

**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.

<b>PROJECT</b>	<b>PROGRAM CONTACT</b>	<b>EMAIL</b>
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 Soehrlen	soehrlenm@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](mailto: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](mailto: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 15<sup>th</sup> 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](mailto: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](mailto: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](mailto:Grigsbys1@michigan.gov) and **Nina Talarico** [TalaricoN@michigan.gov](mailto:TalaricoN@michigan.gov) no later than the 15<sup>th</sup> 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](mailto:Grigsbys1@Michigan.gov) and Nina Talarico [TalaricoN@michigan.gov](mailto: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
<b>Commercial General Liability Insurance</b>	
<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.
<b>Automobile Liability Insurance</b>	
<u>Minimum Limits:</u> \$1,000,000 Per Accident	Policy must include Hired and Non-Owned Automobile coverage.
<b>Workers' Compensation Insurance</b>	
<u>Minimum Limits:</u> Coverage according to applicable laws governing work activities	Waiver of subrogation, except where waiver is prohibited by law.
<b>Employers Liability Insurance</b>	
<u>Minimum Limits:</u> \$500,000 Each Accident \$500,000 Each Employee by Disease \$500,000 Aggregate Disease	
<b>Privacy and Security Liability (Cyber Liability) Insurance</b>	
<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.
<b>Medical Malpractice Insurance</b>	
<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](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:

Requirement 1: To qualify for a filter, both requirements must be met:

- 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.

Requirement 2: To qualify for a filter, one requirement must be met:

- 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.

Requirement 3: To qualify for a filter, one requirement must be met:

- 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](mailto: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](mailto: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](mailto:MDHHS-HRAreporting@michigan.gov). For any, additional questions or concerns can be submitted to [MDHHS-COVIDTestingSupport@michigan.gov](mailto: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.