvement Amendments (CLIA) certificate.
 - Report discordant test results to DHSP
 Email – Mary Roach roachm@michigan.gov and Safina Thomas (thomass56@michigan.gov)
 Fax - (517) 241-5922
 - Ensure that staff performing counseling and/or testing with rapid test technologies has completed, successfully, rapid test counselor certification course or Information Based Training (as applicable), test device training, and annual proficiency testing.
 - If conducting blood draws, the grantee must conduct the packaging and

shipping training via Bureau of Laboratories. BashoreM@michigan.gov

- Ensure that all staff and site supervisors have completed, successfully, appropriate laboratory quality assurance training, blood borne pathogens training and rapid test device training and reviewed annually.
 - Develop, implement, and monitor protocol and procedures to ensure that patients receive confirmatory test results.
 - To maintain active test counselor certification, each HIV test counselor must submit one competency per year to the appropriate departmental staff.
5. **If conducting SSP**, the grantee will develop programs using MDHHS guidance documents and will address issues such as identification and registration of clients, exchange protocols, education, and trainings for staff, and referrals.
- a. Grantees will participate on monthly or quarterly conference calls to discuss best practices and identify barriers.
6. **If conducting PS**, the Grantee will comply with guidelines and standards issued by the Department. See “Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals.” The Grantee must:
- a. Provide Confidential PS follow-up to infected clients and their at-risk partners to ensure disease management and education is offered to reduce transmission.
 - b. Effectively link infected clients and/or at-risk partners to HIV care and other support services.
 - c. Work with Early Intervention Specialist to ensure infected clients are retained in HIV care.
 - d. If applicable,
 - Procure TLO or a TLO-like search engine.
 - Ensure staff that are utilizing TLO or TLO-search engine complete the TLO training to maintain and understand the confidential use of the system.
 - Effectively utilize the Internet Partner Services (IPS) Guidance to provide confidential PS follow-up to at-risk partners named by infected clients who were identified to have been met through the use of dating apps.
 - Ensure staff and site supervisors successfully complete the Internet

Partner Services Training.

- Ensure staff conducting Internet Partner Services participant in monthly, bi-monthly meetings, webinars or calls to discuss best practices and identify barriers.
7. **If conducting 340 B STI/PrEP clinical activities**, the Grantee will comply with guidelines and standards issued by DHSP and:
 8. Funds generated by this program must be utilized to support the program, including to hire a Mid-level provider, supporting staff, and program materials to provide Pre-Exposure Prophylaxis (PrEP) services.
 9. Any funds included in this agreement above must be re-invested in HIV/STI PrEP services. This could mean improving, enhancing, and/or expanding your current HIV/STI services or adding new services to improve patient health outcomes for HIV/STI.
 10. Any revenue or income generated via billing from this agreement must be reinvested into this project.

Record Maintenance/Retention

The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.

Software Compliance

1. The Grantee and its subcontractors are required to use APHIRM (formerly Evaluation Web) to enter HIV client and service data into the centrally managed database on a secure server.
2. The Grantee and its subcontractors are required to use APHIRM to enter PrEP Cascade Data into the centrally managed database on a secure server.
3. The Grantee and its subcontractors are required to use APHIRM to enter EBI Data into the centrally managed database on a secure server.
4. The Grantee and its subcontractors are required to use APHIRM (formerly Partner Services Web) to enter Partner Services interview, linkage to care data, and identified dating apps through the use of Internet Partner Services (IPS) where appropriate.
5. The Grantee and its subcontractors are required to use SHOARS to request

amendments, supplies, data, technical assistance and to register for trainings.

6. New staff needing access to APHIRM are required to submit the APHIRM user request form through SHOARS.
7. The Grantee shall notify MDHHS immediately via email at MDHHS-HIVSTloperations@michigan.gov of APHIRM users who are separated from the agency for deactivation.

Mandatory Disclosures

1. The Grantee will provide immediate notification to DHSP, in writing, including but not limited to the following events:
2. Any formal grievance initiated by a client and subsequent resolution of that grievance.
3. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
4. Any staff vacancies funded for this project that exceed 30 days.
 - a. All notifications should be made to DHSP by MDHHS-HIVSTloperations@michigan.gov.

Technical Assistance

1. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
2. Recipient agency must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov .
3. You may request TA on the implementation of the HIV Prevention program. This may include issues related to: APHIRM, Intervention Database, Programs, Budget/Fiscal, Grants and Contracts, Risk Reduction Activities, Training, or other activities related to carrying out HIV prevention activities.

Compliance with Applicable Laws

1. The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.

PROJECT: Environmental Health Data in Michigan

Start Date: 10/1/ 2022

End Date: 9/30/2023

Project Synopsis

The purpose of this project is to fund the Western Upper Peninsula Health Department (WUPHD) to build on its existing June 2018 Flood After Action Report and Improvement Plan.

Reporting Requirements (if different than contract language)

Grantee will attend bi-weekly virtual meetings to discuss project activities and progress of the detailed year 1 workplan as submitted to and accepted by the CDC. Changes to the workplan by WUPHD will be discussed and approved by MDHHS DEH CO-PIs and reported to CDC prior to implementation. The WUPHD staff will provide written progress reports at the time of the bi-weekly project team meetings.

Western Upper District Health Department staff will work with MDHHS DEH staff to develop a detailed evaluation plan within six months of the grant award from CDC. WUPHD staff will be required to collect and report on performance evaluation measures to MDHHS DEH staff for inclusion in the Annual Performance Report and in the CDC performance measures and evaluation results portal. A final project report is due from WUPHD to MDHHS DEH within 30 days from the date of termination or final expenditure.

The report will include:

- Intro & Scope
 1. Why was this project initiated?
 2. What did we hope to accomplish?
- Goals & objectives
 1. What were our intended outputs (tangible deliverables from the year 1 workplan to CDC)?
 2. What were the intended outcomes (changes in: behavior, departmental capacity, processes, partnerships, resource allocation, etc.)?
- Process
 1. Who was involved and what was their role (project team, steering committee, other agencies/stakeholders)?
 2. What were the key steps in the project and when did they occur (outreach and engagement, stakeholder meetings, drafts, etc.)?
 3. What was accomplished (tangible outputs and outcomes)?

- Successes & challenges
 1. Compare the intended outputs and outcomes to the actual (did they change, if so, why and how?)
 2. What was successful about the project?
 3. What were the challenges?
- Next steps
 1. How will the results be used?
 2. Will this project encourage future activity in this area?
- Attach any of the final documents or notes on final processes that were developed as a result of this funding

Any additional requirements (if applicable)

PROJECT: Expanding, Enhancing Emotional Health (All Locations)

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The E3 program funds mental health staff in schools to provide one on one therapy and small group therapy.

Reporting Requirements (if different than contract language)

Work plans will be submitted annually, attached to the original grant application at the beginning of the year. Quarterly work plan reports will be submitted, attached to the FSR, within 30 days of the end of the quarter. Work plans and work plan reports can also be submitted via e-mail to your appropriate E3 consultant:

Gina Zerka: zerkag@michigan.gov or
Mario Wilcox: wilcox7@michigan.gov

All data previously reported will be submitted quarterly. The due dates are as follows:

- a. Q1: Due January 31st,
- b. Q2: Due April 30th,
- c. Q3: Due July 31st and
- d. Q4: Due September 30th.

All data shall continue to be entered into the Clinical Reporting Tool (CRT). See below for data definitions.

The grantee shall permit the Department or its designee to visit and make an evaluation of the project as determined by the Contract Manager.

Number of Unduplicated Users (clients) by Demographic Designation per quarter **Definition of an Unduplicated User:**

An unduplicated user is an individual who has presented themselves to the E3 Program for service with the mental health provider (minimum Master's prepared and licensed mental health provider), and for whom a record has been opened. Opening a record includes documenting an assessment, diagnosis and treatment plan. Once per year, the user is counted to generate the number of unduplicated clients utilizing the E3 services for that year.

<u>Age Range</u>	Female	Male	Total
0-4			
5-9			
10-17			
18-21			

Number of Unduplicated Users (clients) by Race per quarter

White
 Black/African-American
 Asian
 Native Hawaiian or Pacific Islander
 American Indian or Alaskan Native
 More than One Race

Number of Unduplicated Users (clients) by Ethnicity per quarter

Arab/Chaldean
 Hispanic or Latino

Definition of a Visit:

A visit is a significant encounter between an E3 provider and a new (unduplicated) user or established (duplicated) user. Each visit should be documented as appropriate to the visit and provider (i.e., visits include an assessment, diagnosis and treatment plan documented in the medical record and/or other documentation appropriate to the visit). A user will likely have multiple visits per year.

Total Visits by Provider Type per quarter

*Mental Health Provider must be minimum Master's prepared and licensed. Mental Health Provider visits are counted as "face to face" contacts.

*Telehealth Visits can be tele-conferencing and tele-phonetic. Telehealth visits should be counted when using this mechanism during visit.

Note: Telehealth visits should be counted only once, as a Telehealth visit.

Do not count as a visit with BOTH the mental health provider AND a Telehealth visit.

Visits by Type per quarter

Count the visit by type of session provided. If the client was seen individually, count as an individual visit. If the client was seen in a therapeutic group, count as a group visit. If a client receives both individual and therapeutic group services, count both visit types.

QUALITY INDICATORS REPORT DEFINITIONS

For each of the following Quality Measures, report the **YTD NUMBER** each quarter. Each quarter, your data will likely be equal to or greater than, the previous quarter. Note that this is different than the quarterly reporting elements, where data is reported **by quarter** for that specific quarter only.

Number of Unduplicated Clients Ages 10-21 Years with an Up-to-Date Depression Screen

Report the number of unduplicated clients up-to-date with depression screening. This information could come directly from a behavioral health screener or risk assessment, so the number screened (flagged) for depression may equal or be very close to the number of behavioral health screeners and/or risk assessments completed. (Note this is not the same as a depression **assessment** conducted by a provider.) Do not double count clients who were screened (flagged) for depression using behavioral health screen or risk assessment and who also completed a specific depression screening tool (e.g., Beck's, PHQ-9, etc).

Number of Clients Age 12 and Up with a Positive Depression Assessment (Diagnosis of Depression)

Report the number of clients (age 12 and older) with a diagnosis of depression according to the score on the depression screening tool **and** psychosocial assessment by the provider. Exclude the following: a) those who are already receiving documented care elsewhere, and b) those who are referred out of the E3 site for treatment.

Number of Clients Age 12 and Up with a Diagnosis of Depression who have Documented, Appropriate Follow-Up

Report the number of clients from the denominator who receive treatment at the E3 site who have all of elements of an appropriate follow-up plan: a) had a psycho-social assessment completed by 3rd visit (includes suicide risk assessment/safety plan), b) had a treatment plan developed by 3rd visit, c) treatment plan reviewed @ 90 days (for those on caseload for 90+ days), and d) screener re-administered at appropriate interval to determine change in score.

For the following two quality measures, please note that you are NOT expected to administer BOTH a behavioral health screen AND a risk assessment to each client. You only need to administer one tool or the other as appropriate for age, developmental level and need. Please report the number of behavioral health screens and/or risk assessments provided to your clients:

Number of Unduplicated Clients Ages 5-21 Years with at least one Behavioral Health Screen in the annual year.

Report the number of clients that receive a Behavioral Health Screen as appropriate for age and developmental level. Examples of **appropriate** screening tools (to use) **include but are** not limited to Pediatric Symptoms Checklist (17 or 34), Strength and Difficulties Questionnaire.

Number of Unduplicated Clients with an Up-to-Date Risk Assessment / Anticipatory Guidance

Report the number of clients that are complete with an annual risk assessment or anticipatory guidance, as appropriate for age and developmental level. This may include clients that are UTD because they completed the risk assessment/anticipatory guidance

in a previous fiscal year *but* are being seen in the E3 site in the current fiscal year.

BILLING REPORT DEFINITIONS

Reported on annual basis only, as requested:

Enter the **dollar amount in claims submitted for services** provided during the current fiscal year (October 1- September 30), regardless of whether or not the claims were paid during the fiscal year.

Enter the **dollar amount received in revenue** during the current fiscal year (October 1- September 30), regardless of whether or not revenue resulted from claims filed during the fiscal year.

For each of these entries, you will be entering data by:

Medicaid Health Plan/Medicaid (from a drop-down menu)

Commercial

Self-Pay

Other

Note that the Estimated Percent of Claims Paid and Unpaid (based on dollar amount, not on number of claims) and Payor Mix will be auto totaled.

5 Most Common Reasons for Rejection of Submitted Claims

Select the five most common reasons for rejection of submitted claims from the dropdown menu according to best-fit category.

DIAGNOSES AND PROCEDURE CODES AND FREQUENCY

Reported on annual basis only, as requested:

Mental Health Problem Diagnoses – Top 5 diagnoses from the mental health provider

CPT codes – Top 5 CPT codes - both the code and the name of procedure

End of the Year/ Fall Narrative

In addition to the quarterly data reporting. All E3 sites are required to submit an End of Year/Fall Narrative Report. This report will focus on the Continues Quality Improvement requirement as indicated in the Minimum Program Requirements document. The report template will be given to E3 program sites by their assigned Program Consultant. Completed Fall Narratives will be emailed to the assigned Program Consultant.

- Due on October 30 each year

MINIMUM PROGRAM REQUIREMENTS
October 1, 2022 - September 30, 2023

The E3 program shall be open and provide a full-time or full time equivalent mental health provider (i.e., 40 hours) in one school building year-round. Services shall: a) fall within the current, recognized scope of mental health practice in Michigan and b) meet the current, recognized standards of care for children and/or adolescents.

Services provided by the mental health provider are designed specifically for children and adolescents ages 5 through 21 years and are aimed at achieving the best possible social and emotional health status.

Services

1. A minimum caseload of 50 clients (users) must be maintained annually.
2. In addition to maintaining a client caseload, the following services may be provided and must be reflective of the needs of the school:
 - a. treatment groups using evidence-based curricula and interventions;
 - b. school staff training and professional development relevant to mental health;
 - c. building level promotion, such as school climate initiatives, bullying prevention, suicide prevention programs, etc
 - d. classroom education related to mental health topics
 - e. case management to and partnerships with other private/public social service agencies
3. A Behavioral Health Screen and/or Risk Assessment will be completed for unduplicated users at least once in the current fiscal year.
4. The use of an Electronic Medical Records system is required.

Assurances

5. These services shall not supplant existing school services. This program is not meant to replace current special education or general education related social work activities provided by school districts. This program shall not take on responsibilities outside of the scope of these Minimum Program Requirements (Individualized Educational Plans, etc.).
6. Services provided shall not breach the confidentiality of the client.
7. The E3 program shall not provide abortion counseling, services, or make referrals for abortion services.
8. The E3 program, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

Staffing/Clinical Care

9. The mental health provider shall hold a minimum master's level degree in an appropriate discipline and shall be licensed to practice in Michigan. Clinical supervision must be available for all licensed providers. For those providers that hold a limited license working towards full licensure, supervision must be in accordance to licensure laws/mandates and be provided by a fully licensed provider of the same degree.
10. The E3 program shall be open during hours accessible to its target population. Provisions must be in place for the same services to be delivered during times when school is not in session. Not in session refers to times of the year when schools are closed for extended periods such as holidays, spring breaks, and summer vacation. These provisions shall be posted and explained to clients. The mental health provider shall have a written plan for after-hours and weekend care, which shall be posted in the center including external doors and explained to clients. An after-hours answering service and/or answering machine with instructions on accessing after-hours mental health care is required. If services are not able to continue during periods of not in session, a written plan must be communicated to MDHHS for approval.

Administrative

11. Written approval by the school administration (ex: Superintendent, Principal, School Board) exists for the following:
 - a. location of the E3 program within the school building;
 - b. parental and/or minor consent policy; and
 - c. services rendered through the E3 program.

A current signed interagency agreement or MOU must be established between the local school district and mental health organization/fiduciary that defines the roles and responsibilities of the mental health provider and of any other mental health staff working within the school. This agreement must state a plan will be in place for transferring clients and/or caseloads if the agreement is discontinued or expires.

12. The mental health provider or contracting agency must bill third party payors for services rendered. Any revenue generated must be used to sustain the E3 program and its services. E3 shall establish and implement a sliding fee scale, which is not a barrier to health care for adolescents. No student will be denied services because of inability to pay. E3 program funding must be used to offset any outstanding balances (including copays) to avoid collection notices and/or referrals to collection agencies for payment.
13. Policies and procedures shall be implemented regarding proper notification of parents, school officials, and/or other health care providers when additional care is needed or when further evaluation is recommended. Policies and procedures regarding notification and exchange of information shall comply with all applicable

laws e.g., HIPAA, FERPA and Michigan statutes governing minors' rights to access care.

14. Implement a quality assurance plan. Components of the plan shall include, at a minimum:
 - a. ongoing record reviews by peers (at least semi-annually) to determine that conformity exists with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted;
 - b. conducting a client satisfaction survey/assessment at least once annually.
15. The E3 program must have the following policies as a part of overall policies and procedures:
 - a. parental and/or minor consent;
 - b. custody of individual records, requests for records, and release of information that include the role of the non-custodial parent and parents with joint custody;
 - c. confidential services; and
 - d. disclosure by clients or evidence of child physical or sexual abuse, and/or neglect.

Physical Environment

16. The E3 program shall have space and equipment adequate for private counseling, secured storage for supplies and equipment, and secure paper and electronic client records. The physical facility must be youth-friendly, barrier-free, clean and safe.

PROJECT TITLE: Fetal Alcohol Spectrum Disorder Community Project

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Grantees will collaborate with the Department to assist local communities with evidence-based activities, to implement alcohol screening and prevent prenatal alcohol exposure among women of reproductive age and to refer affected children, birth to 18 years of age, and their families to an FASD Diagnostic Center for evaluation and intervention for the purpose of improving care and services for women, infants and families.

Reporting Requirements (if different than agreement language):

The Grantee will collect data using the project evaluation/data tracking forms to monitor the FASD community program effectiveness and report service numbers.

The Grantee will collect data using the FASD Workplan Narrative Report (A) and the Data Evaluation Report (B) provided, to monitor the FASD community program effectiveness.

The Grantee shall submit FASD Workplan report and the Data Evaluation Report electronically to the MDHHS FASD Program Contact Person on dates specified below.

- a. Grantee must provide documentation that FASD services are tracked for all direct and enabling services provided, including individuals screened, and referred through the FASD community project.
- b. Any such other information as specified in the Statement of Work shall be developed and submitted by the Grantee as required by the Contract Manager.
- c. The Grantee shall permit the Department or its designee to visit and to make an evaluation of the projects as determined.

FASD Report Guidance

Report	Time Period	Due Date	Submit To
A			
FASD Work Plan Narrative Report	October 1 - December 31	January 15	Email to lufta1@michigan.gov
	January 1 - March 31	April 15	
	April 1 - June 30	July 15	
	July 1 - September 30	October 15	
B			
FASD Data Evaluation Report	October 1 - March 31	April 15	Email to lufta1@michigan.gov
	April 1 – September 30	October 15	

FASD Quarterly Meetings

The Grantee will participate in quarterly Technical Assistance calls with MDHHS FASD Program staff according to the schedule below. Technical Assistance calls are an opportunity for FASD funded projects to share expertise, best practices and promote collaboration for FASD program effectiveness.

FASD Technical Assistance Calls
January 16
April 16
July 16
October 16

PROJECT TITLE: Fetal Infant Mortality Review (FIMR) Case Abstraction

Start Date: 10/01/2022

End Date: 09/30/2023

Project Synopsis:

Qualified individuals will perform medical record case abstraction for Fetal Infant Mortality Review to include the following:

- Utilize the FIMR Sampling Plan for case selection template provided.
- Review of medical records involved in fetal and infant death to include, but not limited to hospital, prenatal, emergency, and medical examiner's records.
- Interact with other agencies and service providers involved in infant's death (Child Protective Services, local health department, law enforcement).
- Develop de-identified case summaries from the above abstracted information, as well as the FIMR interview.
- Attend the review team meetings to facilitate the presentation of the cases and develop recommendations, utilizing the Michigan FIMR CRT Recommendation Form and Michigan FIMR Log of Local Recommendations.
- Utilize the Michigan FIMR Health Equity Toolkit and/or other resources for training FIMR CRT members on equity, bias, diversity, and inclusion.
- Enter cases into the National Fatality Review Case Reporting System (FIMR database) at the National Center for Fatality Review and Prevention.
- Present FIMR findings and recommendations to local FIMR Community Action Team (CAT) annually, at a minimum, to develop action plans.

Reporting Requirements (if different than agreement language):

Quarterly progress reports following the template provided. Quarterly reports are due the 15th of the month following the end of the quarter and are submitted to Audra Brummel, State coordinator, via email at brummela@michigan.gov.

	Reporting Time Period	Due Date
1st Quarter	October 1 – December 31	January 15
2nd Quarter	January 1 – March 31	April 15
3rd Quarter	April 1 – June 30	July 15
4th Quarter	July 1 – September 30	October 15

Any additional requirements (if applicable):

Each completed case abstraction will be compensated at \$270.00 per case.

- FIMR team recommendations and information will be used to inform the State of Michigan infant mortality reduction efforts.

Maximum Program Reimbursement:

Grantee	Maximum Reimbursement Amount
Berrien County Health Department	\$ 4,050
Calhoun County Public Health Department	\$ 3,240
Detroit Health Department	\$ 2,700
Genesee County Health Department	\$ 4,115
Ingham County Health Department	\$ 3,240
Jackson County Health Department	\$ 3,240
Kalamazoo County Health and Community Services Department	\$ 6,480
Kent County Health Department	\$ 12,150
Macomb County Health Department	\$ 4,050
Public Health Muskegon County	\$ 2,700
Oakland County Department of Health and Human Services/Health Division	\$ 6,480
Saginaw County Health Department	\$ 4,860

PROJECT TITLE: Fetal Infant Mortality Review (FIMR) Interviews

Start Date: 10/01/2022

End Date: 09/30/2023

Project Synopsis:

Conduct Fetal Infant Mortality Review (FIMR) interviews with the intent of informing the FIMR case abstraction process and informing the infant mortality reduction efforts both locally and statewide.

Reporting Requirements (if different than agreement language):

Mid-year progress report and final report using the FIMR interviews template, which will address what was learned about preventability at the individual, clinical care, health system, community, and policy level are due April 15 and a final report due October 15 by submission to Audra Brummel, State coordinator, via email at brummela@michigan.gov.

Any additional requirements (if applicable):

- Each completed FIMR interview will be compensated at \$125.00 per interview. A maximum of 6 visits are reimbursable per fetal/infant death up to the contract allocation.
- FIMR team recommendations and information will be used to inform the State of Michigan infant mortality reduction efforts.
- Utilize the following Michigan FIMR Network resources:
 - a) Michigan FIMR Network Maternal/Family Interview Guide
 - b) FIMR Case Review Team (CRT) Recommendation Form and the Log of Local FIMR Recommendations
 - c) Michigan FIMR Network Health Equity Toolkit

Additional Requirements for Detroit Health Department only:

- At least 1 MMMS next of kin interviews will be completed by September 30, 2023. Each completed MMMS next of kin interview will be compensated at \$250.00 per interview. A maximum of 6 visits are reimbursable per case up to the contract allocation.
- The MMMS next of kin interview will follow the FIMR methodology and the

Michigan FIMR Interview Guide questionnaire with additional questions relevant to maternal deaths.

- Use of consent forms, questionnaire, and template for collecting interview summaries provided.
- The DHD FIMR Interviewer will be invited to MMMS Maternal Mortality Review Committee (MMRC) meetings when an interview is completed to provide an overview and additional details on the interview.

Maximum Program Reimbursement:

Grantee	Maximum Reimbursement Amount
Berrien County Health Department	\$ 1,875
Calhoun County Public Health Department	\$ 1,500
Detroit Health Department	\$ 6,750 – FIMR \$ 2,000 – MMMS
Ingham County Health Department	\$ 2,500
Jackson County Health Department	\$ 1,250
Kalamazoo County Health and Community Services Department	\$ 2,250
Kent County Health Department	\$ 1,250
Macomb County Health Department	\$ 1,500
Public Health Muskegon County	\$ 625
Oakland County Department of Health and Human Services/Health Division	\$ 2,000

PROJECT TITLE: FFPSA (Family First Prevention Services Act) HV Expansion

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The FFPSA project is a national initiative being implemented in Michigan to support the prevention of the placement of children into foster care. FFPSA support Positive Parenting Programs such as evidence-based home visiting models. Each HV Model is implemented in accordance with the standards and tenants of that particular model.

Reporting Requirements (if different than agreement language):

The Local Implementing Agency (LIA) shall submit all required reports in accordance with the Department reporting requirements. See the Michigan Department of Health and Human Services' (MDHHS) Home Visiting Guidance Manual for details about what must be included in each report.

- a. Staffing Changes: Within 10 days of a staffing change, notify the Model Consultant via e-mail and incorporate the change(s) into the budget and facesheet during the next amendment cycle as appropriate. The facesheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director in E-GrAMS can make the facesheet changes once the agreement is available to be amended.
- b. In addition to other data required by MDHHS, LIAs are required to record and submit monthly FFPSA billable reporting through REDCap by the 5th business day of each month. This data includes:
 - Family demographic information (including MiSACWIS IDs)
 - The number of children in the family and corresponding MiSACWIS IDs (per DHHS referral form)
 - Enrollment date
 - Eligible/ineligible status
 - FFPSA eligibility change dates
 - Closure date if family has exited home visiting services
- c. Work Plan: Due annually on June 30 for preapproval. See the MDHHS Home Visiting Guidance Manual for requirements related to Work Plan development and reporting.

- d. Work Plan Reports: Must be submitted within 30 days of the end of each quarter (January 30, April 30, July 30, and October 30).

All reports and/or information (a-d), unless stated otherwise, shall be submitted electronically to the MDHHS Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov.

- e. Implementation Monitoring Data and HRSA data collection requirements due in REDCap by the 5th business day of each month. HFA programs must use Home Visiting On-Line (HVOL) and NFP programs must use Flo for all model and other MDHHS required data.
- f. Quality Improvement Reporting:
 - Documentation of a QI team will be submitted with the quarterly Work Plan Report.
 - Documentation of QI activities will be submitted with the quarterly Work Plan Report.
 - Annual summary of QI activities will be submitted to the Model Consultant by February 15
- g. HV ColIN Reporting (for those LIAs participating) for QI efforts shall occur in accordance with the ColIN's schedule. Participating LIAs are required to use the HV ColIN site to complete monthly submissions of PDSA cycles and required data (the frequency of data collection may vary).

Reports (e-g) shall be submitted as described above. Additional guidance concerning data collection and Quality Improvement is provided in the MDHHS Home Visiting Guidance Manual.

Any additional requirements (if applicable):

Home visitors funded through Family First Prevention Services Act will serve families referred from local Child Welfare agencies, in proportion to their FFPSA FTE.

HFA

- a. 10-12 FFPSA families per 1.0 FTE for first year of implementation as well as new home visitors.
- b. 12-16 FFPSA families per 1.0 FTE following second year of implementation.

NFP

- c. 25 FFPSA families per 1.0 FTE

LIAs are required to work with MDHHS to complete a Memorandum of Understanding with MDHHS to establish expectations for the relationship that is being built between child welfare and the home visiting program. Healthy Families America (HFA) LIAs will

need to submit the HFA's Child Welfare Protocol application to HFA National. They will also need to work with their assigned Child Welfare Service Analyst to obtain the signature of their local DHHS office on a letter of support. Both need to be completed before an HFA LIA can enroll any families under FFPSA or the Child Welfare Protocol.

Maintain Fidelity to the Model

The LIA shall adhere to the Home Visiting model Best Practice Standards or Model Elements. In addition, all Healthy Families America affiliates shall comply with the requirements of the Central Administration for the Multi-Site State System (also known as "The State Office") housed within the Michigan Public Health Institute.

Comply with MDHHS Program Requirements

The LIA shall operate the program with fidelity to the requirements of MDHHS based on the agreement executed in E-GrAMS and the conditions as outlined in the MDHHS Home Visiting Guidance Manual. The LIA will fulfill these requirements while strengthening efforts towards health and racial equity through staff education, programmatic data evaluation and client supportive services.

P.A. 291

The LIA shall comply with the provisions of Public Act 291 of 2012. See the MDHHS Home Visiting Guidance Manual for requirements related to PA 291.

Staffing

The LIA's home visiting staff will reflect the community served. The LIA will provide documentation to demonstrate due diligence if unable to fully meet this requirement within 90 days of a MDHHS site visit in which this was a finding. See the MDHHS Home Visiting Guidance Manual for requirements related to program staffing.

Performance Measures:

The LIA shall comply with MDHHS expectations of demonstrating improvement in the performance measures as described in the MDHHS Home Visiting Guidance Manual.

Program Monitoring, Quality Assessment, Support and Technical Assistance (TA):

The LIA shall fully participate with the Department and the Michigan Public Health Institute (MPHI) with regards to program development and monitoring (including annual site visits either in-person or virtual), training, support and technical assistance services. See the MDHHS Home Visiting Guidance Manual for requirements related to program monitoring, quality assessment, support and TA.

Professional Development and Training:

All of the LIA's program staff associated with this funding will participate in professional development and training activities as required by both the model and the Department. See the MDHHS Home Visiting Guidance Manual for requirements related to professional development and training activities.

Supervision:

The LIA shall adhere to the HV Model supervision requirements:

HFA: Weekly 1.5 - 2 hours of individual supervision per 1.0 FTE and pro-rated as allowed by the Best Practice Standards.

NFP: LIA shall adhere to the NFP supervision requirements.

Written policies and procedures shall specify how reflective supervision is included in, or added to, that time to ensure provision for each home visitor at a minimum of one hour per month.

Engage and Coordinate with Community Members, Partners and Parents:

The LIA shall build a relationship with their local DHHS office. LIAs are expected to inform the DHHS worker for their assigned FFPSA families of the enrollment date, referral status within two weeks of referral, if a home visitor has not been able to connect with a family in two weeks, and closure date. LIA will coordinate with DHHS when approaching annual review for any enrolled FFPSA families.

The LIA shall ensure that there is a broad-based community advisory committee that is providing oversight for their specific model.

The LIA shall build upon and maintain diverse community collaboration and support with authentic engagement of parent representatives who have the lived experience and expertise.

The LIA shall participate in the Local Leadership Group (LLG) (if it is not the community advisory committee) or, if none, the Great Start Collaborative.

See the MDHHS Home Visiting Guidance Manual for requirements related to engagement with community partners.

Data Collection:

The LIA shall comply with all model and MDHHS data training, collection, entry and submission requirements. See the MDHHS Home Visiting Guidance Manual for

requirements related to data collection.

Quality Improvement (QI):

The LIA shall participate in all HV Model quality initiatives including research, evaluation, and continuous quality improvement.

The LIA shall participate in all state and local Home Visiting QI activities as required by MDHHS. Required activities include, but are not limited to:

- Developing and maintaining a QI team
- Participating in QI activities during the fiscal year.
- Consulting with QI coaches

See the MDHHS Home Visiting Guidance Manual for requirements related to QI.

Work Plan Requirements:

By June 30, the LIA must submit a Work Plan to the MDHHS Home Visiting mailbox (MDHHS-HVInitiative@michigan.gov) for preapproval. See the MDHHS Home Visiting Guidance Manual for requirements related to Work Plan development and reporting.

Promotional Materials:

If the LIA wishes to produce any marketing, advertising or educational materials using grant agreement funds, they must follow the requirements outlined in the MDHHS Home Visiting Guidance Manual.

PROJECT TITLE: Gonococcal Isolate Surveillance Project

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

This project will monitor trends in antimicrobial susceptibilities in *N. gonorrhoeae* via collection and submission of required specimens and data to the Centers for Disease Control and Prevention. Patient demographics and specimen phenotypes, particularly for non-susceptible specimens, will be characterized, and genetic markers associated with antimicrobial resistance will be identified and monitored using remnant NAATS.

Reporting Requirements (if different than agreement language):

Report	Period	Due Date(s)	How to Submit Report
Submit clinical and demographic data to CDC	Monthly	4 weeks after end of month	Via SAMS
Complete and submit shipping manifest	Monthly	First Monday of the following month	Paper copy with isolates, and electronic FTP report to ARLN
Collect and submit <i>N. gonorrhea</i> isolates	Monthly	First Monday of the following month	Ship to ARLN
Collect and submit remnant NAAT samples for gonorrhea-positive isolates above	Monthly	4 weeks after end of month	Ship directly to CDC STD-LRRB
Complete and submit annual progress report	Annually	90 days after end of grant period, or as defined by CDC	Collaborate with kentj3@michigan.gov
The number of culture specimens collected, and number of presumptive positive GC forwarded to CDC and their designated laboratories for further testing.	Quarterly	January 15, April 15, July 15, October 15	Written report submitted to kentj3@michigan.gov ;
Demographic and behavioral data to MDHHS for clients with GC positive isolates utilizing the CDC required format.	Quarterly	January 15, April 15, July 15, October 15	Written report submitted to kentj3@michigan.gov ;

Report of any specimen that exceeds the alert criteria: Ceftriaxone MIC \geq 0.125 μ g/ml Cefixime MIC \geq 0.25 μ g/ml Azithromycin MIC \geq 2.0 μ g/ml	Immediate	Per high-resistance specimen	Phone or email to Jim Kent 517-243-4932, kentj3@michigan.gov
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GRANTEE REQUIREMENTS

Grant Program Operation

1. Monitor trends in antimicrobial susceptibilities in *N. gonorrhoeae*.
2. Characterize patients with gonorrhea (GC), particularly those infected with *N. gonorrhoeae* that are not susceptible to recommended antimicrobials.
3. Phenotypically characterize antimicrobial-resistant isolates to describe the diversity of antimicrobial resistance in *N. gonorrhoeae*.
4. For male STI clinic patients suspected of having GC, collect a NAAT sample during the same visit as the urogenital sample collected above.
5. For the first 25 clients with positive isolates, submit culture specimens to CDC assigned Regional Laboratory for further testing; and associated demographic and behavioral data to the CDC and MDHHS at agreed intervals.
6. For the first 25 clients with positive isolates, submit residual NAAT specimens directly to CDC molecular laboratory.
7. Monitor and track clinic totals including
 - a. Number of men with urethral sample collected and tested for gonorrhea (positive and negative)
 - b. Number of gonococcal isolates submitted to Region Laboratory
 - c. Number of isolates found by Regional Laboratory to be non-viable or contaminated.
 - d. Percentage of monthly isolate batches shipped to Regional Laboratory within one week after the end of the month
 - e. Percentage of monthly demographic data transmissions submitted to CDC within one month after the end of the month
 - f. Percentage of collected isolates that include a) age, b) gender of sex partner, c) HIV status, d) antibiotic use, and d) treatment

- g. Number of remnants NAAT samples submitted to CDC
- h. Number of remnants NAAT testing positive, negative, or equivocal

Technical Assistance

1. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
2. Recipient agency must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov

PROJECT: Harm Reduction Support Services

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

Grantees and subrecipients of these funds are authorized by the State of Michigan to distribute syringes for the purposes of preventing the transmission of communicable diseases. These dollars will be used by the grantee to plan and implement syringe service programs within their jurisdictions. Grantees will develop policies and protocols following best practice guidance with respect to client registration, supply disposal and supply distribution, education of participants, staff training, referral to substance use treatment, referral or testing for infectious diseases, and provision of naloxone for overdose prevention.

Reporting Requirements (if different than contract language)

Grantees will be enrolled and submitting service delivery data to the Syringe Service Program Utilization Platform (SUP)

Grantees will participate on monthly conference calls to discuss the state of SSP in Michigan, share successes, challenges, and best practices

Any additional requirements (if applicable)

- Funds may not be used to buy sterile needles or syringes
- Grantees must establish relationships to link clients to care for substance use disorder treatment
- Grantees must be able to provide clients with naloxone
- If sites are performing HIV and/or HCV testing, grantees should establish relationships to link clients to care for HIV and/or HCV follow-up testing and treatment.
- If sites are not performing HIV and or/HIV testing, grantees should establish relationships to refer clients to HIV and/or HCV testing.

PROJECT TITLE: HIV Care Coordination

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved. The program provides funding to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

Reporting Requirements:

1. The Grantee shall permit the Division of HIV/STI Programs (DHSP) or its designee to conduct site visits and to formulate an evaluation of the project.
2. The Grantee and its subcontractors are required to use the HRSA-supported software CW to enter client and service data into the centrally managed database on a secure server. The Grantee must:
 - a. Enter all Ryan White services delivered to HIV-infected and affected clients.
 - b. Enter all data by the 10th of the following month.
 - c. Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.
3. To complete the Ryan White Services Report (RSR), a Health Resources and Services Administration (HRSA) required annual data report, the Grantee must assure that all CAREWare data is complete, cleaned, and entered into the HRSA Electronic Handbook. RSR submission requirements include:
 - a. The RSR shall have no more than 5% missing data variables.
 - b. The Department validates the data within the Grantee's RSR submission before receipt by HRSA.
 - c. Data in CAREWare must be checked and validated every quarter.

Grantee Report Submission Schedule

Report	Period	Due Date(s)	How to Submit Report
All Agencies: Ryan White services delivered to HIV-infected and affected clients	Monthly	10 th of the following month	Enter into CAREWare (CW)
All Agencies: Ryan White Services Report (RSR)	Annual	Generally, Grantee submission will open in early February and close early March.	Submission to HRSA through Electronic Handbook (EHB)
All Ryan White federally funded agencies providing at least one core medical service: Quality Management Plan	Annual	December 31 st	Email report to MDHHS-HIVSTIoperations@mi.chigan.gov
All Ryan White federally funded agencies: Complete and submit at least one Plan-Do-Study-Act worksheets to document progress of QI project	10/1/22 – 9/30/23	As completed over contract year	Email report to MDHHS-HIVSTIoperations@mi.chigan.gov
All Agencies: Complete quarterly workplan progress reports	Quarterly	Thirty days after the end of the budget period	Submit in EGrAMS Email report to MDHHS-HIVSTIoperations@mi.chigan.gov
All Ryan White federally funded agencies: FY23 actual expenditures by service category, program income, and administrative costs through the RW Reporting Tool	Quarterly	Thirty days after the end of the budget period	Attached to quarterly FSR
All Ryan White federally funded agencies: RW Form 2100 and RW Form 2300	Annually	December 31 st	Uploaded to EGrAMS Portal Agency Profile

*Reports and information shall be submitted to the Division of HIV/STI Programs (DHSP).

Please refer to the table for where to submit reports and information.

Any additional requirements:

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal money.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Fees

The Grantee must establish and implement a process to ensure that they are maximizing third party reimbursements, including:

- a. Requirement, in agreement, that the Grantee maximize and monitor third party reimbursements.
- b. Requirement that Grantee document, in client record, how each client has been screened for and enrolled in eligible programs.
- c. Monitoring to determine that Ryan White is serving as the payer of last resort, including review of client records and documentation of billing, collection policies and procedures, and information on third party contracts.
- d. Grantee must adhere to the [National Monitoring Standards for Ryan White Part B Grantees: Program](#) and the [National Monitoring Standards for Ryan White Grantees: Fiscal](#); and bill for services that are billable in accordance with the above.
- e. Ensure appropriate billing, tracking, and reporting of program income to support appropriate use for program activities.
- f. Program income is added to funding provided by the State of Michigan for the budget period and used to advance eligible program objectives.
- g. Provide a report detailing the expenditure and reinvestment of program income in the program (template will be provided by MDHHS).

Grant Program Operation

1. The Grantee will participate in the Department needs assessment and planning activities, as requested.
2. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, trainings, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by the Department.
3. The Grantee is responsible for ensuring that staff retain minimum educational requirements for staff positions and are proficient in Ryan White-funded service delivery in their respective roles within the organization. Ensure that Ryan White funded staff receive MDHHS required case management training within one (1) year of hire.
4. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - a. Have policies and procedures to ensure time and effort reporting.
 - b. Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - c. Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for Ryan White funds must match the percentage claimed on the Ryan White FSR for the same period.
 - d. Submit a budget modification to the Department in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
5. The Grantee must submit all details on advertising campaigns (print and social media) completed via the quarterly workplan progress report submission in EGrAMS.
6. The Grantee must include the following language in all Client Consent and Release of Information forms used for services in this agreement:

“Consent for the collection and sharing of client information to providers for persons living with HIV under the Ryan White Program provided through (grantee name) is mandated to collect certain personal information that is entered and saved in a federal data system called CAREWare. CAREWare records are maintained in an encrypted and secure statewide database. I understand that some limited information in the electronic data may be shared with other

agencies if they also provide me with services and are part of the same care and data network for the purpose of informing and coordinating my treatment and benefits that I receive under this Program. The CAREWare database program allows for certain medical and support service information to be shared among providers involved with my care, this includes but is not limited to health information, medical visits, lab results, medications, case management, transportation, Housing Opportunities for Persons with AIDS (HOPWA) program, substance abuse, and mental health counseling. I acknowledge that if I fail to show for scheduled medical appointments, I may be contacted by an authorized representative of (grantee name) in order to re-engage and link me back to care.”

7. The Grantee must notify the Continuum of Care Unit staff at MDHHS-HIVSTIoperations@michigan.gov **within 7 business days** if a core medical or support service category is added or removed from the Ryan White services previously approved by DHSP. An approval from DHSP is required **prior** to the change being implemented.
8. The Grantee must adhere to security measures when working with client information and must:
 - a. Not email individual health information either internally or externally.
 - b. Keep all printed materials in locked storage cabinets in locked rooms.
 - c. Provide written documentation of annual Security and Confidentiality training for all staff regarding the Health Insurance Portability Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH), and the Michigan Public Health Code.
 - d. Maintain the standards of CDC’s Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs. **CDC Website:**
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>.
9. The Grantee will complete the collection of all required data variables and clean-up any missing data or service activities by the 10th day after the end of each calendar month.
10. Subrecipient quality management program should:
 - a. Include: leadership support, dedicated staff time for QM activities, participation of staff from various disciplines, ongoing review of performance measure data and assessment of consumer satisfaction.

- b. Include consumer engagement which includes, but is not limited to, agency-level consumer advisory board, participation on quality management committee, focus groups and consumer satisfaction surveys.
 - c. Include conduction of at least one quality improvement (QI) project throughout the year, using the Plan-Do-Study-Act (PDSA) method to document progress. This QI project must be aimed at improving client care, client satisfaction, or health outcomes.
11. If the Grantee is federally funded for Ryan White services (one of which is a core medical service), the Grantee will develop and/or revise a Quality Management Plan (QMP) annually, to be kept on file at agency. QM Plans must contain these eleven components:
- a. Quality statement
 - b. Quality infrastructure
 - c. Annual quality goals
 - d. Capacity building
 - e. Performance measurement
 - f. Quality improvement
 - g. Engagement of stakeholders
 - h. Procedures for updating the QM plan
 - i. Communication
 - j. Evaluation
 - k. Work Plan
12. The Grantee must consult and adhere to the Policy Clarification Notice (PCN) #16-02 established by Health Resources and Services Administration (HRSA). PCN #16-02 describes the core medical and support services that HRSA considers allowable uses of Ryan White grant funds and the individuals eligible to receive those services. A copy of the revised PCN 16-02 is available at this [link](#).

HRSA Unallowable Costs:

*An expanded list of “unallowable” grant costs is available in the PCN 16-02.

- a. HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where a direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.
- b. Off-premises social or recreational activities (movies, vacations, gym memberships, parties, retreats)
- c. Medical Marijuana

- d. Purchase or improve land or permanently improve buildings
- e. Direct cash payments or cash reimbursements to clients
- f. Clinical Trials: Funds may not be used to support the costs of operating clinical trials of investigational agents or treatments (to include administrative management or medical monitoring of patients)
- g. Clothing: Purchase of clothing
- h. Employment Services: Support employment, vocational rehabilitation, or employment-readiness services.
- i. Funerals: Funeral, burial, cremation, or related expenses
- j. Household Appliances
- k. Mortgages: Payment of private mortgages
- l. Needle Exchange: Syringe exchange programs, Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- m. International travel
- n. The purchase or improvement of land
- o. The purchase, construction, or permanent improvement of any building or other facility
- p. Pets: Pet food or products
- q. Taxes: Paying local or state personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)
- r. Vehicle Maintenance: Direct maintenance expense (tires, repairs, etc.) of a privately-owned vehicle or any additional costs associated with a privately-owned vehicle, such as a lease, loan payments, insurance, license or registration fees
- s. Water Filtration: Installation of permanent systems of filtration of all water entering a private residence unless in communities where issues of water safety exist.
- t. It is unallowable to divert program income (income generated from charges/ fees and copays from Medicare, Medicaid, other third-party payers collected to cover RW services provided) toward general agency costs or to use it for general

purposes.

- u. Pre-Exposure Prophylaxis (PrEP) HIV/AIDS BUREAU POLICY 16-02
- v. Non-occupational Post-Exposure Prophylaxis (nPEP).
- w. General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

* HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Personnel Systems Access/Transfer/Terminations

1. New staff needing access to CAREWare are required to submit the CAREWare user request form through [SHOARS](#).
2. As required by NIST SP 800-53 Details - PS-7e, the Grantee must notify MDHHS designated personnel in writing of any personnel transfers or terminations of personnel who possess information system privileges within CAREWare or MIDAP online data systems within 24 hours of change.
 - a. The Grantee shall notify **MDHHS immediately** via email at MDHHS-HIVSTloperations@michigan.gov of CAREWare users who are separated from the agency for deactivation.

Record Maintenance/Retention

1. The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.
2. The Grantee will maintain client files and charts from last date of service plus seven (7) years. For minors, Grantee will maintain client files and records from last date of service and until minor reaches the age of 18, whichever is longer, plus
3. seven (7) years.

Software Compliance

1. The Grantee and its subcontractors are required to use the HRSA-supported software CAREWare to enter client and service data into the centrally managed database on a secure server. The Grantee must:
 - a. Enter all Ryan White services delivered to HIV-infected and affected clients.
 - b. Enter all data by the 10th of the following month.
 - c. Successfully create, run, and document the results of their HRSA RSR report in CAREWare in order to receive relevant support from data managers by the 10th of the following month. Documentation is to include with identifying information omitted:
 - i. Missing records as depicted in the RSR Viewer module in CAREWare
 - ii. A list of alert, warning, and error messages as depicted in the RSR Validation Report module in CAREWare
 - iii. Efforts or decisions (including collaboration with MDHHS) to resolve missing data or error messages as applicable
 - d. Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.
2. The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:
 - a. Regular back-up of client records with back-up files stored in a secure location.
 - b. Use of passwords to prevent unauthorized access to the computer or Client Level Data program.
 - c. Use of virus protection software to guard against computer viruses.
3. Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning sharing and Secured Electronic Data.
4. New staff needing access to CAREWare are required to submit the CAREWare user request form through [SHOARS](#).
5. As required by NIST SP 800-53 Details - PS-7e, the Grantee must notify MDHHS designated personnel in writing of any personnel transfers or terminations of personnel who possess information system privileges within CAREWare or MIDAP online data systems within 24 hours of change.
 - a. The Grantee shall notify **MDHHS immediately** via email at [MDHHS-](#)

HIVSTloperations@michigan.gov of CAREWare users who are separated from the agency for deactivation.

6. The Grantee shall as be required by HRSA submit the [Ryan White HIV/AIDS Program Services Report \(RSR\)](#) for the previous calendar year. The Grantee is required to use the HRSA Electronic Handbook (EHB) portal for their submission:
 - a. The Grantee shall acquire access to their agency's Grant Contract Management System (GCMS) and their Provider Report prior to January when notified by HRSA of the required federal report.
 - b. The Grantee is required to provide access to all staff and personnel responsible for reviewing and completing the RSR.
 - c. The Grantee as per HRSA standards and compliance are mandated to require relevant staff members to update their EHB account passwords as dictated by HRSA email notifications.
 - d. The Grantee is mandated to update or add contact information for staff responsible for completing and/or submitting the RSR and to notify MDHHS of any changes in personnel **immediately**.
 - e. The Grantee shall correspond with MDHHS staff including data management users to compare units of service provided to the funded services listed on the EHB.
 - f. The Grantee shall notify **MDHHS immediately** if there are any discrepancies between the funding sources and services listed for their agency's report on the Electronic Handbook (EHB) and their agency's contracts and records.
 - g. The Grantee shall in these circumstances contact Ryan White Data Support by [email](#) or by phone number (1-888-640-9356) between the hours of 10 am – 6:30 pm Eastern Standard Time (EST) on weekdays regarding the HRSA EHB GCMS and/or RSR:
 - i. Issues with account lockouts, lost credentials, or account creation
 - ii. Issues with accessing the GCMS through the HRSA EHB
 - iii. Issues with accessing the Provider Report through the HRSA
 - iv. Technical issues regarding functionality of the EHB portal
 - h. The Grantee shall attend webinars and instructional sessions to answer questions about the RSR; Grantee shall utilize tools provided by data

management users to check on the accuracy and completeness of their client level data (CLD) on a monthly basis leading up to the RSR. These include but are not limited to:

- i. TargetHIV/DISQ webinars regarding the RSR
 - ii. HRSA produced documentation and manuals on RSR reporting requirements for the calendar year
 - iii. Manuals on utilizing CAREWare for completing the RSR
 - iv. PowerPoint presentations on aspects of the RSR
 - v. Staff invitations to Teams meetings and breakout sessions to answer questions regarding the RSR
 - vi. CAREWare custom reports and financial reports designed to assess:
 - 1. The number of eligible clients
 - 2. The number of eligible clients that need to be marked as such
 - 3. Services provided by the Grantee
 - 4. CLD on ZIP codes, ethnicity, and other features
 - vii. Emails from MDHHS staff regarding the above but also including:
 - 1. Updates on HRSA reporting requirements
 - 2. New information provided from HRSA
 - 3. Other resources HRSA is providing/will provide
7. The Grantee shall after notification from MDHHS staff including data management users implement needed corrections and additions to CLD in CAREWare to ensure compliance with HRSA federal reporting standards.

Mandatory Disclosures

1. The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:
 - a. Any formal grievance initiated by a client and subsequent resolution of that grievance.
 - b. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor

employees.

- c. Any staff vacancies funded for this project that exceed 30 days. All notifications should be made to DHSP by MDHHS-HIVSTIoperations@michigan.gov.

Technical Assistance

1. Technical assistance (TA) may be requested on the implementation of the Ryan White program. This may include issues related to: CAREWare, Quality Management, Ryan White B services, Budget/Fiscal, Grants and Contracts, ADAP, or other activities related to carrying out Ryan White activities.
2. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
3. Grantee must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov.

ASSURANCES

Compliance with Applicable Laws

1. The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.
2. Ryan White is payer of last resort; as such, the Grantee must adhere to the [Public Health Service \(PHS\) Act](#).
3. The Grantee should have procedures to protect the confidentiality and security of client information.

PROJECT TITLE: HIV Data to Care

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Data to Care (D2C) is a Centers for Disease Control (CDC) program specifically focused on people living with HIV (PLWH) that are not engaged in care. D2C employs an intensive individualized outreach program which works to eliminate barriers (transportation, insurance, access/knowledge of access to medical care, stigma-related mental health issues, etc.) to accessing care through a combination of referrals and linkage to existing Early Intervention Services (EIS) providers, Ryan White Service providers and other community services. D2C is an essential program that facilitates access to HIV treatment.

Reporting Requirements:

The Grantee shall maintain up to date information in CAREWare (CW) in preparation for evaluation:

Report	Period	Due Date(s)	How to Submit Report
NIC client level data and services provided list	Monthly	10 th of the following month	Enter into CAREWare
All Funded agencies: Complete quarterly workplan progress reports	Quarterly	30 days after the end of the budget period	Email report to MDHHS-HIVSTIoperations@michigan.gov
All Agencies: Ryan White Services Report (RSR)	Annual	Generally, Grantee submission will open in early February and close early March.	Submission to HRSA through Electronic Handbook (EHB)
All Agencies: FY23 actual expenditures by service category, program income, and administrative costs through the RW Reporting Tool	Monthly	Thirty days after the end of the budget period	Attached to monthly FSR

1. To complete the Ryan White Services Report (RSR), a Health Resources and Services Administration (HRSA) required annual data report, the Grantee must assure that all CW data is complete, cleaned, and entered into an online form via the HRSA EHB. RSR submission requirements include:
 - a. The RSR shall have no more than 5% missing data variables.
 - b. Exact dates for the Grantee submission will be provided by the Department each reporting year.
 - c. The Department validates the data within the Grantee's RSR submission before receipt by HRSA.
 - d. Data in CAREWare must be checked and validated every quarter.
2. Reports and information shall be submitted to the Division of HIV/STI Programs (DHSP). Please refer to the table for where to submit reports and information.
3. The Grantee shall permit the Division of HIV/STI Programs (DHSP) or its designee to conduct site visits and to formulate an evaluation of the project.

Any additional requirements:

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal money.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Fees

The Grantee must establish and implement a process to ensure that they are maximizing third party reimbursements, including:

- a. Requirement, in agreement, that the Grantee maximize and monitor third party

reimbursements.

- b. Requirement that Grantee document, in client record, how each client has been screened for and enrolled in eligible programs.
- c. Monitoring to determine that Ryan White is serving as the payer of last resort, including review of client records and documentation of billing, collection policies and procedures, and information on third party contracts.
- d. Grantee must adhere to the [National Monitoring Standards for Ryan White Part B Grantees: Program](#) and the [National Monitoring Standards for Ryan White Grantees: Fiscal](#); and bill for services that are billable in accordance with the above.
- e. Ensure appropriate billing, tracking, and reporting of program income to support appropriate use for program activities.
- f. Program income is added to funding provided by the State of Michigan for the budget period and used to advance eligible program objectives.
- g. Provide a report detailing the expenditure and reinvestment of program income in the program (template will be provided by MDHHS).

Grant Program Operation

- 1. If Grantee is receiving NIC list via secure transfer (e.g. DCH file transfer):
 - a. Grantees must enter NIC lists into CW.
 - b. Grantees must maintain password protected NIC lists on secure server locations and not in any portable storage devices.
 - c. Grantees must store NIC lists on shared servers and not on desktops or personal computers.
 - d. Grantees must transmit updated surveillance data to MDHHS in pre-approved secure manners (e.g. DCH file transfer).
 - e. If NIC lists or partial lists are sent via US Mail, list size must not exceed 10 individuals in a given mailing and words indicating HIV infection must not be contained in the sent documents.
- 2. If Grantee is receiving NIC list via direct CW import, grantee must complete necessary fields in CW for transfer back to Surveillance.
- 3. Grantees must not email NIC lists or individual health information contained on

NIC lists either internally or externally.

4. The Grantee must adhere to security measures when working with client information and must:
 - a. Not email individual health information either internally or externally.
 - b. Keep all printed materials in locked storage cabinets in locked rooms.
 - c. Provide written documentation of annual Security and Confidentiality training for all staff regarding the Health Insurance Portability Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH), and the Michigan Public Health Code.
 - d. Maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>.
5. Grantees will document all data sharing agreements and share a copy with the Department. The data sharing agreements may be emailed to MDHHS-HIVSTIoperations@michigan.gov
6. Grantees must provide written documentation of annual Security and Confidentiality training for all staff that have access to NIC lists.
7. Grantees will maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs,
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>
8. The Grantee will participate in the DHSP needs assessment and planning activities, as requested.
 - a. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by the DHSP.
 - b. The Grantee will use CW to report program activities, the Grantee must include the following language in all Client Consent and Release of Information forms used for services in this agreement: "I also understand that some limited information in the electronic data may be shared with other agencies if they also provide me with services and are part of the same care and data network. [AGENCY] is mandated to collect certain personal information that is entered

and saved in a database system called CAREWare. CW records are maintained in an encrypted and secure statewide database. The CW database program allows for certain medical and support service information to be shared among providers involved with your care, this includes but is not limited to medical visits, lab results, medications, case management, transportation, substance abuse, and mental health counseling.

9. The Grantee must notify the Continuum of Care Unit staff at MDHHS-HIVSTloperations@michigan.gov **within 7 business days** if a core medical or support service category is added or removed from the Ryan White services previously approved by DHSP. An approval from DHSP is required **prior** to the change being implemented.
10. The Grantee must adhere to security measures when working with client information and must:
 - a. Not email individual health information either internally or externally.
 - b. Keep all printed materials in locked storage cabinets in locked rooms.
 - c. Provide written documentation of annual Security and Confidentiality training for all staff regarding the Health Insurance Portability Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH), and the Michigan Public Health Code.
 - d. Maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs. **CDC Website:**
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>.
11. In CW, the Grantee will complete the collection of all required data variables and clean-up any missing data or service activities by the 10th day after the end of each calendar month.
12. The Grantee must consult and adhere to the Policy Clarification Notice (PCN) #16-02 established by Health Resources and Services Administration (HRSA). PCN #16-02 describes the core medical and support services that HRSA considers allowable uses of Ryan White grant funds and the individuals eligible to receive those services. A copy of the revised PCN 16-02 is available at this [link](#).

HRSA Unallowable Costs:

*An expanded list of "unallowable" grant costs is available in the PCN 16-02.

- a. HRSA RWHAP funds may not be used to make cash payments to intended clients

of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where a direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

- b. Off-premises social or recreational activities (movies, vacations, gym memberships, parties, retreats)
- c. Medical Marijuana
- d. Purchase or improve land or permanently improve buildings
- e. Direct cash payments or cash reimbursements to clients
- f. Clinical Trials: Funds may not be used to support the costs of operating clinical trials of investigational agents or treatments (to include administrative management or medical monitoring of patients)
- g. Clothing: Purchase of clothing
- h. Employment Services: Support employment, vocational rehabilitation, or employment-readiness services.
- i. Funerals: Funeral, burial, cremation, or related expenses
- j. Household Appliances
- k. Mortgages: Payment of private mortgages
- l. Needle Exchange: Syringe exchange programs, Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- m. International travel
- n. The purchase or improvement of land
- o. The purchase, construction, or permanent improvement of any building or other facility
- p. Pets: Pet food or products
- q. Taxes: Paying local or state personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)

- r. Vehicle Maintenance: Direct maintenance expense (tires, repairs, etc.) of a privately-owned vehicle or any additional costs associated with a privately-owned vehicle, such as a lease, loan payments, insurance, license or registration fees
- s. Water Filtration: Installation of permanent systems of filtration of all water entering a private residence unless in communities where issues of water safety exist.
- t. It is unallowable to divert program income (income generated from charges/ fees and copays from Medicare, Medicaid, other third-party payers collected to cover RW services provided) toward general agency costs or to use it for general purposes.
- u. Pre-Exposure Prophylaxis (PrEP) HIV/AIDS BUREAU POLICY 16-02
- v. Non-occupational Post-Exposure Prophylaxis (nPEP).
- w. General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

* HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Personnel Systems Access/Transfer/Terminations

- 1. New staff needing access to CAREWare are required to submit the CAREWare user request form through [SHOARS](#).
- 2. As required by NIST SP 800-53 Details - PS-7e, the Grantee must notify MDHHS designated personnel in writing of any personnel transfers or terminations of personnel who possess information system privileges within CAREWare or MIDAP online data systems within 24 hours of change.
 - a. The Grantee shall notify **MDHHS immediately** via email at MDHHS-HIVSToperations@michigan.gov of CAREWare users who are separated from the agency for deactivation.

Record Maintenance/Retention

- 1. The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program

activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.

2. The Grantee will maintain client files, charts, and electronic records from last date of service plus seven (7) years. For minors, Grantee will maintain client files and records from last date of service and until minor reaches the age of 18, whichever is longer, plus seven (7) years.

Software Compliance

1. The Grantee and its subcontractors are required to use the HRSA-supported software CAREWare to enter client and service data into the centrally managed database on a secure server. The Grantee must:
 - a. Enter all Ryan White services delivered to HIV-infected and affected clients.
 - b. Enter all data by the 10th of the following month.
 - c. Successfully create, run, and document the results of their HRSA RSR report in CAREWare in order to receive relevant support from data managers by the 10th of the following month. Documentation is to include with identifying information omitted:
 - Missing records as depicted in the RSR Viewer module in CAREWare
 - A list of alert, warning, and error messages as depicted in the RSR Validation Report module in CAREWare.
 - Efforts or decisions (including collaboration with MDHHS) to resolve missing data or error messages as applicable
 - d. Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.
2. The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:
 - a. Regular back-up of client records with back-up files stored in a secure location.
 - b. Use of passwords to prevent unauthorized access to the computer or Client Level Data program.
 - c. Use of virus protection software to guard against computer viruses.

3. Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning sharing and Secured Electronic Data.
4. New staff needing access to CAREWare are required to submit the CAREWare user request form through [SHOARS](#).
5. As required by NIST SP 800-53 Details - PS-7e, the Grantee must notify MDHHS designated personnel in writing of any personnel transfers or terminations of personnel who possess information system privileges within CAREWare or MIDAP online data systems within 24 hours of change.
 - a. The Grantee shall notify **MDHHS immediately** via email at MDHHS-HIVSToperations@michigan.gov of CAREWare users who are separated from the agency for deactivation.
6. The Grantee shall as be required by HRSA submit the [Ryan White HIV/AIDS Program Services Report \(RSR\)](#) for the previous calendar year. The Grantee is required to use the HRSA Electronic Handbook (EHB) portal for their submission:
 - a. The Grantee shall acquire access to their agency's Grant Contract Management System (GCMS) and their Provider Report prior to January when notified by HRSA of the required federal report.
 - b. The Grantee is required to provide access to all staff and personnel responsible for reviewing and completing the RSR.
 - c. The Grantee as per HRSA standards and compliance are mandated to require relevant staff members to update their EHB account passwords as dictated by HRSA email notifications.
 - d. The Grantee is mandated to update or add contact information for staff responsible for completing and/or submitting the RSR and to notify MDHHS of any changes in personnel **immediately**.
 - e. The Grantee shall correspond with MDHHS staff including data management users to compare units of service provided to the funded services listed on the EHB.
 - f. The Grantee shall notify **MDHHS immediately** if there are any discrepancies between the funding sources and services listed for their agency's report on the Electronic Handbook (EHB) and their agency's contracts and records.
 - g. The Grantee shall in these circumstances contact Ryan White Data Support by [email](#) or by phone number (1-888-640-9356) between the hours of 10 am – 6:30 pm Eastern Standard Time (EST) on weekdays regarding the HRSA EHB GCMS and/or RSR:

- Issues with account lockouts, lost credentials, or account creation
 - Issues with accessing the GCMS through the HRSA EHB
 - Issues with accessing the Provider Report through the HRSA
 - Technical issues regarding functionality of the EHB portal
- h. The Grantee shall attend webinars and instructional sessions to answer questions about the RSR; Grantee shall utilize tools provided by data management users to check on the accuracy and completeness of their client level data (CLD) on a monthly basis leading up to the RSR. These include but are not limited to:
- TargetHIV/DISQ webinars regarding the RSR
 - HRSA produced documentation and manuals on RSR reporting requirements for the calendar year
 - Manuals on utilizing CAREWare for completing the RSR
 - PowerPoint presentations on aspects of the RSR
 - Staff invitations to Teams meetings and breakout sessions to answer questions regarding the RSR
 - CAREWare custom reports and financial reports designed to assess:
 1. The number of eligible clients
 2. The number of eligible clients that need to be marked as such
 3. Services provided by the Grantee
 4. CLD on ZIP codes, ethnicity, and other features
 - Emails from MDHHS staff regarding the above but also including:
 1. Updates on HRSA reporting requirements
 2. New information provided from HRSA
 3. Other resources HRSA is providing/will provide
- i. The Grantee shall after notification from MDHHS staff including data management users implement needed corrections and additions to CLD in CAREWare to ensure compliance with HRSA federal reporting standards.

Mandatory Disclosures

1. The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:
 - a. Any formal grievance initiated by a client and subsequent resolution of that grievance.
 - b. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
 - c. Any staff vacancies funded for this project that exceed 30 days. All notifications should be made to DHSP by MDHHS-HIVSTIoperations@michigan.gov.

Technical Assistance

1. Technical assistance (TA) may be requested on the implementation of the Ryan White program. This may include issues related to: CAREWare, Quality Management, Ryan White B services, Budget/Fiscal, Grants and Contracts, ADAP, or other activities related to carrying out Ryan White activities.
2. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
3. Grantee must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov.

4.

ASSURANCES

Compliance with Applicable Laws

1. The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.
2. Ryan White is payer of last resort; as such, the Grantee must adhere to the [Public Health Service \(PHS\) Act](#).
3. The Grantee should have procedures to protect the confidentiality and security of client information.

PROJECT TITLE: HIV Housing Assistance

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The HIV Housing Assistance project will work to address issues related to housing for people living with HIV (PLWH). Housing has been shown as a significant barrier to achieving viral load suppression and this project will help provide support to PLWH to access stable housing to address this barrier and achieve positive outcomes.

Reporting Requirements:

1. The Grantee shall permit the Division of HIV/STI Programs (DHSP) or its designee to conduct site visits and to formulate an evaluation of the project.
2. The Grantee and its subcontractors are required to use the HRSA-supported software CW to enter client and service data into the centrally managed database on a secure server. The Grantee must:
 - a. Enter all Ryan White services delivered to HIV-infected and affected clients.
 - b. Enter all data by the 10th of the following month.
 - c. Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.

Grantee Report Submission Schedule

Report	Period	Due Date(s)	How to Submit Report
All Agencies: Ryan White services delivered to HIV-infected and affected clients	Monthly	10 th of the following month	Enter into CAREWare (CW)
All Funded agencies: Complete quarterly workplan progress reports	Quarterly	Thirty days after the end of the budget period	Submit in EGrAMS Email report to MDHHS-HIVSTIoperations@mi.chigan.gov
All Ryan White federally funded agencies: FY23 actual expenditures by service category, program income, and	Quarterly	Thirty days after the end of the budget period	Attached to quarterly FSR

Report	Period	Due Date(s)	How to Submit Report
administrative costs through the RW Reporting Tool			
All Ryan White federally funded agencies: RW Form 2100 and RW Form 2300	Annually	December 31	Uploaded to EGrAMS Portal Agency Profile

- Reports and information shall be submitted to the Division of HIV/STI Programs (DHSP). Please refer to the table for where to submit reports and information.

Any additional requirements:

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal money.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Fees

The Grantee must establish and implement a process to ensure that they are maximizing third party reimbursements, including:

- a. Requirement, in agreement, that the Grantee maximize and monitor third party reimbursements.
- b. Requirement that Grantee document, in client record, how each client has been screened for and enrolled in eligible programs.
- c. Monitoring to determine that Ryan White is serving as the payer of last resort, including review of client records and documentation of billing, collection policies and procedures, and information on third party contracts.
- a. Grantee must adhere to the [National Monitoring Standards for Ryan White Part B Grantees: Program](#) and the [National Monitoring Standards for Ryan White Grantees: Fiscal](#); and bill for services that are billable in accordance with the

above.

- b. Ensure appropriate billing, tracking, and reporting of program income to support appropriate use for program activities.
- c. Program income is added to funding provided by the State of Michigan for the budget period and used to advance eligible program objectives.
- d. Provide a report detailing the expenditure and reinvestment of program income in the program (template will be provided by MDHHS).

Grant Program Operation

- 1. The Grantee will participate in the Department needs assessment and planning activities, as requested.
- 2. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, trainings, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by the Department.
- 3. The Grantee is responsible for ensuring that staff retain minimum educational requirements for staff positions and are proficient in Ryan White-funded service delivery in their respective roles within the organization. Ensure that Ryan White funded staff receive MDHHS required case management training within one (1) year of hire.
- 4. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - a. Have policies and procedures to ensure time and effort reporting.
 - b. Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - c. Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for Ryan White funds must match the percentage claimed on the Ryan White FSR for the same period.
 - d. Submit a budget modification to the Department in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
- 5. The Grantee must submit all details on advertising campaigns (print and social media) completed via the quarterly workplan progress report submission in

EGrAMS.

6. If Grantee is receiving NIC list via secure transfer (e.g. DCH file transfer):
 - a. Grantees must enter NIC lists into CW.
 - b. Grantees must maintain password protected NIC lists on secure server locations and not in any portable storage devices.
 - c. Grantees must store NIC lists on shared servers and not on desktops or personal computers.
 - d. Grantees must transmit updated surveillance data to MDHHS in pre-approved secure manners (e.g. DCH file transfer).
 - e. If NIC lists or partial lists are sent via US Mail, list size must not exceed 10 individuals in a given mailing and words indicating HIV infection must not be contained in the sent documents.
 - f. If Grantee is receiving NIC list via direct CW import, grantee must complete necessary fields in CW for transfer back to Surveillance.
 - g. Grantees must not email NIC lists or individual health information contained on NIC lists either internally or externally.
7. The Grantee must adhere to security measures when working with client information and must:
 - a. Not email individual health information either internally or externally.
 - b. Keep all printed materials in locked storage cabinets in locked rooms.
 - c. Provide written documentation of annual Security and Confidentiality training for all staff regarding the Health Insurance Portability Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH), and the Michigan Public Health Code.
 - d. Maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>.
 - e. Grantees will document all data sharing agreements and share a copy with the Department. The data sharing agreements may be emailed to MDHHS-HIVSTloperations@michigan.gov

- f. Grantees must provide written documentation of annual Security and Confidentiality training for all staff that have access to NIC lists.
 - g. Grantees will maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs,
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>
8. The Grantee must adhere to security measures when working with client information and must:
- a. Not email individual health information either internally or externally.
 - b. Keep all printed materials in locked storage cabinets in locked rooms.
 - c. Provide written documentation of annual Security and Confidentiality training for all staff regarding the Health Insurance Portability Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH), and the Michigan Public Health Code.
 - d. Maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs. **CDC Website:**
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>.
9. The Grantee will complete the collection of all required data variables and clean-up any missing data or service activities by the 10th day after the end of each calendar month.
10. The Grantee must consult and adhere to the Policy Clarification Notice (PCN) #16-02 established by Health Resources and Services Administration (HRSA). PCN #16-02 describes the core medical and support services that HRSA considers allowable uses of Ryan White grant funds and the individuals eligible to receive those services. A copy of the revised PCN 16-02 is available at this [link](#).

HRSA Unallowable Costs:

*An expanded list of "unallowable" grant costs is available in the PCN 16-02.

- a. HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and

support services. Where a direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

- b. Off-premises social or recreational activities (movies, vacations, gym memberships, parties, retreats)
- c. Medical Marijuana
- d. Purchase or improve land or permanently improve buildings
- e. Direct cash payments or cash reimbursements to clients
- f. Clinical Trials: Funds may not be used to support the costs of operating clinical trials of investigational agents or treatments (to include administrative management or medical monitoring of patients)
- g. Clothing: Purchase of clothing
- h. Employment Services: Support employment, vocational rehabilitation, or employment-readiness services.
- i. Funerals: Funeral, burial, cremation, or related expenses
- j. Household Appliances
- k. Mortgages: Payment of private mortgages
- l. Needle Exchange: Syringe exchange programs, Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- m. International travel
- n. The purchase or improvement of land
- o. The purchase, construction, or permanent improvement of any building or other facility
- p. Pets: Pet food or products
- q. Taxes: Paying local or state personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)
- r. Vehicle Maintenance: Direct maintenance expense (tires, repairs, etc.) of a

privately-owned vehicle or any additional costs associated with a privately-owned vehicle, such as a lease, loan payments, insurance, license or registration fees

- s. Water Filtration: Installation of permanent systems of filtration of all water entering a private residence unless in communities where issues of water safety exist.
- t. It is unallowable to divert program income (income generated from charges/ fees and copays from Medicare, Medicaid, other third-party payers collected to cover RW services provided) toward general agency costs or to use it for general purposes.
- u. Pre-Exposure Prophylaxis (PrEP) HIV/AIDS BUREAU POLICY 16-02
- v. Non-occupational Post-Exposure Prophylaxis (nPEP).
- w. General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

* HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Personnel Systems Access/Transfer/Terminations

- 1. New staff needing access to CAREWare are required to submit the CAREWare user request form through [SHOARS](#).
- 2. As required by NIST SP 800-53 Details - PS-7e, the Grantee must notify MDHHS designated personnel in writing of any personnel transfers or terminations of personnel who possess information system privileges within CAREWare or MIDAP online data systems within 24 hours of change.
 - a. The Grantee shall notify **MDHHS immediately** via email at MDHHS-HIVSTIoperations@michigan.gov of CAREWare users who are separated from the agency for deactivation.

Record Maintenance/Retention

- 1. The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support

program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.

2. The Grantee will maintain client files and charts from last date of service plus seven (7) years. For minors, Grantee will maintain client files and records from last date of service and until minor reaches the age of 18, whichever is longer, plus seven (7) years.

Software Compliance

1. The Grantee and its subcontractors are required to use the HRSA-supported software CW to enter client and service data into the centrally managed database on a secure server.
2. The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:
 - a. Regular back-up of client records with back-up files stored in a secure location.
 - b. Use of passwords to prevent unauthorized access to the computer or Client Level Data program.
 - c. Use of virus protection software to guard against computer viruses.
3. Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning sharing and Secured Electronic Data.
4. New staff needing access to CAREWare are required to submit the CAREWare user request form through DHSP SHOARS.

Mandatory Disclosures

1. The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:
 - a. Any formal grievance initiated by a client and subsequent resolution of that grievance.
 - b. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.

- c. Any staff vacancies funded for this project that exceed 30 days.
2. All notifications should be made to DHSP by MDHHS-HIVSTloperations@michigan.gov

Technical Assistance

1. Technical assistance (TA) can be requested on the implementation of the Ryan White program. This may include issues related to: CAREWare, Quality Management, Ryan White B services, Budget/Fiscal, Grants and Contracts, ADAP, or other activities related to carrying out Ryan White activities.
2. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
3. Grantee must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov.

ASSURANCES

Compliance with Applicable Laws

1. The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.
2. Ryan White is payer of last resort; as such, the Grantee must adhere to the [Public Health Service \(PHS\) Act](#).
3. The Grantee should have procedures to protect the confidentiality and security of client information.

PROJECT TITLE: HIV/AIDS Linkage to Care

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

HIV/AIDS Linkage to Care is specifically focused on people living HIV (PLWH) that are not engaged in care. The Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care. The project eliminates barriers to accessing care (transportation, insurance, access/knowledge of access to medical care, stigma-related mental health issues, etc.) and funds linking the patient to care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

Reporting Requirements:

1. The Grantee shall permit the Division of HIV/STI Programs (DHSP) or its designee to conduct site visits and to formulate an evaluation of the project.
2. The Grantee and its subcontractors are required to use the HRSA-supported software CW to enter client and service data into the centrally managed database on a secure server. The Grantee must:
 - a. Enter all Ryan White services delivered to HIV-infected and affected clients.
 - b. Enter all data by the 10th of the following month.
 - c. Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.
3. The Grantee shall maintain up to date information in CAREWare (CW) in preparation for evaluation.
4. To complete the Ryan White Services Report (RSR), a Health Resources and Services Administration (HRSA) required annual data report, the Grantee must assure that all CAREWare data is complete, cleaned, and entered into the HRSA Electronic Handbook. RSR submission requirements include:
 - a. The RSR shall have no more than 5% missing data variables.
 - b. Exact dates for the Grantee submission will be provided by the Department each reporting year.
 - c. The Department validates the data within the Grantee's RSR submission

- before receipt by HRSA.
- d. Data in CAREWare must be checked and validated every quarter.

Grantee Report Submission Schedule

Report	Period	Due Date(s)	How to Submit Report
NIC client level data and services provided list	Monthly	10 th of the following month	Enter into CAREWare
All Agencies: Ryan White Services Report (RSR)	Annual	Generally, Grantee submission will open in early February and close early March.	Submission to HRSA through Electronic Handbook (EHB)
All Agencies: Complete quarterly workplan progress reports	Quarterly	Thirty days after the end of the budget period.	Email report to MDHHS-HIVSTIoperations@mi.chigan.gov
All Ryan White federally funded agencies: FY23 actual expenditures by service category, program income, and administrative costs through the RW Reporting Tool	Quarterly	Thirty days after the end of the budget period	Attached to quarterly FSR
All Ryan White federally funded agencies: RW Form 2100 and RW Form 2300	Annually	December 31, 2022	Uploaded to EGrAMS Portal Agency Profile

- Reports and information shall be submitted to the Division of HIV/STI Programs (DHSP). Please refer to the table for where to submit reports and information.

Any additional requirements:

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal

money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal money.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Fees

The Grantee must establish and implement a process to ensure that they are maximizing third party reimbursements, including:

- a. Requirement, in agreement, that the Grantee maximize and monitor third party reimbursements.
- b. Requirement that Grantee document, in client record, how each client has been screened for and enrolled in eligible programs.
- c. Monitoring to determine that Ryan White is serving as the payer of last resort, including review of client records and documentation of billing, collection policies and procedures, and information on third party contracts.
- d. Grantee must adhere to the [National Monitoring Standards for Ryan White Part B Grantees: Program](#) and the [National Monitoring Standards for Ryan White Grantees: Fiscal](#); and bill for services that are billable in accordance with the above.
- e. Ensure appropriate billing, tracking, and reporting of program income to support appropriate use for program activities.
- f. Program income is added to funding provided by the State of Michigan for the budget period and used to advance eligible program objectives.
- g. Provide a report detailing the expenditure and reinvestment of program income in the program (template will be provided by MDHHS).

Grant Program Operation

1. The Grantee will participate in the Department needs assessment and planning activities, as requested.
2. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, trainings, etc. The Grantee is highly encouraged

to participate in other training offerings and information-sharing opportunities provided by the Department.

3. The Grantee is responsible for ensuring that staff retain minimum educational requirements for staff positions and are proficient in Ryan White-funded service delivery in their respective roles within the organization. Ensure that Ryan White funded staff receive MDHHS required case management training within one (1) year of hire.
4. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - a. Have policies and procedures to ensure time and effort reporting.
 - b. Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - c. Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for Ryan White funds must match the percentage claimed on the Ryan White FSR for the same period.
 - d. Submit a budget modification to the Department in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
5. The Grantee must submit all details on advertising campaigns (print and social media) completed via the quarterly workplan progress report submission in EGrAMS.
6. If Grantee is receiving NIC list via secure transfer (e.g. DCH file transfer):
 - a. Grantees must enter NIC lists into CW.
 - b. Grantees must maintain password protected NIC lists on secure server locations and not in any portable storage devices.
 - c. Grantees must store NIC lists on shared servers and not on desktops or personal computers.
 - d. Grantees must transmit updated surveillance data to MDHHS in pre-approved secure manners (e.g. DCH file transfer).
 - e. If NIC lists or partial lists are sent via US Mail, list size must not exceed 10 individuals in a given mailing and words indicating HIV infection must not be contained in the sent documents.

- f. If Grantee is receiving NIC list via direct CW import, grantee must complete necessary fields in CW for transfer back to Surveillance.
 - g. Grantees must not email NIC lists or individual health information contained on NIC lists either internally or externally.
 - h. The Grantee must submit all details on advertising campaigns (print and social media) completed via the quarterly workplan progress report submission in EGrAMS.
7. The Grantee must include the following language in all Client Consent and Release of Information forms used for services in this agreement:
- “Consent for the collection and sharing of client information to providers for persons living with HIV under the Ryan White Program provided through (grantee name) is mandated to collect certain personal information that is entered and saved in a federal data system called CAREWare. CAREWare records are maintained in an encrypted and secure statewide database. I understand that some limited information in the electronic data may be shared with other agencies if they also provide me with services and are part of the same care and data network for the purpose of informing and coordinating my treatment and benefits that I receive under this Program. The CAREWare database program allows for certain medical and support service information to be shared among providers involved with my care, this includes but is not limited to health information, medical visits, lab results, medications, case management, transportation, Housing Opportunities for Persons with AIDS (HOPWA) program, substance abuse, and mental health counseling. I acknowledge that if I fail to show for scheduled medical appointments, I may be contacted by an authorized representative of (grantee name) in order to re-engage and link me back to care.”
- i. The Grantee must notify the Continuum of Care Unit staff at MDHHS-HIVSTloperations@michigan.gov **within 7 business days** if a core medical or support service category is added or removed from the Ryan White services previously approved by DHSP. An approval from DHSP is required **prior** to the change being implemented.
8. The Grantee must adhere to security measures when working with client information and must:
- a. Not email individual health information either internally or externally.
 - b. Keep all printed materials in locked storage cabinets in locked rooms.

- c. Provide written documentation of annual Security and Confidentiality training for all staff regarding the Health Insurance Portability Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH), and the Michigan Public Health Code.
- d. Maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>.
- e. Grantees will document all data sharing agreements and share a copy with the Department. The data sharing agreements may be emailed to MDHHS-HIVSTIoperations@michigan.gov
- f. Grantees must provide written documentation of annual Security and Confidentiality training for all staff that have access to NIC lists.
- g. Grantees will maintain the standards of CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs,
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>
- 9. The Grantee will complete the collection of all required data variables and clean-up any missing data or service activities by the 10th day after the end of each calendar month.
- 10. The Grantee must consult and adhere to the Policy Clarification Notice (PCN) #16-02 established by Health Resources and Services Administration (HRSA). PCN #16-02 describes the core medical and support services that HRSA considers allowable uses of Ryan White grant funds and the individuals eligible to receive those services. A copy of the revised PCN 16-02 is available at this [link](#).

HRSA Unallowable Costs:

*An expanded list of "unallowable" grant costs is available in the PCN 16-02.

- a. HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where a direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

- b. Off-premises social or recreational activities (movies, vacations, gym memberships, parties, retreats)
- c. Medical Marijuana
- d. Purchase or improve land or permanently improve buildings
- e. Direct cash payments or cash reimbursements to clients
- f. Clinical Trials: Funds may not be used to support the costs of operating clinical trials of investigational agents or treatments (to include administrative management or medical monitoring of patients)
- g. Clothing: Purchase of clothing
- h. Employment Services: Support employment, vocational rehabilitation, or employment-readiness services.
- i. Funerals: Funeral, burial, cremation, or related expenses
- j. Household Appliances
- k. Mortgages: Payment of private mortgages
- l. Needle Exchange: Syringe exchange programs, Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- m. International travel
- n. The purchase or improvement of land
- o. The purchase, construction, or permanent improvement of any building or other facility
- p. Pets: Pet food or products
- q. Taxes: Paying local or state personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)
- r. Vehicle Maintenance: Direct maintenance expense (tires, repairs, etc.) of a privately-owned vehicle or any additional costs associated with a privately-owned vehicle, such as a lease, loan payments, insurance, license or registration fees
- s. Water Filtration: Installation of permanent systems of filtration of all water

entering a private residence unless in communities where issues of water safety exist.

- t. It is unallowable to divert program income (income generated from charges/ fees and copays from Medicare, Medicaid, other third-party payers collected to cover RW services provided) toward general agency costs or to use it for general purposes.
- u. Pre-Exposure Prophylaxis (PrEP) HIV/AIDS BUREAU POLICY 16-02
- v. Non-occupational Post-Exposure Prophylaxis (nPEP).
- w. General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

* HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Personnel Systems Access/Transfer/Terminations

- 1. New staff needing access to CAREWare are required to submit the CAREWare user request form through [SHOARS](#).
- 2. As required by NIST SP 800-53 Details - PS-7e, the Grantee must notify MDHHS designated personnel in writing of any personnel transfers or terminations of personnel who possess information system privileges within CAREWare or MIDAP online data systems within 24 hours of change.
 - a. The Grantee shall notify **MDHHS immediately** via email at MDHHS-HIVSTIoperations@michigan.gov of CAREWare users who are separated from the agency for deactivation.

Record Maintenance/Retention

- 1. The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.

2. The Grantee will maintain client files and charts from last date of service plus seven (7) years. For minors, Grantee will maintain client files and records from last date of service and until minor reaches the age of 18, whichever is longer, plus seven (7) years.

Software Compliance

1. The Grantee and its subcontractors are required to use the HRSA-supported software CAREWare to enter client and service data into the centrally managed database on a secure server. The Grantee must:
 - a. Enter all Ryan White services delivered to HIV-infected and affected clients.
 - b. Enter all data by the 10th of the following month.
 - c. Successfully create, run, and document the results of their HRSA RSR report in CAREWare in order to receive relevant support from data managers by the 10th of the following month. Documentation is to include with identifying information omitted:
 - Missing records as depicted in the RSR Viewer module in CAREWare
 - A list of alert, warning, and error messages as depicted in the RSR Validation Report module in CAREWare
 - Efforts or decisions (including collaboration with MDHHS) to resolve missing data or error messages as applicable
 - d. Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.
2. The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:
 - a. Regular back-up of client records with back-up files stored in a secure location.
 - b. Use of passwords to prevent unauthorized access to the computer or Client Level Data program.
 - c. Use of virus protection software to guard against computer viruses.
3. Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning sharing and Secured Electronic Data.

4. New staff needing access to CAREWare are required to submit the CAREWare user request form through [SHOARS](#).
5. As required by NIST SP 800-53 Details - PS-7e, the Grantee must notify MDHHS designated personnel in writing of any personnel transfers or terminations of personnel who possess information system privileges within CAREWare or MIDAP online data systems within 24 hours of change.
 - a. The Grantee shall notify **MDHHS immediately** via email at MDHHS-HIVSTloperations@michigan.gov of CAREWare users who are separated from the agency for deactivation.
6. The Grantee shall as be required by HRSA submit the [Ryan White HIV/AIDS Program Services Report \(RSR\)](#) for the previous calendar year. The Grantee is required to use the HRSA Electronic Handbook (EHB) portal for their submission:
 - a. The Grantee shall acquire access to their agency's Grant Contract Management System (GCMS) and their Provider Report prior to January when notified by HRSA of the required federal report.
 - b. The Grantee is required to provide access to all staff and personnel responsible for reviewing and completing the RSR.
 - c. The Grantee as per HRSA standards and compliance are mandated to require relevant staff members to update their EHB account passwords as dictated by HRSA email notifications.
 - d. The Grantee is mandated to update or add contact information for staff responsible for completing and/or submitting the RSR and to notify MDHHS of any changes in personnel **immediately**.
 - e. The Grantee shall correspond with MDHHS staff including data management users to compare units of service provided to the funded services listed on the EHB.
 - f. The Grantee shall notify **MDHHS immediately** if there are any discrepancies between the funding sources and services listed for their agency's report on the Electronic Handbook (EHB) and their agency's contracts and records.
 - g. The Grantee shall in these circumstances contact Ryan White Data Support by [email](#) or by phone number (1-888-640-9356) between the hours of 10 am – 6:30 pm Eastern Standard Time (EST) on weekdays regarding the HRSA EHB GCMS and/or RSR:
 - Issues with account lockouts, lost credentials, or account creation

- Issues with accessing the GCMS through the HRSA EHB
 - Issues with accessing the Provider Report through the HRSA
 - Technical issues regarding functionality of the EHB portal
- h. The Grantee shall attend webinars and instructional sessions to answer questions about the RSR; Grantee shall utilize tools provided by data management users to check on the accuracy and completeness of their client level data (CLD) on a monthly basis leading up to the RSR. These include but are not limited to:
- TargetHIV/DISQ webinars regarding the RSR
 - HRSA produced documentation and manuals on RSR reporting requirements for the calendar year
 - Manuals on utilizing CAREWare for completing the RSR
 - PowerPoint presentations on aspects of the RSR
 - Staff invitations to Teams meetings and breakout sessions to answer questions regarding the RSR
 - CAREWare custom reports and financial reports designed to assess:
 1. The number of eligible clients
 2. The number of eligible clients that need to be marked as such
 3. Services provided by the Grantee
 4. CLD on ZIP codes, ethnicity, and other features
 - Emails from MDHHS staff regarding the above but also including:
 1. Updates on HRSA reporting requirements
 2. New information provided from HRSA
 3. Other resources HRSA is providing/will provide
- b. The Grantee shall after notification from MDHHS staff including data management users implement needed corrections and additions to CLD in CAREWare to ensure compliance with HRSA federal reporting standards.

Mandatory Disclosures

1. The Grantee will provide immediate notification to the Department, in writing, in the

event of any of the following:

- a. Any formal grievance initiated by a client and subsequent resolution of that grievance.
- b. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
- c. Any staff vacancies funded for this project that exceed 30 days. All notifications should be made to DHSP by MDHHS-HIVSTIoperations@michigan.gov.

Technical Assistance

1. Technical assistance (TA) may be requested on the implementation of the Ryan White program. This may include issues related to: CAREWare, Quality Management, Ryan White B services, Budget/Fiscal, Grants and Contracts, ADAP, or other activities related to carrying out Ryan White activities.
2. TA requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
3. Grantee must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov.

ASSURANCES

Compliance with Applicable Laws

1. The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.
2. Ryan White is payer of last resort; as such, the Grantee must adhere to the [Public Health Service \(PHS\) Act](#).
3. The Grantee should have procedures to protect the confidentiality and security of client information.

PROJECT TITLE: HIV PrEP Clinic

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The purpose of this project is to establish HIV Pre-Exposure Prophylaxis (PrEP) services.

Reporting Requirements:

1. The Grantee will clean-up missing data by the 10th day after the end of each calendar month. Grantee must report required variables as outlined by National HIV Monitoring and Evaluation (NHME) and MDHHS.
2. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Grantee as required by the Division of HIV and STI Programs (DHSP).
3. The Quality Control and Daily Client Logs may be sent to the Contract Manager via:

Email – Mary Roach (roachm@michigan.gov) and Safina Thomas (thomass56@michigan.gov)

Fax - (517) 241-5922

Mailed - HIV Prevention Unit, Attn: CTR Coordinator, PO Box 30727, Lansing, MI 48909

4. The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by DHSP.

Grantee Report Submission Schedule

Report	Period	Due Date(s)	Report submission
Counseling, Testing, and referrals			
Quality Control Reports	Monthly	10 th of the following month	Department Staff
Daily Client Logs	Monthly	10 th of the following month	Department Staff
HIV Testing Proficiencies	Annually	Reviewed during site visits	Department Staff
HIV Testing Competencies	Annually	Sent to MDHHS before the end of the fiscal year	Department Staff

Non-Reactive Results	As needed	Within 7 days of test	APHIRM
PrEP Cascade Data	Monthly	10 th of the following month	APHIRM
Reactive Results	As needed	Within 24 hours of test	APHIRM
Case Report Forms	As needed in the event of a reactive result	Adult Case Report Form Directions	LMS MDHHS Surveillance
Partner Services & Linkage to Care (as applicable)			
Linkage to Care and Partner Services Interview***	As needed	Within 30 days of service	APHIRM
Internet Partner Services (IPS) and Partner Services Interview****	Ongoing	Within 30 days of service	APHIRM
Disposition on Partners of HIV Cases	Ongoing	Within 30 days of service	APHIRM
Evidence Based Risk Reduction Activities (as applicable)			
SSP Data Report,	Quarterly	10 th of the following month	Syringe Utilization Platform (SUP)
Clinical HIV/STI services (as applicable)			
340b PrEP Prescription Log	Weekly	Every Friday by the close of business	DCH File Transfer – MDHHS-340B PrEP PT ADT*****
Billing Revenue Report	Quarterly	10th of the following month	Department Staff
STI 340B Utilization/Inventory Report,	Quarterly	Within 10 days after the end of the quarter	Log into SGRX340BFlex.com website, generate a quarterly report on the reporting tab, and it will be transferred automatically to ScriptGuide/DHSP
<p>*CDC/MDHHS required activities including: Condom Distribution Data, if applicable; Social Marketing data; Evidence based intervention data; other prevention services and activities, if applicable</p> <p>** Aggregated testing data</p> <p>*** (e.g. client attended a medical care appointment within 30 days of diagnosis, and was interviewed by Partner Services within 30 days of diagnosis)</p>			

****(e.g. client identify dating apps used to meet partners), if applicable
*****<https://mielogintp.michigan.gov>

Any additional Requirements:

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal fund, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal funds.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
4. The Grantee will submit all educational materials (e.g., brochures, posters, pamphlets, and videos) used in conjunction with program activities to DHSP for review and approval prior to their use, regardless of the source of funding used to purchase these materials. Materials may be emailed to: MDHHS-HIVSTIoperations@michigan.gov.

Grant Program Operation

1. The Grantee will participate in Division of HIV/STI Programs (DHSP) needs assessment and planning activities, as requested.
2. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities, network detection response and interventions in collaboration with DHSP opportunities provided by DHSP.
3. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - a. Have policies and procedures to ensure time and effort reporting.
 - b. Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - c. Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for funds must match

the percentage claimed on the FSR for the same period.

- d. Submit a budget modification to DHSP in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
 - e. If there are any changes in staff or agency operations, please email MDHHS Operations MDHHS-HIVSTIoperations@michigan.gov.
4. **If conducting HIV testing using rapid HIV testing**, the Grantee will comply with guidelines and standards issued by DHSP and:
- a. Provide medical oversight letter/agreement signed by a licensed physician is necessary to collect specimens and order HIV antibody/antigen, HIV genotype, HIV incidence, syphilis, gonorrhea, chlamydia, and hepatitis C testing. According to Part 15 of the Public Health Code MCL 333.17001(j), 'practice of medicine' is defined as
 - "the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these act".
 - b. Conduct quality assurance activities, guided by written protocol and procedures. Protocols and procedures, as updated and revised Quality assurance activities are to be responsive to: Quality Assurance for Rapid HIV Testing, MDHHS. See "Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals."
 - Ensure provision of Clinical Laboratory Improvement Amendments (CLIA) certificate.
 - Report discordant test results to DHSP
Email – Mary Roach roachm@michigan.gov and Safina Thomas (thomass56@michigan.gov)
Fax - (517) 241-5922
 - Ensure that staff performing counseling and/or testing with rapid test technologies has completed, successfully, rapid test counselor certification course or Information Based Training (as applicable), test device training, and annual proficiency testing.
 - If conducting blood draws, the grantee must conduct the packaging and shipping training via Bureau of Laboratories.
BashoreM@michigan.gov

- Ensure that all staff and site supervisors have completed, successfully, appropriate laboratory quality assurance training, blood borne pathogens training and rapid test device training and reviewed annually.
 - Develop, implement, and monitor protocol and procedures to ensure that patients receive confirmatory test results.
 - To maintain active test counselor certification, each HIV test counselor must submit one competency per year to the appropriate departmental staff.
5. **If conducting SSP**, the grantee will develop programs using MDHHS guidance documents and will address issues such as identification and registration of clients, exchange protocols, education, and trainings for staff, and referrals.
- a. Grantees will participate on monthly or quarterly conference calls to discuss best practices and identify barriers.
6. **If conducting PS**, the Grantee will comply with guidelines and standards issued by the Department. See “Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals.” The Grantee must:
- a. Provide Confidential PS follow-up to infected clients and their at-risk partners to ensure disease management and education is offered to reduce transmission.
- b. Effectively link infected clients and/or at-risk partners to HIV care and other support services.
- c. Work with Early Intervention Specialist to ensure infected clients are retained in HIV care.
- d. If applicable,
- Procure TLO or a TLO-like search engine.
 - Ensure staff that are utilizing TLO or TLO-search engine complete the TLO training to maintain and understand the confidential use of the system.
 - Effectively utilize the Internet Partner Services (IPS) Guidance to provide confidential PS follow-up to at-risk partners named by infected clients who were identified to have been met through the use of dating apps.
 - Ensure staff and site supervisors successfully complete the Internet

Partner Services Training.

- Ensure staff conducting Internet Partner Services participant in monthly, bi-monthly meetings, webinars or calls to discuss best practices and identify barriers.
7. **If conducting 340 B STI/PrEP clinical activities**, the Grantee will comply with guidelines and standards issued by DHSP and:
 8. Funds generated by this program must be utilized to support the program, including to hire a Mid-level provider, supporting staff, and program materials to provide Pre-Exposure Prophylaxis (PrEP) services.
 9. Any funds included in this agreement above must be re-invested in HIV/STI PrEP services. This could mean improving, enhancing, and/or expanding your current HIV/STI services or adding new services to improve patient health outcomes for HIV/STI.
 10. Any revenue or income generated via billing from this agreement must be reinvested into this project.

Record Maintenance/Retention

The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.

Software Compliance

1. The Grantee and its subcontractors are required to use APHIRM (formerly Evaluation Web) to enter HIV client and service data into the centrally managed database on a secure server.
2. The Grantee and its subcontractors are required to use APHIRM to enter PrEP Cascade Data into the centrally managed database on a secure server.
3. The Grantee and its subcontractors are required to use APHIRM to enter EBI Data into the centrally managed database on a secure server.
4. The Grantee and its subcontractors are required to use APHIRM (formerly Partner Services Web) to enter Partner Services interview, linkage to care data, and identified dating apps through the use of Internet Partner Services (IPS) where appropriate.

5. The Grantee and its subcontractors are required to use SHOARS to request amendments, supplies, data, technical assistance and to register for trainings.
6. New staff needing access to APHIRM are required to submit the APHIRM user request form through SHOARS.
7. The Grantee shall notify MDHHS immediately via email at MDHHS-HIVSTloperations@michigan.gov of APHIRM users who are separated from the agency for deactivation.

Mandatory Disclosures

1. The Grantee will provide immediate notification to DHSP, in writing, including but not limited to the following events:
2. Any formal grievance initiated by a client and subsequent resolution of that grievance.
3. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
4. Any staff vacancies funded for this project that exceed 30 days.
 - a. All notifications should be made to DHSP by MDHHS-HIVSTloperations@michigan.gov.

Technical Assistance

1. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
2. Recipient agency must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov .
3. You may request TA on the implementation of the HIV Prevention program. This may include issues related to: APHIRM, Intervention Database, Programs, Budget/Fiscal, Grants and Contracts, Risk Reduction Activities, Training, or other activities related to carrying out HIV prevention activities.

Compliance with Applicable Laws

The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.

PROJECT TITLE: HIV Prevention

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The Purpose of this project is to implement a comprehensive HIV surveillance and prevention program. Funding aim to Prevent new HIV infections, Improve HIV-related health outcomes of people with HIV, Reduce HIV-related disparities and health inequities, This funding supports coordinated efforts that address the HIV epidemic including; implementation of integrated HIV/STI Services including referral and linkage to appropriate services, social marketing campaigns, community mobilization efforts and other evidence based risk reduction activities where feasible and appropriate and in accordance with current CDC guidelines and recommendations

Reporting Requirements:

1. The Grantee will clean-up missing data by the 10th day after the end of each calendar month. Grantee must report required variables as outlined by National HIV Monitoring and Evaluation (NHME) and MDHHS.
2. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Grantee as required by the Division of HIV and STI Programs (DHSP).
3. The Quality Control and Daily Client Logs may be sent to the Contract Manager via:

Email – Mary Roach (roachm@michigan.gov) and Safina Thomas (thomass56@michigan.gov)

Fax - (517) 241-5922

Mailed - HIV Prevention Unit, Attn: CTR Coordinator, PO Box 30727, Lansing, MI 48909

4. The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by DHSP.

Grantee Report Submission Schedule

Report	Period	Due Date(s)	Report submission
Counseling, Testing, and referrals			
Quality Control Reports	Monthly	10 th of the following month	Department Staff

Daily Client Logs	Monthly	10 th of the following month	Department Staff
HIV Testing Proficiencies	Annually	Reviewed during site visits	Department Staff
HIV Testing Competencies	Annually	Sent to MDHHS before the end of the fiscal year	Department Staff
Non-Reactive Results	As needed	Within 7 days of test	APHIRM
PrEP Cascade Data	Monthly	10 th of the following month	APHIRM
Reactive Results	As needed	Within 24 hours of test	APHIRM
Case Report Forms	As needed in the event of a reactive result	Adult Case Report Form Directions	LMS MDHHS Surveillance
Partner Services & Linkage to Care (as applicable)			
Linkage to Care and Partner Services Interview***	As needed	Within 30 days of service	APHIRM
Internet Partner Services (IPS) and Partner Services Interview****	Ongoing	Within 30 days of service	APHIRM
Disposition on Partners of HIV Cases	Ongoing	Within 30 days of service	APHIRM
Evidence Based Risk Reduction Activities (as applicable)			
SSP Data Report,	Quarterly	10 th of the following month	Syringe Utilization Platform (SUP)
Clinical HIV/STI services (as applicable)			
340b PrEP Prescription Log	Weekly	Every Friday by the close of business	DCH File Transfer – MDHHS-340B PrEP PT ADT*****
Billing Revenue Report	Quarterly	10 th of the following month	Department Staff
STI 340B Utilization/Inventory Report,	Quarterly	Within 10 days after the end of the quarter	Log into SGRX340BFlex.com website, generate a quarterly report on the reporting tab, and it will be transferred automatically to ScriptGuide/DHSP

<p>*CDC/MDHHS required activities including: Condom Distribution Data, if applicable; Social Marketing data; Evidence based intervention data; other prevention services and activities, if applicable</p> <p>** Aggregated testing data</p> <p>*** (e.g. client attended a medical care appointment within 30 days of diagnosis, and was interviewed by Partner Services within 30 days of diagnosis)</p> <p>**** (e.g. client identify dating apps used to meet partners), if applicable</p> <p>***** https://mielogintp.michigan.gov</p>			

Any additional Requirements:

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal fund, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal funds.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
4. The Grantee will submit all educational materials (e.g., brochures, posters, pamphlets, and videos) used in conjunction with program activities to DHSP for review and approval prior to their use, regardless of the source of funding used to purchase these materials. Materials may be emailed to: MDHHS-HIVSTIoperations@michigan.gov.

Grant Program Operation

1. The Grantee will participate in DHSP needs assessment and planning activities, as requested.
2. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities, network detection response and interventions in collaboration with DHSP opportunities provided by DHSP.
3. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:

- a. Have policies and procedures to ensure time and effort reporting.
 - b. Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - c. Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for funds must match the percentage claimed on the FSR for the same period.
 - d. Submit a budget modification to DHSP in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
 - e. If there are any changes in staff or agency operations, please email MDHHS Operations MDHHS-HIVSTloperations@michigan.gov.
4. **If conducting HIV testing using rapid HIV testing**, the Grantee will comply with guidelines and standards issued by DHSP and:
- a. Provide medical oversight letter/agreement signed by a licensed physician is necessary to collect specimens and order HIV antibody/antigen, HIV genotype, HIV incidence, syphilis, gonorrhea, chlamydia, and hepatitis C testing. According to Part 15 of the Public Health Code MCL 333.17001(j), 'practice of medicine' is defined as
 - i. "the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these act".
 - b. Conduct quality assurance activities, guided by written protocol and procedures. Protocols and procedures, as updated and revised Quality assurance activities are to be responsive to: Quality Assurance for Rapid HIV Testing, MDHHS. See "Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals."
 - i. Ensure provision of Clinical Laboratory Improvement Amendments (CLIA) certificate.
 - ii. Report discordant test results to DHSP
 Email – Mary Roach roachm@michigan.gov and Safina Thomas (thomass56@michigan.gov)
 Fax - (517) 241-5922
 - iii. Ensure that staff performing counseling and/or testing with rapid test technologies has completed, successfully, rapid test counselor certification

course or Information Based Training (as applicable), test device training, and annual proficiency testing.

- iv. If conducting blood draws, the grantee must conduct the packaging and shipping training via Bureau of Laboratories. BashoreM@michigan.gov
 - v. Ensure that all staff and site supervisors have completed, successfully, appropriate laboratory quality assurance training, blood borne pathogens training and rapid test device training and reviewed annually.
 - vi. Develop, implement, and monitor protocol and procedures to ensure that patients receive confirmatory test results.
 - vii. To maintain active test counselor certification, each HIV test counselor must submit one competency per year to the appropriate departmental staff.
5. **If conducting SSP**, the grantee will develop programs using MDHHS guidance documents and will address issues such as identification and registration of clients, exchange protocols, education, and trainings for staff, and referrals.
- a. Grantees will participate on monthly or quarterly conference calls to discuss best practices and identify barriers.
6. **If conducting PS**, the Grantee will comply with guidelines and standards issued by the Department. See “Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals.” The Grantee must:
- a. Provide Confidential PS follow-up to infected clients and their at-risk partners to ensure disease management and education is offered to reduce transmission.
 - b. Effectively link infected clients and/or at-risk partners to HIV care and other support services.
 - c. Work with Early Intervention Specialist to ensure infected clients are retained in HIV care.
 - d. If applicable,
 - i. Procure TLO or a TLO-like search engine.
 - ii. Ensure staff that are utilizing TLO or TLO-search engine complete the TLO training to maintain and understand the confidential use of the system.

- iii. Effectively utilize the Internet Partner Services (IPS) Guidance to provide confidential PS follow-up to at-risk partners named by infected clients who were identified to have been met through the use of dating apps.
 - iv. Ensure staff and site supervisors successfully complete the Internet Partner Services Training.
 - v. Ensure staff conducting Internet Partner Services participant in monthly, bi-monthly meetings, webinars or calls to discuss best practices and identify barriers.
7. **If conducting 340 B STI/PrEP clinical activities**, the Grantee will comply with guidelines and standards issued by DHSP and:
 8. Funds generated by this program must be utilized to support the program, including to hire a Mid-level provider, supporting staff, and program materials to provide Pre-Exposure Prophylaxis (PrEP) services.
 9. Any funds included in this agreement above must be re-invested in HIV/STI PrEP services. This could mean improving, enhancing, and/or expanding your current HIV/STI services or adding new services to improve patient health outcomes for HIV/STI.
 10. Any revenue or income generated via billing from this agreement must be reinvested into this project.

Record Maintenance/Retention

The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.

Software Compliance

1. The Grantee and its subcontractors are required to use APHIRM (formerly Evaluation Web) to enter HIV client and service data into the centrally managed database on a secure server.
2. The Grantee and its subcontractors are required to use APHIRM to enter PrEP Cascade Data into the centrally managed database on a secure server.
3. The Grantee and its subcontractors are required to use APHIRM to enter EBI Data into the centrally managed database on a secure server.
4. The Grantee and its subcontractors are required to use APHIRM (formerly

Partner Services Web) to enter Partner Services interview, linkage to care data, and identified dating apps through the use of Internet Partner Services (IPS) where appropriate.

5. The Grantee and its subcontractors are required to use SHOARS to request amendments, supplies, data, technical assistance and to register for trainings.
6. New staff needing access to APHIRM are required to submit the APHIRM user request form through SHOARS.
7. The Grantee shall notify MDHHS immediately via email at MDHHS-HIVSToperations@michigan.gov of APHIRM users who are separated from the agency for deactivation.

Mandatory Disclosures

1. The Grantee will provide immediate notification to DHSP, in writing, including but not limited to the following events:
2. Any formal grievance initiated by a client and subsequent resolution of that grievance.
3. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
4. Any staff vacancies funded for this project that exceed 30 days.
 - a. All notifications should be made to DHSP by MDHHS-HIVSToperations@michigan.gov.

Technical Assistance

1. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
2. Recipient agency must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov.

3. Requests for technical assistance on the implementation of the HIV Prevention program can be made. These requests may include issues related to: APHIRM, Intervention Database, Programs, Budget/Fiscal, Grants and Contracts, Risk Reduction Activities, Training, or other activities related to carrying out HIV prevention activities.

Compliance with Applicable Laws

The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.

PROJECT TITLE: HIV Ryan White Part B
HIV Ryan White Part B MAI

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved. The program provides funding to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

Reporting Requirements:

1. The Grantee shall permit the Division of HIV/STI Programs (DHSP) or its designee to conduct site visits and to formulate an evaluation of the project.
2. The Grantee and its subcontractors are required to use the HRSA-supported software CW to enter client and service data into the centrally managed database on a secure server. The Grantee must:
 - a. Enter all Ryan White services delivered to HIV-infected and affected clients.
 - b. Enter all data by the 10th of the following month.
 - c. Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.
3. To complete the Ryan White Services Report (RSR), a Health Resources and Services Administration (HRSA) required annual data report, the Grantee must assure that all CAREWare data is complete, cleaned, and entered into the HRSA Electronic Handbook. RSR submission requirements include:
 - a. The RSR shall have no more than 5% missing data variables.
 - b. The Department validates the data within the Grantee's RSR submission before receipt by HRSA.
 - c. Data in CAREWare must be checked and validated every quarter.

Grantee Report Submission Schedule

Report	Period	Due Date(s)	How to Submit Report
All Agencies: Ryan White services delivered to HIV-infected and affected clients	Monthly	10 th of the following month	Enter into CAREWare (CW)
All Agencies: Ryan White Services Report (RSR)	Annual	Generally, Grantee submission will open in early February and close early March	Submission to HRSA through Electronic Handbook (EHB)
All Ryan White federally funded agencies providing at least one core medical service: Quality Management Plan	Annual	December 31	Email report to MDHHS-HIVSTIoperations@mi.chigan.gov
All Ryan White federally funded agencies: Complete and submit at least one Plan-Do-Study-Act worksheets to document progress of QI project	10/1 – 9/30	As completed over contract year	Email report to MDHHS-HIVSTIoperations@mi.chigan.gov
All Agencies: Complete quarterly workplan progress reports	Quarterly	Thirty days after the end of the budget period	Submit in EGrAMS Email report to MDHHS-HIVSTIoperations@mi.chigan.gov
All Ryan White federally funded agencies: FY23 actual expenditures by service category, program income, and administrative costs through the RW Reporting Tool	Quarterly	Thirty days after the end of the budget period	Attached to quarterly FSR
All Ryan White federally funded agencies: RW Form 2100 and RW Form 2300	Annually	December 31	Uploaded to EGrAMS Portal Agency Profile

- Reports and information shall be submitted to the Division of HIV/STI Programs (DHSP). Please refer to the table for where to submit reports and information.

Any additional requirements:

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal money.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Fees

The Grantee must establish and implement a process to ensure that they are maximizing third party reimbursements, including:

- a. Requirement, in agreement, that the Grantee maximize and monitor third party reimbursements.
- b. Requirement that Grantee document, in client record, how each client has been screened for and enrolled in eligible programs.
- c. Monitoring to determine that Ryan White is serving as the payer of last resort, including review of client records and documentation of billing, collection policies and procedures, and information on third party contracts.
- d. Grantee must adhere to the [National Monitoring Standards for Ryan White Part B Grantees: Program](#) and the [National Monitoring Standards for Ryan White Grantees: Fiscal](#); and bill for services that are billable in accordance with the above.
- e. Ensure appropriate billing, tracking, and reporting of program income to support appropriate use for program activities.
- f. Program income is added to funding provided by the State of Michigan for the budget period and used to advance eligible program objectives.
- g. Provide a report detailing the expenditure and reinvestment of program income in the program (template will be provided by MDHHS).

Grant Program Operation

1. The Grantee will participate in the Department needs assessment and planning activities, as requested.

2. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, trainings, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by the Department.
3. The Grantee is responsible for ensuring that staff retain minimum educational requirements for staff positions and are proficient in Ryan White-funded service delivery in their respective roles within the organization. Ensure that Ryan White funded staff receive MDHHS required case management training within one (1) year of hire.
4. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - a. Have policies and procedures to ensure time and effort reporting.
 - b. Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - c. Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for Ryan White funds must match the percentage claimed on the Ryan White FSR for the same period.
 - d. Submit a budget modification to the Department in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
5. The Grantee must submit all details on advertising campaigns (print and social media) completed via the quarterly workplan progress report submission in EGrAMS.
6. The Grantee must include the following language in all Client Consent and Release of Information forms used for services in this agreement:

“Consent for the collection and sharing of client information to providers for persons living with HIV under the Ryan White Program provided through (grantee name) is mandated to collect certain personal information that is entered and saved in a federal data system called CAREWare. CAREWare records are maintained in an encrypted and secure statewide database. I understand that some limited information in the electronic data may be shared with other agencies if they also provide me with services and are part of the same care and data network for the purpose of informing and coordinating my treatment and benefits that I receive under this Program. The CAREWare database program allows for certain medical and support service information to be shared among

providers involved with my care, this includes but is not limited to health information, medical visits, lab results, medications, case management, transportation, Housing Opportunities for Persons with AIDS (HOPWA) program, substance abuse, and mental health counseling. I acknowledge that if I fail to show for scheduled medical appointments, I may be contacted by an authorized representative of (grantee name) in order to re-engage and link me back to care.”

7. The Grantee must notify the Continuum of Care Unit staff at MDHHS-HIVSTIoperations@michigan.gov **within 7 business days** if a core medical or support service category is added or removed from the Ryan White services previously approved by DHSP. An approval from DHSP is required **prior** to the change being implemented.
8. The Grantee must adhere to security measures when working with client information and must:
 - a. Not email individual health information either internally or externally.
 - b. Keep all printed materials in locked storage cabinets in locked rooms.
 - c. Provide written documentation of annual Security and Confidentiality training for all staff regarding the Health Insurance Portability Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH), and the Michigan Public Health Code.
 - d. Maintain the standards of CDC’s Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs. **CDC Website:**
<https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>.
9. The Grantee will complete the collection of all required data variables and clean-up any missing data or service activities by the 10th day after the end of each calendar month.
10. Subrecipient quality management program should:
 - a. Include: leadership support, dedicated staff time for QM activities, participation of staff from various disciplines, ongoing review of performance measure data and assessment of consumer satisfaction.
 - b. Include consumer engagement which includes, but is not limited to, agency-level consumer advisory board, participation on quality management committee, focus groups and consumer satisfaction surveys.
 - c. Include conduction of at least one quality improvement (QI) project throughout

the year, using the Plan-Do-Study-Act (PDSA) method to document progress. This QI project must be aimed at improving client care, client satisfaction, or health outcomes.

11. If the Grantee is federally funded for Ryan White services (one of which is a core medical service), the Grantee will develop and/or revise a Quality Management Plan (QMP) annually, to be kept on file at agency. QM Plans must contain these eleven components:

- Quality statement
- Quality infrastructure
- Annual quality goals
- Capacity building
- Performance measurement
- Quality improvement
- Engagement of stakeholders
- Procedures for updating the QM plan
- Communication
- Evaluation
- Work Plan

12. The Grantee must consult and adhere to the Policy Clarification Notice (PCN) #16-02 established by Health Resources and Services Administration (HRSA). PCN #16-02 describes the core medical and support services that HRSA considers allowable uses of Ryan White grant funds and the individuals eligible to receive those services. A copy of the revised PCN 16-02 is available at this [link](#).

HRSA Unallowable Costs:

*An expanded list of “unallowable” grant costs is available in the PCN 16-02.

- a. HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where a direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.
- b. Off-premises social or recreational activities (movies, vacations, gym memberships, parties, retreats)
- c. Medical Marijuana
- d. Purchase or improve land or permanently improve buildings
- e. Direct cash payments or cash reimbursements to clients

- f. Clinical Trials: Funds may not be used to support the costs of operating clinical trials of investigational agents or treatments (to include administrative management or medical monitoring of patients)
- g. Clothing: Purchase of clothing
- h. Employment Services: Support employment, vocational rehabilitation, or employment-readiness services.
- i. Funerals: Funeral, burial, cremation, or related expenses
- j. Household Appliances
- k. Mortgages: Payment of private mortgages
- l. Needle Exchange: Syringe exchange programs, Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- m. International travel
- n. The purchase or improvement of land
- o. The purchase, construction, or permanent improvement of any building or other facility
- p. Pets: Pet food or products
- q. Taxes: Paying local or state personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)
- r. Vehicle Maintenance: Direct maintenance expense (tires, repairs, etc.) of a privately-owned vehicle or any additional costs associated with a privately-owned vehicle, such as a lease, loan payments, insurance, license or registration fees
- s. Water Filtration: Installation of permanent systems of filtration of all water entering a private residence unless in communities where issues of water safety exist.
- t. It is unallowable to divert program income (income generated from charges/ fees and copays from Medicare, Medicaid, other third-party payers collected to cover RW services provided) toward general agency costs or to use it for general purposes.
- u. Pre-Exposure Prophylaxis (PrEP) HIV/AIDS BUREAU POLICY 16-02

- v. Non-occupational Post-Exposure Prophylaxis (nPEP).
- w. General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

* HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Personnel Systems Access/Transfer/Terminations

- 1. New staff needing access to CAREWare are required to submit the CAREWare user request form through [SHOARS](#).
- 2. As required by NIST SP 800-53 Details - PS-7e, the Grantee must notify MDHHS designated personnel in writing of any personnel transfers or terminations of personnel who possess information system privileges within CAREWare or MIDAP online data systems within 24 hours of change.
 - a. The Grantee shall notify **MDHHS immediately** via email at MDHHS-HIVSTIoperations@michigan.gov of CAREWare users who are separated from the agency for deactivation.

Record Maintenance/Retention

- 1. The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.
- 2. The Grantee will maintain client files and charts from last date of service plus seven (7) years. For minors, Grantee will maintain client files and records from last date of service and until minor reaches the age of 18, whichever is longer, plus seven (7) years.

Software Compliance

- 1. The Grantee and its subcontractors are required to use the HRSA-supported software CAREWare to enter client and service data into the centrally managed database on a secure server. The Grantee must:

- a. Enter all Ryan White services delivered to HIV-infected and affected clients.
 - b. Enter all data by the 10th of the following month.
 - c. Successfully create, run, and document the results of their HRSA RSR report in CAREWare in order to receive relevant support from data managers by the 10th of the following month. Documentation is to include with identifying information omitted:
 - Missing records as depicted in the RSR Viewer module in CAREWare
 - A list of alert, warning, and error messages as depicted in the RSR Validation Report module in CAREWare
 - Efforts or decisions (including collaboration with MDHHS) to resolve missing data or error messages as applicable
 - d. Complete collection of all required data variables and the clean-up of any missing data or service activities by the 10th of the following month.
2. The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:
 - a. Regular back-up of client records with back-up files stored in a secure location.
 - b. Use of passwords to prevent unauthorized access to the computer or Client Level Data program.
 - c. Use of virus protection software to guard against computer viruses.
 3. Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning sharing and Secured Electronic Data.
 4. New staff needing access to CAREWare are required to submit the CAREWare user request form through [SHOARS](#).
 5. As required by NIST SP 800-53 Details - PS-7e, the Grantee must notify MDHHS designated personnel in writing of any personnel transfers or terminations of personnel who possess information system privileges within CAREWare or MIDAP online data systems within 24 hours of change.
 - a. The Grantee shall notify **MDHHS immediately** via email at MDHHS-HIVSTloperations@michigan.gov of CAREWare users who are separated from the agency for deactivation.

6. The Grantee shall as be required by HRSA submit the [Ryan White HIV/AIDS Program Services Report \(RSR\)](#) for the previous calendar year. The Grantee is required to use the HRSA Electronic Handbook (EHB) portal for their submission:
- a. The Grantee shall acquire access to their agency's Grant Contract Management System (GCMS) and their Provider Report prior to January when notified by HRSA of the required federal report.
 - b. The Grantee is required to provide access to all staff and personnel responsible for reviewing and completing the RSR.
 - c. The Grantee as per HRSA standards and compliance are mandated to require relevant staff members to update their EHB account passwords as dictated by HRSA email notifications.
 - d. The Grantee is mandated to update or add contact information for staff responsible for completing and/or submitting the RSR and to notify MDHHS of any changes in personnel **immediately**.
 - e. The Grantee shall correspond with MDHHS staff including data management users to compare units of service provided to the funded services listed on the EHB.
 - f. The Grantee shall notify **MDHHS immediately** if there are any discrepancies between the funding sources and services listed for their agency's report on the Electronic Handbook (EHB) and their agency's contracts and records.
 - g. The Grantee shall in these circumstances contact Ryan White Data Support by [email](#) or by phone number (1-888-640-9356) between the hours of 10 am – 6:30 pm Eastern Standard Time (EST) on weekdays regarding the HRSA EHB GCMS and/or RSR:
 - Issues with account lockouts, lost credentials, or account creation
 - Issues with accessing the GCMS through the HRSA EHB
 - Issues with accessing the Provider Report through the HRSA
 - Technical issues regarding functionality of the EHB portal
 - h. The Grantee shall attend webinars and instructional sessions to answer questions about the RSR; Grantee shall utilize tools provided by data management users to check on the accuracy and completeness of their client level data (CLD) on a monthly basis leading up to the RSR. These include but are not limited to:

- TargetHIV/DISQ webinars regarding the RSR
- HRSA produced documentation and manuals on RSR reporting requirements for the calendar year
- Manuals on utilizing CAREWare for completing the RSR
- PowerPoint presentations on aspects of the RSR
- Staff invitations to Teams meetings and breakout sessions to answer questions regarding the RSR
- CAREWare custom reports and financial reports designed to assess:
 1. The number of eligible clients
 2. The number of eligible clients that need to be marked as such
 3. Services provided by the Grantee
 4. CLD on ZIP codes, ethnicity, and other features
- Emails from MDHHS staff regarding the above but also including:
 1. Updates on HRSA reporting requirements
 2. New information provided from HRSA
 3. Other resources HRSA is providing/will provide
- i. The Grantee shall after notification from MDHHS staff including data management users implement needed corrections and additions to CLD in CAREWare to ensure compliance with HRSA federal reporting standards.

Mandatory Disclosures

1. The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:
 - a. Any formal grievance initiated by a client and subsequent resolution of that grievance.
 - b. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
 - c. Any staff vacancies funded for this project that exceed 30 days. All notifications should be made to DHSP by MDHHS-HIVSTIoperations@michigan.gov.

Technical Assistance

1. Technical assistance (TA) can be requested on the implementation of the Ryan White program. This may include issues related to: CAREWare, Quality Management, Ryan White B services, Budget/Fiscal, Grants and Contracts, ADAP, or other activities related to carrying out Ryan White activities.
2. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
3. Grantee must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov.

ASSURANCES

Compliance with Applicable Laws

1. The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.
2. Ryan White is payer of last resort; as such, the Grantee must adhere to the [Public Health Service \(PHS\) Act](#).
3. The Grantee should have procedures to protect the confidentiality and security of client information.

PROJECT TITLE: HIV STI Partner Services Program

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Grantee will provide STI and HIV partner services (PS) for select low morbidity health departments within the State of Michigan in accordance with program standards and Department oversight.

Reporting Requirements (if different than agreement language):

The Grantee shall submit the following reports on the following dates:

Report	Period	Due Date(s)	How to Submit Report
HIV testing notification/services to delivered to individuals	Monthly	10 th of the following month	Enter in Aphirm
Partner Services delivered to individuals	Within 72 hours	10 th of the following month	Enter in Aphirm
Syphilis Partner Counseling and Referral	Within 72 hours	Within 72 hours	MDSS

- The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by the Contract Manager.

Any additional requirements (if applicable):

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal money.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

4. The Grantee will submit all educational materials (e.g., brochures, posters, pamphlets, and videos) used in conjunction with program activities to the Department for review and approval prior to their use, regardless of the source of funding used to purchase these materials. These materials should be emailed to MDHHS-HIVSTIOperations@michigan.gov.

Grant Program Operation

1. Pursuant to a protocol established by the Department, the Grantee will provide positive test notification, HIV/STD and syphilis partner counseling and referral services, victim notification and recalcitrant investigation for the following local health departments: Bay County Health Department, Benzie-Leelanau District Health Department, Central Michigan District Health Department, Chippewa County Health Department, Dickinson-Iron District Health Department, District Health Department # 2, District Health Department # 4, District Health Department #10, Grand Traverse County Health Department, Luce-Mackinac-Alger-Schoolcraft District Health Department, Marquette County Health Department, Mid- Michigan District Health Department, Midland County Health Department, Northwest Michigan Community Health Agency, Public Health, Delta and Menominee Counties, and Western Upper Peninsula District Health Department.
2. The Grantee will establish, maintain and document (e.g., via MOU or MOA) linkages with community resources that are necessary and appropriate to addressing the needs of clients and that are essential to the success and effectiveness of services supported under this agreement.
3. The Grantee will provide these services fifty-two weeks a year.
4. The Grantee will participate in the Department needs assessment and planning activities, as requested.
5. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities provided by the Department.
6. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:
 - a. Have policies and procedures to ensure time and effort reporting.
 - b. Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - c. Denote accurately the percent of effort to the project. The percent of effort may vary from month to month and the effort recorded for Ryan White funds must

match the percentage claimed on the Ryan White FSR for the same period.

- d. Submit a budget modification to the Department in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
7. The Grantee will complete the collection of all required data variables and clean-up any missing data or service activities by the 10th day after the end of each calendar month.

Record Maintenance/Retention

- 1. The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.
- 2. The Grantee will maintain client records of HIV Positive or Negative with Syphilis diagnosis. MDHHS recommends that this information be retained indefinitely or until it is determined the client is deceased.

Software Compliance

- 1. The Grantee will adhere to reporting deadlines for all contractual Grantee Reporting requirements.
- 2. The Grantee is required to use the following data systems to enter HIV and Syphilis case investigation data: Aphirm and Michigan Disease Surveillance System (MDSS)
 - a. All reactive results must be entered into Aphirm within 48 hours
 - b. All non-reactive results must be entered into Aphirm within seven days
 - c. All APhirm must be entered and missing variables entered by the 10th day after the end of each calendar month.
- 3. The Grantee must establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include:
 - a. Regular back-up of client records with back-up files stored in a secure location.
 - b. Use of passwords to prevent unauthorized access to the computer or Client Level Data program.

- c. Use of virus protection software to guard against computer viruses.
- d. Provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDHHS policies concerning Sharing and Secured Electronic Data.

Mandatory Disclosures

1. The Grantee will provide immediate notification to the Department, in writing, in the event of any of the following:
 - a. Any formal grievance initiated by a client and subsequent resolution of that grievance.
 - b. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
 - c. Any staff vacancies funded for this project that exceed 30 days.
 - d. This information may be emailed to:

MDHHS-HIVSTIOperations@michigan.gov

ASSURANCES

Compliance with Applicable Laws

The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.

PROJECT TITLE: HIV/STI Testing and Prevention

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The City of Detroit bears a disproportionate burden of reported sexually transmitted infection, including HIV. As a complement to public health clinical services, the Detroit Health Department provides community level education and awareness building, along with targeted screening activities to ensure additional access to service for early case detection and linkage to care.

Reporting Requirements:

1. The Grantee will clean-up missing data by the 10th day after the end of each calendar month. Grantee must report required variables as outlined by National HIV Monitoring and Evaluation (NHME) and MDHHS.
2. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Grantee as required by the Division of HIV and STI Programs (DHSP).
3. The Quality Control and Daily Client Logs may be sent to the Contract Manager via:
 - Email – Mary Roach (roachm@michigan.gov) and Safina Thomas (thomass56@michigan.gov)
Fax - (517) 241-5922
Mailed - HIV Prevention Unit,
Attn: CTR Coordinator
PO Box 30727, Lansing, MI 48909
4. The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by DHSP.

Grantee Report Submission Schedule

Report	Period	Due Date(s)	Report submission
Counseling, Testing, and referrals			
Quality Control Reports	Monthly	10 th of the following month	Department Staff
Daily Client Logs	Monthly	10 th of the following month	Department Staff

HIV Testing Proficiencies	Annually	Reviewed during site visits	Department Staff
HIV Testing Competencies	Annually	Sent to MDHHS before the end of the fiscal year	Department Staff
Non-Reactive Results	As needed	Within 7 days of test	APHIRM
PrEP Cascade Data	Monthly	10 th of the following month	APHIRM
Reactive Results	As needed	Within 24 hours of test	APHIRM
Case Report Forms	As needed in the event of a reactive result	Adult Case Report Form Directions	LMS MDHHS Surveillance
Partner Services & Linkage to Care (as applicable)			
Linkage to Care and Partner Services Interview***	As needed	Within 30 days of service	APHIRM
Internet Partner Services (IPS) and Partner Services Interview****	Ongoing	Within 30 days of service	APHIRM
Disposition on Partners of HIV Cases	Ongoing	Within 30 days of service	APHIRM
Evidence Based Risk Reduction Activities (as applicable)			
SSP Data Report,	Quarterly	10 th of the following month	Syringe Utilization Platform (SUP)
Clinical HIV/STI services (as applicable)			
340b PrEP Prescription Log	Weekly	Every Friday by the close of business	DCH File Transfer – MDHHS-340B PrEP PT ADT*****
Billing Revenue Report	Quarterly	10th of the following month	Department Staff
STI 340B Utilization/Inventory Report,	Quarterly	Within 10 days after the end of the quarter	Log into SGRX340BFlex.com website, generate a quarterly report on the reporting tab, and it will be transferred automatically to ScriptGuide/DHSP

*CDC/MDHHS required activities including: Condom Distribution Data, if applicable; Social Marketing data; Evidence based intervention data; other prevention services and activities, if applicable

** Aggregated testing data

*** (e.g. client attended a medical care appointment within 30 days of diagnosis, and was interviewed by Partner Services within 30 days of diagnosis)

**** (e.g. client identify dating apps used to meet partners), if applicable

***** <https://milogintp.michigan.gov>

Any additional Requirements:

Publication Rights

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal fund, the Grantee receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state:

1. The percentage of the total costs of the program or project that will be financed with Federal funds.
2. The dollar amount of Federal funds for the project or program.
3. Percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.
4. The Grantee will submit all educational materials (e.g., brochures, posters, pamphlets, and videos) used in conjunction with program activities to DHSP for review and approval prior to their use, regardless of the source of funding used to purchase these materials. Materials may be emailed to: MDHHS-HIVSTIoperations@michigan.gov.

Grant Program Operation

1. The Grantee will participate in DHSP needs assessment and planning activities, as requested.
2. The Grantee will participate in regular Grantee meetings which may be face-to-face, teleconferences, webinars, etc. The Grantee is highly encouraged to participate in other training offerings and information-sharing opportunities, network detection response and interventions in collaboration with DHSP opportunities provided by DHSP.
3. Each employee funded in whole or in part with federal funds must record time and effort spent on the project(s) funded. The Grantee must:

- a. Have policies and procedures to ensure time and effort reporting.
 - b. Assure the staff member clearly identifies the percentage of time devoted to contract activities in accordance with the approved budget.
 - c. Denote accurately the percent of effort to the project. The percent of effort may vary from month to month, and the effort recorded for funds must match the percentage claimed on the FSR for the same period.
 - d. Submit a budget modification to DHSP in instances where the percentage of effort of contract staff changes (FTE changes) during the contract period.
 - e. If there are any changes in staff or agency operations, please email MDHHS Operations MDHHS-HIVSTIoperations@michigan.gov.
4. **If conducting HIV testing using rapid HIV testing**, the Grantee will comply with guidelines and standards issued by DHSP and:
- a. Provide medical oversight letter/agreement signed by a licensed physician is necessary to collect specimens and order HIV antibody/antigen, HIV genotype, HIV incidence, syphilis, gonorrhea, chlamydia, and hepatitis C testing. According to Part 15 of the Public Health Code MCL 333.17001(j), 'practice of medicine' is defined as
 - "the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these act".
 - b. Conduct quality assurance activities, guided by written protocol and procedures. Protocols and procedures, as updated and revised Quality assurance activities are to be responsive to: Quality Assurance for Rapid HIV Testing, MDHHS. See "Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals."
 - Ensure provision of Clinical Laboratory Improvement Amendments (CLIA) certificate.
 - Report discordant test results to DHSP
Email – Mary Roach roachm@michigan.gov and Safina Thomas (thomass56@michigan.gov)
Fax - (517) 241-5922
 - Ensure that staff performing counseling and/or testing with rapid test technologies has completed, successfully, rapid test counselor certification course or Information Based Training (as applicable), test

device training, and annual proficiency testing.

- If conducting blood draws, the grantee must conduct the packaging and shipping training via Bureau of Laboratories.
BashoreM@michigan.gov
 - Ensure that all staff and site supervisors have completed, successfully, appropriate laboratory quality assurance training, blood borne pathogens training and rapid test device training and reviewed annually.
 - Develop, implement, and monitor protocol and procedures to ensure that patients receive confirmatory test results.
 - To maintain active test counselor certification, each HIV test counselor must submit one competency per year to the appropriate departmental staff.
5. **If conducting SSP**, the grantee will develop programs using MDHHS guidance documents and will address issues such as identification and registration of clients, exchange protocols, education, and trainings for staff, and referrals.
- a. Grantees will participate on monthly or quarterly conference calls to discuss best practices and identify barriers.
6. **If conducting PS**, the Grantee will comply with guidelines and standards issued by the Department. See “Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals.” The Grantee must:
- a. Provide Confidential PS follow-up to infected clients and their at-risk partners to ensure disease management and education is offered to reduce transmission.
 - b. Effectively link infected clients and/or at-risk partners to HIV care and other support services.
 - c. Work with Early Intervention Specialist to ensure infected clients are retained in HIV care.
 - d. If applicable,
 - Procure TLO or a TLO-like search engine.
 - Ensure staff that are utilizing TLO or TLO-search engine complete the TLO training to maintain and understand the confidential use of the system.

- Effectively utilize the Internet Partner Services (IPS) Guidance to provide confidential PS follow-up to at-risk partners named by infected clients who were identified to have been met through the use of dating apps.
 - Ensure staff and site supervisors successfully complete the Internet Partner Services Training.
 - Ensure staff conducting Internet Partner Services participant in monthly, bi-monthly meetings, webinars or calls to discuss best practices and identify barriers.
7. **If conducting 340 B STI/PrEP clinical activities**, the Grantee will comply with guidelines and standards issued by DHSP and:
 8. Funds generated by this program must be utilized to support the program, including to hire a Mid-level provider, supporting staff, and program materials to provide Pre-Exposure Prophylaxis (PrEP) services.
 9. Any funds included in this agreement above must be re-invested in HIV/STI PrEP services. This could mean improving, enhancing, and/or expanding your current HIV/STI services or adding new services to improve patient health outcomes for HIV/STI.
 10. Any revenue or income generated via billing from this agreement must be reinvested into this project.

Record Maintenance/Retention

The Grantee will maintain, for a minimum of five (5) years after the end of the grant period, program, fiscal records, including documentation to support program activities and expenditures, under the terms of this agreement, for clients residing in the State of Michigan.

Software Compliance

1. The Grantee and its subcontractors are required to use APHIRM (formerly Evaluation Web) to enter HIV client and service data into the centrally managed database on a secure server.
2. The Grantee and its subcontractors are required to use APHIRM to enter PrEP Cascade Data into the centrally managed database on a secure server.
3. The Grantee and its subcontractors are required to use APHIRM to enter EBI Data into the centrally managed database on a secure server.

4. The Grantee and its subcontractors are required to use APHIRM (formerly Partner Services Web) to enter Partner Services interview, linkage to care data, and identified dating apps through the use of Internet Partner Services (IPS) where appropriate.
5. The Grantee and its subcontractors are required to use SHOARS to request amendments, supplies, data, technical assistance and to register for trainings.
6. New staff needing access to APHIRM are required to submit the APHIRM user request form through SHOARS.
7. The Grantee shall notify MDHHS immediately via email at MDHHS-HIVSTloperations@michigan.gov of APHIRM users who are separated from the agency for deactivation.

Mandatory Disclosures

1. The Grantee will provide immediate notification to DHSP, in writing, including but not limited to the following events:
2. Any formal grievance initiated by a client and subsequent resolution of that grievance.
3. Any event occurring or notice received by the Grantee or subcontractor, that reasonably suggests that the Grantee or subcontractor may be the subject of, or a defendant in, legal action. This includes, but is not limited to, events or notices related to grievances by service recipients or Grantee or subcontractor employees.
4. Any staff vacancies funded for this project that exceed 30 days.
 - a. All notifications should be made to DHSP by MDHHS-HIVSTloperations@michigan.gov.

Technical Assistance

1. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
2. Recipient agency must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov.

3. You may request for TA on the implementation of the HIV Prevention program. This may include issues related to: APHIRM, Intervention Database, Programs, Budget/Fiscal, Grants and Contracts, Risk Reduction Activities, Training, or other activities related to carrying out HIV prevention activities.

Compliance with Applicable Laws

1. The Grantee should adhere to all Federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination, and confidentiality.

PROJECT: Immunization Action Plan

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

Offer immunization services to the public.

- Collaborate with public and private sector organizations to promote childhood, adolescent and adult immunization activities in the county including but not limited to recall activities.
- Educate providers about vaccines covered by Medicare and Medicaid.
- Provide and implement strategies for addressing the immunization rates of special populations (i.e., college students, educators, health care workers, long term care centers, detention centers, homeless, tribal and migrant and childcare employees).
- Develop mechanisms to improve jurisdictional and LHD immunization rates for children, adolescents and adults.
- Ensure clinic hours are convenient and accessible to the community, operating both walk-in and scheduled appointment hours.
- Coordinate immunization services, including WIC, Family Planning, and STD, developing plans or memorandums of understanding.
- Collaboratively work with regional MCIR staff to ensure providers are using MCIR appropriately.
- Develop strategies to identify and target local pocket of need areas.

Reporting Requirements (if different than contract language)

1. IAP Reports are submitted electronically in accordance with due dates set by the Department.
2. IAP Plan will be submitted electronically using a template provided by the Department, in accordance with due dates set by the Department.
3. Utilize VAERS to report all adverse vaccine reactions
4. Ensure that all reportable diseases are reported to the Department in the time specified in the public health code and appropriate case investigation is completed.
5. By April 1, of each year provide one copy of the VFC provider with an online re-enrollment form which includes a profile for each provider who receives vaccine from the state. These documents must be submitted electronically in MCIR no later than April 1.

Any additional requirements (if applicable)

1. Adhere to federal and state appropriation laws pertaining to use of programmatic funds. See Immunization Allowable Expenditures in Attachment I for appropriate use of Federal Funds.
2. Adhere to requirements set forth in the Omnibus Budget Reconciliation Act of 1993, section 1928 Part IV – Immunizations and the most current CDC Vaccines for Children Operations Manual, Michigan Resource Book for VFC Providers, and documents that are updated throughout the year pertaining to the Vaccines for Children (VFC) Program.
3. Ensure that federally procured vaccine is administered to eligible children only and is properly documented per VFC guidelines.
 - The VFC Program provides VFC vaccine to only eligible children who meet the following criteria: are Medicaid eligible, have no health insurance, are American Indian or Alaskan Native, are served at a Federally Qualified Health Center (FQHC), a Rural Health Center (RHC) or a public health clinic affiliated with a FQHC and are also under-insured.
 - Ensure state-supplied vaccines provided in the jurisdiction are administered only to eligible clients as determined by the state. This program allows for the immunization of select populations who are underinsured and not served at a FQHC, RHC, or a public health

immunization clinic affiliated with a FQHC as defined by current state program requirements.

- Ensure that all providers receiving vaccine from the state screen children for VFC eligibility for children
4. Fraud or abuse of federally procured vaccine must be monitored and reported.
 5. Adhere to all Federal and Michigan Laws pertaining to immunization administration and reporting including reporting to the MCIR, VAERS and schools and daycare reporting
 6. Coordinate the submission of immunization data from schools and childcare centers in your jurisdiction and follow-up with programs providing incomplete or inaccurate data. Assure compliance levels are adequate to protect the public.
 7. Provide education to the parents of children seeking a non-medical exemption in your jurisdiction.
 8. Monitor any provider receiving federally procured vaccine including but not limited to VFC/QI site visit.
 9. Ensure on-site attendance of at least 1 LHD immunization program staff to two (2) Immunization Action Plan (IAP) meetings each year.
 10. Implements Perinatal Hepatitis B program activities to prevent the spread of Hepatitis B Virus (HBV) from mother to newborn.
 - Verify pregnancy status on all hepatitis B surface antigen (HBsAg) positive pregnant women of childbearing years (10-60 years of age.)
 - Ensure HBsAg positive pregnant women are reported to the Perinatal Hepatitis B case manager and according to the Public Health Code.
 - Coordinate Perinatal Hepatitis B case management activities between local health department, provider, and Perinatal Hepatitis B Case Manager to:
 11. Ensure that all infants, born to women who are HBsAg positive receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of life, a complete hepatitis B vaccine series with post vaccination serology testing and program support services.

12. Ensure that all susceptible household and sexual contacts associated with HBsAg positive women receive appropriate testing, vaccination, and support services.
13. Ensure birthing hospitals are able to offer hepatitis B vaccine to all newborns prior to hospital discharge by enrolling them in the Universal Hepatitis B Vaccination Program for Newborns.
14. Surveillance of vaccine preventable disease (VPD) activities
 - Conduct active surveillance when indicated (i.e. during an outbreak) and contact hospitals, laboratories, and/or other providers on a regular basis.

PROJECT: Immunization Action Plan- Pilot

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Project to increase immunization rates within the jurisdiction with a focus on influenza vaccination.

- Staffing to work with schools on implementing school-located vaccination clinics.
- Staff school-located vaccination clinics and provide vaccines to eligible students.
- Distribute report cards to providers within the jurisdiction and research methods to increase immunization rates within the practice.
- Work with MDHHS staff to coordinate immunization services to schools.

Reporting Requirements (if different than contract language)

1. On a quarterly basis provide:
 - a. Number of clinics conducted and number of students vaccinated at school located clinics.
 - b. The number of interventions initiated with provider offices to improve immunization rates.
 - c. Number of influenza vaccines provided.
 - d. Number of non-influenza vaccines provided.
 - e. Number of educational materials created or updated.
 - f. Information on any other immunization outreach efforts conducted using this funding.
2. At the end of Quarter 3 provide:
 - a. Total number of Kindergarten Roundups conducted.
 - b. Number of Kindergarten Roundups that offered vaccination opportunities.

Reports and information should be emailed to:

Kristina Paliwoda, Operations Section Manager
PaliwodaK@michigan.gov

Any additional requirements (if applicable)

PROJECT: Immunization Field Service Representative

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The Immunization Field Service Representative serves as a liaison, resource person and as a regional expert for local health jurisdictions regarding all the Department immunization programs and initiatives.

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

PROGRAM SUPPORT:

- Assist with the regional MCIR activities and act as a regional resource on MCIR processes and assessment protocols.
- Assist with the local implementation and monitoring of all state programs at the regional level- including IAP implementation, VFC, IQIP, Accreditation, Perinatal Hepatitis B, School / Childcare reporting, special projects and the INE program.
- Participate in planning for regional conferences, IAP Coordinator meetings, and other Department programs and initiatives as needed.
- Assist state, regional and local epidemiologists and communicable disease staff as needed with VPD surveillance and outbreak control.

PROGRAM QUALITY ASSURANCE:

- Assist in the orientation of new IAP Coordinators.
- Work with local health departments to assess and increase immunization levels for all age groups, especially identifying and targeting pockets of need.
- Identify evidence-based strategies that support improved coverage levels in the region, including use of recall, support for the IQIP program, coordination of LHD services, and provider and LHD staff education.

- Consult with the local health department on the immunization component of the accreditation process, including preparation for reviews and conducting a walk through or mock accreditation review.
- Consult with local coalitions and private stakeholders to promote immunizations and ensure consistent messages are relayed to the public.
- Consult with local health departments on the school and day care assessment process.
- Encourage or provide educational updates and interventions on all immunization issues with staff at local health departments, healthcare providers, school and childcare staff and other stakeholders, may also include INE presentation if applicable.

PROGRAM COMPLIANCE:

Monitor compliance with policies/legislation at national/state and local levels such as:

- a. VFC program requirements and vaccine distribution and storage.
- b. VAERS program
- c. Public Health Code
- d. Administrative Rules
- e. School and childcare legislation and reporting requirements
- f. MCIR legislation and rules
- g. Communicable Disease Rules

PROGRAM OVERSIGHT and PROGRAM REVIEW:

- Perform oversight of the following programs with assigned local health departments.
- Accreditation-Conduct reviews and monitor corrective actions.
- VFC including orientation and observation of LHD staff to annual VFC site visit process, monitoring of VFC vaccine losses, submission of mandatory reports, annual LHD VFC site visits and quality assurance review of all provider public vaccine orders, perform E-VFC site visits to all LHD clinics, and unannounced VFC storage and handling site visits.
- IQIP—including the required IQIP follow-up with VFC providers, and full implementation of recommendations.
- Perinatal Hepatitis B-regional birth dose levels and universal vaccine program.

- Review and summarize LHD IAP Annual Plans and Biannual IAP Reports.
- Monitor LHD compliance with Comprehensive agreements and special requirements relating to the Immunization program.
- Subrecipient monitoring of funds

NW Michigan Health Department

- Employ and oversee a full-time Immunization Field Representative for the Immunization Program who shall be acceptable to the Department and who shall be supported by this agreement, understanding that their full time is to be devoted for regional immunization related activities, including travel time.
- Provide the Immunization Field Representative with permanent office space and supplies, including, but not limited to a telephone, general office supplies, a computer with high speed internet capabilities, a printer, a cellular telephone and a use of vehicle or reimbursement mechanism for transportation unless otherwise arranged.
- Ensure the Immunization Field Representative will be available to all local health departments in the assigned regions to provide Immunization Program activities equitable and at the direction of the Department. Refer to field representative responsibilities as defined by the Department and distributed to the Grantee.
- Provide for reimbursement for reasonable telephone charges incurred in the conduct of business by the Immunization Field Representative unless otherwise arranged.
- Provide reasonable reimbursement for any travel and subsistence expenses incurred by the Immunization Field Representative necessary to the conduct of the Immunization Program. Travel could include the annual National Immunization Conference or other professional immunization related conferences, attendance at the Department Immunization staff meetings and trainings, and accreditation visits made in other areas of the state, as determined by the Division of Immunization.

Kent, Livingston, Marquette, NW Michigan, and Monroe Counties

- Provide adequate office space, telephone connections, high-speed internet access, as well as access to fax and photocopiers.
- Provide feedback to Section Manager as needed, on employee work-related conduct.

PROJECT: Immunization Fixed Fee (VFC/QI Site Visits)

Start Date: 10/01/2022

End Date: 9/30/2023

Project Synopsis

The format of the site visit will be based on the completed site visit questionnaires, the CDC-PEAR and CDC-IQIP database systems reviewed at the most recent Fall IAP meeting, web-training with MDHHS VFC and QI coordinators, in-person training with Field Reps and the site visit guidance documents (VFC and QI) provided by the department and the CDC. All site visit information shall be entered into the appropriate database as required by CDC (PEAR and QI database system) within 10 days of the site visit by the individual who conducted the site visit. VFC site visit documentation must be entered online within PEAR during the time of the site visit.

Reporting Requirements (if different than contract language)

All reimbursement requests should be submitted on the quarterly Comprehensive Financial Status Report (FSR).

- The submission should include, as an attachment, detail all the visits during the quarter using the current spreadsheet information provided by the Department.

Any additional requirements (if applicable)

- The rate of reimbursement is \$150 for a VFC Enrollment, AVP Only visit, or VFC Only visit, \$100 for a VFC Unscheduled Storage and Handling Visit, \$350 for a Combined VFC/QI site visit or Birthing Hospital visit, and \$200 for a QI Only visit. A VFC Enrollment visit is required for all new VFC enrolled provider sites. Unannounced Storage and Handling Visits are not required but when performed, must occur in conjunction with Immunization Nurse Education Sessions required for VFC Providers that experience a loss exceeding a VFC dollar amount of \$1500. These visits can only be completed if eligible according to current CDC requirements (e.g., visits cannot be performed for providers who have any visit that is either in "In Progress" or "Submitted" status). Notify MDHHS VFC staff for approval prior to performing these visits. MDHHS VFC will monitor the number of Unannounced Storage and Handling visits performed and, if necessary, may limit the allowable number of those that can be performed.
- All LHD staff involved with any site visits must complete the Department site visit training webinar, presented by the Department VFC and QI Coordinator, prior to conducting any site visits. Annual VFC and QI visit guidance and review materials will be provided to each LHD at the IAP Meetings and consult will be conducted by the Department Immunization Field Representative for each Grantee.

- Data from the CDC PEAR and CDC IQIP databases regarding the number and type of site visits will be used to reconcile the agency request for reimbursement. For additional detail on the program requirements, refer to the Resource Guide for Vaccine for Children Providers and the current Department site visit guidance documents, as well as other current guidance provided by the Department/Immunization Program in correspondence to Immunization Action Plan (IAP), Immunization Coordinators, or through health officers.
- Every VFC visit performed for a QI-eligible provider must receive a QI visit within the same site visit cycle. This may be performed as either a Combined VFC-QI visit or separate VFC Only and QI Only visit, according to current MDHHS guidelines. A QI visit can only be conducted within a cycle in which a VFC visit has also been conducted for the same provider.
- Local health departments must complete an in-person VFC or VFC/QI site visit for every VFC provider at minimum, every 24-months, using the date of their previous visit as a starting point. Site visits will vary in time an average of 1 hour for QI and 2 hours for VFC Compliance and must not exceed the two-year time frame. Annual visits are encouraged but must not be conducted sooner than 11 months from the previous site visit date.
- Combined VFC/QI site visits will be conducted using MCIR QI reports and QI tools developed by the Department. All VFC and QI follow-up activities and outstanding issues must be completed within CDC guidelines.
- Detroit Department of Health and Wellness Promotion Immunization Program is required to complete visits annually to 100% of the VFC providers in accordance with the SEMHA Quality Assurance Specialist (QAS) contractual obligations, including the completed site visit questionnaires and the CDC-PEAR and the CDC-IQIP database systems reviewed at the most recent Fall IAP meeting, web-training with MDHHS VFC and QI coordinators, in-person training with Field Reps and the current site visit guidance documents (VFC and QI) provided by the department and the CDC. All site visit information shall be entered into the appropriate database as required by CDC (PEAR and QI database system) within 10 days of the site visit by the individual who conducted the site visit. VFC site visit documentation must be entered online within PEAR during the time of the site visit.

PROJECT: Immunization Michigan Care Improvement Registry (MCIR)

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

MCIR is organized into six regions across the state of Michigan to provide MCIR regional staff oversight for implementation, training of private and public providers, governance, and evaluation. The staff will also perform community immunization assessment and reporting to ensure providers report accurate data in a timely fashion.

Reporting Requirements

- Ensure the quarterly submission of status reports on work plan progress. Reports are due within 30 days of the end of each quarter:

Report Period	Report Due
October 1 – December 31	January 31
January 1 - March 31	April 30
April 1 - June 30	July 31
July 1 - September 30	October 31

- Final quarterly report shall be an annual report. The annual report will be distributed to the Department. The report shall include a summary of all the required activities listed above in the quarterly reports.
- Any other information as specified in the special requirements shall be developed and submitted by the Grantee as required by the Department.

Reports and information should be submitted to:

Bea Salada, MCIR Coordinator
Michigan Department of Health & Human Services
Immunization Division
333 South Grand Ave
Lansing, MI 48909
Phone: (517) 284-4889

- The Grantee shall permit the Department or its designee to visit and to evaluate on an as- needed basis.

Any additional requirements (if applicable)

- The Grantee shall ensure the performance of the following activities on behalf of the Department to support the MCIR:
- Promote and train providers and Health Care Organizations (HCOs) on all features of the MCIR Web application.
- Support regional MCIR users by operating the regional help desk in accordance with Department approved procedures.
- Monitor and develop strategies to increase private provider and HCO enrollment and participation in the MCIR which includes development of strategies to encourage all providers to fully participate with the MCIR, (such as sites of excellence awards).
- Process all user/usage agreements, according to the Department's approved procedures, to create user accounts.
- Implement and update marketing plans in support of increased provider and parent acceptance and use of the MCIR.
- Keep regional users updated on MCIR status and system changes.
- Conduct ad hoc reporting and querying on behalf of MCIR users.
- Work with local health departments to establish a mechanism and internal process to assure persons who have died within their county are appropriately flagged in the MCIR.
- Maintain a listing of HCO private and public immunization providers. This listing should be as comprehensive as possible and should include all providers in the region.
- Conduct regular de-duplication activities to assure that duplicate records are removed from the MCIR as quickly as possible.
- Process user petitions to change MCIR data according to Department approved procedures.

- Monitor ongoing immunization data submission for all local health departments and private providers.
- Conduct training functions as needed to assure that local health department staff can train and educate providers on how to access and submit data into MCIR.
- Maintain a policy/procedure manual, approved by the Department.
- Process and file all “opt out” forms according to the Department approved procedures.
- Attend regular MCIR regional Grantee/coordinator meeting.
- Conduct Onboarding activities as required for providers submitting immunization data via HL7 messaging to MCIR.
- Perform quality assurance checks on the MCIR data for the region as prescribed by the Department.
- Assist local health departments and private providers with methodologies to “clean up” their data.
- Provide assistance to the Department on User Acceptance Testing (UAT) when required to verify MCIR system releases of bug fixes and enhancements.
- Attend all UAT training sessions as required by the Department.
- The Grantee shall provide to the MCIR Regional Coordinator:
 - a) permanent office space
 - b) general office supplies
 - c) a land-based telephone
 - d) a computer with high-speed internet capabilities
 - e) a printer
 - f) a cellular telephone
 - g) use of a vehicle or in the alternative reimbursement mechanism for transportation unless otherwise arranged
- When sufficient funding is available, provide to the MCIR Regional Coordinator reimbursement for travel to attend the National Registry related meetings if approved by the Department. This includes travel related expenses concerning air fare, lodging, baggage processing, taxi services, etc.

- Consult with the Department on any personnel or performance issues that could affect the above-mentioned contract requirements.
- Facilitate the Department's attendance in the interview process for hiring of a MCIR Regional Coordinator / MCIR staff. This process includes consultation with the Department regarding selection of interview candidates as well as participation in the hiring determination.

PROJECT: Immunization Vaccine Quality Assurance

Start Date: 10/01/2022

End Date: 9/30/2023

Project Synopsis

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

1. Follow-up on vaccine losses and replacement for compromised vaccines for immunization providers within the jurisdiction.
2. Monitor and approve all temperature logs, doses administered reports and ending inventory reports received from participating VFC providers within the jurisdiction.
3. Monitor and approve vaccine orders for participating VFC providers within the jurisdiction.
4. Act as the Primary Point of Contact (PPOC) for VFC providers within the jurisdiction.
5. Provide education and intervention on inappropriate use of publicly purchased vaccine.
6. Follow-up on VFC site visit non-compliance issues.
7. Assist VFC providers within the jurisdiction on issues related to balancing vaccine inventories.
8. Assist with the redistribution of short-dated vaccine for providers within the jurisdiction.
9. Assist with the equitable allocation of vaccines to providers in the jurisdiction during a vaccine shortage.

PROJECT TITLE: Infant Safe Sleep

Start Date: 10/1/2022

End Date: 09/30/2023

Project Synopsis:

Local health departments will provide safe sleep educational activities, conduct safe sleep community outreach/awareness efforts and engage community leaders to guide programming.

Reporting Requirements (if different than agreement language):

1. LHD will attach the completed “Infant Safe Sleep Mini-Grant Work Plan” to the indirect cost line of the budget for review and approval by the Infant Safe Sleep program prior to the start of the fiscal year.
2. Prior to the submission of the proposed work plan, LHD will participate in an in-person or virtual meeting with all mini-grantees facilitated by the Infant Safe Sleep Program to review current data, discuss infant safe sleep best practices and answer any questions related to mini-grant requirements.
3. LHD will submit the “Infant Safe Sleep Mini-Grant Work Plan and Reporting Document” quarterly with the “Summary of Work Completed” and “Outputs” columns completed and the “Community Engagement Questions” answered. It must be attached to the indirect cost line of each quarterly FSR (Q1, Q2, Q3) and to the final FSR.
4. LHD will participate in a monthly meeting (in-person, virtual or call) with the Infant Safe Sleep Program to review progress, provide updates and coordinate activities statewide. LHD will participate in more frequent calls if requested by program staff.
5. LHD will designate a staff person to serve as the contact with the Infant Safe Sleep Program.

Any additional requirements:

1. Grantee must provide safe sleep educational activities, conduct safe sleep community outreach/awareness efforts and engage community leaders to guide programming.
2. Programming must adhere to the policy statement titled “SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment” issued by the American Academy of Pediatrics or any subsequent updates to that policy statement.

3. Activities must:
 - a. Be data driven and focus on communities or populations that experience a high rate of sleep-related infant death and disparity. Input and feedback from families at highest risk for sleep-related infant death must be utilized.
 - b. Be culturally appropriate based on the communities served.
 - c. Support families and encourage open and nonjudgmental conversations with families about infant sleep practices, including risk reduction strategies.
4. Grantee must participate in and/or coordinate a local advisory team or regional group (such as the county's Regional Perinatal Quality Collaborative) to coordinate efforts to promote infant safe sleep and reduce infant deaths related to unsafe sleep environments. Grantee must make efforts to ensure membership represents a diverse community of stakeholders and includes the following on the advisory team:
 - a. Community partners that can address social determinates of health including partners that can meet resource needs of families and partners that work further upstream.
 - b. Community members, such as families, parents and caregivers
5. Activities of the grantee must align with the Mother Infant Health and Equity Improvement Plan to address preventable infant deaths and disparities through evidence-based infant safe sleep program activities.
6. Funds may be used for the purchase of demonstration and/or educational items, however, grantee is encouraged to use department-provided educational materials when possible. Additionally, a maximum of 7% of the funding may be used for giveaway items that are directly related to infant safe sleep such as cribs, pack and-plays, and/or sleep sacks. A maximum of 5% of the funding may be used for advertising, including billboards, bus signage and the purchase of radio, TV, and/or print media.
7. Grantee must adhere to the approved work plan. Deviations to the work plan must be approved by the Program Coordinator.

Program Coordinator

Colleen Nelson

nelsonc7@michigan.gov

517-243-1796

PROJECT: Informed Consent

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The Department will provide funding, at the fixed rate of \$50 per woman served, for each woman that expressly states that she is seeking a pregnancy test or confirmation of a pregnancy for the purpose of obtaining an abortion and is provided a pregnancy test with a determination of the probable gestational stage of a confirmed pregnancy.

Reporting Requirements (if different than contract language)

The number of services, rate per service and total amount due must be noted as a funding source, under the element where the staff providing the services are funded, on the FSR through the MI E-Grants system.

Any additional requirements (if applicable)

The following requirements apply to all Grantees, whether the Grantee operates a Family Planning Clinic or not:

1. When a woman states that she is seeking an abortion and is requesting services for that purpose the Grantee will provide:
 - a. A pregnancy test with a determination of the probable gestational stage of a confirmed pregnancy.

Important Note: The Grantee must destroy the individual “informed consent” files containing identifying information (Name, Address, etc.) after 30 days.

2. When a woman seeks a pregnancy test and does not explicitly state that she is doing so for the purpose of obtaining an abortion, she should be directed to a family planning clinic or to her primary care provider for a pregnancy test. Services to comply with PA 345 of 2000 should not be provided to a woman in a Title X funded family planning clinic.

PROJECT: Laboratory Services Bio

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

As part of the emergency preparedness and response efforts, the regional laboratories have been designated as partner organizations that assist with testing, transport, and communications related to biothreat agents or other evolving infectious agent issues.

Reporting Requirements (if different than contract language)

Provide the Bureau of Laboratories records and reports as required, at least once per year or upon special request.

Any additional requirements (if applicable)

Meet established standards of performance and objectives in the following areas:

Public Health Emergency Preparedness:

- Maintain a current list of contact information for local community hospital laboratories to facilitate communication.
- Facilitate response with local community hospital laboratories in preparation for and during public health threats.
- Coordinate and facilitate specimen collection and transport with facilities within jurisdiction. This may include specimen packaging and shipping and coordination with the courier service.
- Provide 24/7 contact information to hospital partners and BOL.
- Participate in and provide support for Department PHEP exercises with community hospital laboratories within jurisdiction.
- The Grantee will designate one staff member as a liaison to the Bureau of Laboratories. Each Grantee must designate appropriate staff to take part in LIMS training activities.

- Provide information on specimen submission to local health jurisdictions to assure that specimens are submitted to the BOL LRN laboratory, or other appropriate LRN laboratory as determined by the Department.

PROJECT: Lactation Consultant

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The Lactation Consultant project provides lactation support to persons living in Flint and the surrounding areas. All activities must support and promote human milk feeding.

Reporting Requirements (if different than contract language)

1. In anticipation of the FY23 contract, grantees must submit a Lactation Consultant work plan to DrzalN@michigan.gov by 9/1/2022. The work plan must include:
 - a. Outcome objectives (a minimum of 2) for improved breastfeeding rates in Genesee County.
 - b. Activities (a minimum of 3 per objective) that include names and numbers of specific populations targeted for interventions.
 - c. The person responsible and deliverable quantifiable outcomes for each activity.
2. Changes to the work plan throughout the year can occur with prior approval from the MDHHS.
3. All activities, as specified in the initial approved work plan, shall be implemented.

Workplan Report Due Dates:

Work plan reports must be submitted quarterly or as requested by MDHHS. The reports are due 30 days after each quarter and year end and include the following timeframes:

- a. Initial work plan due August 1, 2022.
- b. First quarter (covering period October 1 through December 31) is due January 30.

- c. Second quarter report (covering period January 1 through March 31) is due April 30.
- d. Third quarter report (covering period April 1 through June 30) is due July 30.
- e. Fourth quarter report (covering period July 1 through September 30) is due October 30.

Any additional requirements (if applicable)

PROJECT: Lead Hazard Control

Start Date: 10/01/2022

End Date: 9/30/2023

Project Synopsis

The LHCCD grant funds local communities to provide residential lead hazard control (LHC) services within their communities per the Medicaid Children's Health Insurance Program State Plan Amendment. The purpose is to provide LHC services to eligible households with a Medicaid-enrolled child to reduce lead exposure in children. The program consists of outreach, education, identification of sources of lead, as well as remediation of lead hazards within the home that contribute to elevated blood lead levels. The grant allows grantees to establish a tailored, high quality, and sustainable lead hazard control program that best serves the residents in their community.

Reporting Requirements (if different or in addition to contract language)

- A. Grantees must complete and submit monthly Enrollee Engagement Protocol Tracking Reports via secured MDHHS File Transfer Protocol (FTP) system by the 15th of each month for the prior month's activity.
- B. Grantees must complete and submit MDHHS-LSS Monthly Monitoring Reports via secured FTP by the 15th of each month for the prior month's activity. The method of reporting may change following the MiCLEAR application implementation.
- C. Grantees must complete monthly expenditure and general ledger reports by the 30th of each month for the prior month. Monthly financial reports will be submitted to applicable Program Coordinator on time.
- D. Quarterly Financial Status Reports in EGrAMS are due by the 30th of the month following the end of the quarter. Grantees shall provide applicable general ledgers attached to the quarterly Financial Status Report in an Excel or PDF format for reconciliation, review and analysis.
- E. Grantees must submit quarterly Work Plan reports via FTP by the 15th of the month following the end of each quarter, as specified in the Grant Agreement.
- F. Grantees must complete benchmark form detailing monthly projected environmental investigations, cleared projects and funds to be drawn.

Community Development Unit will complete monthly review of benchmarks and develop a management plan on a quarterly basis for grantees who are not meeting benchmarks. If management plan does not achieve projected results, grantee must revise portions of contract including benchmarks and/or total contract award in the next amendment cycle.

- G. Grantees must have at least one representative participate in additional monitoring and information conference calls as requested by LLSD.
- H. Any other information as specified in the Statement of Work, shall be developed and submitted by the Grantee as required by the Contract Manager.
- I. Reports and information shall be submitted through the Lead Hazard Control Community Development File Transfer Protocol (LHCCD FTP) shared area and EGrAMS. Grantees shall follow the established MDHHS report and document naming conventions for reports submitted via secured FTP. The method of reporting may change following the MiCLEAR application implementation.
- J. The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager.

Any additional requirements (if applicable)

- A. Ensure compliance with laws, regulations, licensing requirements, protocols, and guidelines for all funded activities under this RFP. Work must be conducted by firms and persons certified according to the Michigan Lead Abatement Act and/or EPA 40 CFR 745 possessing certification as lead abatement firms, EPA certified renovation firms, risk assessors, inspectors, abatement supervisors, abatement workers or certified renovators (for workers and supervisors performing non-abatement work), as applicable to each unit's scope of work. Any abatement activities conducted under this program require a properly certified abatement firm, certified abatement supervisor, certified abatement worker credentialing. Any activities or other renovation activities not performed during abatement activities under this program requires a properly certified EPA renovation firm using only EPA-certified renovators. Each project will have a clearance performed at the end of the abatement work and at the end of the project. Compliance with the following is required for all sub-contractors, sub-grantees, sub-recipients, and their contractors:
 - U.S. Department of Housing and Urban Development (HUD): 24 CFR 35
 - U.S. Occupational Safety and Health Administration (OSHA): 29 CFR 1910.1025, 29 CFR 1926 (Lead Exposure in Construction)
 - U.S. Environmental Protection Agency (EPA): 40 CFR 745
 - U.S. EPA, National Environmental Policy Act - Tier II Environmental Review: 29 CFR Part 50-58.

- National Historic Preservation Act. The National Historic Preservation Act of 1966 (54 U.S.C. §300101) and the regulations at 36 CFR Part 800 apply to the lead-hazard control or rehabilitation activities that are undertaken pursuant to this RFP.
 - State of Michigan regulations, including the Michigan Lead Abatement Act (MCL 333.5451-333.3477), Lead Hazard Control Administrative Rules (R325.99101-R325.99409), and Article 24 of Public Act 299 of 1980, as amended, regarding residential building, maintenance, and alteration contractor licensing and regulations.
 - Local regulations as applicable.
- B. Applicants applying as a consortium must identify all partners, one Lead Applicant, and Authorizing Official in their proposal. Identify the geographic region each consortium partner is serving and their role.
- C. Create an Enrollee Engagement Prioritization Plan that specifies how you will adhere to the minimum requirements in the Enrollee Engagement Protocol. Grantees must ensure that prioritized at-risk eligible households receive adequate outreach for equitable inclusion and enrollment.
- i. Grantees shall maintain a documented Enrollee Engagement Prioritization Plan for their community, prioritizing the most at-risk families (e.g. pregnant women, children with EBLs, age of child, housing stock, etc.). Upon completion of a Data Use Agreement, MDHHS-LSS will provide Grantees with a monthly Medicaid enrollee and Elevated Blood Lead Level (EBLL) report for their geographic region to support this activity.
 - ii. Grantee's plan shall include enough potential participants to attain benchmarks. Conversely, Grantee's plan must be targeted to avoid a lengthy backlog of applicants.
 - iii. Once a Grantee has contacted a potential enrollee, the engagement protocol shall be followed until an application is received or they are disengaged according to the disengagement protocol.
 - iv. Grantee enrollee engagement must include application completion assistance, if needed.
 - v. Grantee's plan shall address how an applicant backlog will be tracked and monitored if there are more applicants than they can serve.
 - vi. If Grantee doesn't have a backlog, all eligible applicants shall be served regardless of their prioritization status.
 - vii. If Grantee plans to use a partner to oversee or conduct their Enrollee Engagement Prioritization Plan and Tracking, they must identify the

partner, agreements they have in place, and how PII and PHI data are shared and protected.

- viii. If Grantee proceeds with an application that does not follow their Enrollee Engagement Prioritization Plan, Grantee must document the justification in their project file.

D. Ensure lead abatement requirements are followed including:

- i. A lead abatement supervisor is required for each lead abatement job and must be present at the job site while all abatement work is being done. This requirement includes set up and clean up time. The lead abatement supervisor must ensure that all abatement work is done within the limits of federal, state, and local laws.
- ii. Services may be rendered to eligible physical structures and include the surrounding land up to the property line.
- iii. Services must be coordinated with water service line removal that occurs outside of the property line.
- iv. A certified lead inspector or risk assessor, who is independent of the abatement company, shall perform clearance testing after abatement work is completed and at the end of the project.
- v. All laboratories selected for use in the lead-based paint hazards and evaluation reports shall hold and maintain an accreditation to the ISO/IEC 17025:2005 standard, through an appropriate accreditation body, to conduct lead testing services. The laboratory must be recognized by the U.S. Environmental Protection Agency (EPA) National Lead Laboratory Accreditation Program (NLLAP) for the analyses performed under this contract, and shall, for work under this grant, use the same analytical method used for obtaining the most recent NLLAP recognition. Additionally, the laboratory must employ individuals, who perform the testing and review and report out results, which meet the MDHHS Civil Service requirements for staffing capabilities, which can be found below.

Grantee has two analytical laboratory options, which are to either (1) identify the laboratory they plan to use; submit documentation of compliance with the requirements stated in the RFP; (2) use the MDHHS Trace Metals Laboratory. Copies of the chain-of-custody and sample results must be included within the EBL EI or Lead Inspection/Risk Assessment report.

- vi. Ensure water sampling protocols are followed in compliance with the EPA Lead and Copper Rule and the MDHHS-LSS Residential Lead Hazard Control-Lead

in Water Protocol. A Michigan Department of Environment, Great Lakes and Energy Certified Drinking Water Laboratory for Lead and Copper must be used.

All water samples must be analyzed within fourteen (14) days of collection. It is recommended that all water samples be delivered to the approved laboratory within ten (10) days of collection. Copies of the chain-of-custody and sample results must be included within all Lead Hazard Control Environmental Investigation, Clearance and Addendum reports.

- vii. All residences designated within a Historic Preservation District must adhere to state and local historical preservation requirements.
 - viii. The LSS – Local Lead Services and Development Unit (LLSD) is responsible for conducting the Tier I Environment Review through the issuance of a public notice in the form of a press release. Grantees are required to complete site specific Tier II Environmental Reviews in accordance with U.S. EPA National Environmental Policy Act, 24 CFR 50-58. Grantees must complete the required Tiered Environmental Review Checklist for each project. The following components shall be included in the review and adhered to:
 - a. Airport Runway Clear Zones and Clear Zones Disclosures
 - b. Coastal Barrier Resources Act
 - c. Coastal Zone Management
 - d. Flood Insurance
 - e. Flood Plain Management
 - f. Wetland Protection
 - g. Wild and Scenic Rivers
 - h. Clean Air Act
 - i. Contaminated and Toxic Substances
 - j. Endangered Species
 - k. Farmlands Protection
 - l. Explosive and Flammable Operations
 - m. Environmental Justice
- E. Applicants must complete minimum work plan requirements, identify specific program objectives and activities to be accomplished in a work plan. Objectives should relate to the identified target community needs and be SMART (specific, measurable, appropriate, realistic, and time-based). Each objective must have a minimum of one related activity.
- F. The following minimum objectives and activities shall be included in Applicant's work plan:

Objective: Education & Engagement

Activity: Adhere to Enrollee Engagement Protocol while utilizing Program Prioritization Plan

Responsible Staff: *[Please include responsible entity/individual who is also listed in Budget section]*

Date Range:

Expected Outcome: Receive and approve XX applications.

Measurement: Number of applications received/approved and families contacted.

Objective: Investigations

Activity: Complete XX EBL/LIRA investigations including water sampling according to MDHHS Water Protocol

Responsible Staff: *[Please include responsible entity/individual who is also listed in Budget section]*

Date Range:

Expected Outcome: XX completed EBL/LIRA investigations

Measurement: Number of EBL/LIRA reports received

Objective: Abatement

Activity: Complete and clear XX abatement projects

Responsible Staff: *[Please include responsible entity/individual who is also listed in Budget section]*

Date Range:

Expected Outcome: XX projects completed/cleared

Measurement: Number of projects completed/cleared

G. Collaboration and coordination requirements include:

- i. If MDHHS-LSS-Lead Safe Home Program (LSHP) receives an application from a Medicaid resident in a Grantee community, LSHP and the LLSD will determine who shall be responsible for serving the applicant. LLSD will work with Grantees to coordinate referrals.
- ii. Services performed must be part of a coordinated plan that ensures abatement activities of the eligible residential unit align with the community's water service line replacement plan (if applicable). The Grantee must replace the service line if water test results are above acceptable limits. Applicants must include their coordination plan as part of their proposal.
- iii. MDHHS-LSS encourages collaboration and coordination to meet the requirements of this RFP with other non-profit: communities, agencies, and partners (such as childhood lead poisoning prevention programs, health agencies, community development agencies, weatherization assistance agencies, fair housing organizations, code enforcement agencies, community-based organizations, faith-based organizations, financial institutions, or other philanthropic entities).

- iv. Grantees are required to enter into formal arrangements, such as memorandums of understanding or similar contractual agreements, with service delivery organizations receiving funds.
- H. All high-cost projects exceeding \$70,000 require MDHHS approval prior to abatement.
- I. Control/Elimination Strategies. All lead-based paint hazards identified in eligible housing units and in common areas of multifamily housing enrolled in this Medicaid CHIP program must be controlled or eliminated in accordance with the Michigan Lead Abatement Act.
- J. Data Collection and Use. Grantees must collect, maintain, assure data integrity, and provide to MDHHS-LSS the data necessary to document, report, and evaluate program outputs and outcomes. Grantees must document how PII or PHI data will be securely shared with partnering entities, including the following components:
- i. Data source, purpose, and use
 - ii. Specific data elements (e.g., age, gender, etc.)
 - iii. Time periods (e.g. October 1, 2020 through September 30, 2021)
 - iv. Identify what data transfer medium will be used (e.g., electronic through secured FTP, hard copy via facsimile, encrypted email, etc.)
 - v. Identify who will have access to the data (e.g., project director, intake specialist, etc.), and how access will be controlled.
 - vi. Identify how you will receive authorization from participants to share data with any subcontractors or partners. Include how you will share the authorized data with subcontractors or partners, and ensure those accessing data agree to the same restrictions and conditions.
 - vii. Identify where data will be stored and how access will be restricted to authorized individuals (e.g. encrypted or password protected)
 - viii. Identify how data will be retained in secured storage once the program is completed to comply with records retention. Include how the data is destroyed at conclusion of the retention period.
 - ix. Grantees are required to immediately notify LLSD if a staff member who has access to FTP or Michigan Comprehensive Lead Abatement and Registry (MiCLEAR) is no longer employed with the agency and/or permitted to have access to PHI. LLSD will revoke their access immediately.

- K. Grantee shall enter and maintain program and project data in an MDHHS online application, MICLEAR, when available. Until such time, data shall be provided on Excel spreadsheets or on data collection forms listed in Reporting Requirements.
- L. Grantee must obtain Data Use Agreement with LLSD if the program is sharing PHI.
- M. Required Trainings. Grantees are required to send a minimum of two representatives to attend an annual Grantee Orientation and any additional Grantee mandatory meetings scheduled by MDHHS-LLS throughout the fiscal year.
- N. Lead-Based Paint and Lead Hazard Identification. A complete lead-based paint inspection, lead hazard risk assessment, EBL environmental investigation (for children with a blood level ≥ 5 $\mu\text{g/dL}$), and lead in water sampling assessment/evaluation will be conducted; either separate reports or a combined report is required for all properties enrolled under this program. Presumption of the presence of lead-based paint or lead hazards is not permitted. Paint inspections and risk assessments must follow the procedures as defined in the Michigan Lead Abatement Act and HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing investigation, abatement and clearance. Lead in water sampling must be conducted in accordance with MDHHS-LSS Residential Lead Hazard Control-Lead in Water Protocol.
 - i. Individuals performing EBL/Lead Inspection Risk Assessments and/or water sampling must use MDHHS approved Lead Hazard Control Environmental Investigation, Clearance and Addendum report templates.
- O. Demolition. In rare cases, a portion of the housing unit or structure with lead hazards may be determined to be of so little value, unfit for occupancy, or in a state of extreme disrepair that pursuing lead hazard control may not be cost effective. Partial demolition and removal of contaminated materials, soil, etc. is a covered service only if pre-approved in writing by MDHHS-LSS.
- P. Minimal residential rehabilitation is allowed to the extent that this work extends the life of the lead abatement work done consistent with HUD guidelines, including activities that are specifically required in order to carry out effective hazard control, and without which the hazard control could not be completed, maintained, and sustained, as defined by HUD Policy Guidance Number 2008-02
- Q. Notification Requirements. All lead-based paint testing results, summaries of lead-based paint hazard control treatments, and clearances must be provided to the owner of the unit, together with a notice describing the owner's legal duty to disclose the results to tenants and buyers in accordance with 24 CFR 35.88 of the Lead Disclosure Rule. Applicants must ensure that this information is provided in a manner that is effective for persons with disabilities (24 CFR 8.6) and those persons with limited English proficiency (LEP) will have meaningful access to it (see

Executive Order 13166). Applicant files must contain verifiable evidence of providing lead hazard evaluation and control reports to owners and tenants, such as a signed and dated receipt. Applicants must also describe how they will provide owners with lead hazard evaluation and control information generated by activities under this program, so that the owner can comply with the Lead Disclosure Rule (24 CFR part 35, subpart A, or the equivalent 40 CFR part 745, subpart F), the Lead Safe Housing Rule (24 CFR part 35, subparts B–R), and the EPA's Renovation, Repair, and Painting (RRP) Rule (see 40 CFR part 745 and <http://www2.epa.gov/lead/renovation-repair-and-painting-program>).

- R. Procurement Requirements. Recipients must follow State of Michigan or established grantee policies and procedures.
- S. Temporary Relocation. Costs for the temporary relocation for residents required to vacate housing during abatement activities must be controlled and reasonable for the area. MDHHS-LSS expects that the lead hazard control work and temporary relocation will take ten (10) days or less, unless pre-approved by MDHHS-LSS. Rental unit landlords shall identify alternate relocation for residents during abatement, if available.
- T. If an X-ray fluorescent (XRF) instrument is used, all risk assessors must possess current training, certification and licensing in the use of the XRF equipment under appropriate federal, state or local authority.
- U. Waste Disposal must adhere to the requirements of the Michigan Lead Abatement Act, appropriate local, state, and federal regulatory agencies, and HUD Guidelines.
- V. Written Policies and Procedures. Grantees will be required to develop written policies and procedures to comply with the requirements of this RFP within the first sixty (60) days of the new award. MDHHS-LSS Lead Safe Home Program will provide Grantees with a minimum set of procedures to be followed. The policies and procedures must describe how your program will handle items such as, but not limited, to:
 - i. Enrollee Engagement Prioritization Plan and Tracking, including a plan for targeted outreach, prioritization, maintenance of a backlog, documentation, and reporting.
 - ii. Workforce development related to lead hazard control
 - iii. Processing program applications, validating unit eligibility, prioritization, and selection
 - iv. All phases of lead hazard evaluation and control, including risk assessments, inspections, water sampling, reporting, abatement and clearance, development of specifications for contractor bids

- v. Resident temporary relocation
- vi. Procurement of abatement contractor
- vii. Quality assurance of program data collection and data entry
- viii. Financial controls
- ix. Quality assurance abatement Plan

W. Grantees are required to retain all project records in a secured location for five (5) years after project closeout.

X. Program administrative costs are recommended to not exceed ten percent (10%) of the award for payments of reasonable administrative costs related to planning and executing the project, preparation/submission of LLSD reports, etc. Administrative costs are the reasonable, necessary, allocable, and otherwise allowable costs of general management, oversight, and coordination of the proposal (i.e., program administration). Administrative costs must be outlined in the budget narrative. If administrative costs exceed ten percent (10%), justification must be provided.

Y. The Grantee can choose to use one of the approved methods outlined below in their budget. In any method, grantee must provide appropriate documentation of proof.

- i. Federal approved rate
- ii. State approved rate
- iii. Cost allocation plans
- iv. De minimis rate: If the Grantee does not have an existing approved indirect rate above and grantee elects to charge indirect costs, they must use a 10% de minimis rate in accordance with Title 2 Code of Federal Regulations (CFR) Part 200. De Minimis Rate cannot exceed 10% and de minimis calculation form must be completed and attached.

Z. The Grantee is responsible for assuring that environmental and pollution insurance is obtained by certified abatement contractor and/or abatement firm. Contractor and/or firm will provide the program with a copy of its current insurance certificate, which will name the property owner and the State of Michigan as additionally insured. The appropriate pollution/environmental coverage requirements as stated above will be included in the certificate. The certificate must be received prior to the issuance of a purchase order.

AA. Eligibility of Expenses

- i. Roofs: Medicaid CHIP abatement project is eligible for roof replacement when roof is beyond minimal rehab and repairable condition. Documentation is needed stating that roof disrepair would affect the integrity of the lead hazard control work being completed on the property.
- ii. Multi-Units: Multi-family rental properties are eligible and follows compliance with HUD policy 5-66.
- iii. Public Housing: Following HUD policy, properties that are HUD voucher based/tenant-based are eligible for lead abatement services. However, project-based housing owned by HUD is not eligible for the Medicaid CHIP grant.
- iv. Consent Decree: Following HUD policy, properties that have an existing consent decree on the property are not eligible for the Medicaid CHIP grant.
- v. Demolition: In rare cases, a portion of the residential unit or accessory structure with lead hazards may be determined to be unfit for occupancy or in a state of extreme disrepair that pursuing lead hazard control may not be cost effective or feasible. Partial demolition and removal of contaminated materials, soil, etc. is a covered service only if pre-approved by MDHHS-LSS and the following CMS guidelines are adhered to:
 - i. Conduct clearance testing of the site and soil upon completion of the project to make sure that the demolition did not create new hazards.
 - ii. Attest that certified professionals are contracted to work on the demolition to guarantee that it is conducted safely to protect neighboring structures and residents.
 - iii. Obtain consent from the resident and property owner for the demolition, to ensure all parties are in agreement.
- vi. Dumpsters: Dumpsters or storage containers/pods are an allowable expense for households where there are extreme hoarding issues that would prevent contractors and inspectors from performing Lead Hazard Control work.
- vii. Fire Protection: Medicaid CHIP enrolled properties are eligible to receive carbon monoxide detectors and smoke alarms based on local code.
- viii. Minimal Rehabilitation: Minimal residential rehabilitation is allowed to the extent that this work extends the life of the lead abatement work done consistent with HUD guidelines, including activities that are specifically required in order to carry out effective hazard control, and without which the hazard control could not be completed, maintained, and sustained, as defined by HUD Policy Guidance Number 2008-02.

- ix. Relocation: Temporary relocation expenses are eligible when family is required to vacate home during abatement activities. When possible, the State rate for hotels should be used.
- x. Fire Protection: Medicaid CHIP LLSD enrolled properties are eligible to receive carbon monoxide detectors and smoke alarms based on local code.
- xi. Equipment: Any purchase or lease of equipment having a per-unit cost in excess of \$5,000 must be pre-approved by MDHHS including the purchase or lease of X-ray fluorescence (XRF) analyzers.
- xii. Lead Certifications: Payment of professional certifications and licenses are eligible which includes securing and maintaining required certification and licenses for identification, remediation, and clearance of lead and other housing-related health and safety hazards.
- xiii. Resident blood lead testing and analysis are *not eligible* services or costs.
- xiv. Costs of case management are *not eligible* services or costs.

CC. Grantee is responsible for overseeing internal Quality Assurance Plan and COVID19 Preparedness Plan. To ensure safety of workers and residents, grantee will confirm lead safe work practices are being performed as well as COVID19-related precautions are being adhered to.

- xv. Vendors must submit a COVID19 Preparedness Plan to grantees and Community Development Unit before lead hazard control activities can begin.

DD. Grantee agrees to follow asbestos recommendations and protocols as prescribed by Healthy Homes Section.

EE. MDHHS Local Lead Services and Development Unit will complete quarterly reviews of EBL/LIRA reports, specifications, site visits, file audits, abatement projects completed, and financial expenditures. If significant findings are concluded from quarterly reviews including but not limited to failure to meet projected benchmarks or adhering to reporting requirements, grantee will develop a Plan of Action. If Plan of Action does not achieve projected results in specified amount of time, grantee must revise portions of contract including benchmarks and/or total contract award in next amendment cycle. After previous measures are implemented and grantee still fails to comply with grant requirements, MDHHS reserves the right to rescind grant award.

PROJECT: Local Health Department Sharing

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

Local health departments participating in the project will utilize funds to support activities pertinent to the exploration, preparation, planning, implementing, and improving sharing of local health department services, programs or personnel.

Reporting Requirements (if different than contract language)

Grantees will receive notification of reports along with reporting templates. Reporting is twice per year based on reporting dates required by the CDC.

Any additional requirements (if applicable)

Local health departments must submit a continuation workplan and budget for continuation funding of the project "Local Health Department Collaboration and Exploration of Shared Approach to Delivery of Services,"

Eligible Activities:

- Meeting activities, including time and travel costs
- Cost of research activities
- Supplies and presentation materials
- Legal fees and other professional services related to the project
- IT cost related to service sharing (grant funds may not be used to reimburse equipment costs)

PROJECT TITLE: Local Maternal Child Health (LMCH)

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis: Local Maternal Child Health (LMCH)

LMCH funding is made available to local health departments to support the health of women, children, and families in communities across Michigan. Funding addresses one or more Title V Maternal and Child Health Block Grant national and state priority areas and/or a local MCH priority need identified through a needs assessment process. Local health departments complete an annual LMCH plan, and a year end report. Target populations are women of childbearing age, infants, and children aged 1-21 years and their families, with a special focus on those who are low income. The LMCH allocated funds are to be budgeted as a funding source in two project categories for [FY 2023](#).

LMCH

	Local Maternal and Child Health (MCH)
ESCMCH	MCH - Children
OTHERMCHV	MCH – All Other

Reporting Requirements (if different than agreement language):

1. The LMCH Plan submission and due date will be communicated through a notification mailing. The department will provide the format for the LMCH Plan. The LMCH Plan, approved by the department, is to be uploaded with the budget application into EGrAMS. The Plan and Plan amendments, if needed, need to be approved in advance of the budget application and budget amendment.
2. The [FY 2023](#) LMCH Year-End Report submission and due date will be communicated through a notification mailing. The department will provide the format for the LMCH Year-End Report. The Local MCH Year-End Report, approved by the department, is to be uploaded in EGrAMS with the final FSR. The Year-End Report must be approved in advance of the final FSR.

Any additional requirements (if applicable):

1. Local MCH funding must be used to address the unmet needs of the maternal child health population and based on data and need(s) identified through the Local Health Department community health assessment process.
2. Activities and programs supported with Local MCH funds must be evidence-based/informed. Exceptions must be submitted in writing and pre-approved by MDHHS.
3. Local MCH funding cannot be used under the WIC element, except in extreme

circumstances where a waiver is requested in advance of the expenditures and evidence is provided that the expenditures satisfy all funding requirements.

4. Local MCH funds may not be used to supplant available/billable program income such as Medicaid or Healthy Michigan Plan fees or additional funding under the Medicaid Cost-Based Reimbursement process.
5. Local Health Departments should leverage all other funding sources, especially third-party payers (Medicaid, private insurers) before utilizing LMCH MCH block grant funds. LMCH funds are to be used for those services that cannot be paid for through other sources or for gap filling services. Third party fees should be listed in other funding sources. If no 3rd party fees are listed, an explanation must be noted.
6. The approved LMCH Plan allocation table and the budget application MCH source of funds must match. If an agency needs to move funds between projects, an amended LMCH Plan must be approved in advance of the budget amendment request period. Any specified expenditure in the LMCH Plan must be detailed in the budget (e.g. incentives).
7. The LMCH program follows the same principle on budget transfers and adjustments outlined in the comprehensive agreement. The comprehensive agreement allows for budget transfers and adjustments of \$10,000 or 15%, whichever is greater. However, if the transfer or adjustment is greater than the \$10,000 or 15%, **OR** there are any changes made to any of the children performance measures an amended LMCH Work Plan and budget will be required.
8. LMCH is unable to accept cost distributions from MDHHS-ELPHS due to the nature of the block grant and LMCH reporting requirements. LMCH will continue to accept other cost distributions as in the past (such as Family Planning, CSHCS Outreach and Advocacy, VQA, IAP, and Lead Prevention).
9. LMCH has adopted Title 2 Code of Federal Regulations 200 Cost principles.

PROJECT TITLE: Maternal Infant and Early Childhood Home Visiting Initiative Local Home Visiting Group

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The purpose of the Local Leadership Group (LLG) is to support the development of a local home visiting system that leads to improvement and coordination of home visiting programs at the community or regional level.

Reporting Requirements (if different than agreement language):

The LLG shall submit all required reports in accordance with the Department reporting requirements.

- a. Staffing Changes: Within 10 days of a staffing change, notify the State LLG Coordinator via e-mail and incorporate the change(s) into the budget and facesheet during the next amendment cycle as appropriate. The facesheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director in E-GrAMS can make the facesheet changes once the agreement is available to be amended.
- b. LLG Work Plan: Due annually on June 30 for preapproval. See the Michigan Department of Health and Human Services' (MDHHS) Home Visiting Guidance Manual for requirements related to Work Plan development and reporting.
- c. Work Plan Reports: Must be submitted within 30 days of the end of each quarter (January 30, April 30, July 30, and October 30).
- d. See the MDHHS Home Visiting Guidance Manual for specific Continuous Quality Improvement (CQI) reporting requirements which include: monthly data tracking, PDSA cycle updates (due the 15th of each month) and story board and team charter submissions.
- e. The Contract Manager or his/her designee shall evaluate the reports submitted as described for their completeness and adequacy.
- f. The Grantee shall permit the Department or its designee to visit, either in person or virtually, and make an evaluation of the project as determined by the Contract Manager.

All reports and/or information (a-f), unless stated otherwise, shall be submitted electronically to the Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov.

Any additional requirements (if applicable):

Comply with MDHHS Home Visiting Program Requirements:

The Grantee shall operate the program with fidelity to the requirements of MDHHS as outlined in the MDHHS Home Visiting Guidance Manual.

1. The LLG will work with the State LLG Coordinator and the Michigan Public Health Institute (MPHI). See the MDHHS Home Visiting Guidance Manual for details.
2. The LLG will continue the following efforts started in previous years:
 - a. Ensure recruitment and participation of both required and strongly encouraged LLG representatives.
 - b. Integrate parent leaders as active members of the LLG. Membership on the LLG CQI team must include a parent leader. This includes their attendance at local CQI meetings and the three LLG Grantee meetings.
 - c. Implement one strategy from the respective community's local Home Visiting Continuum of Models Project Plan.
 - d. Conduct a LLG Quality Improvement project.
 - e. Implement the community's Sustainability Plan.

See the MDHHS Home Visiting Guidance Manual for requirements related to LLG membership/participation, development of CQI strategies, as well as the implementation of Continuum and Sustainability Plans.

Funding Requirements:

The funding can be used to:

- a. Enable the LLG to pay for staff support.
- b. Financially support LLG parent leaders to attend the Michigan Home Visiting Conference.
- c. Financially support LLG members, including parent leaders, to be part of the LLG and CQI efforts.
- d. Carry out MDHHS Home Visiting Unit activities as specified in this agreement.

Promotional Materials

If the LLG wishes to produce any marketing, advertising or educational materials using grant agreement funds, they must follow the requirements as outlined in the MDHHS Home Visiting Guidance Manual.

PROJECT TITLE: Maternal Infant Early Child Home Visiting Initiative Rural Local Home Visiting Group

and

Maternal Infant Early Child Home Visiting Initiative Rural Local Home Visiting Group 3

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The purpose of the Local Leadership Group (LLG) is to support the development of a local home visiting system that leads to improvement and coordination of home visiting programs at the community or regional level.

Reporting Requirements (if different than agreement language):

The LLG shall submit all required reports in accordance with the Department reporting requirements.

- a. Staffing Changes: Within 10 days of a staffing change, notify the State LLG Coordinator via e-mail and incorporate the change(s) into the budget and facesheet during the next amendment cycle as appropriate. The facesheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director in E-GrAMS can make the facesheet changes once the agreement is available to be amended.
- b. LLG Work Plan: Due annually on June 30 for preapproval. See the Michigan Department of Health and Human Services' (MDHHS) Home Visiting Guidance Manual for requirements related to Work Plan development and reporting.
- c. Work Plan Reports: Must be submitted within 30 days of the end of each quarter (January 30, April 30, July 30, and October 30).
- d. See the MDHHS Home Visiting Guidance Manual for specific Continuous Quality Improvement (CQI) reporting requirements which include: monthly data tracking, PDSA cycle updates (due the 15th of each month) and story board and team charter submissions.
- e. The Contract Manager or his/her designee shall evaluate the reports submitted as described for their completeness and adequacy.
- f. The Grantee shall permit the Department or its designee to visit, either in person or virtually, and make an evaluation of the project as determined by the Contract Manager.

All reports and/or information (a-f), unless stated otherwise, shall be submitted electronically to the Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov.

Any additional requirements (if applicable):

Comply with MDHHS Home Visiting Program Requirements:

The Grantee shall operate the program with fidelity to the requirements of MDHHS as outlined in the MDHHS Home Visiting Guidance Manual.

1. The LLG will work with the State LLG Coordinator and the Michigan Public Health Institute (MPHI). See the MDHHS Home Visiting Guidance Manual for details.
2. The LLG will continue the following efforts started in previous years:
 - a. Ensure recruitment and participation of both required and strongly encouraged LLG representatives.
 - b. Integrate parent leaders as active members of the LLG. Membership on the LLG CQI team must include a parent leader. This includes their attendance at local CQI meetings and the three LLG Grantee meetings.
 - c. Implement one strategy from the respective community's local Home Visiting Continuum of Models Project Plan.
 - d. Conduct a LLG Quality Improvement project.
 - e. Implement the community's Sustainability Plan.

See the MDHHS Home Visiting Guidance Manual for requirements related to LLG membership/participation, development of CQI strategies, as well as the implementation of Continuum and Sustainability Plans.

Funding Requirements:

The funding can be used to:

- a. Enable the LLG to pay for staff support.
- b. Financially support LLG parent leaders to attend the Michigan Home Visiting Conference.
- c. Financially support LLG members, including parent leaders, to be part of the LLG and CQI efforts.
- d. Carry out MDHHS Home Visiting activities as specified in this agreement.

Promotional Materials

If the LLG wishes to produce any marketing, advertising or educational materials using grant agreement funds, they must follow the requirements as outlined in the MDHHS Home Visiting Guidance Manual.

PROJECT: Medicaid Outreach

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

Medicaid Outreach activities are performed to inform Medicaid beneficiaries or potential beneficiaries about Medicaid, enroll individuals in Medicaid and improve access and utilization of Medicaid covered services. All outreach activities must be specific to Medicaid. Reference bulletin: MSA 18-41

Additional instructions can be found in Attachment I.

Reporting Requirements (if different than contract language)

Submit quarterly reports **no later than 1 month after** the end of the quarter. The exception is the 4th quarter report which is due at the time as the final FSR. If the report due date falls on a weekend or holiday, the report the next business day.

<u>Reporting Period</u>	<u>Due Date</u>
October 1 – December 31	January 31
January 1 – March 31	April 30
April 1 – June 30	July 31
July 1 – September 30	November 30

- Quarterly reports **must** be attached/uploaded on the **Source of Funds/Federal Medicaid Outreach** line on the FSR in EGrAMS.
- Reimbursements occur based on actual expenditures reported on Financial Status Reports (FSR) using the reporting format and deadlines as required by the Department through EGrAMS.

Any additional requirements (if applicable)

- All claimable outreach activities **must be in support of the Medicaid program**. Activities that are part of a direct service are not claimable as Medicaid Outreach.
- Must maintain documentation in support of administrative claims which are sufficiently detailed to allow determination of whether the activities were necessary for the proper and efficient administration of the Medicaid State Plan.

- Must maintain a system to appropriately identify the activities and costs in accordance with federal requirements.
- Must provide quarterly summary reports of Medicaid outreach activities conducted during the quarter. The following reporting elements **must** be included in the quarterly report:
 1. Name of Health Department
 2. Name and contact information of the individual completing the report.
 3. Time period the report covers (e.g., *FY 20: 1st quarter*, or *October-December*)
 4. Types of services provided during the quarter (**Note:** *the types of services provided do not have to include every single activity the LHD conducted during the quarter. Rather, simply include examples of the types of services provided. The Grantee can include as much or as little detail as they chose.*)
 5. Number of clients served.
 6. Amount of funds expended during the quarter and total expenditures.
 7. Number of FTEs who provided these activities.

Successes/Challenges

This is **not a reporting requirement** but provides an opportunity for the LHD to share **successes** during the quarter (e.g., For the first time, someone from the school board attended the Infant Mortality Reduction Coalition meeting) or to describe any **challenges** encountered during the quarter (e.g., the health advocate quit, and the lactation consultant went on maternity leave, so we are down 2 staff)

PROJECT TITLE: Michigan Adolescent Pregnancy and Parenting Program

Start Date: 10/1/2022

End Date: 9/31/2023

Project Synopsis:

The goal of Michigan Adolescent Pregnancy and Parenting Program (MI-APPP) is to create an integrated system of care, including linkages to support services, for pregnant and parenting adolescents 15-19 years of age, the fathers, and their families. MI-APPP grantees implement the Adolescent Family Life Program-Positive Youth Development (AFLP-PYD; a California model), an evidence-informed case management curriculum designed to elicit strengths, address various risk behaviors, the impact of trauma, and provide a connection to health care and community services. In addition, MI-APPP grantees engage communities through locally driven steering committees, a comprehensive needs assessment, and creation of support services to ensure the program is responsive to the needs of pregnant and parenting teens. MI-APPP aims to:

1. Reduce repeat, unintended pregnancies,
2. Strengthen access to and completion of secondary education,
3. Improve parental and child health outcomes, and
4. Strengthen familial connections between adolescents and their support networks

Reporting Requirements (if different than agreement language):

Report	Time Period	Due Date	Submit To
Program Narrative	October 1- December 31	January 15	Program Coordinator
	January 1-March 31	April 15	
	April 1-June 30	July 15	
	July 1-September 30	October 15	
Evaluation/Data Submission	Monthly	Submit the 10 th of every month	REDCap

Any additional requirements (if applicable):

- Information provided must be medically accurate, age-appropriate, culturally relevant, and up-to-date.
- Pregnancy prevention education must be delivered separate and apart from any religious education or promotion. MI-APPP funding cannot not be used to support inherently religious activities including, but not limited to, religious instruction, worship, prayer, or proselytizing (45 CFR Part 87).
- Family planning drugs and/or devices cannot be prescribed, dispensed, or otherwise distributed on school property as part of the pregnancy prevention education funded by MI-APPP as mandated in the Michigan School Code.
- Abortion services, counseling and/or referrals for abortion services cannot be provided as part of the pregnancy prevention education funded under MI-APPP.
- Must adhere to the Minimum Program Requirements for MI-APPP.
- MI-APPP funding cannot be used to supplant funding for an existing program supported with another source of funds.

PROJECT TITLE: MI Home Visiting Initiative Rural Expansion

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The Healthy Families America (HFA) program was designed by Prevent Child Abuse America and is built on the tenants of trauma-informed care. The program is designed to promote positive parent-child relationships and healthy attachment. It is a strengths-based and family-centered approach.

Reporting Requirements (if different than agreement language):

The Local Implementing Agency (LIA) shall submit all required reports in accordance with the Department reporting requirements. See the Michigan Department of Health and Human Services' (MDHHS) Home Visiting Guidance Manual for details about what must be included in each report.

- a. Staffing Changes: Within 10 days of a staffing change, notify the HFA model consultant via e-mail and incorporate the change(s) into the budget and facesheet during the next amendment cycle as appropriate. The facesheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director in E-GrAMS can make the facesheet changes once the agreement is available to be amended.
- b. HFA Work Plan: Due annually on June 30 for preapproval. See the MDHHS Home Visiting Guidance Manual for requirements related to Work Plan development and reporting.
- c. Work Plan Reports: Must be submitted within 30 days of the end of each quarter (January 30, April 30, July 30 and October 30).

All reports and/or information (a-c), unless stated otherwise, shall be submitted electronically to the MDHHS Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov.

- d. Implementation Monitoring Data and HRSA data collection requirements due in REDCap and/or HVOL by the 5th business day of each month.
- e. Quality Improvement Reporting:
 - Documentation of a QI team will be submitted with the quarterly Work Plan Report.
 - Documentation of QI activities will be submitted with the quarterly Work Plan Report.
 - Annual summary of QI activities will be submitted to the Model Consultant

by February 15.

- f. HV ColIN Reporting (for those LIAs participating) for QI efforts shall occur in accordance with the ColIN's schedule. Participating LIAs are required to use the HV ColIN site to complete monthly submissions of PDSA cycles and required data (the frequency of data collection may vary).

Reports (d-f) shall be submitted as described above. Additional guidance concerning data collection and Quality Improvement is provided in the MDHHS Home Visiting Guidance Manual.

Any additional requirements (if applicable):

The LIA shall serve families as a result of outreach efforts based on the findings of their MDHHS- HVU Outreach Toolkit.

- a. The Healthy Families Northern Michigan HFA Program (operated from the Health Department of Northwest Michigan in collaboration with District Health Department #2 and Central Michigan District Health Department) will serve the applicable number of families in communities experiencing disadvantage per section d. below.
- b. The District Health Department #10 HFA Program will serve the applicable number of families in communities experiencing disadvantage per section d. below.
- c. The Healthy Families Upper Peninsula (operated from the Luce-Mackinac-Alger-Schoolcraft Health Department in collaboration with the Western Upper Peninsula Health Department, Marquette County Health Department, Dickinson-Iron District Health, and Public Health Delta Menominee counties) HFA Program will serve the applicable number of families in communities experiencing disadvantage per section d. below.
- d. In general, across all regions, the home visitor-to-family ratio should agree with the following:
 - a. 15 families per 1.0 experienced FTE serving one county
 - b. 14 families per 1.0 experienced FTE serving two counties
 - c. 12 families per 1.0 experienced FTE serving three or more counties
- e. Total FY23 caseloads including experience levels of FSSs and number of counties served by FSSs are expected as follows:
 - a. Day One – 6 families FFPSA
 - b. DHD #10 – 60 families Rural, 8 families FFPSA

- c. HFNM – 103 families Rural
- d. HFUP – 59 families Rural, 5 families FFPSA

Maintain Fidelity to the Model

The LIA shall adhere to the HFA Best Practice Standards. In addition, all Healthy Families America affiliates shall comply with the requirements of the Central Administration for the Multi-Site State System (also known as “The State Office”) housed within the Michigan Public Health Institute. All HFA model-required training will be accessed through the Central Administration as available. Contact the HFA State Office for details.

Comply with MDHHS Program Requirements

The LIA shall operate the program with fidelity to the requirements of MDHHS based on the agreement executed in E-GrAMS and the conditions as outlined in the MDHHS Home Visiting Guidance Manual. The LIA will fulfill these requirements while strengthening efforts towards health and racial equity through staff education, programmatic data evaluation and client supportive services.

P.A. 291

The LIA shall comply with the provisions of Public Act 291 of 2012. See the MDHHS Home Visiting Guidance Manual for requirements related to PA 291.

Staffing

The LIA’s HFA home visiting staff will reflect the community served. The LIA will provide documentation to demonstrate due diligence if unable to fully meet this requirement within 90 days of a MDHHS site visit in which this was a finding. See the MDHHS Home Visiting Guidance Manual for requirements related to program staffing.

Performance Measures:

The LIA shall comply with MDHHS expectations of demonstrating improvement in the performance measures as described in the MDHHS Home Visiting Guidance Manual.

Program Monitoring, Quality Assessment, Support and Technical Assistance (TA):

The LIA shall fully participate with the Department and the Michigan Public Health Institute (MPHI) with regards to program development and monitoring (including annual site visits either in-person or virtual), training, support and technical assistance services. See the MDHHS Home Visiting Guidance Manual for requirements related to program monitoring, quality assessment, support and TA.

Professional Development and Training:

All of the LIA’s HFA program staff associated with this funding will participate in professional development and training activities as required by both HFA and the

Department. All LIA HFA program staff must receive HFA-specific training from a Michigan-based approved HFA training entity. See the MDHHS Home Visiting Guidance Manual for requirements related to professional development and training activities.

Supervision:

The LIA shall adhere to the HFA supervision requirements of weekly 1.5 - 2 hours of individual supervision per 1.0 FTE and pro-rated as allowed by the Best Practice Standards. Written policies and procedures shall specify how reflective supervision is included in, or added to, that time to ensure provision for each home visitor at a minimum of one hour per month.

Engage and Coordinate with Community Members, Partners and Parents:

The LIA shall ensure that there is a broad-based community advisory committee that is providing oversight for HFA.

The LIA shall build upon and maintain diverse community collaboration and support with authentic engagement of parent representatives who have the lived experience and expertise.

The LIA shall participate in the Local Leadership Group (LLG) or, if none, the Great Start Collaborative.

See the MDHHS Home Visiting Guidance Manual for requirements related to engagement with community partners.

Data Collection:

The LIA shall comply with all HFA and MDHHS data training, collection, entry and submission requirements. See the MDHHS Home Visiting Guidance Manual for requirements related to data collection.

Quality Improvement (QI):

The LIA shall participate in all HFA quality initiatives including research, evaluation and continuous quality improvement.

The LIA shall participate in all state and local Home Visiting QI activities as required by MDHHS. Required activities include, but are not limited to:

- a. Developing and maintaining a QI team
- b. Participating in QI activities during the fiscal year
- c. Consulting with QI coaches

See the MDHHS Home Visiting Guidance Manual for requirements related to QI.

Work Plan Requirements:

By June 30, the LIA must submit a Work Plan for the next fiscal year to the MDHHS Home

Visiting mailbox (MDHHS-HVInitiative@michigan.gov) for preapproval. See the MDHHS Home Visiting Guidance Manual for requirements related to Work Plan development and reporting including Outreach and Retention plans.

Promotional Materials:

If the LIA wishes to produce any marketing, advertising or educational materials using grant agreement funds, they must follow the requirements outlined in the MDHHS Home Visiting Guidance Manual.

PROJECT TITLE: Maternal Infant Childhood Home Visiting Program (MIECHVP) Healthy Families America Expansion

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The Healthy Families America (HFA) program was designed by Prevent Child Abuse America and is built on the tenants of trauma-informed care. The program is designed to promote positive parent-child relationships and healthy attachment. It is a strengths-based and family-centered approach.

Reporting Requirements (if different than agreement language):

The Local Implementing Agency (LIA) shall submit all required reports in accordance with the Department reporting requirements. See the Michigan Department of Health and Human Services' (MDHHS) Home Visiting Guidance Manual for details about what must be included in each report.

- a. Staffing Changes: Within 10 days of a staffing change, notify the HFA Model Consultant via e-mail and incorporate the change(s) into the budget and facesheet during the next amendment cycle as appropriate. The facesheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director in E-GrAMS can make the facesheet changes once the agreement is available to be amended.
- b. HFA Work Plan: Due annually on June 30 for preapproval. See the MDHHS Home Visiting Guidance Manual for requirements related to Work Plan development and reporting.
- c. Work Plan Reports: Must be submitted within 30 days of the end of each quarter (January 30, April 30, July 30 and October 30).

All reports and/or information (a-c), unless stated otherwise, shall be submitted electronically to the MDHHS Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov.

- d. Implementation Monitoring Data and HRSA data collection requirements due in REDCap and/or HVOL by the 5th business day of each month.
- e. Quality Improvement Reporting:
 - Documentation of a QI team will be submitted with the quarterly Work Plan Report.
 - Documentation of QI activities will be submitted with the quarterly Work Plan Report.
 - Annual summary of QI activities will be submitted to the Model Consultant by February 15.

- f. HV ColIN Reporting (for those LIAs participating) for QI efforts shall occur in accordance with the ColIN's schedule. Participating LIAs are required to use the HV ColIN site to complete monthly submissions of PDSA cycles and required data (the frequency of data collection may vary).

Reports (d-f) shall be submitted as described above. Additional guidance concerning data collection and Quality Improvement is provided in the MDHHS Home Visiting Guidance Manual.

Any additional requirements (if applicable):

Grantee Specific Requirements:

The LIA shall serve families as a result of outreach efforts based on the findings of their MDHHS-HVU Outreach Toolkit.

- a. The Kalamazoo County Health and Community Services Department HFA program will serve a minimum of 29 families under MIECHV funding plus 22 families under FFPSA. Kalamazoo home visiting programs should prioritize outreach to families who have low-income and pregnant persons and families who are African-American, Hispanic, Asian, Native-American, or multi-racial who have historically experienced racism and are living in the City of Kalamazoo and adjacent townships. Outreach priorities should also include families with a history of child abuse or maltreatment, including parents who were abused as children. In addition, Kalamazoo County should conduct outreach to young (under 21) pregnant persons and families with low educational attainment.
- b. The Wayne County Babies HFA program will serve a minimum of 50 families under MIECHV funding plus 40 families under FFPSA. Wayne County should prioritize low-income families, families with pregnant persons who have not attained age 21, families with a history of child abuse or neglect (including parents who experienced abuse as children), families that have low educational attainment, and families with children with developmental delays or disabilities. Additionally, Wayne County should prioritize families who have historically experienced racism, engaging families who identify as African-American, Hispanic, Asian, Native-American, or multi-racial.

Maintain Fidelity to the Model

The LIA shall adhere to the HFA Best Practice Standards. In addition, all Healthy Families America affiliates shall comply with the requirements of the Central Administration for the Multi-Site State System (also known as "The State Office") housed

within the Michigan Public Health Institute. All HFA model-required training will be accessed through the Central Administration as available. Contact the HFA State Office for details.

Comply with MDHHS Program Requirements

The LIA shall operate the program with fidelity to the requirements of MDHHS based on the agreement executed in E-GrAMS and the conditions as outlined in the MDHHS Home Visiting Guidance Manual. The LIA will fulfill these requirements while strengthening efforts towards health and racial equity through staff education, programmatic data evaluation and client supportive services.

P.A. 291

The LIA shall comply with the provisions of Public Act 291 of 2012. See the MDHHS Home Visiting Guidance Manual for requirements related to PA 291.

Staffing

The LIA's HFA home visiting staff will reflect the community served. The LIA will provide documentation to demonstrate due diligence if unable to fully meet this requirement within 90 days of a MDHHS site visit in which this was a finding. See the MDHHS Home Visiting Guidance Manual for requirements related to program staffing.

Performance Measures:

The LIA shall comply with MDHHS expectations of demonstrating improvement in the performance measures as described in the MDHHS Home Visiting Guidance Manual.

Program Monitoring, Quality Assessment, Support and Technical Assistance (TA):

The LIA shall fully participate with the Department and the Michigan Public Health Institute (MPHI) with regards to program development and monitoring (including annual site visits either in-person or virtual), training, support and technical assistance services. See the MDHHS Home Visiting Guidance Manual for requirements related to program monitoring, quality assessment, support and TA.

Professional Development and Training:

All of the LIA's HFA program staff associated with this funding will participate in professional development and training activities as required by both HFA and the Department. All LIA HFA program staff must receive HFA-specific training from a Michigan-based approved HFA training entity. See the MDHHS Home Visiting Guidance Manual for requirements related to professional development and training activities.

Supervision:

The LIA shall adhere to the HFA supervision requirements of weekly 1.5 - 2 hours of individual supervision per 1.0 FTE and pro-rated as allowed by the Best Practice Standards. Written policies and procedures shall specify how reflective supervision is included in, or added to, that time to ensure provision for each home visitor at a minimum

of one hour per month.

Engage and Coordinate with Community Members, Partners and Parents:

The LIA shall ensure that there is a broad-based community advisory committee that is providing oversight for HFA.

The LIA shall build upon and maintain diverse community collaboration and support with authentic engagement of parent representatives who have the lived experience and expertise.

The LIA shall participate in the Local Leadership Group (LLG) or, if none, the Great Start Collaborative.

See the MDHHS Home Visiting Guidance Manual for requirements related to engagement with community partners.

Data Collection:

The LIA shall comply with all HFA and MDHHS data training, collection, entry and submission requirements. See the MDHHS Home Visiting Guidance Manual for requirements related to data collection.

Quality Improvement (QI):

The LIA shall participate in all HFA quality initiatives including research, evaluation and continuous quality improvement.

The LIA shall participate in all state and local Home Visiting QI activities as required by MDHHS. Required activities include, but are not limited to:

- a. Developing and maintaining a QI team
- b. Participating in QI activities during the fiscal year
- c. Consulting with QI coaches

See the MDHHS Home Visiting Guidance Manual for requirements related to QI.

Work Plan Requirements:

By June 30, the LIA must submit a Work Plan for the next fiscal year to the MDHHS Home Visiting mailbox (MDHHS-HVInitiative@michigan.gov) for preapproval. See the MDHHS Home Visiting Guidance Manual for requirements related to Work Plan development and reporting including Outreach and Retention plans.

Promotional Materials:

If the LIA wishes to produce any marketing, advertising or educational materials using grant agreement funds, they must follow the requirements outlined in the MDHHS Home Visiting Guidance Manual.

PROJECT: Minority Health Community Capacity Building Initiative

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The focus of the program is to support culturally and linguistically appropriate community-level projects that build capacity to identify and implement programs, policies, and practices to address social determinants of health that contribute to health inequities for racial and ethnic minority populations in Michigan.

Reporting Requirements (if different than contract language)

Quarterly Narrative Progress Report

Submit quarterly narrative progress reports in accordance with the following dates:

Reporting Time Period	Due Date
October 1 - December 31	January 31
January 1 - March 31	April 30
April 1 - June 30	July 31
July 1 - September 30	October 31

Any additional requirements (if applicable)

- A. Ensure that activities implemented under this grant award are in accordance with established OEMH program standards, as well as State and Federal policy and statutes including HIPPA.
- B. Participate in technical assistance, training, and/or skills enhancement opportunities as recommended or required by MDHHS/OEMH. Training participation should include one representative of the Lead Organization (funded organization), the local evaluator/s, and one representative from a partner organization in the multi-sector team. Representatives attending the training will be responsible for the sharing and dissemination of information received at the training with the complete multi-sectored team.
- C. Convene and document agenda and minutes for a minimum of one monthly multi-sector team meeting to obtain input from team members related to the

progress, barriers, and next steps in the implementation of work plan objectives. Team meetings may be face to face, conference call, web based.

- D. Adhere to timelines and work plans, budgets, and staffing plans submitted and approved by MDHHS/OEMH. Deviations from approved timelines, work plans, budgets and staffing plans must receive advance authorization from MDHHS/OEMH. Failure to make reasonable progress in program development may result in revocation or reduction of the grant award.
- E. Collaborate with evaluation team consisting of OEMH staff and an evaluator. The contractor must adhere to MDHHS policies and standards related to Institutional Review Board.
- F. Ensure that services and materials are culturally and linguistically appropriate to meet the needs of the respective client populations.
- G. Permit the OEMH staff or its designee to visit and to evaluate the project, on an annual basis as determined by the Contract Manager. Contractors shall agree to participate in an annual site visit during the three-year funding cycle The designated months for completion of program sites visits to be conducted: June - August

PROJECT TITLE: Nurse Family Partnership (NFP) Services

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

The Nurse-Family Partnership (NFP) program offers families one-on-one home visits with a registered nurse. The model is grounded in human attachment, human ecology, and self-efficacy theories. Home visitors use model-specific resources to build on a parent's own interests to attain the model goals.

Reporting Requirements (if different than agreement language):

The Local Implementing Agency (LIA) shall submit all required reports in accordance with the Department reporting requirements. See the Michigan Department of Health and Human Services' (MDHHS) Home Visiting Guidance Manual for details about what must be included in each report.

- a. Staffing Changes: Within 10 days of a staffing change, notify the NFP Model Consultant via e-mail and incorporate the change(s) into the budget and facesheet during the next amendment cycle as appropriate. The facesheet identifies the agency contacts and their assigned permissions related to the tasks they can perform in E-GrAMS. The assigned Project Director in E-GrAMS can make the facesheet changes once the agreement is available to be amended.
- b. Medicaid Outreach Report (Berrien, Calhoun, Kalamazoo and Kent counties only): Due within 30 days of the end of each quarter.
- c. NFP Work Plan: Due annually on June 30 for preapproval. See the MDHHS Home Visiting Guidance Manual for requirements related to Work Plan development and reporting.
- d. Work Plan Reports: Must be submitted within 30 days of the end of each quarter (January 30, April 30, July 30 and October 30).

All reports and/or information (a-d), unless stated otherwise, shall be submitted electronically to the MDHHS Home Visiting mailbox at MDHHS-HVInitiative@michigan.gov .

- e. Implementation Monitoring Data and HRSA data collection requirements due in REDCap and Flo on the 5th business day of each month.

f. Quality Improvement Reporting:

- Documentation of a QI team will be submitted with the quarterly Work Plan Report.
- Documentation of QI activities will be submitted with the quarterly Work Plan Report.
- Annual summary of QI activities will be submitted to the Model Consultant by February 15.

g. HV ColIN Reporting (for those LIAs participating) for QI efforts shall occur in accordance with the ColIN's schedule. Participating LIAs are required to use the HV ColIN site to complete monthly submissions of PDSA cycles and required data (the frequency of data collection may vary).

Reports (e-g) shall be submitted as described above. Additional guidance concerning data collection and Quality Improvement is provided in the MDHHS Home Visiting Guidance Manual.

Any additional requirements (if applicable):

Maintain Fidelity to the Model:

The LIA shall adhere to the Nurse Family Partnership National Service Office (NSO) program standards and operate the program with fidelity to the NSO Application Review Team's approved Implementation Plan.

Comply with MDHHS Program Requirements:

The LIA shall operate the program with fidelity to the requirements of MDHHS based on the agreement executed in E-GrAMS and the conditions as outlined in the MDHHS Home Visiting Guidance Manual. The LIA will fulfill these requirements while strengthening efforts towards health and racial equity through staff education, programmatic data evaluation and client supportive services.

Data-Informed Outreach:

Michigan is using NFP as a specialized home visiting service strategy for first-time mothers who are low-income. This specialized service strategy is a focused way of using limited resources, directing them to populations who live in communities placing them at higher risk. The LIA will conduct outreach activities to the population groups identified in their MDHHS-HVU Outreach Toolkit in order to enroll families from those outreach efforts.

The MDHHS expects LIAs to maintain a caseload capacity of 25 families per 1.0 FTE.

P.A. 291:

The LIA shall comply with the provisions of Public Act 291 of 2012. See the MDHHS Home Visiting Guidance Manual for requirements related to PA 291.

Staffing:

The LIA's NFP home visiting staff will reflect the community served. The LIA will provide documentation to demonstrate due diligence if unable to fully meet this requirement within 90 days of a MDHHS site visit in which this was a finding. See the MDHHS Home Visiting Guidance Manual for requirements related to program staffing.

Performance Measures:

The LIA shall comply with MDHHS expectations of demonstrating improvement in the performance measures described in the MDHHS Home Visiting Guidance Manual.

Program Monitoring, Quality Assessment, Support and Technical Assistance (TA):

The LIA shall fully participate with the NFP NSO, the Department and the Michigan Public Health Institute (MPHI) with regards to program development and monitoring (including annual site visits either in-person or virtual), training, support and technical assistance services. See the MDHHS Home Visiting Guidance Manual for requirements related to program monitoring, quality assessment, support and TA.

Professional Development and Training:

All the LIA's NFP staff associated with this funding will participate in professional development and training activities as required by the NFP, NSO and the Department. See the MDHHS Home Visiting Guidance Manual for requirements related to professional development and training activities.

Supervision:

The LIA shall adhere to the NFP supervision requirements.

Engage and Coordinate with Community Members, Partners and Parents:

The LIA shall ensure that there is a broad-based community advisory committee that is providing oversight for NFP.

The LIA shall build upon and maintain diverse community collaboration and support with authentic engagement of parent representatives who have the lived experience and expertise.

The LIA shall participate in the Local Leadership Group (LLG) or, if none, the Great Start Collaborative.

See the MDHHS Home Visiting Guidance Manual for requirements related to engagement with community partners.

Data Collection:

The LIA shall comply with all NFP and MDHHS data training, collection, entry and submission requirements. See the MDHHS Home Visiting Guidance Manual for requirements related to data collection.

Quality Improvement (QI):

The LIA shall participate in all NFP quality initiatives including research, evaluation, and continuous quality improvement.

The LIA shall participate in all state and local Home Visiting QI activities as required by MDHHS. Required activities include, but are not limited to:

- a. Developing and maintaining a QI team
- b. Participating in QI activities during the fiscal year
- c. Consulting with QI coaches

See the MDHHS Home Visiting Guidance Manual for requirements related to QI.

Work Plan Requirements:

By June 30, the LIA must submit a Work Plan for the next fiscal year to the MDHHS Home Visiting mailbox (MDHHS-HVInitiative@michigan.gov) for preapproval. See the MDHHS Home Visiting Guidance Manual for requirements related to Work Plan development and reporting including Outreach and Retention plans.

Promotional Materials:

If the LIA wishes to produce any marketing, advertising or educational materials using grant agreement funds, they must follow the requirements outlined in the MDHHS Home Visiting Guidance Manual.

PROJECT: Oral Health Kindergarten Assessment

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The focus of the program is to perform an oral health assessment of children entering kindergarten or first grade to help identify dental needs if any. The assessment will provide information on whether the child needs preventive, restorative or urgent needs, along with the need for referral for treatment. Data to be gathered by LHD and submitted to the Oral Health Program for analysis and review.

Reporting Requirements (if different than contract language)

Any additional requirements (if applicable)

PROJECT: Public Health Emergency Preparedness (PHEP)
and
Cities Readiness Initiative (CRI) as applicable

9 Month Project – BIONINE/CRININE

Beginning Date: 10/1/2022

End Date: 6/30/2023

3 Month Project – BIOTHRREE/CRITHREE

Beginning Date: 7/1/2023

End Date: 9/30/2023

Project Synopsis

As a Grantee of funding provided through the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement, each Grantee shall conduct activities to build preparedness and response capacity and capability. These activities shall be conducted in accordance with the PHEP Cooperative Agreement guidance for BP4 (2022-2023) plus any and all related guidance from the CDC and the Department that is issued for the purpose of clarifying or interpreting overall program requirements.

Reporting Requirements (if different than contract language)

1. Grantee are required to submit a 3-month (July 1 to September 30) budget and a 9-month (October 1 to June 30) for both Base PHEP and CRI funding, including the 10% MATCH for those periods (see below for detail regarding Match). Submitted to MDHHS-BETP-DEPR-PHEP@michigan.gov by April 15, 2022.
2. ALL activities funded through the PHEP cooperative agreement must be completed between July 1, and June 30, and all BP4 funding must be obligated by June 30, 2023, and activity completed by the August 15, 2023 Final FSR submission deadline.
3. Grantee must submit required PHEP program data and reports by the stated deadlines. This includes, but is not limited to, progress reports, performance measure data reports, National Incident Management System (NIMS) compliance reports, updated emergency plans, budget narratives, Financial Status Reports (FSR), etc. Failure to do so will constitute a benchmark failure. All deliverables must be submitted by the designated due date in the LHD BP4 work plan.

4. Grantee must maintain National Incident Management System (NIMS) compliance as detailed in the LHD work plan and submit annually to the Department – DEPR per the LHD BP4 work plan.
5. Each subrecipient Grantee must retain program-related documentation for activities and expenditures consistent with Title 2 CFR Part 200; Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, to the standards that will pass the scrutiny of audit.

Any additional requirements (if applicable)

All Grantee activities shall be consistent with all approved BP4 work plan(s) and budget(s) on file with the Department through the EGrAMS. In addition to these broad requirements, the Grantee will comply with the following:

- Grantee provides the required 10% MATCH for July 1 to September 30 and October 1 to June 30. Grantee are required to submit a letter (on agency letterhead) stating the source, calculation, and narrative description of how the match was achieved, unless said match is met using local dollars. This was due with the narrative budget submission to the Division of Emergency Preparedness and Response-DEPR.
- One (1) full time equivalent (FTE) emergency preparedness coordinator (EPC) position, as a point of contact. In addition to the Grantee health officer, the EPC shall participate in collaborative capacity building activities of the PHEP Cooperative Agreement, all required reporting and exercise requirements and in regional Healthcare Coalition (HCC) initiatives. Any changes to this staffing model must be approved by the Public Health Emergency Preparedness Program Manager at the Division of Emergency Preparedness and Response (517-335-8150).
- Under the PHEP cooperative agreements, Grantees must continue to partner with the Regional Healthcare Coalitions (HCC) and support HCC initiatives to ensure that healthcare organizations receive resources to meet medical surge demands. Working well together during a crisis is facilitated by meeting on a regular basis. To this end, EPCs, supported by CDC PHEP are required to participate in and support regional HCC initiatives. In addition, the EPC or designee is required to attend regional HCC planning or advisory board meetings. The intent is for LHDs that cross regional boundaries to align with one regional coalition.
- There are a number of special initiatives, projects, and/or supplemental funding opportunities that are facilitated under this cooperative agreement. For example, the Cities Readiness Initiative (CRI) performance and evaluation initiatives. Each Grantee that is designated to participate in any of these types of supplemental opportunities is required to comply with all CDC and the Department – Division of Emergency Preparedness and Response (DEPR) guidance, and all

accompanying work plan and budgeting requirements implemented for the purpose of subrecipient monitoring and accountability. Some or all supplemental opportunities may require separate recordkeeping of expenditures. If so, this separate accounting will be identified in separate project budgets in the EGrAMS. These supplemental opportunities may also require additional reporting and exercise activities.

- All budget amendments must be submitted to the Division of Emergency Preparedness and Response (DEPR) for review prior to submitting them in the EGrAMS. Budget amendments that contain line items deviating more than 15% or \$10,000 (whichever is greater) from the original budgeted line item must be approved by DEPR prior to implementation via email to MDHHS-BETP-DEPR-PHEP@michigan.gov.
- In response to repeated communications from CDC strongly urging states to ensure all funds are spent each year a threshold has been established to limit the amount of unspent funds. A maximum of 2% of the Grantee allocation or \$3,000 (whichever is greater) of unspent funds is allowable each budget period. Failure to meet this requirement, or misuse of funds, will affect the amount that is allocated in subsequent budget periods.

Unallowable and Allowable Costs

- Grantee may not use funds for research.
- Grantee may not use funds for clinic care except as allowed by law.
- Generally, Grantee may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - a. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - b. The salary or expenses of any grant or contract recipient, or agent acting for such recipient related to any activity designed to influence the enactment of legislation, appropriations regulation, administrative action, or Executive order proposed or pending before any legislative body.
- Lobbying is prohibited.

- The direct and primary recipient in a cooperative agreement must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Grantee may not use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks, electrical or gas-driven motorized carts.
- Grantee can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- No clothing may be purchased with these funds.
- Items considered as give away such as first aid kits, flashlights, shirts etc., are not allowable.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$181,500 per year.
- Grantee may not use funds for construction or major renovations.
- Grantee may not use funds to purchase a house or other living quarter for those under quarantine.
- PHEP funds may not be used to purchase or support (feed) animals for labs, including mice. Any requests for such must receive prior approval of protocols from the Animal Control Office within CDC and subsequent approval from the CDC OGS as to the allowable of costs.
- Grantee may use funds only for reasonable program purposes, including travel, supplies, and services.
- Grantee may supplement but not supplant existing state or federal funds for activities described in the budget. Supplantation is the replacement of non-federal funds with federal funds to support the same activities. Under Public Health Service Act, Title I, Section 319(c), it strictly and expressly prohibits using cooperative agreement funds to supplant any current state or local expenditures.
- Grantee may use funds only for reasonable program purposes including personnel, travel, supplies and services.
- Grantee may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award.

- Grantee can (with prior approval) use funds to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
- Grantee can use funds to purchase caches of medical or non-medical Counter measures for use by public health first responders and their families to ensure the health and safety of the public health workforce.
- Grantee can use funds to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.

Audit Requirement

A grantee may use its Single Audit to comply with 42 USC 247d – 3a(j)(2) if at least once every two years the awardee obtains an audit in accordance with the Single Audit Act (31 USC 7501 – 7507) and Title 2 CFR, Part 200 Subpart F; submits that audit to and has the audit accepted by the Federal Audit Clearinghouse; and ensures that applicable PHEP CFDA number 93.069 are listed on the Schedule of Expenditures of Federal Awards (SEFA) contained in that audit.

Pandemic and All Hazards Preparedness and Advancing Innovation Act of 2018

Requires the withholding of amounts from entities that fail to achieve PHEP benchmarks. The following PHEP benchmarks have been identified by CDC and MDHHS-DEPR for the Fiscal Year:

- Demonstrated adherence to all PHEP application and reporting deadlines. Grantees must submit required PHEP program data and reports by the stated deadlines. This includes, but is not limited to, progress reports, performance measure data reports, National Incident Management System (NIMS) compliance reports, updated emergency plans, budget narratives, Financial Status Reports (FSR), etc. Failure to do so will constitute a benchmark failure. All deliverables must be submitted by the designated due date in the LHD BP4 work plan.
- Demonstrated capability to receive, stage, store, distribute, and dispense medical countermeasures (MCM) during a public health emergency, per the LHD BP4 Work Plan.
- Further guidance related to specific preparedness deliverables will be included in the LHD workplan.

Benchmark Failure

Awardees are expected to “substantially meet” the PAHPIA benchmarks. Per the Cooperative Agreement, failure to do so constitutes a benchmark failure, which carries an allowable penalty withholding of funds. Failure to meet any one of the two benchmarks and/or the spending threshold is considered a single benchmark failure. Any awardee (or sub-awardee) that does not meet a benchmark, and/or the spending threshold will have an opportunity to correct the deficiency during a probationary period. If the deficiency is not corrected during this period, the awardee is subject to a 10% withholding of funds the following budget period. Failure to meet the pandemic influenza plan requirement constitutes a separate benchmark failure and is also subject to a 10% withholding. The total potential withholding allowable is 20% the first year. If the deficiency is not corrected, the allowable penalty withholding increases to 30% in year two and 40% in year three.

Regional Epidemiology Support

For those Grantee receiving additional funds to provide workspace for Regional Epidemiologists, the grantee must provide adequate office space, telephone connections, and high-speed Internet access. The position must also have access to fax and photocopiers.

PROJECT TITLE: Regional Perinatal Care System

Start Date: 10/01/2022

End Date: 09/30/2023

Project Synopsis:

The aim of the Regional Perinatal Quality Collaboratives (RQPCs) is to develop data-driven innovative strategies and efforts that are tailored to the strengths and challenges of each region to improve maternal, infant, and family outcomes; especially looking at preterm birth, very low birth weight infants, low birth weight infants, and maternal health. Furthermore, RPQCs ensure statewide alignment with the strategies and goals outlined in the Michigan Mother Infant Health and Equity Improvement Plan (MIHEIP) and are tasked with addressing disparities in birth outcomes and health inequities. Each RPQC engages cross-sector, diverse stakeholders and implements evidence-based, or promising practice, interventions utilizing quality improvement methodology.

Reporting Requirements (if different than agreement language):

The Grantee shall submit the following reports on a quarterly basis:

- Report on Aim statement, measures, and corresponding outcomes, as identified by the grantee and MDHHS, through submission of quarterly progress reports.
- RPQCs will submit quarterly narrative reports summarizing member agency efforts, new partnerships, community achievements, member participation in and status of other MDHHS initiatives, as well as the composition and number of attendees at each Collaborative meeting. This report will be submitted with the quarterly progress report to the Contract Manager, Emily Goerge, via email at: GoergeE@michigan.gov. A template for the narrative report will be provided.
- RPQCs will be required to report on the number of participants with 'active membership' in their quarterly progress reports. See definitions below for what qualifies as 'active membership'.

Any such other information as specified above shall be developed and submitted by the Grantee as required by the Contract Manager.

Any additional requirements (if applicable):

- In alignment with the Regional Perinatal Quality Collaborative's (RPQC) role of authentically engaging families and convening diverse stakeholders, the Collaborative must be comprised of a multi-stakeholder and diverse membership;

ensuring to recruit families, faith-based organizations, clinicians, Medicaid Health Plans, community-based organizations, business partners, and etcetera.

- MDHHS stresses the importance of garnering the input and feedback of families most impacted by adverse birth outcomes. Therefore, continuing in fiscal year 2023, there must be family representation in the RPQC's membership
- Family engagement is essential to the success of the RPQCs and can be fostered via various avenues, for example: family groups through Great Start Collaborative and Children Special Health Care Services, community centers, local churches, focus groups, parent panel and etcetera
- RPQCs are expected to convene periodic (with frequency of at least quarterly) collaborative meetings, inclusive of diverse regional partners, to garner feedback and discussion, including but not limited to, regional maternal and infant vitality concerns, review of data, analysis of gaps in care and birth outcomes, quality improvement efforts, alignment with the Mother Infant Health and Equity Improvement Plan and etcetera

***The collaborative meetings are to be in addition to any leadership or steering team meetings that the RPQC may choose to convene as oversight for the RPQC.**

Definitions

Active membership is defined as attending a minimum of two (2) Collaborative meetings, participating in RPQC quality improvement efforts, reporting out on their respective agency's efforts related to maternal and infant mortality, and etcetera

Family active membership is defined as a family presence at a minimum of two (2) Collaborative meetings, garnering family input at least twice per fiscal year, and/or participation in the planning or implementation of quality improvement efforts

- Family and community presence should comprise 10% of the RPQC's active membership.

Membership includes, but is not limited to:

- Families
- Clinicians
- Community-based organizations
- Local public health
- Medicaid health plans
- Faith-based organizations
- Business partners

- Others

To ensure regional stakeholders are aligned with the Mother Infant Health and Equity Improvement Plan (MIHEIP), RPQCs will need to infuse maternal and infant Statewide initiatives into their Collaborative (example: MMMS, FIMR, MI AIM, CDR, etc.)

- Each Collaborative will dedicate time during meetings for members to share updates, as well as time for reporting out on participation in other Statewide initiatives.
- Continuing in fiscal year 2023, RPQCs will specifically be required to:
 1. Invite MI-AIM leads to share region-specific MI-AIM efforts at two (2) fiscal year 2023 collaborative meetings. A list of MI-AIM leads in the region can be obtained from your assigned State consultant.
 2. Know the current MI-AIM designation status of the birthing hospitals in their respective region.
- The names and titles of the RPQC leadership, and the Quality Improvement project team leads, for fiscal year 2023, must be identified on the work plans submitted to the Contract Manager via email, GoergeE@michigan.gov
- Selected quality improvement objective(s), corresponding evidence-based or promising practices intervention(s), and all efforts put forth, must align with the MIHEIP

All quality improvement efforts must:

- Be data driven.
- Utilize quality improvement methodology.
- Address disparate outcomes.
- Utilize evidence-based and/or promising practices interventions that address improving outcomes for mothers, infants, and families.
- RPQCs must also actively address health inequities, social determinants of health, and disparate outcomes throughout all efforts and as inclusive of their dedication to improving birth outcomes
- As the RPQCs are a conduit to the community, the region must provide representation at MIHEIP-related MDHHS meetings, such as the Mother Infant Health and Equity Collaborative (MIHEC) meeting and the State Perinatal Quality Collaborative meetings (i.e., RPQC Leadership meetings).

1. Attendance is required unless prior approval received from State consultant.
2. For MIHEC meetings, each RPQC should have two attendees present, with at least one representing the leadership team.
3. For the quarterly State Perinatal Quality Collaborative meetings, at least two members of the RPQC leadership team are required to attend.
4. Each region will be required to report on their efforts, challenges, successes and etcetera at one of the quarterly MIHEC meetings.
5. Regional collaborative leadership is expected to work collectively with assigned State consultant and other members of the MIHEIP team.

Budget Allowances

To ensure most of the awarded funding is funneled into the community for quality improvement efforts:

- Budgets line items for external consultants must be capped at 25% for contractors/consultants who have been hired as subject matter experts.
- Budgets must be capped at 75% for contractors hired to carry out the quality improvement tasks of the collaborative.

PROJECT TITLE: SEAL! MI

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

SEAL! MI is the School Based Dental Sealant Program, providing oral health prevention to students in Michigan schools.

Reporting Requirements (if different than agreement language):

- Quarterly Report Dental Sealant Tracking Form's at the end of each quarter to the Michigan Department of Health and Human Services Oral Health Program.
- Submit completed copies of the SEAL! MI MDHHS Student Data and Event Data forms within two weeks of the end of the fiscal year and upon request.

Any additional requirements (if applicable):

- All program staff (paid and unpaid) must attend the annual SEAL! MI Training via webinar.
- At least one person from program must attend the SEAL! MI Annual Workshop, in person, all day.
- All monies collected from insurance billing from dental sealants must be allocated back into the SEAL! MI program (equipment, staff, supplies, travel, incentives etc.).
- There must be one EXTRA complete treatment set up available for program use in the event of equipment failure (including: portable dental unit, curing light, Isolite other isolation system, patient chair, operator light and operator chair).
- Patient privacy screens must be available for use
- Any MDHHS infection control policies specific to Covid-19 must be followed in all SEAL! Michigan events.

PROJECT: Sexual Violence Prevention

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

This project will be used continue to implement community and societal-level approaches to build capacity of current and future healthcare professionals to prevent sexual violence.

Reporting Requirements (if different than contract language)

- Submit programmatic quarterly reports in REDCaps on January 15th, April 15th, July 15th, and October 15th.
- Submit financial information documenting program expenses for January 1-31, 2023, by March 15, 2023.

Any additional requirements (if applicable)

Complete Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Monique Tatum, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
OGS BRANCH 5
2939 Flowers Rd
Atlanta, Ga 30341

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW Agenda Page 510 of 553

Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email:
MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

PROJECT TITLE: Sexually Transmitted Infection (STI) Control

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Sexually Transmitted Infections (STIs) result in excessive morbidity, mortality, and health care cost. Women, especially those of child-bearing age, and adolescents are particularly at risk for negative health outcomes. Local health STI programs ensure prompt reporting of cases, provide screening and treatment services for Michigan's citizens, and respond to critical morbidity increases in their jurisdiction.

Reporting Requirements (if different than agreement language):

Report	Period	Due Date(s)	How to Submit Report
STI 340B Utilization/ Inventory Report	Quarterly	Within 10 days after the end of the quarter	Log into SGRX340BFlex.com website, generate a quarterly report on the reporting tab, and it will be transferred automatically to ScriptGuide/DHSP

Any additional requirements (if applicable):

Grant Program Operation

1. Maintain core STI clinical service, including prioritizing the testing, treatment of individuals referred by MDHHS DIS; this includes people reported with a positive lab result and those identified as contacts to incident cases of syphilis, gonorrhea, and HIV.
2. Participate in technical assistance/capacity development, quality assurance, and program evaluation activities as directed by Division of HIV and STI Programs/Sexually Transmitted Infections (DHSP/STI).
3. Implement program standards and practices to ensure the delivery of culturally, linguistically, and developmentally appropriate services. Standards and practices must address sexual minorities.
4. For gonorrhea and chlamydia cases in the Michigan Disease Surveillance System,

50% shall be completed within 30 days and 60% within 60 days from the date of specimen collection.

5. For gonorrhea and chlamydia cases, develop plans to respond to issues in quality, completeness, and timeliness.

Mandatory Disclosures

1. Inform DHSP/STI at least two weeks prior to changes in clinic operation (hours, scope of service, etc.).

Technical Assistance

1. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
2. Recipient agency must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov

PROJECT TITLE: Sexually Transmitted Infection (STI) Specialty Services

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

Sexually Transmitted Infections (STIs) result in excessive morbidity, mortality, and health care cost. The purpose of this project is to provide a community access point for specialty STI clinical service with a focus on the LGBTQ+ community.

Reporting Requirements (if different than agreement language):

Report	Period	Due Date(s)	How to Submit Report
Quarterly Progress Report & Data Report	Quarterly	30 days after the end of the quarter	Email to MDHHS contract liaison

Any additional requirements (if applicable):

Mandatory Disclosures

Inform the Division of HIV and STI Programs (DHSP) at least two weeks prior to changes in clinic operation (key staff, hours of operation, scope of service, etc.).

Technical Assistance

1. Technical assistance (TA) requests must be submitted via the MDHHS SHOARS system. In addition, if your contract is to be amended, the request will have to be logged into SHOARS. Registration instructions and further information can be found at: <https://bit.ly/3HS7xdG>
2. Recipient agency must register an Authorized Official and Program Manager in the DHSP SHOARS system. These roles must match what the agency has listed for these roles in the EGrAMS system. If you have access related questions, contact MDHHS-SHOARS-SUPPORT MDHHS-SHOARS-SUPPORT@michigan.gov

PROJECT TITLE: Southeast MI Infant Vitality

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

In 2019 Michigan achieved its lowest infant mortality rate both Statewide and in the City of Detroit. This initiative is intended to provide insight into what may have led to the decreased rate. The proposed initiative focuses on creating a comprehensive, collective analysis of events, programs, and preventative efforts aimed at reducing infant mortality within the City of Detroit, Wayne, Oakland, and Macomb counties in 2019 and in the years preceding with the goals of garnering insight into actions that can be taken to sustain health gains and inform decision making within systems and policy. This will be achieved by partnering with community stakeholders, investigating qualitative and quantitative data, and analyzing vital records. The recommendations will be compiled, reported and used to inform the next iteration of the States Mother Infant Health & Equity Improvement Plan.

Reporting Requirements (if different than agreement language):

The Grantee shall submit the following reports at the end of the Grant Cycle:

- Grantee will be required to partner with key informants, organizations, and entities in the gathering and collating of information regarding successful programming interventions and a comprehensive understanding of thriving mothers and infants for 2019 and preceding years.
- Grantee will be required to hold at least 4 strength-based discussion sessions, community conversations, and/or listening sessions to garner feedback from the community, this includes the communities' views on successful programming and interventions, and their feedback on current and recommended policy and regulation related to maternal and infant health outcomes.
- An asset-based report on the above data is required by the end of the grant cycle, this should include any relevant mixed methods data, discussion sessions, community conversations, listening sessions, surveys, and recommendations. The final contract report is due by October 31 (30 days after the agreement end date).

- Grantees are expected to submit quarterly work plan updates.
- The report and workplan will be submitted to the Contract Manager, Heather Boyd, via email at: BoydH1@michigan.gov.

Any additional requirements (if applicable):

- MDHHS stresses the importance of authentically engaging families and convening diverse stakeholders, the asset-based assessments and strength-based discussion sessions and listening sessions should include multi-stakeholder and diverse participation; ensuring to recruit families, faith-based organizations, clinicians, Medicaid Health Plans, community-based organizations, community leaders, grass roots organizations, business partners, and etcetera.
- Grantees are expected to meet periodically with MDHHS and the Southeast Michigan partners working on the Infant Vitality project (Partnering organizations include, but are not limited to, Birth Detroit, Focus: Hope & the Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC), as well as the Wayne, Oakland, Macomb, and the City of Detroit Health Departments.)

PROJECT: Statewide Lead Case Management

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

All local health departments in Michigan are eligible to participate in this program to receive reimbursement for nursing case management services to children not enrolled in Medicaid, as well as reimbursement for community health workers (CHWs) to complete case management activities. This will allow LHD nurses to offer case management to all children regardless of insurance status. NCM visits will be reimbursed at a rate of \$201.58 and community health worker visits at a rate of \$100. This funding is to support local health departments in providing case management services to all children with elevated blood lead levels in Michigan. All services should be provided according to CLPPP guidance documents for case management for nurses and community health workers.

Reporting Requirements (if different than contract language)

Quarterly FSR and FSR Supplemental Attachment

Submit request for reimbursement through the EGrAMS system based on the “fixed unit rate” method. The fixed rate for case management services is \$201.58 per home visit, for up to 6 home visits and \$100 for community health worker visits, for up to 2 visits. Additionally, a FSR supplemental attachment form is required to be uploaded in EGrAMS that specifies the number of children and home visits for which reimbursement is being requested on. The FSR and the FSR supplemental attachment form must be submitted no later than thirty (30) days after the close of the quarter.

Quarterly Case Management Logs

A complete spreadsheet of CM activities is due quarterly, submitted electronically through the CLPPP’s secure DCH-File Transfer Site available through MiLogin, using a template provided by CLPPP. There are two spreadsheets, one for nursing case management and one for community health worker visits. The quarterly spreadsheets must be submitted no later than thirty (30) days after the close of the quarter.

Annual Report

An Annual Report covering the reporting period for FY23 is October 1 – September 30. The format and due date for the submission will be determined by CLPPP, communicated to the local health departments.

Any additional requirements (if applicable)

Continuation of this project is contingent upon funding availability.

The local health department shall:

- For NCM visits, have home case management conducted by a registered nurse trained by MDHHS CLPPP. To be reimbursed for a home visit, the visit must be completed by a registered nurse.
- For CHW visits, have home case management conducted by a certified community health worker trained by MDHHS CLPPP. To be reimbursed for a home visit, the visit must be completed by a certified community health worker.
- Sign up for the DCH-File Transfer Site available through MiLogin maintained by MDHHS CLPPP, to be used for data sharing of confidential information.
- Complete case management activities according to the MDHHS CLPPP Case Management Guide.
- Document all required case management activities in the child's electronic file in the HHLPPS database. Required documentation includes an initial home visit form, follow-up visit forms, dates of chelation therapy, and plan of care.

PROJECT: TAKING PRIDE IN PREVENTION (TPIP)

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The purpose of this project is to implement a comprehensive, evidence-based teen pregnancy prevention program for youth 12-19 years of age.

Reporting Requirements

The Grantee shall submit the following reports and data via the appropriate reporting mechanism on the dates specified below:

Report	Time Period	Due Date	Submit To
Work Plan	October 1 - December 31	January 31	EGrAMS https://egram-mi.com/mdhhs
	January 1 - March 31	April 15	
	April 1 - June 30	July 31	
	July 1 - September 30	October 15	
Program Narrative	October 1 - December 31	January 31	EGrAMS https://egram-mi.com/mdhhs
	January 1 - March 31	April 15	
	April 1 - June 30	July 31	
	July 1 - September 30	October 15	
Participant Level Data (Youth)	October 1 - December 31	January 15	REDCap https://chc.mphi.org
	January 1 - March 31	April 5	
	April 1 - June 30	July 15	
	July 1 - September 30	October 5	
Program Level Data (Parents)	October 1 - December 31	January 15	REDCap https://chc.mphi.org
	January 1 - March 31	April 5	
	April 1 – June 30	July 15	
	July 1 - September 30	October 5	
Program Level Data (Performance Measures)	October 1, 2022 – September 30, 2023 (MPHI will open this data section in REDCap in June)	July 15	REDCap https://chc.mphi.org
Fidelity Logs	February 2023	March 31	Email to MDHHS andersonk10@michigan.gov
	May 2023	June 30	

- A. Any other information, as specified in the Statement of Work and TPIP Report Fact Sheet, shall be developed and submitted by the Grantee as required by the Contract Manager.

Additional Program Requirements

- TPIP programs must serve 80, 175 or 250 unduplicated youth each fiscal year (FY) who complete at least 75% of the program, which is determined by the intensity level of the selected curriculum:

Approved Curriculum	Intensity Level	Target Number	Minimum Target Number
		Number of unduplicated youth who complete at least 75% of program each FY	90% of the target number
Teen Outreach Program (TOP)	High	80	72
Michigan Model-Healthy & Responsible Relationships	Medium	175	156
Making Proud Choices	Low	250	225

- TPIP programming must be delivered separate and apart from any religious education or promotion and funding cannot be used to support inherently religious activities including, but not limited to, religious instruction, worship, prayer, or proselytizing.
- Family planning drugs and/or devices cannot be prescribed, dispensed, or otherwise distributed on school property at any time, including as part of the pregnancy prevention education funded under TPIP.
- Abortion services, counseling and/or referrals for abortion services cannot be provided as part of the pregnancy prevention education funded under TPIP.
- TPIP funding may not be used to pay for costs associated with health care services, for which referrals are made.
- TPIP funding may not be used for fundraising activities, political education, or lobbying.
- TPIP grantees must adhere to all of the TPIP Minimum Program Requirements (MPRs)
- The Grantee shall permit the Department or its designee to visit and to make an evaluation of the projects as determined by the Contract Manager.

PROJECT: Tobacco Control Grant Program

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

The focus of the program is to reduce tobacco use by Michigan residents by providing an evidence-based telephonic tobacco cessation counseling program which will be titled as the Michigan Tobacco Quitline.

Reporting Requirements (if different than contract language)

The Grantee shall submit the following reports on the following dates:

1. Evaluation data tracking tool bi-annually in April 15 and October 15 (format to be provided by MDHHS TCP).
2. Quarterly progress reports are due January 15, April 15, July 15, and October 15, 2023.

Any additional requirements (if applicable)

- Grantee will create action plans for any recommendation of the MDHHS TCP Contract Manager. Grantee will meet weekly with the MDHHS TCP Contract Manager.
- Grantee will submit twice monthly budget projections (October 2022-February 2023) and weekly projections the last 2 months of the CDC budget (March 2023-April 2023) and the SOM Fiscal Year (August 2023-September 2023).
- Grantee will submit 2022 outcomes report for enrollees to the Michigan Tobacco Quitline by May 1 2023.

PROJECT: Transforming Youth Suicide Prevention

Start Date: 10/1/2022

End Date: 09/30/2023

Project Synopsis

The Transforming Youth Suicide Prevention project focuses on early identification and intervention of suicide risk in young adults aged 18-24 years old via creative marketing, trainings, and loss support group facilitation.

Reporting Requirements (if different than contract language)

The Grantee shall submit the following reports on the following dates:

1. An Annual Report, to include a summary of activities, challenges, and successes is due by September 1. The format and information to be concluded will be determined by MDHHS in consultation with the Grantee.
2. Quarterly Reports, to include agreed upon evaluation metrics and activities, challenges, and successes, will be due 15 days after the end of each quarter.
3. Reports and information shall be submitted to the Contract Manager by e-mail to decampl@michigan.gov.
 - a. Any request for extension of a reporting deadline must be approved in advance by MDHHS and may not exceed an additional 5 business days from the original due date.

Any additional requirements (if applicable)

The Grantee shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager

PROJECT: Tuberculosis Control

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

Each Grantee as a sub-recipient of the CDC Tuberculosis Elimination Cooperative Agreement shall conduct activities for the purposes of tuberculosis control and elimination.

- Funds may be used to support personnel, purchase equipment and supplies, and provide services directly related to core TB control front-line activities, with a priority emphasis on DOT (Directly Observed Therapy) and electronic DOT, case management, completion of treatment and contact investigations.
- Funds may also be used to support incentive or enabler offerings to mitigate barriers for patients to complete treatment.
- Disallowed Costs: Federal (CDC) guidelines prohibit the use of these funds to purchase anti-tuberculosis medications or to pay for inpatient services.
- Examples of appropriate incentive/enabler offerings include retail coupons, public transit tickets, food, non-alcoholic beverages, or other goods/services that may be desirable or critical to a particular patient.

For more information and suggested uses of incentive/enabler options, refer to CDC's Self-Study Module #6, Managing Tuberculosis Patients and Improving Adherence, at [Self-Study Modules - Continuing Education Activities | TB | CDC](#).

Reporting Requirements (if different than contract language)

DOT Logs are maintained on site and available if needed. All other data must be entered into MDSS as stipulated in contract specific requirements.

Ensure that confidential public health data is maintained and transmitted to the Department in compliance with applicable standards defined in the "CDC Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Programs"

<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>

Any additional requirements (if applicable)

- Utilize DOT as the standard of care to achieve at minimum 80% of TB cases enrolled in DOT or electronic DOT (Jan 1- Dec 31).
- Document in Michigan Disease Surveillance System (MDSS) all changes to treatment regimen using the Report of Verified Case of Tuberculosis (RVCT) comments field (pg. 12), and completion of therapy using RVCT Follow-Up 2 (pg. 7).
- Maintain evidence of monthly DOT logs on site (to be made available if needed). Submission of DOT logs to the MDHHS TB Program is not required.
- Achieve at least 94% completion of treatment within 12 months for eligible TB cases. The determination of treatment completion is based on the total number of doses taken, not solely on the duration of therapy. Consult the most current ATS document *Treatment of Tuberculosis* for guidance in the number of doses needed and the length of treatment required following any interruptions in therapy.
- Maintain appropriate documentation on site (to be made available if needed). Document the appropriate use of expenditures for incentive and enablers for clients to best meet their needs to complete appropriate therapy.
- Ensure >90% completion of RVCT pages 1 - 6 in MDSS within one month of diagnosis.

Unallowable Costs per federal guidelines

- Funds cannot be used for procurement of anti-tuberculosis medications.
- Funds cannot be used for research.
- Funds cannot be used for inpatient services.

PROJECT: Vector-Borne Disease Surveillance

Beginning Date: 4/1/2023

End Date: 9/30/2023

Project Synopsis

This agreement is intended to support the development of vector-borne disease surveillance and control capacity at the local health department level. Funds may be used to support a low-cost, community-level surveillance system for 1) the early detection of arbovirus threats by identifying potential invasive mosquito vectors or local virus transmission in mosquitoes and 2) populations of ticks including *Ixodes scapularis*, *Amblyomma americanum*, and *Haemaphysalis longicornis*. This information can be utilized by participating local health departments to notify its citizens of any local transmission risk using education campaigns and to potentially work with local municipalities to conduct vector control activities such as drain management, scrap-tire campaigns, breeding site removal, landscape modifications, or pesticide application. Requirements for participation in this program include providing for the placement of a minimum number of mosquito traps, operating for at least five “trap-nights” per week, conducting a minimum number of targeted tick “drags,” and identifying ticks and mosquitoes. Bi-weekly (occurring every two weeks) reporting to MDHHS of grant activities is also required. MDHHS EZID should be notified immediately if an invasive mosquito or tick species is identified.

Reporting Requirements (if different than contract language)

The subrecipient shall submit bi-weekly tables of surveillance data (template provided) documenting trap rates and disease detections to Emily Dinh (dinhe@michigan.gov) and Rachel Wilkins (rwilkins3@michigan.gov) at the MDHHS EZID Section.

- A final report on all activities completed is due by October 15, 2023.

Any additional requirements (if applicable)

- Mosquito and/or Tick Surveillance
- Minimum recommended mosquito and tick surveillance effort according to the point formula in Table 1 (below) over a period of 14 weeks.
- Provide bi-weekly reporting of surveillance results to MDHHS EZID Section (see contact information below).
- Use surveillance data to notify the public of risks related to vector borne disease in mosquitoes or ticks in the jurisdiction.

- The total funds allocated for this project to participating local health departments must be utilized prior to September 30.
- Each local health department as a sub-recipient of the State of Michigan Emerging Public Health Funds shall conduct activities for the purposes of mosquito and tick surveillance in their jurisdiction. For mosquito surveillance, funds may be used to support personnel, to purchase equipment and supplies related to conducting mosquito surveillance in areas of historically high incidence of arboviral disease, and to produce and distribute educational and other materials related to mosquito-borne disease prevention and control. For tick surveillance, funds may be used to support personnel, to purchase equipment and supplies, and to produce and/or distribute educational and other materials related to tick-borne disease prevention and control.
- Activities can be conducted according to the needs of the local jurisdiction but must conform to the point allocation formula in the table below. For instance, if mosquitoes are more of a concern in the jurisdiction, the funded LHD can focus its efforts on mosquito surveillance, educational activities, etc. If ticks are more of a concern in the jurisdiction, the funded LHD can focus its efforts on tick surveillance, educational activities, etc.

Local Health Department VBDSP Activity Formula

Activity	Required Activity / Weeks	Metric
5 mosquito collection devices* placed for 24-hour period	20/10	Report to MDHHS bi-weekly
2 mosquito collection devices* placed for 24-hour period in August	2/4	Report to MDHHS bi-weekly
1,000 meter tick drag	4 / 2	Report to MDHHS bi-weekly
Educational outreach activity / event		Report to MDHHS bi-weekly
Press release		Report to MDHHS bi-weekly
Coordination of control efforts with local municipalities / other prevention efforts		Report to MDHHS bi-weekly

*Devices can include BG-2 traps, CDC light traps, resting boxes, etc.

PROJECT: West Nile Virus Community Surveillance

Start Date: 5/1/2023

End Date: 9/30/2023

Project Synopsis

This agreement is intended to support the development of a low-cost surveillance system for the early detection of West Nile virus in mosquitoes at the community level, for the purpose of educating the public and healthcare providers and preventing outbreaks. This information can be utilized by participating local health departments to notify its citizens and healthcare providers of any local transmission risk using education campaigns, press-releases and other means, and to potentially work with local municipalities to conduct mosquito population mitigation activities such as drain management, scrap-tire campaigns, breeding site removal, larviciding, and adulticiding. Requirements for participation in this program include providing for the placement of a minimum number of mosquito traps, operating for at least two “trap nights” per week, identifying mosquitoes, and weekly reporting to the Department of surveillance results.

Reporting Requirements (if different than contract language)

The Grantee shall submit weekly tables of surveillance data (template provided) documenting trap rates and disease detections to Emily Dinh (dinhe@michigan.gov), and Rachel Wilkins (wilkinsr3@michigan.gov) at the MDHHS EZID Section.

- A final report on all activities completed is due by October 15, 2023.

Any additional requirements (if applicable)

Each Grantee as a sub-recipient of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Cooperative Agreement shall conduct activities for the purposes of West Nile virus (WNV) surveillance among mosquito populations in their jurisdiction. Funds may be used to support personnel and travel, to purchase equipment and supplies related to conducting mosquito surveillance in areas of historically high incidence of WNV, and to produce and/or distribute educational and other materials related to West Nile virus prevention and control.

Mosquito Surveillance:

- Minimum recommended mosquito traps for this project is 5 traps utilized per county, operating 2 nights per week for a total of 10 “trap nights” per week for approximately 16 weeks.

- Provide weekly reporting of surveillance results to the Department EZID Section (see contact information below).
- Use surveillance data to notify the public and healthcare providers of any risk related to West Nile Virus in mosquitoes in the jurisdiction.
- The total funds allocated for this project to participating local health departments must be utilized prior to September 30.

PROJECT TITLE: Wisewoman

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis:

WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) is a program designed to screen women for chronic disease risk factors, counsel them about lifestyle changes to reduce risk factors, and refer them for medical treatment of hypertension, hyperlipidemia, and/or diabetes mellitus.

Reporting Requirements (if different than agreement language):

All Grantees implementing WISEWOMAN shall submit Quarterly Progress Reports

<u>Period Covered</u>	<u>Report Due</u>
October 1 - December 31	January 31
January 1 - March 31	April 30
April 1 - June 30	July 31
July 1 - September 30	October 31

Quarterly Reports shall be submitted to the Program Director:

Courtney Cole

E-mail: ColeC13@michigan.gov

Each agency must provide matching funds in the amount of \$1 for each \$3 of Coordination dollars. A WISEWOMAN Matching Funds Report form along with instructions is issued by MDHHS for LCAs to use for documentation of amounts and types of community match. It is available at www.michigan.gov/wisewoman The Matching Funds Report should be submitted in EGrAMS as an attachment to the final Financial Status Report.

Any additional requirements (if applicable):

Instructions for contractor use of MBCIS, the statewide database, are provided in manuals for programs that contribute data to this database. The CPCS will exchange relevant program reports with appropriate contractors through a secure file transfer system, as noted in the same program manuals.

For specific WISEWOMAN Program requirements, refer to the most current WISEWOMAN Program Manual available at www.michigan.gov/wisewoman.

PROJECT: Women Infant Children (WIC)

WIC Breastfeeding

WIC Migrant

WIC Resident

WIC Special Supplemental

Start Date: 10/1/2022

End Date: 9/30/2023

Project Synopsis

Women, Infants, and Children (WIC) is a federally funded Special Supplemental Nutrition Program of the Food and Nutrition Service of the United States Department of Agriculture and is administered by the Michigan Department of Health and Human Services to serve low and moderate income pregnant, breastfeeding, and postpartum women, infants, and children up to age five who are found to be at nutritional risk through its statewide local WIC agencies.

WIC is a health and nutrition program that has demonstrated a positive effect on pregnancy outcomes, child growth and development. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care. Participants redeem WIC food benefits at approved retail grocery stores and pharmacies. WIC foods are selected to meet nutrient needs such as calcium, iron, folic acid, vitamins A & C.

Reporting Requirements (if different than contract language)

- A Financial Status Report (FSR) must be submitted to the Department on a quarterly basis by deadlines as defined by MDHHS Expenditure Operations. Grantees shall (when requested) annually report expenditures on a supplemental form, if needed and required, to be provided by the Department and attached to the final Financial Status Report (FSR) which is due on November 30 after the end of the fiscal year in EGrAMS.
- As part of the Breastfeeding Peer Counseling Grant, the Grantee must submit quarterly progress reports to the State Breastfeeding Peer Counselor Coordinator (or designee) by the 15th of the month following end of quarter.

- Funds allocated for the Breastfeeding Peer Counseling Program are exempt from the WIC Nutrition Education and Breastfeeding Time Study.

Additional Requirements

- The Grantee is required to comply with all applicable WIC federal regulations, policy and guidance.
- The Grantee is required to comply with all State WIC Policies.
- The Grantee is required to complete the NE and BF Time Study as instructed by the MDHHS WIC Program. Breastfeeding Peer Counseling grant, if supported with funds allocated through the WIC funding formula, must report as time study data.
- The Grantee must follow the allowable expense guidelines provided by USDA FNS for the Peer Counselor Grant.

The primary purpose of these funds is to provide breastfeeding support services through peer counseling to WIC participants. The Grantee must follow the staffing requirements as set forth in the WIC Breastfeeding Model Components for Peer Counseling and through a signed allocation letter for the Breastfeeding Peer Counseling Grant. This signed letter needs to be returned annually to the State Breastfeeding Peer Counselor Coordinator.

Due to the limited nature of the Breastfeeding Peer Counselor Funding total indirect cost shall not exceed 30% of the total grant award. To maintain consistency across budgets, County-City Central Services reported under a direct expense line item will be included as indirect cost even if captured outside of indirect line item on the budget. Additional local funds can be supplemented to cover indirect costs exceeding 30%.

- Comply with the requirements of the WIC program as prescribed in the Code of Federal Regulations (7 CFR, Part 246) including the following special provisions from Part 246.6 (f)(1)(2):

(f) Outreach/Certification In Hospitals. The State agency shall ensure that each local agency operating the program within a hospital and/or that has a cooperative arrangement with a hospital:

(1) Advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services; and

(2) To the extent feasible, provides an opportunity for individuals who may be eligible to be certified within the hospital for participation in the WIC Program. [246.6(F)(1)].

- The Grantee in accordance with the general purposes and objectives of this agreement, will comply with the federal regulations requiring that any individual that embezzles, willfully misapplies, steals or obtains by fraud, any funds, assets or property provided, whether received directly or indirectly from the USDA, that are of a value of \$100 or more, shall be subject to a fine of not more than \$25,000.
- The Grantee is required to operate the Project FRESH Program within the guidelines as laid out in the “WIC Project FRESH Local Agency Guidebook”.
- The Grantee is required to abide by the Dissemination License Agreement between Michigan State University and Michigan Department of Health and Human Services for “Mothers in Motion.” Any use of these licensed materials in the provision of program related services is subject to the terms and conditions outlined in the licensure agreement, which is included in Addendum 1, as reference.

WIC Resident Services/Migrant/Breastfeeding Peer Counseling Grant Training and Education Requirements:

The Grantee is required to comply with MI-WIC Policy 1.07L Staff Training Plan as detailed for applicable staff as it pertains to all State WIC training opportunities.

Dissemination License Agreement for "Mothers in Motion"
Between
Michigan State University
And
Michigan Department of Health and Human Services

This License Agreement ("Agreement"), effective as of October 16, 2015 ("Effective Date"), is made by and between Michigan State University, having offices at 325 E. Grand River, Suite 350, East Lansing, MI 48823 ("Licensor") and State of Michigan Department of Health and Human Services Women, Infants and Children, having offices at 320 S. Walnut, Lansing, MI 48913 ("Licensee") (individually a "Party" and collectively, the "Parties").

WHEREAS, Licensor has created the "Mothers in Motion" materials (herein, "Physical Materials"), MSU reference number TEC2015-0036 utilizing funds from a grant from the National Institutes of Health (NIH), grant number 1R18-DK083934-01A2 ("Grant").

WHEREAS, Licensor is the owner of certain rights, title and interest in the Physical Materials and has the right to grant licenses thereunder.

WHEREAS, Licensee wishes to license the Physical Materials for dissemination purposes and Licensor, in order to meet its obligations under the NIH grant, desires to grant such license to Licensee on the terms and conditions herein.

WHEREAS, Licensee wishes to obtain this Agreement in order to carry out the intent of their master agreement between Licensee and Licensor with an effective date of FY 2015-2016.

NOW THEREFORE, the parties agree as follows:

I. Definitions.

- a. "Physical Materials" shall mean all physical items listed in Schedule A.
- b. "Sublicenseable Materials" shall mean one electronic copy of the Physical Materials.
- c. "Materials Modification Guide" shall mean the specifications outlined in Schedule B.
- d. "Derivative Works" means all works developed by Licensee or Sublicensee which would be characterized as derivative works of the Physical Materials and/or Sublicenseable Materials under the United States Copyright Act of 1976, or subsequent revisions thereof, specifically including, but not limited to, translations, abridgments, condensations, recastings, transformations, or adaptations thereof, or works consisting of editorial revisions, annotations, elaborations, or other modifications thereof. The term "Derivative Work" shall not include those derivative works which are developed by Licensor.
- e. "Sublicense" means an agreement which may take the form of, but is not limited to, a sublicense agreement, memorandum of understanding, or special provisions added as an amendment to an existing agreement between Licensee and a Sublicensee in which Licensee grants or otherwise transfers any of the rights licensed to Licensee hereunder or other rights that are relevant to using the Sublicenseable Materials.

f. "Sublicensee" means any entity to which a Sublicense is granted.

1. Grant of License

1.1 Subject to the terms and conditions of this Agreement, to the extent that Licensee's rights to Physical Materials as a result of Licensor's grant of rights to the Federal Government in accordance with the terms and conditions of the Grant are insufficient for Licensee's activities hereunder, Licensor hereby grants to Licensee a nonexclusive, nontransferable, worldwide, license to use, perform, reproduce, publically display and create Derivative Works (as outlined in the Physical Materials Modification Guide) of the Physical Materials. Notwithstanding the foregoing, Licensee may only distribute the Physical Materials within Licensee managed locations within the state of Michigan. Licensee is not permitted to sell or receive consideration for any of the Physical Materials or reproductions of the Physical Materials.

1.2. Licensor grants Licensee the right to grant Sublicenses of its rights under Section 1.1 of the Sublicenseable Materials to Sublicensee for the sole purpose of placing the content contained in the Sublicenseable Materials on a website that is controlled by Sublicensee and that is access limited, password protected. Any Sublicense shall be in accordance with Article 3 below. Sublicensee may be granted the right to create Derivative Works of the Sublicenseable Materials limited to that which is described in the Materials Modification Guide and only to ensure that the Sublicenseable Materials meet - technical specifications necessary to place the content contained in the Sublicenseable Materials on Sublicensee's controlled website. Notwithstanding the foregoing, Sublicensee may create split-up lessons (meaning placing the content of a full-length lesson into multiple videos) of the full-length lessons contained in the DVD portion of the Sublicenseable Materials only in order to conform to the technical format of Sublicensee's website platform; the content, however, shall not be modified. Sublicensee is not permitted to sell or receive consideration for the Sublicenseable Materials in any format. Any content created solely by Sublicensee that supports the implementation of the Sublicenseable Materials shall be owned by Sublicensee. If a Derivative Work is created by Sublicensee, Sublicensee shall own their creative contribution to the Derivative Work and Licensor retain all copyright rights to the original Sublicenseable Materials contained in such Derivative Work. Licensee and Sublicensee may address ownership of Sublicensee's creative contribution to Derivative Works in the Sublicense agreement.

1.3 In such incidences where, for financial reasons, Licensee is not able to reproduce the label displayed on the original master copy of the DVD portion of the Physical Materials, Licensee must ensure that the entire content of the DVD portion of the Physical Materials are reproduced in its entirety so that the inclusion of the copyright notice, Licensor owned logos (including wordmark), grant number information, title of each lesson, and acknowledgements are maintained.

1.4 Except as provided in Section 1.2 and 1.3, Licensee will refrain, and shall require Sublicensees to refrain, from using the name of the Licensor in publicity or advertising without the prior written approval of Licensor. Notwithstanding the foregoing, Licensee may, without prior approval from Licensor, use Licensor's name in a manner that is (a) informational in nature (i.e. describes the existence, scope and/or nature of the relationship of the Parties and/or the fact that the Physical Materials were developed by Licensor), (b) does not suggest Licensor's endorsement of Licensee or its goods or services, (c) does not create the appearance that the source of the communication is Licensor or any party other than Licensee, and (d) otherwise consistent with the

terms of the Agreement.

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Except as described in Section 1.2 and 1.3 and this Section 1.4, the use of the name of the Licensor does not extend to any trademark, logo, or other name or unit of Licensor.

1.5 Licensor shall provide Physical Materials to Licensee by October 31, 2015. Licensor assumes no responsibility for distributing Physical Materials to the state of Michigan Licensee locations.

2. Licensor's Rights

2.1 Notwithstanding the rights granted in Article I hereof, Licensee acknowledges that all right, title and interest in the Physical Materials, including any copyright applicable thereto, shall remain the property of Licensor and/or the third party rights holders. With the exception of the portion contributed by Licensee or Sublicensee in a Derivative Work of the Physical Materials, Licensee or Sublicensee shall have no right, title or interest in the Physical Materials, including any copyright applicable thereto, except as expressly set forth in this Agreement.

2.2 Any rights not granted hereunder are reserved by Licensor and/or the third party rights holders.

2.3 As of Licensor's present knowledge, MSU Extension (which is a unit within Licensor) is the copyright holder of the pizza recipe included in the Physical Materials. If Licensor is notified that a third party is the copyright holder to the pizza recipe, Licensor will in good faith attempt to secure the copyright rights from the third party rights holder in order for Licensor, Licensee and Sublicensee to maintain using the Physical Materials as described in the Agreement herein. In the event Licensor is unable to secure such rights, Licensor will use reasonable efforts to identify a replacement for such third party material.

3. Sublicense

3.1 (a) Any Sublicense entered into hereunder (i) shall contain terms no less protective of Licensor's rights than those set forth in this Agreement, (ii) shall not be in conflict with this Agreement, and (iii) shall identify Licensor as an intended third party beneficiary of the Sublicense. Licensee shall provide Licensor with a complete electronic or paper copy of each Sublicense within thirty (30) days after execution of the Sublicense. Licensee shall provide Licensor with a copy of each report received by Licensee pertinent to any data produced by Sublicensee that would pertain to the report due under Section 4. Licensee shall be fully responsible to Licensor for any breach of the terms of this Agreement by a Sublicensee. Licensee and Sublicensee may address ownership of Sublicensee's creative contribution to Derivative Works in the Sublicense agreement.

(b) Upon termination of this Agreement for any reason, all Sublicenses shall terminate. If a Sublicensee was in compliance with the terms of its Sublicense in effect on the date of termination, Licensor may grant such Sublicensee that so requests, a license with terms and use rights as are acceptable to Licensor. In no event shall Licensor have any obligations of any nature whatsoever with respect to (i) any past, current or future obligations that Licensee may have had, or may in the future have, for the payment of any amounts owing to any Sublicensee, (ii) any past obligations whatsoever, and (iii) any future obligations to any Sublicensee beyond those set forth in the new license between Licensor and such Sublicensee.

4. Consideration

In consideration of the rights granted herein, Licensee will provide to Licensors two effectiveness and utilization data reports based on the use of the Physical Materials. One data report shall include: a) number of clients who access the Physical Materials lessons; h) number of times specific lessons are completed; c) number of unique users; d) client perceptions for usefulness and helpfulness of lessons; and e) client beliefs in relation to ability to make changes based on lesson completion and shall be due to Licensors two years from the Effective Date and one data report containing the same data as described above shall be due thirty (30) days after the end of the five (5) year term. The reports shall be sent to Mci-Wei.Chang@ht.msu.edu and msulagrr@msu.edu.

5. Diligence

Licensee shall use its reasonable efforts to disseminate the Physical Materials in a fashion that Licensee determines aligns with its mission in order to provide public benefit.

6. Term and Termination

6.1 This Agreement shall commence as of the Effective Date and shall extend for a period of five (5) years unless earlier terminated in accordance with paragraph 6.2 hereof.

6.2. In the event that either Party believes that the other has materially breached any obligation under this Agreement, such Party shall so notify the breaching Party in writing. The breaching Party shall have thirty (30) days from the receipt of notice to cure the alleged breach and to notify the non-breaching Party in writing that said cure has been effected. If the breach is not cured within said period, the non-breaching Party shall have the right to terminate the Agreement without further notice.

1.3 Effect of Termination.

6.3.1 Upon termination, Licensee shall cease using, distributing and displaying the Physical Materials, and shall confirm in writing to Licensors that the Physical Materials have either been returned to Licensors or have been destroyed (in Licensors's sole discretion). All Sublicenses shall terminate upon termination of this Agreement pursuant to Section 3(b).

6.3.2 Upon termination, the following provisions shall survive and remain in effect; 2.1; 4; 6.3; 8.

7. Representations and Warranties

7.1 Licensors and third parties hereby represent that it has full right, power and authority to enter into this Agreement and to provide the license of rights granted under this Agreement.

7.2 LICENSOR, INCLUDING ITS TRUSTEES, OFFICERS AND EMPLOYEES, MAKES NO REPRESENTATIONS OR WARRANTIES OF ANY KIND CONCERNING THE PHYSICAL MATERIALS AND SUBLICENSEABLE MATERIALS AND HEREBY DISCLAIMS ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT

LIMITATION, ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR NONINFRINGEMENT. LICENSEE ASSUMES THE ENTIRE RISK

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AND RESPONSIBILITY FOR THE SAFETY, EFFICACY, PERFORMANCE, DESIGN, MARKETABILITY AND QUALITY OF THE PHYSICAL MATERIALS AND SUBLICENSEABLE MATERIALS. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE PARTIES, INCLUDING THEIR OFFICERS AND EMPLOYEES, ACKNOWLEDGE THAT (A) THE PHYSICAL MATERIALS AND SUBLICENSEABLE MATERIALS AND DERIVATIVE WORKS ARE PROVIDED "AS IS"; (B) NEITHER THE PHYSICAL MATERIALS NOR SUBLICENSEABLE MATERIALS MAY BE FUNCTIONAL ON EVERY MACHINE OR IN EVERY ENVIRONMENT; AND (C) THE PHYSICAL MATERIALS AND SUBLICENSEABLE MATERIALS ARE PROVIDED WITHOUT ANY WARRANTIES THAT IT IS ERROR-FREE OR THAT LICENSOR IS UNDER ANY OBLIGATION TO CORRECT SUCH ERRORS.

8. Limitation of Liability

8.1 Each Party acknowledges and represents that it will be responsible for any claim for personal injury or property damage asserted by a third party and arising out of or related to its acts or omissions in the performance of its obligations hereunder to the extent that a court of competent jurisdiction determines such Party to be at fault or otherwise legally responsible for such claim.

8.2 In no event shall either Party be liable to the other Party or to any third party, whether under theory of contract, tort or otherwise, for any indirect, incidental, punitive, consequential, or special damages, whether foreseeable or not and whether such Party is advised of the possibility of such damages.

9. Assignment and Transfer

Neither Party may assign, directly or indirectly, all or part of its rights or delegate its obligations under this Agreement without the prior written consent of the other Party.

10. Dispute Resolution

10.1 In the event of any dispute or controversy arising out of or relating to this Agreement or the subject matter hereof, the Parties shall use their best efforts to resolve the dispute as soon as possible. The Parties shall, without delay, continue to perform their respective obligations under this Agreement which are not affected by the dispute.

10.2 This Agreement and any disputes arising out of or relating to this Agreement shall be governed by and construed in accordance with the laws of the State of Michigan without regard to the conflicts of law provisions thereof. In any action to enforce this Agreement, the prevailing Party will be entitled to recover reasonable costs and attorneys' fees.

11. Force Majeure

Neither Party shall be liable for damages or subject to injunctive or other relief, or have the right to terminate this Agreement, for any delay or default in performance hereunder if such delay or default is caused by conditions beyond its control including, but not limited to, Acts of God or force majeure, government restrictions (including the denial or cancellation of any necessary license), wars,

insurrections and/or any other cause beyond the reasonable control of the Party whose performance is affected.

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12. Entire Agreement

This Agreement constitutes the entire agreement of the Parties and supersedes all prior communications, understandings and agreements relating to the subject matter hereof, whether orator written.

13. Amendment

No modification or claimed waiver of any provision of this Agreement shall be valid except by written amendment signed by authorized representatives of Licensor and Licensee.

14. Severability

If any provision of this Agreement is determined to be invalid or unenforceable under applicable law, it shall not affect the validity or enforceability of the remainder of the terms of this Agreement, and without further action by the Parties hereto, such provision shall be reformed to the minimum extent necessary to make such provision valid and enforceable.

15. Waiver

Waiver of any provision herein shall not be deemed a waiver of any other provision herein, nor shall waiver of any breach of this Agreement be construed as a continuing waiver of other breaches of the same or other provisions of this Agreement.

16. Notices

All notices given pursuant to this Agreement shall be in writing and may be hand delivered, or shall be deemed received within three (3) days after mailing if sent by registered or certified mail, return receipt requested. If any notice is sent by facsimile, confirmation copies must be sent by mail or hand delivery to the specified address. Either party may from time-to-time change its notice address by written notice to the other Party.

If to Licensor:

Licensing Notices:
MSU Technologies
Attention: Agreement Coordinator AGR2015-01146
325 E. Grand River Suite 350
City Center Building
East Lansing, MI 48823
517-884-1605
msutagr@msu.edu

If to Licensee:

Michigan Department of Health and Human Services, WIC Division
Attn: Kristen Hanulcik
Manager, Consultation and Nutrition Services Unit
320 S. Walnut, Lewis Cass Bldg., 6th Floor
Lansing, MI 48913
517-335-8545
hanulcikk@michigan.gov

17. Article Headings

The Parties have carefully considered this Agreement and have determined that ambiguities, if any, shall not be construed or enforced against the drafter. Furthermore, the headings of Articles have been inserted for convenience of reference only and shall not control or affect the meaning or construction of any of the agreements, terms, covenants or conditions of this Agreement in any manner.

18. Relationship of Parties

Licensor and Licensee each acknowledge and agree that the other is an independent contractor in the performance of each and every part of this Agreement and is solely responsible for all of its employees and students and such Party's labor costs and expenses arising in connection therewith. The Parties are not partners, joint venturers or otherwise affiliated, and neither has any right or authority to make any statements, representations or commitments of any kind, or to take any action, which shall be binding on the other Party, without the prior written consent of such other Party.

(remainder of page intentionally left blank)

IN WITNESS WHEREOF, the Parties have executed this Agreement by their respective, duly authorized representative as of the date first above written.

LICENSOR: Michigan State University

Signature on file Date: 10/15/15
By: Dr. Richard W. Chylla
Executive Director, MSU Technologies

LICENSEE: State of Michigan Department of Health and Human Services Women; Infants & Children

Signature on file
By: Kim Stephen Date: 10/16/15
Bureau of Purchasing
Michigan Department of Health and Human Services stephenk@michigan.gov
517-241-1196

Signature on file
By: Stan Bien, Director Date: 10/16/15
WIC Division
Michigan Department of Health and Human Services
320 S. Walnut, Lewis Cass Bldg., 6th Floor
Lansing, MI 48913 biens@michigan.gov
517-335-8448

Schedule A

Physical Materials

I. Client Materials

A. *Mothers in Motion* intervention materials

- I. 260 sets packaged in *Mothers in Motion* bag. One set includes:
 - a. 1 *Mothers in Motion* DVD set (1 set is comprised of 3 DVDs)
 - b. 1 looped DVD of *Mothers in Motion* Overview and Introduction
 - c. Folder containing *Mothers in Motion* worksheets (e.g., "Goal and Plans" and "Where Do I Go from Here?" worksheets, and stress log) and reference/guidance sheet detailing contents of each *Mothers in Motion* lesson (Total of 11 lessons)
 - d. 1 CD containing PDF formatted documents of *Mothers in Motion* worksheets to accommodate additional printing needs.
2. All *Mothers in Motion* intervention materials listed above will also be saved on 2 external drives provided by WIC.

II. Staff Materials

A. "Rethinking How We Listen and Respond in WIC" Videos/DVDs

1. 260 "Rethinking How We Listen and Respond in WIC" DVDs [included in *Mothers in Motion* bag described above (1 DVD per bag)]
2. "Rethinking How We Listen and Respond in WIC" contents saved in video format on 2 external drives provided by WIC

****All Items listed above will be saved on total of 4 external drives, provided by WIC****

Schedule B Materials Modification Guide

I. Client Materials¹

A. *Mothers In Motion* DVD

I. The following Items are **NOT permitted to be altered** on DVDs

- a. DVD content
 - i. MSU and *Mothers in Motion* logo
 - ii. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
 - iii. All lesson module and intervention content [exception: food label reading if contents become outdated]
 - iv. Acknowledgement section
 - v. Copyright notice
- b. Label on Disks*
 - i. MSU and *Mothers in Motion* logo
 - ii. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
 - iii. Title of each lesson
 - iv. Copyright notice

2. Items that may be reproduced

- a. *Mothers in Motion* DVDs
- b. CD contains all *Mothers in Motion* worksheets

B. *Mothers In Motion* Worksheets

I. The following items are **NOT permitted to be altered** on worksheets

- a. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
- b. *Mothers In Motion* logo
- c. Title of each lesson
- d. Copyright notice

2. The following items **are permitted to be altered** on Worksheets

- #### A. Contents in the worksheets

3. Items that **may be reproduced**

- a. All worksheets
- b. Reference/guidance sheet detailing contents of each *Mothers In Motion* lesson

II. Staff Materials¹

A. "Rethinking How We Listen and Respond in WIC" Videos/DVD I. Items that are NOT permitted to be altered on DVD

- a. DVD content
 - i. MSU and *Mothers in Motion* logo
 - ii. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
 - iii. Acknowledgement section
 - iv. Video/DVD Contents
 - v. Copyright notice
- b. Label on Disks*
 - i. MSU and *Mothers in Motion* logo
 - ii. Grant number (NIH-NIDDK, 1R18-DK083934-01A2)
 - iii. Title of each lesson

iv. Copyright notice

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*WIC is allowed to duplicate DVDs without label or grant number on the disks, if necessary. 1 Sublicensee may create content that supports the implementation of the content contained in the *Mothers in Motion* DVDs, *Mothers in Motion* Worksheets and "Rethinking How We Listen and Respond in WIC" Videos/DVD. Any content created solely by Sublicensee shall be owned in accordance with Section I.2 and Section 3.I(a). Implementation of the content contained in the *Mothers in Motion* DVDs, *Mothers in Motion* Worksheets and "Rethinking How We Listen and Respond in WIC" Videos/DVD shall be in accordance with Section I.2.

Dissemination License Agreement for "Communicate to Motivate"
Among
Michigan State University,
Ohio State Innovation Foundation
And
Michigan Department of Health and Human Services

This License Agreement ("Agreement"), effective as of January 1, 2017 ("Effective Date"), is made by and among Michigan State University, having offices at 325 E. Grand River, Suite 350, East Lansing, MI 48823 ("MSU"), Ohio State Innovation Foundation, having offices at 1524 N. High Street, Columbus, OH 43201 ("OSIF") (together "Licensor") and State of Michigan Department of Health and Human Services Women, Infants and Children, having offices at 320 S. Walnut, Lansing, MI 48913 ("Licensee") (individually a "Party" and collectively, the "Parties").

WHEREAS, Licensor has intellectual property rights in the "Communicate to Motivate" materials (herein, "Physical Materials"), MSU reference number TEC2016-0178, OSU reference number T2017-132, developed utilizing funds from a grant from the National Institutes of Health (NIH), grant number R18-DK-083934-01 ("Grant").

WHEREAS, Licensor is the owner of certain rights, title and interest in the Physical Materials and has the right to grant licenses thereunder.

WHEREAS, Licensee wishes to license the Physical Materials for dissemination purposes and Licensor desires to grant such license to Licensee on the terms and conditions herein.

NOW THEREFORE, the Parties agree as follows:

I. Definitions.

- a. "Physical Materials" shall mean all physical items listed in Schedule A.
- b. "Sublicensable Materials" shall mean one electronic copy of the Physical Materials.
- c. "Materials Modification Guide" shall mean the specifications outlined in Schedule B.
- d. "Derivative Works" means all works developed by Licensee or Sublicensee which would be characterized as derivative works of the Physical Materials and/or Sublicensable Materials under the United States Copyright Act of 1976, or subsequent revisions thereof, specifically including, but not limited to, translations, abridgments, condensations, recastings, transformations, or adaptations thereof, or works consisting of editorial revisions, annotations, elaborations, or other modifications thereof. The term "Derivative Work" shall not include those derivative works which are developed by Licensor.
- e. "Sublicense" means an agreement which may take the form of, but is not limited to, a sublicense agreement, memorandum of understanding, or special provisions added as an amendment to an existing agreement between Licensee and a Sublicensee in which Licensee grants or otherwise transfers any of the rights licensed to Licensee hereunder or other rights that are relevant to using the Sublicensable Materials.
- f. "Sublicensee" means any entity to which a Sublicense is granted.

1. Grant of License

1.1 Subject to the terms and conditions of this Agreement, to the extent that Licensee's rights to Physical Materials as a result of Licensor's grant of rights to the Federal Government in accordance with the terms and conditions of the Grant are insufficient for Licensee's activities hereunder, Licensor hereby grants to Licensee a nonexclusive, nontransferable, worldwide, license to use, perform, reproduce, publically display the Physical Materials. Licensee is granted the limited right to create Derivative Works of the Physical Materials, specifically Licensee shall have the right to create Derivative Works which are (a) companion guidance handouts to the Physical Materials for educational use by instructors in the course of employing Physical Materials, (b) materials for promotion of the availability of educational opportunities employing the Physical Materials, and (c) instruments for collecting evaluations and feedback from course participants. Notwithstanding the foregoing, Licensee may only distribute the Physical Materials within Licensee-managed locations within the state of Michigan. Licensee is not permitted to sell or receive consideration for any of the Physical Materials or reproductions of the Physical Materials.

1.2 Licensor grants Licensee the right to grant Sublicenses of its rights under Section 1.1 of the Sublicensable Materials to Sublicensee for the sole purpose of placing the content contained in the Sublicensable Materials (including the videos) on a website that is controlled by Sublicensee and that is access limited, password protected. Any Sublicense shall be in accordance with Article 3 below. Sublicensee is not permitted to sell or receive consideration for the Sublicensable Materials in any format. Any content created solely by Sublicensee that supports the implementation of the Sublicensable Materials shall be owned by Sublicensee.

1.3 In such incidences where, for financial reasons, Licensee is not able to reproduce the label displayed on the original master copy of the DVD portion of the Physical Materials, Licensee must ensure that the entire content of the DVD portion of the Physical Materials are reproduced in its entirety so that the inclusion of the copyright notice, grant number information, title of each lesson, and acknowledgements are maintained.

1.4 Licensee will refrain, and shall require Sublicensees to refrain, from using the name of the Licensor or The Ohio State University ("OSU") in publicity or advertising without the prior written approval of Licensor.

1.5 Licensor shall provide Physical Materials to Licensee by May 1, 2017. Licensor assumes no responsibility for distributing Physical Materials to the state of Michigan Licensee locations.

2. Licensor's Rights

2.1 Notwithstanding the rights granted in Article 1 hereof, Licensee acknowledges that all right, title and interest in the Physical Materials, including any copyright applicable thereto, shall remain the property of Licensor. Licensee or Sublicensee shall have no right, title or interest in the Physical Materials, including any copyright applicable thereto, except as expressly set forth in this Agreement.

2.2 Any rights not granted hereunder are reserved by Licensor.

3. Sublicense

3.1 (a) Any Sublicense entered into hereunder (i) shall contain terms no less protective of Licensor's rights than those set forth in this Agreement, (ii) shall not be in conflict with this

Agreement, and (iii) shall identify Licensor as an intended third party beneficiary of the Sublicense. Licensee shall provide Licensor with a complete electronic or paper copy of each Sublicense within thirty (30) days after execution of the Sublicense. Licensee shall provide Licensor with a copy of each report received by Licensee pertinent to any data produced by Sublicensee that would pertain to the report due under Section 4. Licensee shall be fully responsible to Licensor for any breach of the terms of this Agreement by a Sublicensee.

(b) Upon termination of this Agreement for any reason, all Sublicenses shall terminate. If a Sublicensee was in compliance with the terms of its Sublicense in effect on the date of termination, Licensor may grant such Sublicensee that so requests, a license with terms and use rights as are acceptable to Licensor. In no event shall Licensor have any obligations of any nature whatsoever with respect to (i) any past, current or future obligations that Licensee may have had, or may in the future have, for the payment of any amounts owing to any Sublicensee, (ii) any past obligations whatsoever, and (iii) any future obligations to any Sublicensee beyond those set forth in the new license between Licensor and such Sublicensee.

4. Consideration

In consideration of the rights granted herein, Licensee will provide to Licensor two effectiveness and utilization data reports based on the use of the Physical Materials. One data report shall include: a) number of clients who access the Physical Materials lessons; b) number of times specific lessons are completed; c) number of unique users; d) client perceptions for usefulness and helpfulness of lessons; and e) client beliefs in relation to ability to make changes based on lesson completion and shall be due to Licensor two years from the Effective Date and one data report containing the same data as described above shall be due thirty (30) days after the end of the five (5) year term. Such data reports shall segregate the information provided in a-e by CPA (dietitians and nurses) or breastfeeding peer counselors. The reports shall be sent to chang1572@osu.edu, innovation@osu.edu and msutagr@msu.edu.

5. Diligence

Licensee shall use its reasonable efforts to disseminate the Physical Materials in a fashion that Licensee determines aligns with its mission in order to provide public benefit.

6. Term and Termination

6.1 This Agreement shall commence as of the Effective Date and shall extend for a period of five (5) years unless earlier terminated in accordance with paragraph 6.2 hereof. This Agreement may be renewed or extended by written amendment signed by authorized representatives of Licensor and Licensee in accordance with Article 13.

6.2 In the event that a Party believes that another Party has materially breached any obligation under this Agreement, such Party shall so notify the breaching Party in writing. The breaching Party shall have thirty (30) days from the receipt of notice to cure the alleged breach and to notify the non-breaching Party in writing that said cure has been affected. If the breach is not cured within said period, the non-breaching Party shall have the right to terminate the Agreement without further notice.

6.3 Effect of Termination.

6.3.1 Upon termination, Licensee shall cease using, distributing and displaying the Physical Materials, and shall confirm in writing to Licensor that the Physical Materials have either been returned to Licensor or have been destroyed (in Licensor's sole discretion). All Sublicenses shall terminate upon termination of this Agreement pursuant to Section 3(b).

6.3.2 Upon termination, the following provisions shall survive and remain in effect: 2.1; 4; 6.3; 8.

7. Representations and Warranties

7.1 Licensor represents that to the knowledge of The Ohio State University's and MSU's technology transfer offices that it has full right, power and authority to enter into this Agreement and to provide the license of rights granted under this Agreement.

7.2 LICENSOR AND OSU, INCLUDING THEIR CREATORS, TRUSTEES, OFFICERS, EMPLOYEES, AGENTS OR AFFILIATED ENTERPRISES MAKE NO REPRESENTATIONS OR WARRANTIES OF ANY KIND CONCERNING THE PHYSICAL MATERIALS AND SUBLICENSABLE MATERIALS AND HEREBY DISCLAIM ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, NONINFRINGEMENT, SAFETY, EFFICACY, APPROVABILITY BY REGULATORY AUTHORITIES, TIME AND COST OF DEVELOPMENT, OR PATENTABILITY. LICENSEE ASSUMES THE ENTIRE RISK AND RESPONSIBILITY FOR THE SAFETY, EFFICACY, PERFORMANCE, DESIGN, MARKETABILITY AND QUALITY OF THE PHYSICAL MATERIALS AND SUBLICENSABLE MATERIALS. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE PARTIES, INCLUDING THEIR OFFICERS AND EMPLOYEES, ACKNOWLEDGE THAT (A) THE PHYSICAL MATERIALS AND SUBLICENSABLE MATERIALS ARE PROVIDED "AS IS"; (B) NEITHER THE PHYSICAL MATERIALS NOR SUBLICENSABLE MATERIALS MAY BE FUNCTIONAL ON EVERY MACHINE OR IN EVERY ENVIRONMENT; AND (C) THE PHYSICAL MATERIALS AND SUBLICENSABLE MATERIALS ARE PROVIDED WITHOUT ANY WARRANTIES THAT IT IS ERROR-FREE OR THAT LICENSOR IS UNDER ANY OBLIGATION TO CORRECT SUCH ERRORS.

8. Limitation of Liability

8.1 Each Party acknowledges and represents that it will be responsible for any claim for personal injury or property damage asserted by a third party and arising out of or related to its acts or omissions in the performance of its obligations hereunder to the extent that a court of competent jurisdiction determines such Party to be at fault or otherwise legally responsible for such claim. Nothing in this Agreement shall be deemed or treated as any waiver of any Party's sovereign immunity or immunity granted by statute or case law, if applicable.

8.2 In no event shall a Party be liable to another Party or to any third party, whether under theory of contract, tort or otherwise, for any indirect, incidental, punitive, consequential, or special damages, whether foreseeable or not and whether such Party is advised of the possibility of such damages.

9. Assignment and Transfer

No Party may assign, directly or indirectly, all or part of its rights or delegate its obligations under this Agreement without the prior written consent of the other Parties.

10. Dispute Resolution

10.1 In the event of any dispute or controversy arising out of or relating to this Agreement or the subject matter hereof, the Parties shall use their best efforts to resolve the dispute as soon as possible. The Parties shall, without delay, continue to perform their respective obligations under this Agreement which are not affected by the dispute.

11. Force Majeure

No Party shall be liable for damages or subject to injunctive or other relief, or have the right to terminate this Agreement, for any delay or default in performance hereunder if such delay or default is caused by conditions beyond its control including, but not limited to, Acts of God or force majeure, government restrictions (including the denial or cancellation of any necessary license), wars, insurrections and/or any other cause beyond the reasonable control of the Party whose performance is affected.

12. Entire Agreement

This Agreement constitutes the entire agreement of the Parties and supersedes all prior communications, understandings and agreements relating to the subject matter hereof, whether oral or written.

13. Amendment

No modification or claimed waiver of any provision of this Agreement shall be valid except by written amendment signed by authorized representatives of Licensor and Licensee.

14. Severability

If any provision of this Agreement is determined to be invalid or unenforceable under applicable law, it shall not affect the validity or enforceability of the remainder of the terms of this Agreement, and without further action by the Parties hereto, such provision shall be reformed to the minimum extent necessary to make such provision valid and enforceable.

15. Waiver

Waiver of any provision herein shall not be deemed a waiver of any other provision herein, nor shall waiver of any breach of this Agreement be construed as a continuing waiver of other breaches of the same or other provisions of this Agreement.

16. Notices

All notices given pursuant to this Agreement shall be in writing and may be hand delivered, or shall be deemed received within three (3) days after mailing if sent by registered or certified mail, return receipt requested. If any notice is sent by facsimile, confirmation copies must be sent by mail or hand delivery to the specified address. Either party may from time-to-time change its notice address by written notice to the other Party.

If to Licensor:
MSU Technologies
Attention: Agreement Coordinator AGR2017-00453
325 E. Grand River Suite 350
City Center Building
East Lansing, MI 48823
517-884-1605
msutaer@msu.edu

Ohio State Innovation Foundation
1524 N High Street
Columbus, OH 43201
614-292-1315

If to Licensee:
Michigan Department of Health and Human Services, WIC Division
Attn: Kristen Hanulcik
Manager, Consultation and Nutrition Services Unit
320 S. Walnut, Lewis Cass Bldg., 6th Floor
Lansing, MI 48913
517-335-8545
hanulcikk@michigan.gov

17. Article Headings

The Parties have carefully considered this Agreement and have determined that ambiguities, if any, shall not be construed or enforced against the drafter. Furthermore, the headings of Articles have been inserted for convenience of reference only and shall not control or affect the meaning or construction of any of the agreements, terms, covenants or conditions of this Agreement in any manner.

18. Relationship of Parties

Licensor and Licensee each acknowledge and agree that the other is an independent contractor in the performance of each and every part of this Agreement and is solely responsible for all of its employees and students and such Party's labor costs and expenses arising in connection therewith. The Parties are not partners, joint venturers or otherwise affiliated, and neither has any right or authority to make any statements, representations or commitments of any kind, or to take any action, which shall be binding on the other Party, without the prior written consent of such other Party.

IN WITNESS WHEREOF, the Parties have executed this Agreement by their respective, duly authorized representatives as of the date first above written.

LICENSOR:

Michigan State University

By:  Date: 3/28/17
Dr. Richard W. Chylla
Executive Director, MSU Technologies


Ohio State Innovation Foundation

By:  Date: 4/4/17
Dipanjan Nag
Vice President

LICENSEE: State of Michigan Department of Health and Human Services Women, Infants & Children

By:  Date: 4/18/17

Jeanette Hensler, Director
Grants Division, Bureau of Purchasing

By:  Date: 4/4/17
Stan Bien, Director
WIC Division
Michigan Department of Health and Human Services
320 S. Walnut, Lewis Cass Bldg., 6th Floor
Lansing, MI 48913
biens@michigan.gov
517-335-8448

Schedule A
Physical Materials

- A. *Communicate to Motivate* videos – up to 10 sets in DVD format
15 lessons: 12 video lessons, reminder and general tip lesson, introduction and preview
- B. *Rethinking what we think and respond in WIC* video
- C. Tip Sheets – 650 copies (color print, laminated and coil)
- D. CDs that contain the following materials related to *Communicate to Motivate* saved in PDF (up to 10 copies):
 - a. Tip Sheets;
 - b. Power point slides of all 12 lessons, reminder and general tip lesson;
 - c. Summary of key points in each video lesson;
 - d. Instructions for use of the videos.
- E. External hard drives (2) that contain the following materials:
 - a. *Communicate to Motivate* videos: 15 video lessons;
 - b. *Rethinking what we think and respond in WIC* video;
 - c. Tip Sheets in PDF;
 - d. Power point slides of all 12 lessons, reminder and general tip lesson in PDF;
 - e. Summary of key points in each video lesson in PDF;
 - f. Instructions for use of the videos in PDF.

Schedule B
Materials Modification Guide

Except as provided in Section 1.1, modification of Physical Materials is not permitted.

RESOLUTION

NO: [Title]

LIVINGSTON COUNTY

DATE: Click or tap to enter a date.

Resolution Urging the Michigan Legislature to Amend the No-Fault Insurance Reform Act – Board of Commissioners

WHEREAS, while the Michigan No Fault Insurance Reform Act authorized no authority to apply retroactively; and

WHEREAS, some insurance companies nonetheless apply the act retroactively to the detriment of insureds as victims of auto accidents; and

WHEREAS, the 55% cap on reimbursements to residential facilities, home health care providers, and others eligible for reimbursement for providing treatment/care to victims of auto accidents is unrealistic, harsh, unsustainable, and forcing facilities to close, reducing needed care to catastrophically injured people who for years paid their insurance premiums to receive lifetime care.

THEREFORE, BE IT RESOLVED that the Livingston County Board of Commissioners urges the Michigan Legislature to amend and improve said No Fault Act to cease insurance companies from pretending the law is retroactive, and to consider increasing the 55% cap upward to a level sufficient to care for every catastrophically injured in a merciful and humane manner.

BE IT FURTHER RESOLVED that the Livingston County Clerk shall forward this resolution to the Governor, Senate leaders, House leaders, and Livingston County State Electeds, and the other 82 County Commissions.

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MOVED:
SECONDED:
CARRIED: