



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER  
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DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
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WWW.DETROITMI.GOV

October 27, 2021

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Request to Accept and Appropriate the FY 2022 HIV Housing Assistance Grant**

The Michigan Department of Health and Human Services (MDHHS) has awarded the City of Detroit Health Department with the FY 2022 HIV Housing Assistance Grant for a total of \$139,542.00. There is no match requirement for this grant. The grant was adopted in the FY 2022 budget in the amount of \$100,000.00. The grant was awarded at a higher amount than was budgeted. We are requesting to increase appropriation 20894, in the amount of \$39,542.00, to reflect the total project cost of \$139,542.00. This funding is part of the Local Comprehensive Master Agreement.

The HIV Housing Assistance Grant is a reimbursement grant. The objective of the grant is to support the Health Department's administrative activities to coordinate housing resources for the HIV Housing Program. The funding allotted to the department will be utilized to pay for salary, fringe, travel, supplies and material and contractual services for staff.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,  
DocuSigned by:  
*Terri Daniels*  
4D2BEEE23C8D489...

Terri Daniels  
Director of Grants, Office of Development and Grants  
CC:  
Sajjiah Parker, Assistant Director, Grants

DocuSigned by:  
*Steven Watson*  
42C91AA10FE84AD...

Office of Budget  
DocuSigned by:  
*[Signature]*  
3925B7659A3D409...  
Approved as to Form  
By the Law Department

## Office of Development and Grants

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### RESOLUTION

**Council Member** \_\_\_\_\_

**WHEREAS**, the Health Department is requesting authorization to accept a grant of reimbursement from Michigan Department of Health and Human Services (MDHHS), in the amount of \$139,542.00, in order to support the Health Department's administrative activities to coordinate housing resources for the HIV Housing Program; and

**WHEREAS**, the Grant was adopted in the FY 2022 budget under appropriation 20894, in the amount of \$100,000.00; and the grant was awarded at a higher value than was budgeted; and

**WHEREAS**, the total project cost for the awarded grant is \$139,542.00, and therefore we are requesting to increase appropriation 20894, in the amount of \$39,542.00, to reflect the total project cost of \$139,542.00; and

**WHEREAS**, the Law Department has approved this agreement as to form; and

**WHEREAS**, this request has been approved by the Office of Budget; now

**THEREFORE, BE IT RESOLVED** that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to increase the budget accordingly for appropriation number 20894, in the amount of \$39,542.00, for the FY 2022 HIV Housing Assistance Grant.

Agreement #: 20220334-00

**Agreement Between**  
**Michigan Department of Health and Human Services**  
**hereinafter referred to as the "Department"**  
**and**  
**City of Detroit**  
**hereinafter referred to as the "Local Governing Entity"**  
**on Behalf of Health Department**  
**Detroit Health Department**  
**City Treasurer 1151 Taylor Ste 333-C**  
**Detroit MI 48202 1732**  
**Federal I.D.#: 38-6004606, DUNS #: 006530661**  
**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 shall commence on the date of the Grantee's signature or October 1, 2021 whichever is later and continue through September 30, 2022. Throughout the Agreement, the date of the Grantee's signature or October 1, 2021, whichever is later, shall 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 \$13,508,136.00.

**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 shall 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 shall 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 shall 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 services 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 shall 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, shall 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 are 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  
Telephone No.: 517-335-0940  
E-Mail Address ReeceC@michigan.gov

The person acting for the Grantee on the financial reporting for this Agreement is:

JOSEPH MUTEBI

Accountant

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Name

Title

Mutebij@detroitmi.gov

(313) 876-4347

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E-Mail Address

Telephone No.

**10. Special Conditions**

- A. This Agreement is valid upon approval and execution by the Department which may be contingent upon 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 PA 533 of 2004 to receive payments by electronic funds transfer.

**11. Contingencies**

The Department's obligation under this Agreement are conditioned on all of the following:

- A. Grantee's correction of current deficiencies and achievement of Department's final approval of Grantee's Plan of Organization as required by section 2431 of the Public Health Code, MCL 333.2431.
- B. Grantee's compliance with all requirements of Part 24 of the Public Health Code, MCL 333.2401 et seq.
- C. Continuation of the Local Governing Entity's option to operate a local health department in the City of Detroit pursuant to section 2421 through 2424 of the Public Health Code, MCL 333.2421-3424.
- D. Grantee's compliance with all the terms and conditions of this Agreement.

**12. Special Certification**

The individual or officer signing this Agreement certifies by his or her signature that he or she is authorized to sign this Agreement on behalf of the responsible governing board, official or Grantee.

**13. Signature Section****For Detroit Health Department**

Denise Fair

Director

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Name

Title

**For the Michigan Department of Health and Human Services**

Christine H. Sanches

09/23/2021

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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 shall:

##### **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 shall 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 and insurances consistent with requirements under Part 2.I.T. 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 Generals, 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 of the end of the Grantee's fiscal year by e-mail to [MDHHS-AuditReports@michigan.gov](mailto: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 submissions must be assembled in PDF files 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 in compliance with 2 CFR 200.501(h), as applicable.

**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 shall 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
  - f. A Proceeding involving any license that the 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 and/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 1.

**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 shall 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 shall 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 report 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](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 20 10 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](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 FY Omnibus Consolidated Appropriations Act. Further, the Grantee shall 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 shall 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 shall 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 shall 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 shall 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 shall 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. 1251-1387), as amended.

1. 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.

1. 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.

1. 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 shall 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 shall prevail.

A conflict between this Agreement and a subcontract, however, shall 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 shall 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 shall 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 USC 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 shall include a provision:
    - a. For compliance with the Copeland "Anti-Kickback" Act (18 USC 874) as supplemented in Department of Labor regulations (29 CFR, Part 3).
    - b. For compliance with the Davis-Bacon Act (40 USC 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 USC 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**

Grantee will ensure that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of Title 2 Code of Federal Regulations, Part 200. Funding from this Agreement shall not be used for the purchase of foreign goods or services or both. Records shall be sufficient to document the significant history of all purchases are 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 shall 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" shall 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 shall 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 may 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 shall 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 Division, Expenditure Operations Section.
  - 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. 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. By submitting the FSR the individual 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://egram-mi.com/dch>. Send FSR questions to [FSRMDHHS@michigan.gov](mailto: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 are 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 unbilled 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 shall 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:

<b><u>Project</u></b>	<b><u>Final FSR Due Date</u></b>
Public Health Emergency Preparedness	11/15/2022
All Remaining Projects	11/30/2022

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 Accounting Division.

#### **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 shall 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 shall 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 shall 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 at any time prior to May 15. 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.

1. Any change proposed by the Grantee which would affect the state funding of any element funded in whole or in part by funds provided by

the Department, subject to Part 1, Section 3.C, of the Agreement, must be submitted in writing to the Department immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

Within 30 days after receipt of the proposed change, the Department shall advise the Grantee in writing of its determination. Subsequently the Department will initiate any necessary formal amendment to the Agreement for execution by all parties to the Agreement.

Any changes proposed by the Department must be agreed to in writing by the Grantee and upon such written agreement, the Department shall initiate any necessary formal amendment as above.

2. Other 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 at any time prior to June 2. The Department will provide a written response within 30 calendar days.

All amendments must be submitted to the Department by June 15 through MI E-Grants to assure the amendment can be executed prior to the end of the Agreement period.

#### **X. Liability**

The Grantee assumes all liability to third parties, loss, or damage because of claims, demands, costs, or judgments arising out of activities, such as but not limited to direct activity delivery, to be carried out by the Grantee in the performance of this Agreement, under the following conditions:

- A. The liability, loss, or damage is caused by, or arises out of, the actions of or failure to act on the part of the Grantee, any of its subcontractors, or anyone directly or indirectly employed by the Grantee.
- B. Nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by statute or court decisions.

The Department is not liable for consequential, incidental, indirect or special damages, regardless of the nature of the action.

#### **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 is a state of Michigan Agreement and must be exclusively governed by the laws and construed by the laws of Michigan, excluding Michigan's choice-of-law principle. All claims related to or arising out of this Agreement, or its breach, whether sounding in contract, tort, or otherwise, must likewise be governed exclusively by the laws of Michigan, excluding Michigan's choice-of-law principles. Any dispute because of this Agreement shall be resolved in the state of Michigan.

## **XIII. Funding**

- A. State funding for this Agreement shall be provided from the applicable and available Department appropriations for the current fiscal year. The Department provided funds shall 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 shall 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 - 2022**  
**CONTRACT MANAGEMENT SECTION**  
**Detroit Health Department**

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 Performance Number (e)	Minimum Percent	Contractor / Subreceptient (f)
Body Art Fixed Fee	Calc. Amt.		250.00/Numbers	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Receipient
Childhood Lead Poisoning Prevention	Reg. Alloc.	F	173,750	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
Children's Special Hlth Care Services (CSHCS) Care Coordination	Calc. Amt.		150.00/Variations	Fixed Unit Rate (1), (7)	N/A	N/A	N/A	N/A	N/A	Subreceptient
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Reg. Alloc.	F	291,823	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
	Reg. Alloc.	S	291,822							
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Calc. Amt.		201.58/Variations	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subreceptient
Emerging Threats - Hepatitis C	Reg. Alloc.	S	109,611	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Receipient
Ending the HIV Epidemic Implementation	Reg. Alloc.	F	261,136	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subreceptient
	Reg. Alloc.	P	0							
Family Planning Services	Reg. Alloc.	F	112,650	Performance (5),(8),(13)	# Unduplicated Clinic Users served	N/A	1916	95	1820	Subreceptient
	Reg. Alloc.	F	268,850							
	Reg. Alloc.	S	71,800							
	Reg. Alloc.	S	46,700							
Fetal Infant Mortality Review (FIMR) Case Abstraction	Calc. Amt.		270.00/Variations	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subreceptient
FIMR Interviews	Calc. Amt.		85.00/Numbers	Fixed Unit Rate (2), (11)	N/A	N/A	N/A	N/A	N/A	Subreceptient
Food ELPHS	Reg. Alloc.	S	607,074	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Receipient
Hearing ELPHS	Reg. Alloc.	L	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Receipient
HIV & STI Testing and Prevention	Reg. Alloc.	F	2,500	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Contractor
	Reg. Alloc.	S	125,000							

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ATTACHMENT IV - Local Health Department - 2022**  
**CONTRACT MANAGEMENT SECTION**  
**Detroit Health Department**

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)
HIV Data to Care	Reg. Alloc.	S	122,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Receipient
	Reg. Alloc.	P	421,378							
HIV Housing Assistance	Reg. Alloc.	S	0	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Receipient
	Reg. Alloc.	P	139,542							
Immunization Action Plan (IAP)	Reg. Alloc.	F	304,189	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Action Plan-Pilot	Reg. Alloc.	F	100,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Fixed Fees	Calc. Amt.		300.00/Numbers	Fixed Unit Rate (2), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Infant Safe Sleep	Reg. Alloc.	F	12,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
MCH - All Other	Reg. Alloc.	S	112,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Local MCH	S	1,438,316							
MCH - Children	Local MCH	S	271,338	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	2,514,357	ELPHS (3),(6)	N/A	N/A	N/A	N/A	N/A	Receipient
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	Reg. Alloc.	F	159,555	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	163,092	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	Receipient
Vision ELPHS	Reg. Alloc.	L	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Receipient
West Nile Virus Community Surveillance	Reg. Alloc.	F	10,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
WIC Breastfeeding	Reg. Alloc.	F	245,290	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ATTACHMENT IV - Local Health Department - 2022  
CONTRACT MANAGEMENT SECTION  
Detroit Health Department

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)
WIC Resident Services	Reg. Alloc.	F	4,773,969	Performance (8)	# Average Monthly Participation	N/A	N/A	97	0	Subreceptient

**TOTAL MDHHS FUNDING** **13,508,136**

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

**Attachment IV Notes**

[Attachment IV Notes](#)

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Administration			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	948,468.00	948,468.00
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
<b>Total Program Expenses</b>		948,468.00	948,468.00
<b>TOTAL DIRECT EXPENSES</b>		948,468.00	948,468.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	-948,468.00	-948,468.00
<b>Total Indirect Costs</b>		-948,468.00	-948,468.00
<b>TOTAL INDIRECT EXPENSES</b>		-948,468.00	-948,468.00
<b>TOTAL EXPENDITURES</b>		<b>0.00</b>	<b>0.00</b>



## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	0.00	0.00	0.00	0.00
	<b>Total Source of Funds</b>	0.00	0.00	0.00	0.00
	<b>Totals</b>	0.00	0.00	0.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Total
<b>DIRECT EXPENSES</b>		
<b>Program Expenses</b>		
1	Salary & Wages	
2	Fringe Benefits	
3	Cap. Exp. for Equip & Fac.	
4	Contractual	948,468.00
5	Supplies and Materials	
6	Travel	
7	Communication	
8	County-City Central Services	
9	Space Costs	
10	All Others (ADP, Con. Employees, Misc.)	
<b>Total Program Expenses</b>		948,468.00
<b>TOTAL DIRECT EXPENSES</b>		948,468.00
<b>INDIRECT EXPENSES</b>		
<b>Indirect Costs</b>		
1	Indirect Costs	
2	Cost Allocation Plan / Other	
	Health Adm Distribution	-948,468.00
<b>Total Indirect Costs</b>		-948,468.00
<b>TOTAL INDIRECT EXPENSES</b>		-948,468.00
<b>TOTAL EXPENDITURES</b>		<b>0.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Public Health Emergency Preparedness (PHEP) 10/1 - 6/30			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 6/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	15,957.00	15,957.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	128,202.00	128,202.00
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
<b>Total Program Expenses</b>		144,159.00	144,159.00
<b>TOTAL DIRECT EXPENSES</b>		144,159.00	144,159.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	81,014.00	81,014.00
<b>Total Indirect Costs</b>		81,014.00	81,014.00
<b>TOTAL INDIRECT EXPENSES</b>		81,014.00	81,014.00
<b>TOTAL EXPENDITURES</b>		<b>225,173.00</b>	<b>225,173.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	15,957.00	0.00	15,957.00	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	159,555.00	159,555.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	49,661.00	0.00	49,661.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	225,173.00	159,555.00	65,618.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
	Support staff	15957.0000	1.000	0.000	FTE	15,957.00
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		128,202.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						144,159.00
<b>TOTAL DIRECT EXPENSES</b>						144,159.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		25,285.00
	Health Adm Distribution	0.0000	0.000	0.000		55,729.00
<b>Total for Cost Allocation Plan / Other</b>						81,014.00
<b>Total Indirect Costs</b>						81,014.00
<b>TOTAL INDIRECT EXPENSES</b>						81,014.00
<b>TOTAL EXPENDITURES</b>						<b>225,173.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Body Art Fixed Fee			<b>DATE PREPARED</b> 9/23/2021		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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.)	12,000.00	12,000.00
<b>Total Program Expenses</b>		12,000.00	12,000.00
<b>TOTAL DIRECT EXPENSES</b>		12,000.00	12,000.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>12,000.00</b>	<b>12,000.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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
	<b>MDHHS Fixed Unit Rate</b>				
	Body Art Fee[Based on Permanent and Temporary stores]	12,000.00	12,000.00	0.00	0.00
	<b>Totals</b>	12,000.00	12,000.00	0.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
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.)					
	STAFF CHARGES FOR TATTOO INSPECTIONS	0.0000	0.000	0.000		12,000.00
<b>Total Program Expenses</b>						12,000.00
<b>TOTAL DIRECT EXPENSES</b>						12,000.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
<b>Total Indirect Costs</b>						0.00
<b>TOTAL INDIRECT EXPENSES</b>						0.00
<b>TOTAL EXPENDITURES</b>						<b>12,000.00</b>



## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Children's Special Hlth Care Services (CSHCS) Care Coordination			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	35,000.00	35,000.00
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
<b>Total Program Expenses</b>		35,000.00	35,000.00
<b>TOTAL DIRECT EXPENSES</b>		35,000.00	35,000.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>35,000.00</b>	<b>35,000.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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
	<b>MDHHS Fixed Unit Rate</b>				
	CSHCS Care Coordination	35,000.00	35,000.00	0.00	0.00
	<b>Totals</b>	35,000.00	35,000.00	0.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		35,000.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						35,000.00
<b>TOTAL DIRECT EXPENSES</b>						35,000.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
<b>Total Indirect Costs</b>						0.00
<b>TOTAL INDIRECT EXPENSES</b>						0.00
<b>TOTAL EXPENDITURES</b>						<b>35,000.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / CSHCS Medicaid Elevated Blood Lead Case Mgmt			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	108,077.00	108,077.00
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
<b>Total Program Expenses</b>		108,077.00	108,077.00
<b>TOTAL DIRECT EXPENSES</b>		108,077.00	108,077.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	64,355.00	64,355.00
<b>Total Indirect Costs</b>		64,355.00	64,355.00
<b>TOTAL INDIRECT EXPENSES</b>		64,355.00	64,355.00
<b>TOTAL EXPENDITURES</b>		<b>172,432.00</b>	<b>172,432.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	46,432.00	0.00	46,432.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	CSHCS Medicaid Elevated Blood Lead Case [Based on projected case loads]	126,000.00	126,000.00	0.00	0.00
	<b>Totals</b>	172,432.00	126,000.00	46,432.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		108,077.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						108,077.00
<b>TOTAL DIRECT EXPENSES</b>						108,077.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		20,146.00
	Health Adm Distribution	0.0000	0.000	0.000		44,209.00
<b>Total for Cost Allocation Plan / Other</b>						64,355.00
<b>Total Indirect Costs</b>						64,355.00
<b>TOTAL INDIRECT EXPENSES</b>						64,355.00
<b>TOTAL EXPENDITURES</b>						<b>172,432.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Childhood Lead Poisoning Prevention			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	153,410.00	153,410.00
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
<b>Total Program Expenses</b>		153,410.00	153,410.00
<b>TOTAL DIRECT EXPENSES</b>		153,410.00	153,410.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	67,540.00	67,540.00
<b>Total Indirect Costs</b>		67,540.00	67,540.00
<b>TOTAL INDIRECT EXPENSES</b>		67,540.00	67,540.00
<b>TOTAL EXPENDITURES</b>		<b>220,950.00</b>	<b>220,950.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	15,000.00	0.00	15,000.00	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	173,750.00	173,750.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	32,200.00	0.00	32,200.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	220,950.00	173,750.00	47,200.00	0.00



## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		153,410.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						153,410.00
<b>TOTAL DIRECT EXPENSES</b>						153,410.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		20,146.00
	Health Adm Distribution	0.0000	0.000	0.000		47,394.00
<b>Total for Cost Allocation Plan / Other</b>						67,540.00
<b>Total Indirect Costs</b>						67,540.00
<b>TOTAL INDIRECT EXPENSES</b>						67,540.00
<b>TOTAL EXPENDITURES</b>						<b>220,950.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 6/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	16,322.00	16,322.00
2	Fringe Benefits	0.00	0.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	139,694.00	139,694.00
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
<b>Total Program Expenses</b>		156,016.00	156,016.00
<b>TOTAL DIRECT EXPENSES</b>		156,016.00	156,016.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	74,574.00	74,574.00
<b>Total Indirect Costs</b>		74,574.00	74,574.00
<b>TOTAL INDIRECT EXPENSES</b>		74,574.00	74,574.00
<b>TOTAL EXPENDITURES</b>		<b>230,590.00</b>	<b>230,590.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	163,092.00	163,092.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	67,498.00	0.00	67,498.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	230,590.00	163,092.00	67,498.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Support staff	16322.0000	1.000	0.000	FTE	16,322.00
2	<b>Fringe Benefits</b>					
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		139,694.00
5	<b>Supplies and Materials</b>					
6	<b>Travel</b>					
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						156,016.00
<b>TOTAL DIRECT EXPENSES</b>						156,016.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		22,825.00
	Health Adm Distribution	0.0000	0.000	0.000		51,749.00
<b>Total for Cost Allocation Plan / Other</b>						74,574.00
<b>Total Indirect Costs</b>						74,574.00
<b>TOTAL INDIRECT EXPENSES</b>						74,574.00
<b>TOTAL EXPENDITURES</b>						<b>230,590.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	533,516.00	533,516.00
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
<b>Total Program Expenses</b>		533,516.00	533,516.00
<b>TOTAL DIRECT EXPENSES</b>		533,516.00	533,516.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	215,626.00	215,626.00
<b>Total Indirect Costs</b>		215,626.00	215,626.00
<b>TOTAL INDIRECT EXPENSES</b>		215,626.00	215,626.00
<b>TOTAL EXPENDITURES</b>		<b>749,142.00</b>	<b>749,142.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	583,645.00	583,645.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	165,497.00	0.00	165,497.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>749,142.00</b>	<b>583,645.00</b>	<b>165,497.00</b>	<b>0.00</b>

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		533,516.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						533,516.00
<b>TOTAL DIRECT EXPENSES</b>						533,516.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		61,829.00
	Health Adm Distribution	0.0000	0.000	0.000		188,797.00
	Cost Distributions for Fees-Care Coordination services fees	0.0000	0.000	0.000		-35,000.00
<b>Total for Cost Allocation Plan / Other</b>						215,626.00
<b>Total Indirect Costs</b>						215,626.00
<b>TOTAL INDIRECT EXPENSES</b>						215,626.00
<b>TOTAL EXPENDITURES</b>						<b>749,142.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / HIV & STI Testing and Prevention			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	64,400.00	64,400.00
2	Fringe Benefits	23,206.00	23,206.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	140,071.00	140,071.00
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.)	1,800.00	1,800.00
<b>Total Program Expenses</b>		229,477.00	229,477.00
<b>TOTAL DIRECT EXPENSES</b>		229,477.00	229,477.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	66,630.00	66,630.00
<b>Total Indirect Costs</b>		66,630.00	66,630.00
<b>TOTAL INDIRECT EXPENSES</b>		66,630.00	66,630.00
<b>TOTAL EXPENDITURES</b>		<b>296,107.00</b>	<b>296,107.00</b>



## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	250,000.00	250,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	46,107.00	0.00	46,107.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	296,107.00	250,000.00	46,107.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Health Educator	1.0000	50000.000	0.000	FTE	50,000.00
	Coordinator	0.0500	52000.000	0.000	FTE	2,600.00
	Assistant	0.1000	40000.000	0.000	FTE	4,000.00
	Clerk	0.3000	26000.000	0.000	FTE	7,800.00
<b>Total for Salary &amp; Wages</b>						64,400.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	36.034	64400.000		23,206.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		140,071.00
5	<b>Supplies and Materials</b>					
6	<b>Travel</b>					
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Staff Training	0.0000	0.000	0.000		1,800.00
<b>Total Program Expenses</b>						229,477.00
<b>TOTAL DIRECT EXPENSES</b>						229,477.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		27,058.00
	Health Adm Distribution	0.0000	0.000	0.000		39,572.00
<b>Total for Cost Allocation Plan / Other</b>						66,630.00

	Line Item	Qty	Rate	Units	UOM	Total
Total Indirect Costs						66,630.00
TOTAL INDIRECT EXPENSES						66,630.00
TOTAL EXPENDITURES						296,107.00

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Ending the HIV Epidemic Implementation			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	147,800.00	147,800.00
2	Fringe Benefits	56,164.00	56,164.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	16,864.00	16,864.00
5	Supplies and Materials	0.00	0.00
6	Travel	474.00	474.00
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
<b>Total Program Expenses</b>		221,302.00	221,302.00
<b>TOTAL DIRECT EXPENSES</b>		221,302.00	221,302.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	106,992.00	106,992.00
<b>Total Indirect Costs</b>		106,992.00	106,992.00
<b>TOTAL INDIRECT EXPENSES</b>		106,992.00	106,992.00
<b>TOTAL EXPENDITURES</b>		<b>328,294.00</b>	<b>328,294.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	261,136.00	261,136.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	67,158.00	0.00	67,158.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	328,294.00	261,136.00	67,158.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Physician Detailer	1.0000	60000.000	0.000	FTE	60,000.00
	Manager	0.0500	84000.000	0.000	FTE	4,200.00
	Coordinator	0.0200	55000.000	0.000	FTE	1,100.00
	Health Educator	0.8000	50000.000	0.000	FTE	40,000.00
	Health Educator	1.0000	42500.000	0.000	FTE	42,500.00
<b>Total for Salary &amp; Wages</b>						147,800.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	38.000	147800.000		56,164.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		16,864.00
5	<b>Supplies and Materials</b>					
6	<b>Travel</b>					
	Mileage	0.0000	0.000	0.000		474.00
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						221,302.00
<b>TOTAL DIRECT EXPENSES</b>						221,302.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		27,327.00
	Health Adm Distribution	0.0000	0.000	0.000		79,665.00

	Line Item	Qty	Rate	Units	UOM	Total
Total for Cost Allocation Plan / Other						106,992.00
Total Indirect Costs						106,992.00
TOTAL INDIRECT EXPENSES						106,992.00
TOTAL EXPENDITURES						328,294.00

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / MCH - Children			<b>DATE PREPARED</b> 9/23/2021		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	236,823.00	236,823.00
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
<b>Total Program Expenses</b>		236,823.00	236,823.00
<b>TOTAL DIRECT EXPENSES</b>		236,823.00	236,823.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	70,913.00	70,913.00
<b>Total Indirect Costs</b>		70,913.00	70,913.00
<b>TOTAL INDIRECT EXPENSES</b>		70,913.00	70,913.00
<b>TOTAL EXPENDITURES</b>		<b>307,736.00</b>	<b>307,736.00</b>



## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	271,338.00	271,338.00	0.00	0.00
	Local Funds - Other	36,398.00	0.00	36,398.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>307,736.00</b>	<b>271,338.00</b>	<b>36,398.00</b>	<b>0.00</b>

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		236,823.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						236,823.00
<b>TOTAL DIRECT EXPENSES</b>						236,823.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		15,105.00
	Health Adm Distribution	0.0000	0.000	0.000		55,808.00
<b>Total for Cost Allocation Plan / Other</b>						70,913.00
<b>Total Indirect Costs</b>						70,913.00
<b>TOTAL INDIRECT EXPENSES</b>						70,913.00
<b>TOTAL EXPENDITURES</b>						<b>307,736.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Emerging Threats - Hepatitis C			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	63,000.00	63,000.00
2	Fringe Benefits	23,940.00	23,940.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	150.00	150.00
6	Travel	1,500.00	1,500.00
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.)	700.00	700.00
<b>Total Program Expenses</b>		89,290.00	89,290.00
<b>TOTAL DIRECT EXPENSES</b>		89,290.00	89,290.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	51,350.00	51,350.00
<b>Total Indirect Costs</b>		51,350.00	51,350.00
<b>TOTAL INDIRECT EXPENSES</b>		51,350.00	51,350.00
<b>TOTAL EXPENDITURES</b>		<b>140,640.00</b>	<b>140,640.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	109,611.00	109,611.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	31,029.00	0.00	31,029.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>140,640.00</b>	<b>109,611.00</b>	<b>31,029.00</b>	<b>0.00</b>

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Linkage to Care Specialist	1.0000	63000.000	0.000	FTE	63,000.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	38.000	63000.000		23,940.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
5	<b>Supplies and Materials</b>					
	Office Supplies	0.0000	0.000	0.000		150.00
6	<b>Travel</b>					
	Conferences	0.0000	0.000	0.000		1,500.00
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Staff Training	0.0000	0.000	0.000		700.00
<b>Total Program Expenses</b>						89,290.00
<b>TOTAL DIRECT EXPENSES</b>						89,290.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		40,139.00
	Health Adm Distribution	0.0000	0.000	0.000		11,211.00
<b>Total for Cost Allocation Plan / Other</b>						51,350.00
<b>Total Indirect Costs</b>						51,350.00
<b>TOTAL INDIRECT EXPENSES</b>						51,350.00
<b>TOTAL EXPENDITURES</b>						<b>140,640.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Fetal Infant Mortality Review (FIMR) Case Abstraction			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	2,622.00	2,622.00
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
<b>Total Program Expenses</b>		2,622.00	2,622.00
<b>TOTAL DIRECT EXPENSES</b>		2,622.00	2,622.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	314.00	314.00
<b>Total Indirect Costs</b>		314.00	314.00
<b>TOTAL INDIRECT EXPENSES</b>		314.00	314.00
<b>TOTAL EXPENDITURES</b>		<b>2,936.00</b>	<b>2,936.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	236.00	0.00	236.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	Fetal Infant Mortality Review[Based on projected case loads]	2,700.00	2,700.00	0.00	0.00
	<b>Totals</b>	<b>2,936.00</b>	<b>2,700.00</b>	<b>236.00</b>	<b>0.00</b>

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		2,622.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						2,622.00
<b>TOTAL DIRECT EXPENSES</b>						2,622.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		314.00
<b>Total Indirect Costs</b>						314.00
<b>TOTAL INDIRECT EXPENSES</b>						314.00
<b>TOTAL EXPENDITURES</b>						<b>2,936.00</b>



## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Food ELPHS			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	520,877.00	520,877.00
2	Fringe Benefits	67,714.00	67,714.00
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
<b>Total Program Expenses</b>		588,591.00	588,591.00
<b>TOTAL DIRECT EXPENSES</b>		588,591.00	588,591.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	18,483.00	18,483.00
<b>Total Indirect Costs</b>		18,483.00	18,483.00
<b>TOTAL INDIRECT EXPENSES</b>		18,483.00	18,483.00
<b>TOTAL EXPENDITURES</b>		<b>607,074.00</b>	<b>607,074.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	607,074.00	607,074.00	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
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	607,074.00	607,074.00	0.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Environmental Specialists I	3.0000	44155.000	0.000	FTE	132,465.00
	Environmental Specialist II	3.0000	53702.000	0.000	FTE	161,106.00
	Manager	1.0000	90922.000	0.000	FTE	90,922.00
	Environmental Specialist III	2.0000	68192.000	0.000	FTE	136,384.00
<b>Total for Salary &amp; Wages</b>						520,877.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	13.000	520877.000		67,714.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
5	<b>Supplies and Materials</b>					
6	<b>Travel</b>					
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						588,591.00
<b>TOTAL DIRECT EXPENSES</b>						588,591.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		18,483.00
<b>Total Indirect Costs</b>						18,483.00
<b>TOTAL INDIRECT EXPENSES</b>						18,483.00
<b>TOTAL EXPENDITURES</b>						<b>607,074.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Family Planning Services			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	335,064.00	335,064.00
2	Fringe Benefits	130,675.00	130,675.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	202,299.00	202,299.00
5	Supplies and Materials	208,138.00	208,138.00
6	Travel	27,500.00	27,500.00
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.)	485,000.00	485,000.00
<b>Total Program Expenses</b>		1,388,676.00	1,388,676.00
<b>TOTAL DIRECT EXPENSES</b>		1,388,676.00	1,388,676.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	111,521.00	111,521.00
<b>Total Indirect Costs</b>		111,521.00	111,521.00
<b>TOTAL INDIRECT EXPENSES</b>		111,521.00	111,521.00
<b>TOTAL EXPENDITURES</b>		<b>1,500,197.00</b>	<b>1,500,197.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	5,000.00	0.00	5,000.00	0.00
	Fees and Collections - 3rd Party	30,000.00	0.00	30,000.00	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	500,000.00	500,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	965,197.00	0.00	965,197.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>1,500,197.00</b>	<b>500,000.00</b>	<b>1,000,197.00</b>	<b>0.00</b>

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Manager	1.0000	95000.000	0.000	FTE	95,000.00
	Certified Nurse Midwife	1.0000	110119.000	0.000	FTE	110,119.00
	Nurse Practitioner	0.5000	108202.000	0.000	FTE	54,101.00
	Medical Assistants	2.0000	37922.000	0.000	FTE	75,844.00
<b>Total for Salary &amp; Wages</b>						335,064.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	39.000	335064.000		130,675.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		202,299.00
5	<b>Supplies and Materials</b>					
	Medical Supplies	0.0000	0.000	0.000		48,138.00
	Medical Supplies	0.0000	0.000	0.000		150,000.00
	Office Supplies	0.0000	0.000	0.000		10,000.00
<b>Total for Supplies and Materials</b>						208,138.00
6	<b>Travel</b>					
	Conferences	0.0000	0.000	0.000		20,000.00
	Mileage	0.0000	0.000	0.000		7,500.00
<b>Total for Travel</b>						27,500.00
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
	Advertising	0.0000	0.000	0.000		200,000.00
	Lab Fees	0.0000	0.000	0.000		15,000.00
	Advertising	0.0000	0.000	0.000		150,000.00

	Line Item	Qty	Rate	Units	UOM	Total
	Medical Waste disposal, additional lab	0.0000	0.000	0.000		75,000.00
	Supporting Services	0.0000	0.000	0.000		45,000.00
<b>Total for All Others (ADP, Con. Employees, Misc.)</b>						485,000.00
<b>Total Program Expenses</b>						1,388,676.00
<b>TOTAL DIRECT EXPENSES</b>						1,388,676.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
<b>1</b>	<b>Indirect Costs</b>					
<b>2</b>	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		41,660.00
	Health Adm Distribution	0.0000	0.000	0.000		69,861.00
<b>Total for Cost Allocation Plan / Other</b>						111,521.00
<b>Total Indirect Costs</b>						111,521.00
<b>TOTAL INDIRECT EXPENSES</b>						111,521.00
<b>TOTAL EXPENDITURES</b>						<b>1,500,197.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Hearing ELPHS			<b>DATE PREPARED</b> 9/23/2021		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	248,942.00	248,942.00
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
<b>Total Program Expenses</b>		248,942.00	248,942.00
<b>TOTAL DIRECT EXPENSES</b>		248,942.00	248,942.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	61,639.00	61,639.00
<b>Total Indirect Costs</b>		61,639.00	61,639.00
<b>TOTAL INDIRECT EXPENSES</b>		61,639.00	61,639.00
<b>TOTAL EXPENDITURES</b>		<b>310,581.00</b>	<b>310,581.00</b>



## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	35,000.00	0.00	35,000.00	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	173,947.00	173,947.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	101,634.00	0.00	101,634.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	310,581.00	173,947.00	136,634.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		248,942.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						248,942.00
<b>TOTAL DIRECT EXPENSES</b>						248,942.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		17,345.00
	Health Adm Distribution	0.0000	0.000	0.000		44,294.00
<b>Total for Cost Allocation Plan / Other</b>						61,639.00
<b>Total Indirect Costs</b>						61,639.00
<b>TOTAL INDIRECT EXPENSES</b>						61,639.00
<b>TOTAL EXPENDITURES</b>						<b>310,581.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / HIV Data to Care			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	183,125.00	183,125.00
2	Fringe Benefits	69,588.00	69,588.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	115,110.00	115,110.00
5	Supplies and Materials	0.00	0.00
6	Travel	4,480.00	4,480.00
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
<b>Total Program Expenses</b>		372,303.00	372,303.00
<b>TOTAL DIRECT EXPENSES</b>		372,303.00	372,303.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	131,008.00	131,008.00
<b>Total Indirect Costs</b>		131,008.00	131,008.00
<b>TOTAL INDIRECT EXPENSES</b>		131,008.00	131,008.00
<b>TOTAL EXPENDITURES</b>		<b>503,311.00</b>	<b>503,311.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	421,378.00	421,378.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	81,933.00	0.00	81,933.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	503,311.00	421,378.00	81,933.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Director	0.1700	86500.000	0.000	FTE	14,705.00
	Manager	0.0300	83000.000	0.000	FTE	2,490.00
	Coordinator	0.7000	69000.000	0.000	FTE	48,300.00
	Linkage Specialist	1.0000	51000.000	0.000	FTE	51,000.00
	Linkage Specialist	1.0000	40000.000	0.000	FTE	40,000.00
	Analyst	0.4000	57000.000	0.000	FTE	22,800.00
	Administrative Coordinator	0.0300	56000.000	0.000	FTE	1,680.00
	Administrative Assistant	0.0500	43000.000	0.000	FTE	2,150.00
<b>Total for Salary &amp; Wages</b>						183,125.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	38.000	183125.000		69,588.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		115,110.00
5	<b>Supplies and Materials</b>					
6	<b>Travel</b>					
	Mileage	0.0000	0.000	0.000		4,480.00
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						372,303.00
<b>TOTAL DIRECT EXPENSES</b>						372,303.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					

	Line Item	Qty	Rate	Units	UOM	Total
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		44,993.00
	Health Adm Distribution	0.0000	0.000	0.000		86,015.00
<b>Total for Cost Allocation Plan / Other</b>						131,008.00
<b>Total Indirect Costs</b>						131,008.00
<b>TOTAL INDIRECT EXPENSES</b>						131,008.00
<b>TOTAL EXPENDITURES</b>						<b>503,311.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / HIV Housing Assistance			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	82,623.00	82,623.00
2	Fringe Benefits	31,397.00	31,397.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	4,662.00	4,662.00
5	Supplies and Materials	0.00	0.00
6	Travel	168.00	168.00
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
<b>Total Program Expenses</b>		118,850.00	118,850.00
<b>TOTAL DIRECT EXPENSES</b>		118,850.00	118,850.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	67,488.00	67,488.00
<b>Total Indirect Costs</b>		67,488.00	67,488.00
<b>TOTAL INDIRECT EXPENSES</b>		67,488.00	67,488.00
<b>TOTAL EXPENDITURES</b>		<b>186,338.00</b>	<b>186,338.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	139,542.00	139,542.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	46,796.00	0.00	46,796.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	186,338.00	139,542.00	46,796.00	0.00



## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	<b>Salary &amp; Wages</b>					
	Director	0.0500	88230.000	0.000	FTE	4,412.00
	Coordinator	0.2000	69000.000	0.000	FTE	13,800.00
	Coordinator	1.0000	61200.000	0.000	FTE	61,200.00
	Coordinator	0.0200	56000.000	0.000	FTE	1,120.00
	Assistant	0.0500	41820.000	0.000	FTE	2,091.00
<b>Total for Salary &amp; Wages</b>						82,623.00
2	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	38.000	82623.000		31,397.00
3	<b>Cap. Exp. for Equip &amp; Fac.</b>					
4	<b>Contractual</b>					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		4,662.00
5	<b>Supplies and Materials</b>					
6	<b>Travel</b>					
	Mileage	0.0000	0.000	0.000		168.00
7	<b>Communication</b>					
8	<b>County-City Central Services</b>					
9	<b>Space Costs</b>					
10	<b>All Others (ADP, Con. Employees, Misc.)</b>					
<b>Total Program Expenses</b>						118,850.00
<b>TOTAL DIRECT EXPENSES</b>						118,850.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
2	<b>Cost Allocation Plan / Other</b>					
	Cost Allocation Plan	0.0000	0.000	0.000		16,661.00
	Health Adm Distribution	0.0000	0.000	0.000		50,827.00

	Line Item	Qty	Rate	Units	UOM	Total
Total for Cost Allocation Plan / Other						67,488.00
Total Indirect Costs						67,488.00
TOTAL INDIRECT EXPENSES						67,488.00
TOTAL EXPENDITURES						186,338.00

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Immunization Action Plan (IAP)			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	262,501.00	262,501.00
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
<b>Total Program Expenses</b>		262,501.00	262,501.00
<b>TOTAL DIRECT EXPENSES</b>		262,501.00	262,501.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	123,558.00	123,558.00
<b>Total Indirect Costs</b>		123,558.00	123,558.00
<b>TOTAL INDIRECT EXPENSES</b>		123,558.00	123,558.00
<b>TOTAL EXPENDITURES</b>		<b>386,059.00</b>	<b>386,059.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	304,189.00	304,189.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	81,870.00	0.00	81,870.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	386,059.00	304,189.00	81,870.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		262,501.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						262,501.00
<b>TOTAL DIRECT EXPENSES</b>						262,501.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		31,876.00
	Health Adm Distribution	0.0000	0.000	0.000		91,682.00
<b>Total for Cost Allocation Plan / Other</b>						123,558.00
<b>Total Indirect Costs</b>						123,558.00
<b>TOTAL INDIRECT EXPENSES</b>						123,558.00
<b>TOTAL EXPENDITURES</b>						<b>386,059.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Immunization Action Plan-Pilot			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	97,087.00	97,087.00
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
<b>Total Program Expenses</b>		97,087.00	97,087.00
<b>TOTAL DIRECT EXPENSES</b>		97,087.00	97,087.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	11,644.00	11,644.00
<b>Total Indirect Costs</b>		11,644.00	11,644.00
<b>TOTAL INDIRECT EXPENSES</b>		11,644.00	11,644.00
<b>TOTAL EXPENDITURES</b>		<b>108,731.00</b>	<b>108,731.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	100,000.00	100,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	8,731.00	0.00	8,731.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	108,731.00	100,000.00	8,731.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		97,087.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						97,087.00
<b>TOTAL DIRECT EXPENSES</b>						97,087.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		11,644.00
<b>Total Indirect Costs</b>						11,644.00
<b>TOTAL INDIRECT EXPENSES</b>						11,644.00
<b>TOTAL EXPENDITURES</b>						<b>108,731.00</b>



## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Infant Safe Sleep			<b>DATE PREPARED</b> 9/23/2021		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	114,342.00	114,342.00
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
<b>Total Program Expenses</b>		114,342.00	114,342.00
<b>TOTAL DIRECT EXPENSES</b>		114,342.00	114,342.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	41,985.00	41,985.00
<b>Total Indirect Costs</b>		41,985.00	41,985.00
<b>TOTAL INDIRECT EXPENSES</b>		41,985.00	41,985.00
<b>TOTAL EXPENDITURES</b>		<b>156,327.00</b>	<b>156,327.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	125,000.00	125,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	31,327.00	0.00	31,327.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	156,327.00	125,000.00	31,327.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		114,342.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						114,342.00
<b>TOTAL DIRECT EXPENSES</b>						114,342.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		13,452.00
	Health Adm Distribution	0.0000	0.000	0.000		28,533.00
<b>Total for Cost Allocation Plan / Other</b>						41,985.00
<b>Total Indirect Costs</b>						41,985.00
<b>TOTAL INDIRECT EXPENSES</b>						41,985.00
<b>TOTAL EXPENDITURES</b>						<b>156,327.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / MCH - All Other			<b>DATE PREPARED</b> 9/23/2021		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	1,266,782.00	1,266,782.00
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
<b>Total Program Expenses</b>		1,266,782.00	1,266,782.00
<b>TOTAL DIRECT EXPENSES</b>		1,266,782.00	1,266,782.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	312,304.00	312,304.00
<b>Total Indirect Costs</b>		312,304.00	312,304.00
<b>TOTAL INDIRECT EXPENSES</b>		312,304.00	312,304.00
<b>TOTAL EXPENDITURES</b>		<b>1,579,086.00</b>	<b>1,579,086.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	1,438,316.00	1,438,316.00	0.00	0.00
	Local Funds - Other	140,770.00	0.00	140,770.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>1,579,086.00</b>	<b>1,438,316.00</b>	<b>140,770.00</b>	<b>0.00</b>

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		1,266,782.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						1,266,782.00
<b>TOTAL DIRECT EXPENSES</b>						1,266,782.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		138,004.00
	Health Adm Distribution	0.0000	0.000	0.000		174,300.00
<b>Total for Cost Allocation Plan / Other</b>						312,304.00
<b>Total Indirect Costs</b>						312,304.00
<b>TOTAL INDIRECT EXPENSES</b>						312,304.00
<b>TOTAL EXPENDITURES</b>						<b>1,579,086.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / MDHHS-Essential Local Public Health Services (ELPHS)			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	2,149,644.00	2,149,644.00
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
<b>Total Program Expenses</b>		2,149,644.00	2,149,644.00
<b>TOTAL DIRECT EXPENSES</b>		2,149,644.00	2,149,644.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	926,006.00	926,006.00
<b>Total Indirect Costs</b>		926,006.00	926,006.00
<b>TOTAL INDIRECT EXPENSES</b>		926,006.00	926,006.00
<b>TOTAL EXPENDITURES</b>		<b>3,075,650.00</b>	<b>3,075,650.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	50,000.00	0.00	50,000.00	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	2,514,357.00	2,514,357.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	511,293.00	0.00	511,293.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	<b>3,075,650.00</b>	<b>2,514,357.00</b>	<b>561,293.00</b>	<b>0.00</b>



## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency-SEMHA - IMMUNIZATIONS	0.0000	0.000	0.000		1,083,399.00
	Subcontracting Agency-SEMHA - ELPHS STD and HIV TESTING	0.0000	0.000	0.000		520,793.00
	Subcontracting Agency-SEMHA- Communicable Disease	0.0000	0.000	0.000		295,452.00
	Subcontracting Agency-SEMHA- HEARING ELPHS	0.0000	0.000	0.000		125,000.00
	Subcontracting Agency-SEMHA - VISION ELPHS	0.0000	0.000	0.000		125,000.00
<b>Total for Contractual</b>						2,149,644.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						2,149,644.00
<b>TOTAL DIRECT EXPENSES</b>						2,149,644.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		275,612.00
	Health Adm Distribution	0.0000	0.000	0.000		650,394.00

	Line Item	Qty	Rate	Units	UOM	Total
Total for Cost Allocation Plan / Other						926,006.00
Total Indirect Costs						926,006.00
TOTAL INDIRECT EXPENSES						926,006.00
TOTAL EXPENDITURES						3,075,650.00

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / FIMR Interviews			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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.)	8,750.00	8,750.00
<b>Total Program Expenses</b>		8,750.00	8,750.00
<b>TOTAL DIRECT EXPENSES</b>		8,750.00	8,750.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>8,750.00</b>	<b>8,750.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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
	<b>MDHHS Fixed Unit Rate</b>				
	Sudden Infant Death Syndrome Fees[Based on projected case loads]	8,750.00	8,750.00	0.00	0.00
	<b>Totals</b>	8,750.00	8,750.00	0.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
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.)					
	STAFF CHARGES FOR INTERVIEWS	0.0000	0.000	0.000		8,750.00
<b>Total Program Expenses</b>						8,750.00
<b>TOTAL DIRECT EXPENSES</b>						8,750.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
<b>Total Indirect Costs</b>						0.00
<b>TOTAL INDIRECT EXPENSES</b>						0.00
<b>TOTAL EXPENDITURES</b>						<b>8,750.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Vector-Borne Surveillance & Prevention			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 4/1/2022 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	8,197.00	8,197.00
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
<b>Total Program Expenses</b>		8,197.00	8,197.00
<b>TOTAL DIRECT EXPENSES</b>		8,197.00	8,197.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	3,364.00	3,364.00
<b>Total Indirect Costs</b>		3,364.00	3,364.00
<b>TOTAL INDIRECT EXPENSES</b>		3,364.00	3,364.00
<b>TOTAL EXPENDITURES</b>		<b>11,561.00</b>	<b>11,561.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	2,561.00	0.00	2,561.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	11,561.00	9,000.00	2,561.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		8,197.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						8,197.00
<b>TOTAL DIRECT EXPENSES</b>						8,197.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		946.00
	Health Adm Distribution	0.0000	0.000	0.000		2,418.00
<b>Total for Cost Allocation Plan / Other</b>						3,364.00
<b>Total Indirect Costs</b>						3,364.00
<b>TOTAL INDIRECT EXPENSES</b>						3,364.00
<b>TOTAL EXPENDITURES</b>						<b>11,561.00</b>



## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Immunization Fixed Fees			<b>DATE PREPARED</b> 9/23/2021		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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.)	2,000.00	2,000.00
<b>Total Program Expenses</b>		2,000.00	2,000.00
<b>TOTAL DIRECT EXPENSES</b>		2,000.00	2,000.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
<b>Total Indirect Costs</b>		0.00	0.00
<b>TOTAL INDIRECT EXPENSES</b>		0.00	0.00
<b>TOTAL EXPENDITURES</b>		<b>2,000.00</b>	<b>2,000.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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
	<b>MDHHS Fixed Unit Rate</b>				
	IMM: AFIX Visit / Phone	2,000.00	2,000.00	0.00	0.00
	<b>Totals</b>	2,000.00	2,000.00	0.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
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.)					
	STAFF CHARGES FOR INTERVIEWS	0.0000	0.000	0.000		2,000.00
<b>Total Program Expenses</b>						2,000.00
<b>TOTAL DIRECT EXPENSES</b>						2,000.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
<b>Total Indirect Costs</b>						0.00
<b>TOTAL INDIRECT EXPENSES</b>						0.00
<b>TOTAL EXPENDITURES</b>						<b>2,000.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Vision ELPHS			<b>DATE PREPARED</b> 9/23/2021		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	248,942.00	248,942.00
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
<b>Total Program Expenses</b>		248,942.00	248,942.00
<b>TOTAL DIRECT EXPENSES</b>		248,942.00	248,942.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	61,639.00	61,639.00
<b>Total Indirect Costs</b>		61,639.00	61,639.00
<b>TOTAL INDIRECT EXPENSES</b>		61,639.00	61,639.00
<b>TOTAL EXPENDITURES</b>		<b>310,581.00</b>	<b>310,581.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	35,000.00	0.00	35,000.00	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	173,947.00	173,947.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	101,634.00	0.00	101,634.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	310,581.00	173,947.00	136,634.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		248,942.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						248,942.00
<b>TOTAL DIRECT EXPENSES</b>						248,942.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		17,345.00
	Health Adm Distribution	0.0000	0.000	0.000		44,294.00
<b>Total for Cost Allocation Plan / Other</b>						61,639.00
<b>Total Indirect Costs</b>						61,639.00
<b>TOTAL INDIRECT EXPENSES</b>						61,639.00
<b>TOTAL EXPENDITURES</b>						<b>310,581.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / WIC Breastfeeding			<b>DATE PREPARED</b> 9/23/2021		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	209,671.00	209,671.00
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
<b>Total Program Expenses</b>		209,671.00	209,671.00
<b>TOTAL DIRECT EXPENSES</b>		209,671.00	209,671.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	103,094.00	103,094.00
<b>Total Indirect Costs</b>		103,094.00	103,094.00
<b>TOTAL INDIRECT EXPENSES</b>		103,094.00	103,094.00
<b>TOTAL EXPENDITURES</b>		<b>312,765.00</b>	<b>312,765.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	245,290.00	245,290.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	67,475.00	0.00	67,475.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	312,765.00	245,290.00	67,475.00	0.00



## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		209,671.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						209,671.00
<b>TOTAL DIRECT EXPENSES</b>						209,671.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		14,773.00
	Health Adm Distribution	0.0000	0.000	0.000		88,321.00
<b>Total for Cost Allocation Plan / Other</b>						103,094.00
<b>Total Indirect Costs</b>						103,094.00
<b>TOTAL INDIRECT EXPENSES</b>						103,094.00
<b>TOTAL EXPENDITURES</b>						<b>312,765.00</b>

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / WIC Resident Services			<b>DATE PREPARED</b> 9/23/2021		
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022		
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606		

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	4,467,575.00	4,467,575.00
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
<b>Total Program Expenses</b>		4,467,575.00	4,467,575.00
<b>TOTAL DIRECT EXPENSES</b>		4,467,575.00	4,467,575.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	958,790.00	958,790.00
<b>Total Indirect Costs</b>		958,790.00	958,790.00
<b>TOTAL INDIRECT EXPENSES</b>		958,790.00	958,790.00
<b>TOTAL EXPENDITURES</b>		<b>5,426,365.00</b>	<b>5,426,365.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	4,773,969.00	4,773,969.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	652,396.00	0.00	652,396.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	5,426,365.00	4,773,969.00	652,396.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency-Southeastern Michigan Health Association	0.0000	0.000	0.000		1,404,314.00
	Subcontracting Agency-Moms and Babes Too	0.0000	0.000	0.000		1,538,168.00
	Subcontracting Agency-Arab American Chaldean Council	0.0000	0.000	0.000		1,230,997.00
	Subcontracting Agency-CHASS - Community Health and Social	0.0000	0.000	0.000		294,096.00
<b>Total for Contractual</b>						4,467,575.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						4,467,575.00
<b>TOTAL DIRECT EXPENSES</b>						4,467,575.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		535,868.00
	Health Adm Distribution	0.0000	0.000	0.000		422,922.00
<b>Total for Cost Allocation Plan / Other</b>						958,790.00

	Line Item	Qty	Rate	Units	UOM	Total
Total Indirect Costs						958,790.00
TOTAL INDIRECT EXPENSES						958,790.00
TOTAL EXPENDITURES						5,426,365.00

## 1 Program Budget Summary

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / West Nile Virus Community Surveillance			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 5/1/2022 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
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	9,179.00	9,179.00
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
<b>Total Program Expenses</b>		9,179.00	9,179.00
<b>TOTAL DIRECT EXPENSES</b>		9,179.00	9,179.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	3,635.00	3,635.00
<b>Total Indirect Costs</b>		3,635.00	3,635.00
<b>TOTAL INDIRECT EXPENSES</b>		3,635.00	3,635.00
<b>TOTAL EXPENDITURES</b>		<b>12,814.00</b>	<b>12,814.00</b>

## 2 Program Budget - Source of Funds

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
<b>1</b>	<b>Source of Funds</b>				
	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	10,000.00	10,000.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	2,814.00	0.00	2,814.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	<b>MDHHS Fixed Unit Rate</b>				
	<b>Totals</b>	12,814.00	10,000.00	2,814.00	0.00

## 3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
1	Salary & Wages					
2	Fringe Benefits					
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
	Subcontracting Agency- Southeastern Michigan Health Association	0.0000	0.000	0.000		9,179.00
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
<b>Total Program Expenses</b>						9,179.00
<b>TOTAL DIRECT EXPENSES</b>						9,179.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
	Cost Allocation Plan	0.0000	0.000	0.000		1,164.00
	Health Adm Distribution	0.0000	0.000	0.000		2,471.00
<b>Total for Cost Allocation Plan / Other</b>						3,635.00
<b>Total Indirect Costs</b>						3,635.00
<b>TOTAL INDIRECT EXPENSES</b>						3,635.00
<b>TOTAL EXPENDITURES</b>						<b>12,814.00</b>



**Summary of Budget**

<b>PROGRAM / PROJECT</b> Local Health Department - 2022 / Local Health Department - 2022			<b>DATE PREPARED</b> 9/23/2021	
<b>CONTRACTOR NAME</b> Detroit Health Department			<b>BUDGET PERIOD</b> From : 10/1/2021 To : 9/30/2022	
<b>MAILING ADDRESS (Number and Street)</b> City Treasurer 1151 Taylor Ste 333-C			<b>BUDGET AGREEMENT</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	<b>AMENDMENT #</b> 0
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48202-1732	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	1,429,168.00	1,429,168.00
2	Fringe Benefits	402,684.00	402,684.00
3	Contractual	11,847,680.00	11,847,680.00
4	Supplies and Materials	208,288.00	208,288.00
5	Travel	34,122.00	34,122.00
6	All Others (ADP, Con. Employees, Misc.)	510,250.00	510,250.00
<b>Total Program Expenses</b>		14,432,192.00	14,432,192.00
<b>TOTAL DIRECT EXPENSES</b>		14,432,192.00	14,432,192.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Cost Allocation Plan / Other	2,786,998.00	2,786,998.00
<b>Total Indirect Costs</b>		2,786,998.00	2,786,998.00
<b>TOTAL INDIRECT EXPENSES</b>		2,786,998.00	2,786,998.00
<b>TOTAL EXPENDITURES</b>		<b>17,219,190.00</b>	<b>17,219,190.00</b>

**SOURCE OF FUNDS**

	Category	Total	Amount	Cash	Inkind
1	Fees and Collections - 1st	5,000.00	0.00	5,000.00	0.00

	and 2nd Party				
2	Fees and Collections - 3rd Party	165,000.00	0.00	165,000.00	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	0.00	0.00	0.00	0.00
7	Required Match - Local	15,957.00	0.00	15,957.00	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	11,798,482.00	11,798,482.00	0.00	0.00
14	MCH Funding	1,709,654.00	1,709,654.00	0.00	0.00
15	Local Funds - Other	3,338,647.00	0.00	3,338,647.00	0.00
16	Inkind Match	0.00	0.00	0.00	0.00
17	MDHHS Fixed Unit Rate	186,450.00	186,450.00	0.00	0.00
	<b>TOTAL</b>	<b>17,219,190.00</b>	<b>13,694,586.00</b>	<b>3,524,604.00</b>	<b>0.00</b>

### Source of Funds

ATTACHMENT III

**MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES  
LOCAL HEALTH DEPARTMENT AGREEMENT  
October 1, 2021 – September 30, 2022  
Fiscal Year 2022**

**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 2022, 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

	<b>Amendment Request Due Date</b>	<b>Anticipated Consolidation Date</b>	<b>New Project Start / Effective Date</b>
<b>FY 2022</b>			
Original Agreement	Completed by Program office	August 31, 2021	October 1, 2021
Amendment #1 - New Projects Only	Completed by program office	October 19, 2021	November 1, 2021
Amendment #2	February 1, 2022	April 21, 2022	May 1, 2022
Amendment #3	May 13, 2022	July 15, 2022	August 1, 2022

## 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	CONTRACT MANAGER	EMAIL	PHONE
Administration Projects	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Adolescent STI Screening	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
Asthma Demonstration Project	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Body Art Fixed Fee (facility Licensing)	Joseph Coyle	coylej@michigan.gov	(517) 284-4915
Breast & Cervical Cancer Control (BCCCP) Coordination	Polly Hager	hagerp@michigan.gov	(517) 335-9729
Child and Adolescent Health Center Program Expansion	Kim Kovalchick	KovalchickK@michigan.gov	(517) 335-6599
Childhood Lead Poisoning Prevention	Michelle Twichell	twichellm@michigan.gov	(517) 284-0053
Children's Special Hlth Care Services (CSHCS) Care Coordination	Kelly Gram	Gramk2@michigan.gov	(517) 335-8630
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Kelly Gram	Gramk2@michigan.gov	(517) 335-8630
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Michelle Twichell	twichellm@michigan.gov	(517) 284-0053
CSHCS Medicaid Outreach	Kelly Gram	Gramk2@michigan.gov	(517) 335-8630
Diabetes and Kidney Disease in People Living with HIV	Richard Wimberley	wimberleyr@michigan.gov	(517) 335-8369
Eat Safe Fish	Gerald Tiernan	TIERNANG@michigan.gov	(517) 388-7471
EGLE Drinking Water and Onsite Wastewater Management	Dana DeBruyn	debruynnd@michigan.gov	(517) 930-6463
Emerging Threats - Hepatitis C	Joseph Coyle	coylej@michigan.gov	(517) 284-4915
Ending the HIV Epidemic Implementation	Loren Powell	powelll@michigan.gov	(517) 335-9857
Expanding, Enhancing Emotional Health - EEEH (all locations)	Taggart Doll	dollt@michigan.gov	(517) 335-9720
Family Planning Services	Deanna Charest	CharestD@michigan.gov	(517) 335-8861
Fetal Alcohol Spectrum Disorder Community Projects	Aurea Booncharoen	booncharoena@michigan.gov	(517) 335-9750
Fetal Infant Mortality Review (FIMR) Case Abstraction	Deanna Charest	CharestD@michigan.gov	(517) 335-8861
FFPSA HV Expansion	Charisse Sanders	sandersc2@michigan.gov	(517) 241-1676
FIMR Interviews	Nicholas Drzal	drzaln@michigan.gov	(517) 241-5380
Food ELPHS	Adam Christenson	christensona@michigan.gov	(517) 284-5706
Gonococcal Isolate Surveillance Project	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
Harm Reduction Support Services	Joseph Coyle	coylej@michigan.gov	(517) 284-4915
Hearing ELPHS	Jennifer Dakers	DakersJ@michigan.gov	(517) 335-8353
HIV & STI Testing and Prevention	Loren Powell	powelll@michigan.gov	(517) 335-9857
HIV / STI Partner Services	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
HIV Care Coordination	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV Data to Care	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV Housing Assistance	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV Linkage to Care	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV Medical Care	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HIV PrEP Clinic	Loren Powell	powelll@michigan.gov	(517) 335-9857
HIV Prevention	Loren Powell	powelll@michigan.gov	(517) 335-9857
HIV Ryan White Part B	Beverly Haske	HaskeB@michigan.gov	(517) 335-1486
HOPWA Plus	Lynn Hendges	HendgesL2@michigan.gov	(517) 284-8018
Immunization Action Plan - Pilot	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Immunization Action Plan (IAP)	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Immunization Field Services Rep	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Immunization Fixed Fees	Tina Scott	ScottT1@michigan.gov	(517) 284-4899



Immunization Michigan Care Improvement Registry (MCIR) Regions	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Immunization Vaccine Quality Assurance	Tina Scott	ScottT1@michigan.gov	(517) 284-4899
Infant Safe Sleep	Nicholas Drzal	drzaln@michigan.gov	(517) 241-5380
Informed Consent	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Laboratory Services Bio	Marty Soehnlen	soehnlenm@michigan.gov	(517) 335-8064
Lactation Consultant	Shatoria Townsend	TownsendS2@michigan.gov	(517) 373-6486
Lead Hazard Control	Hope McElhone	mcelhoneh@michigan.gov	(517) 284-4831
Local Health Department (LHD) Sharing Support	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Local MCH (MCH Children and MCH - All Other)	Trudy Esch	EschT@michigan.gov	(517) 241-3593
Maternal Infant Erly Chd Home Visiting Initiative Rural Local Home Visiting Grp	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
Maternal Infant Erly Chd Home Visiting Initiative Rural Local Home Visiting Grp3	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
MDHHS Essential Local Public Health Services (ELPHS)	Laura de la Rambelje	DelaRambeljeL@michigan.gov	(517) 284-9002
Medicaid Outreach	Trudy Esch	EschT@michigan.gov	(517) 241-3593
MI Adolescent Pregnancy & Parenting Program	Hillary Brandon	brandonh@michigan.gov	(517) 335-5928
MI Home Visiting Initiative Rural Expansion Grant	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
MIECHVP Healthy Families America Expansion	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
Nurse Family Partnership Services	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
Nurse Family Partnership Services Medicaid Outreach	Tiffany Kostelec	kostelect@michigan.gov	(517) 335-4663
Public Health Emergency Preparedness (PHEP) 10/1- 6/30	Mary Macqueen	macqueenm@michigan.gov	(517) 335-9401
Public Health Emergency Preparedness (PHEP) 7/1- 9/30	Mary Macqueen	macqueenm@michigan.gov	(517) 335-9401
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Mary Macqueen	macqueenm@michigan.gov	(517) 335-9401
Public Health Emergency Preparedness (PHEP) CRI 7/1 - 9/30	Mary Macqueen	macqueenm@michigan.gov	(517) 335-9401
Regional Perinatal Care System	Dawn Shanafelt	ShanafeltD@michigan.gov	(517) 335-4945
Seal! Michigan Dental Sealant	Christine Farrell	farrellc@michigan.gov	(517) 335-8388
Sexually Transmitted Infection (STI) Control	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
STI Specialty Serivces	Christopher Stickney	StickneyC@michigan.gov	(517) 245-3362
Taking Pride in Prevention	Kara Anderson	andersonk10@michigan.gov	(517) 335-1158
Tuberculosis (TB) Control	Peter Davidson	davidsonp@michigan.gov	(517) 284-4922
Vector-Borne Surveillance & Prevention	Mary Grace Stobierski	stobierskim@michigan.gov	(517) 284-4928
Vision ELPHS	Rachel Schumann	schumannr@michigan.gov	(517) 335-6596
West Nile Virus Community Surveillance	Emily Dinh / Kimberly Signs	DinhE@michigan.gov/signsk@michigan.gov	(517) 284-4961 / (517) 284-4951
WIC Breastfeeding	Cecilia Hutson	HutsonC1@michigan.gov	(517) 335-8625
WIC Migrant	Cecilia Hutson	HutsonC1@michigan.gov	(517) 335-8625
WIC Resident Services	Cecilia Hutson	HutsonC1@michigan.gov	(517) 335-8625
Wisewoman	Polly Hager	hagerp@michigan.gov	(517) 335-9729

## **PROJECT TITLE: Adolescent Sexually Transmitted Infection (STI) Screening**

**Start Date:** 10/1/2021

**End Date:** 9/30/2022

### **Project Synopsis:**

Adolescents and young adults account for approximately half of reported cases of gonorrhea and chlamydia. The Adolescent STD Project provides targeted screening activities in venues with access to this vulnerable populations to ensure early diagnosis and treatment.

### **Reporting Requirements (if different than agreement language):**

- Quarterly Report of screening and treatment activity should be submitted no later than 15 days after the end of the quarter.
- Report should be emailed to the MDHHS contract liaison.

### **Any additional requirements (if applicable):**

### **Grant Program Operation**

Project Summary: 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

### **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. Analyze and forward screening and treatment data to the Department quarterly: April 15, July 15, October 15, and January 15.
9. Develop one annual slide set highlighting year end data by demographic variable including trend data.
10. Continue to promote awareness of prevalence of STDs within adolescent and young adult populations.
11. Participate in quarterly Michigan Infertility Prevention Project meetings; providing quarterly screening project data.

## PROJECT: Asthma Demonstration

Beginning Date: 10/1/2021

End Date: 9/30/2022

### **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

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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
  - \$275.22 (50% of state fee)
2. Initial annual license for a Body Art Facility after to July 1
  - \$137.61 (50% of state fee)
3. Issue a temporary license) for a Body Art Facility
  - \$123.84 (75% of state fee)
4. License renewal prior to December 1
  - \$275.22 (50% of state fee)
5. License renewal after to December 1
  - \$412.83 (50% of state fee + 50% late fee penalty)
6. Duplicate license
  - \$27.51

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 FY2021 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, 3<sup>rd</sup> Floor  
Lansing, Michigan 48933

## PROJECT: Breast and Cervical Cancer Control Navigation Program

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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. Program services are targeted to women in hard-to-reach populations, such as minorities, particularly African American, Hispanic, and Native American women, and women aged 50-64, as well as women who have insurance but do not know how to access the healthcare system to receive breast or cervical cancer services.

The BC3NP provides specific services to uninsured, underinsured, and insured women both within and outside the program.

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 abnormal clinical breast exam 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)

A statewide database called MBCIS is maintained by MDHHS and the Cancer Prevention and Control Section (CPCS). Instructions for contractor use of MBCIS 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.

**Any additional requirements (if applicable)**

For specific BC3NP requirements, refer to the most current BC3NP Policies and Procedures Manual (link provided) <http://www.michigancancer.org/bcccp/>



## PROJECT: CHILD AND ADOLESCENT HEALTH CENTER (CAHC) PROGRAM EXPANSION

Start Date: 10/1/2021

End Date: 9/30/2022

### **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)**

The Grantee shall submit the following reports on the following dates:

1. Annual Work Plan:
  - a. Due upon submission of FY initial application
  - b. Submit report to contract manager - Kim K. via email at kovalchickk@michigan.gov
2. Quarterly Program Data Report: Due 30 days after the end of the reported quarter
  - a. Submit report via the Child and Adolescent Health Center Clinical Reporting Tool located at <https://cahc.knack.com/clinical-reporting-tool>
3. Quarterly Work Plan Report: Due 30 days after the end of the reported quarter
  - a. Submit report to contract manager - Kim K. via email at kovalchickk@michigan.gov
4. Annual Program Narrative: Due 30 days after the end of the grant period
  - a. Submit report to contract manager - Kim K. via email at kovalchickk@michigan.gov

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.

The Contract Manager shall evaluate the reports submitted for their completeness and adequacy.

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 assure compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of MOE 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 cost

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), except for 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 that follows is part of Attachment III.

## PROJECT: Local Childhood Lead Poisoning Prevention Grant

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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.

### Grantee Specific Requirements

Grantees shall:

1. Identify target areas with lower testing rates, with the assistance of CLPPP and quarterly data reports provided to the LHDs.
2. 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.
3. 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.
4. Attend meetings with CLPPP and other grantees as scheduled.
5. Ensure all communication materials that are developed and distributed by the grantee are approved by CLPPP if MDHHS funds are used.

### 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.

## PROJECT: CSHCS Care Management/Care Coordination

Beginning Date: 10/01/2021

End Date: 09/30/2022

### **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.

The Contract Manager shall evaluate the reports for their completeness and adequacy. The Contract Manager will conduct case management and care coordination log audits on a quarterly basis.

### **Annual Narrative Progress Report**

N/A

### **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

Beginning Date: 10/1/2021

End Date: 9/30/2022

### **Project Synopsis**

All Local Health Departments in Michigan are eligible to participate in this program. 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 4.5 micrograms per deciliter ( $\geq 4.5 \mu\text{g/dL}$ ) as determined by a venipuncture 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 (HHLPPS) database maintained by CLPPP-MDHHS.

### **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. 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 covering the reporting period for FY22 is October 1 – September 30. The format for the submission will be determined by CLPPP, communicated to the local health departments. The Annual report must be submitted no later than thirty (30) days after the close of Quarter 4.

<b><u>Reporting Time Period</u></b>	<b><u>Quarterly Spreadsheet Due Date</u></b>
October 1 - December 31	January 31
January 1– March 31	April 30
April 1 – June 30	July 30
July 1 – September 30	October 30

\*CLPPP will review the spreadsheet and provide approval for payment within 30 days of receipt.

## **Any additional requirements (if applicable)**

### **The local health department shall:**

- 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.**

- Sign up for the DCH-File Transfer Site available through MiLogin maintained by MDHHS CLPPP, to 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 EBLs. The lists are provided weekly by CLPPP to the local health departments.
- 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

Beginning Date: 10/01/2021

End Date: 09/30/2022

### **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: 10/1/2021

End Date: 9/30/2022

### **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.

**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.

**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: Diabetes and Kidney Disease in People Living With HIV

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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. Central Michigan District Health Department (CMDHD) will partner with MDHHS to further the goals of serving people living with HIV and increasing access to chronic disease management and prevention programs. CMDHD will identify patients with diabetes, identify barriers to care, and implement strategies to increase services available for people living with HIV. CMDHD will also support health equity and cultural competency trainings for staff and partners per attached workplan objectives and activities and provide quarterly workplan report using the workplan report template attached.

### Reporting Requirements:

Report	Period	Due Date(s)	How to Submit Report
Quality Control Reports	Monthly	10 <sup>th</sup> of the following month	Department Staff
Daily Client Logs	Monthly	10 <sup>th</sup> of the following month	Department Staff
Reactive Results	As needed	Within 24 hours of test	EvalWeb
Non-Reactive Results	As needed	Within 7 days of test	EvalWeb
Linkage to Care and Partner Services Interview (e.g. client attended a medical care appointment within 30 days of diagnosis, and was interviewed by Partner Services within 30 days of diagnosis)	As needed	Within 30 days of service	EvalWeb, PSWeb
Condom Distribution Data	Quarterly	10 <sup>th</sup> of the following month	CTR Supplies
Disposition on Partners of HIV Cases, if applicable	Ongoing	Within 30 days of service	PSWeb

HIV Testing Competencies	Annually	Reviewed during site visits	Department Staff
SSP Data Report, if applicable	Quarterly	10 <sup>th</sup> of the following month	SUP

- The Grantee will clean-up missing data by the 10th day after the end of each calendar month.
- The Quality Control and Daily Client Logs may be sent to the Contract Manager via:

Email - [ctrsupplies@michigan.gov](mailto:ctrsupplies@michigan.gov)  
Fax - (517) 241-5922

Mailing Address:  
HIV Prevention Unit  
Attn: CTR Coordinator  
109 W. Michigan Ave., 10<sup>th</sup> Floor  
Lansing, MI 48913

The Contract Manager shall evaluate the reports submitted for their completeness and accuracy.

### **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 funds, 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.

### **Grant Program Operation**

- The Grantee will participate in DHSP needs assessment and planning activities, as requested.
- 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 DHSP.

- 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. The Grantee will receive a condom and lubrication allowance. The Grantee must:
    - f. Distribute condoms and lubrication.
    - g. Place orders for condoms/lubrication by emailing [ctrsupplies@michigan.gov](mailto:ctrsupplies@michigan.gov)
- If conducting HIV testing using rapid HIV testing, the Grantee will comply with guidelines and standards issued by DHSP and:
  - a. 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.”
  - b. Ensure provision of Clinical Laboratory Improvement Amendments (CLIA) certificate.
  - c. Report discordant test results to DHSP.
  - d. Ensure that staff performing counseling and/or testing with rapid test technologies has successfully completed rapid test counselor certification course or Information Based Training (as applicable), test device training, and annual proficiency testing.
  - e. Ensure that all staff and site supervisors have successfully completed appropriate laboratory quality assurance training, blood borne pathogens training and rapid test device training and reviewed annually.

- f. Develop, implement, and monitor protocol and procedures to ensure that patients receive confirmatory test results.
- 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. Procure TLO or a TLO-like search engine.
- 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.
  - b. The Grantee shall permit DHSP or its designee to visit and to make an evaluation of the project as determined by DHSP.

### **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**

The Grantee and its subcontractors are required to use Evaluation Web (EvalWeb) to enter HIV client and service data into the centrally managed database on a secure server.

The Grantee and its subcontractors are required to use Partner Services Web (PSWeb) to enter Partner Services interview and linkage to care data, where appropriate.

## **Mandatory Disclosures**

The Grantee will provide immediate notification to DHSP, in writing, including but not limited to the following events:

- 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. All notifications should be made to DHSP by [MDHHS-HIVSTDoperations@michigan.gov](mailto:MDHHS-HIVSTDoperations@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: Eat Safe Fish

Beginning Date: 10/1/2021

End Date: 9/30/2022

### **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).

Bay County Health Department (BCHD) 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.

Bay County Health Department (BCHD) 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.

### **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)**

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

Beginning Date: 10/1/2021

End Date: 09/30/2022

### 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) 2022 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 2022, 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](mailto:DelaRambeljeL@michigan.gov)) and copy Carissa Reece ([ReeceC@Michigan.gov](mailto: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](https://Michigan.gov/WaterWellConstruction).

## PROJECT: Food Service Sanitation (FOOD ELPHS)

Beginning Date: 10/1/2021

End Date: 09/30/2022

### 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 1<sup>st</sup>. Please send the memo to Laura de la Rambelje ([DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)) and copy Carissa Reece ([ReeceC@michigan.gov](mailto:ReeceC@michigan.gov))

### **Food Service Establishment Licensing**

- Provide updates to MDARD on the 1<sup>st</sup> and 15<sup>th</sup> 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 1<sup>st</sup> and 15<sup>th</sup> 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: MDHHS Essential Local Public Health Services (ELPHS)

Beginning Date: 10/1/2021

End Date: 09/30/2022

### 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 FY 20/19 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 19/20, 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:
- Projected Current Fiscal Year – October 30
- 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 1<sup>st</sup>. Please send the memo to Laura de la Rambelje ([DelaRambeljeL@michigan.gov](mailto:DelaRambeljeL@michigan.gov)) and copy Carissa Reece ([ReeceC@michigan.gov](mailto: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.

## PROJECT TITLE: Hearing ELPHS / Vision ELPHS

Start Date: 10/1/2021

End Date: 9/30/2022

### **Project Synopsis:**

The Hearing and Vision Programs screen over 1 million preschool and school-age children each year. Screening services are conducted in schools, Head Start, and preschool centers by local health department (LHD) vision technicians. Children who fail their vision screening are referred to a licensed eye doctor 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 or Ear, Nose, and Throat physician for diagnosis, treatment, and recommendations.

### **Reporting Requirements (if different than agreement language):**

Upon completion of the FY22 contract, grantees must submit a School-Based Hearing and Vision Program Annual Narrative Progress Report to [MDHHS-Hearing-and-Vision@michigan.gov](mailto:MDHHS-Hearing-and-Vision@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.
- Annual Narrative Report must be approved by the MDHHS Hearing & Vision Coordinators for their respective programs.
  - MDHHS will provide a template for reporting.
  - 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](mailto:dakersj@michigan.gov)

Dr. Rachel Schumann, MDHHS Vision Consultant, [schumannr@michigan.gov](mailto: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: Emerging Threats – Hepatitis C

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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)

- Quarterly report cards/progress reports on HCV case completeness will be compiled by MDHHS and sent to grantees.
- 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: 10/1/2021

End Date: 9/30/2022

**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:**

Report	Period	Due Date(s)	How to Submit Report
Quality Control Reports	Monthly	10 <sup>th</sup> of the following month	Department Staff
Daily Client Logs	Monthly	10 <sup>th</sup> of the following month	Department Staff
Reactive Results	As needed	Within 24 hours of test	APHIRM
Non-Reactive Results	As needed	Within 7 days of test	APHIRM
Linkage to Care and Partner Services Interview (e.g. client attended a medical care appointment within 30 days of diagnosis, and was interviewed by Partner Services within 30 days of diagnosis)	As needed	Within 30 days of service	APHIRM
Quarterly Progress Report	Quarterly	Within 30 days of end of quarter	Department Staff
Internet Partner Services (IPS) and Partner Services Interview (e.g. client identify dating apps used to meet partners), if applicable	Ongoing	Within 30 days of service	APHIRM
Disposition on Partners of HIV Cases, if applicable	Ongoing	Within 30 days of service	APHIRM
HIV Testing Competencies	Annually	Reviewed during site visits	Department Staff
HIV Testing Proficiencies	Annually	Reviewed during site visits	Department Staff
SSP Data Report, if applicable	Quarterly	10 <sup>th</sup> of the following month	Syringe Utilization Platform (SUP)

1. The Grantee will clean-up missing data by the 10th day after the end of each calendar month.
2. The Quality Control and Daily Client Logs may be sent to the Contract Manager via:
  - Email - [ctrsupplies@michigan.gov](mailto:ctrsupplies@michigan.gov)
  - Fax - (517) 241-5922
  - Mail - HIV Prevention Unit, Attn: CTR Coordinator, PO Box 30727, Lansing, MI 48909

## **GRANTEE REQUIREMENTS**

Grantees will provide HIV Counseling, Testing, and Referral (CTR) and, if applicable, Partner Services (PS), and Syringe Service Programs (SSP) within their jurisdiction, pursuant to applicable federal and state laws; and policies and program standards issued by the Division of HIV & STI Programs (DHSP). See "Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals."

### **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 funds, 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.

### **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 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.
4. The Grantee will receive a condom and lubrication allowance. The Grantee must:
- a. Distribute condoms and lubrication.
  - b. Place orders for condoms/lubrication by emailing [ctrsupplies@michigan.gov](mailto:ctrsupplies@michigan.gov)
5. If conducting HIV testing using rapid HIV testing, the Grantee will comply with guidelines and standards issued by DHSP and:
- a. 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."
  - b. Ensure provision of Clinical Laboratory Improvement Amendments (CLIA) certificate.
  - c. Report discordant test results to DHSP.
  - d. Ensure that staff performing counseling and/or testing with rapid test technologies has successfully completed rapid test counselor certification course or Information Based Training (as applicable), test device training, and annual proficiency testing.
  - e. Ensure that all staff and site supervisors have successfully completed appropriate laboratory quality assurance training, blood borne pathogens training and rapid test device training and reviewed annually.
  - f. 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.

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. Procure TLO or a TLO-like search engine.
  - e. Ensure staff that are utilizing TLO or TLO-search engine complete the TLO training to maintain and understand the confidential use of the system.
  - f. Effectively utilize the Internet Partner Services (IPS) Guidance to provide confidential PS follow-up to partners named by infected clients who were identified to have been met through the use of dating apps.
  - g. Ensure staff and site supervisors successfully complete the Internet Partner Services Training.
  - h. 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 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.
  8. Grantees will participate on monthly or quarterly conference calls to discuss best practices and identify barriers.
    - a. The Grantee shall permit DHSP or its designee to visit and to make an evaluation of the project as determined by DHSP.

### **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**

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.

The Grantee and its subcontractors are required to use APHIRM (formerly Partner Services Web) to enter Partner Services interview and linkage to care data, and identified dating apps through the use of Internet Partner Services (IPS) where appropriate.

## **Mandatory Disclosures**

The Grantee will provide immediate notification to DHSP, in writing, including but not limited to the following events:

- 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](mailto:MDHHS-HIVSTIoperations@michigan.gov).

## **Technical Assistance**

To request TA, please send an email to [MDHHS-HIVSTIoperations@michigan.gov](mailto:MDHHS-HIVSTIoperations@michigan.gov).

- a. This may include issues related to: APHIRM (formerly EvalWeb and PSWeb), Intervention Database, Programs, Budget/Fiscal, Grants and Contracts, Risk Reduction Activities, Training, or other activities related to carrying out HIV prevention activities.

## **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: Expanding, Enhancing Emotional Health (Various Locations)

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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)

The grantee shall submit all required reports in accordance with the Michigan Department of Health and Human Services' (the Department's) reporting requirements. These reports shall be submitted via EGrAMS as described in the Department's boilerplate 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](mailto:zerkag@michigan.gov)
- Mario Wilcox: [wilcox7@michigan.gov](mailto:wilcox7@michigan.gov)

MDHHS staff will evaluate all reports for completeness and adequacy.

All data previously reported will be submitted quarterly. The due dates are as follows:

Q1: Due January 31<sup>st</sup>,

Q2: Due April 30<sup>th</sup>,

Q3: Due July 31<sup>st</sup> and

Q4: Due September 30<sup>th</sup>.

### **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.

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## **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**. 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

\*Other Providers may include: RN, RD/Nutritionist, Health Educator, Oral Health and other providers. Visits with other providers can only be counted after the client has been established as an E3 user.

## **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 current fiscal 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:**

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:**

**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

**Any additional requirements (if applicable)**

***MINIMUM PROGRAM REQUIREMENTS  
October 1, 2021 - September 30, 2022***

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.
9. E3 site will notify E3 Consultant in writing within 10 days of main mental health provider absence.

### **Staffing/Clinical Care**

10. 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.
11. 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**

12. 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.

13. 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.

14. 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.
15. 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.
16. 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**

17. 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: Family Planning Program**

Start Date: 10/1/2021

End Date: 9/30/2022

**Project Synopsis:**

The Michigan Family Planning Program assists individuals and couples in planning and spacing births, preventing unintended pregnancy, and seeking preventive health screenings. On-site clinical services are delivered through a statewide network of local health departments, hospital-based health systems, and federally qualified health centers. The program's strong educational and counseling components help reduce health risks and promote healthy behaviors. Family Planning prioritizes serving low-income men and women, teens, and un/underinsured individuals. The Michigan Family Planning Program serves as a safety net with providers who have been a reliable and trusted source of care, and in many cases the only regular source of health care for individuals. Referrals to other medical, behavioral, and social services are provided to clients, as needed. Services are charged based on ability to pay. No one is denied services due to inability to pay.

**Reporting Requirements (if different than agreement language):**

Each grantee shall submit the required reporting on the following dates:

Report	Time Period	Due Date to Department	Submit To
Work Plan	October 1 – September 30	September 16	Mandy Luft <a href="mailto:lufta1@michigan.gov">lufta1@michigan.gov</a>
Needs Assessment & Health Care Plan	October 1 – September 30	September 16	Mandy Luft <a href="mailto:lufta1@michigan.gov">lufta1@michigan.gov</a>
FPAR Mid-Year Report	January 1 – June 30	July 15	Mandy Luft <a href="mailto:lufta1@michigan.gov">lufta1@michigan.gov</a>
FPAR Year-End Report	January 1 – December 31	January 14	Mandy Luft <a href="mailto:lufta1@michigan.gov">lufta1@michigan.gov</a>
Medicaid Cost-Based Reimbursement Tracking Form	October 1 – September 30	November 30	EGrAMS with Final Financial Status Report

Each grantee shall indicate the following project outputs:

Target Measure	Total Performance Expectation	State Funded Minimum Performance Expected	
Unduplicated Number of Clinic Users		Percent	Number
		95%	

**Any additional requirements (if applicable):**

1. Each grantee must serve a minimum of 95% of proposed Title X users to access its total amount of allocated funds. Semi-annual Family Planning Annual Report (FPAR) data will be used to determine total Title X users served.
2. Each grantee will be required to adhere to Federal Statute and Regulations for Title X Family Planning Programs, including legislative mandates, executive orders, and grant administration regulations.
3. Each grantee will be required to adhere to the current Michigan Title X Family Planning Program Standards and Guidelines Manual.
4. Each grantee will provide MDHHS a minimum of 30 days advance notice of any clinic site changes, including additions, closures, or changes to street address. Service site changes can be sent to each grantee's agency consultant.
5. Each grantee will be required to participate in program planning and evaluation, including the completion of an Annual Plan that consists of a needs assessment, health care plan, and work plan as detailed in the current Standards and Guidelines Manual.
6. Each grantee will provide family planning clients with a broad range of acceptable and effective family planning methods, including fertility awareness-based methods and services, including basic infertility.
7. Each grantee will provide family planning services on a voluntary basis, without coercion to accept services or any particular method of family planning, and without making acceptance of services a prerequisite to eligibility for any other service or assistance in another program.
8. Each grantee will provide confidential family planning and related preventive health services to minors and will not require written consent of parents or guardians for the provision of services to minors.
9. Each grantee will encourage family involvement in the decision of minors to seek family planning services and must provide counseling to minors on how to resist efforts that coerce minors into engaging in sexual activities.
10. Each grantee will comply with Michigan's Child Protection Law (Act 238 of 1975) and will be required to notify or report child abuse and neglect as defined by the law. Confidentiality cannot be invoked to circumvent requirements for mandated reporting.
11. Each grantee will provide family planning services in a manner which protects the dignity of the individual.



12. Each grantee will provide family planning services without regard to religion, race, color, height, weight, national origin, sex, number of pregnancies, marital status, age, sexual orientation, gender identification or expression, partisan considerations, or a disability or genetic information.
13. Each grantee will train all Title X staff on the unique social practices, customs, and beliefs of the under-served populations within their service area(s) at least every two years to reduce staff bias and ensure equitable service provision.
14. Each grantee will not provide abortion as a method of family planning and will have written policy that no Title X funds are used to provide abortion as a method of family planning. Pregnant women will receive nondirective counseling and medically necessary care as outlined in the current Standards and Guidelines.
15. Each grantee will ensure that low-income individuals (i.e.,  $\leq 100\%$  of federal poverty level) are given priority to receive family planning services.
16. Each grantee will have a sliding fee schedule, based on current Federal Poverty Guidelines, to determine a client's ability to pay for family planning services. No charges will be made for services provided to low-income clients (i.e.,  $\leq 100\%$  of federal poverty level) except when that payment will be made by a third-party, which is authorized to or is under legal obligation to pay this charge. Donations are permissible from eligible clients, as long as clients are not pressured to make one and donations are not a prerequisite to family planning services or supplies.
17. Each grantee will have a schedule of fees designed to recover the reasonable cost of providing services to clients whose income exceeds 250% of federal poverty level.
18. Each grantee where there is legal obligation or authorization for third-party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title agency is required.
19. Each grantee will convene a Family Planning Advisory Council that will serve as their governing board, which will be broadly comprised of the population served and will meet at least once a year.
20. Each grantee will convene an Information and Education Committee comprised of five to nine members who are broadly representative of the population served or community that meets at least once a year to review and approve all informational and educational materials prior to distribution.
21. Each grantee will provide for informational and educational programs designed to: achieve community understanding of the objectives of the

program; inform the community of the availability of services; and promote continued participation in the project by persons to whom family planning services may be beneficial.

22. Each grantee will provide, to the extent feasible, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.
23. Each grantee will provide for orientation and in-service training for all Title X project personnel.
24. Each grantee will provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.
25. Each grantee will provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning.
26. Each grantee will provide that all services purchased for project participants will be authorized by the project director or his/her designee on the project staff.
27. Each grantee will have written clinical protocols that are in accordance with nationally recognized standards of care that are reviewed and signed annually by the medical director overseeing Family Planning.
28. Each grantee will have a quality assurance system in place for ongoing evaluation of family planning services, including a tracking system for clients in need of follow-up or continued care, quarterly medical audits to determine conformity with agency protocols, quarterly chart audits/record monitoring to determine the accuracy of medical records, and a process to implement corrective actions for deficiencies.
29. Each grantee will have a current list of social services agencies and medical referral resources that is reviewed and updated annually.
30. Each grantee will address clients' social determinants of health to the extent feasible through the coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
31. Each grantee will offer education on HIV and AIDS, risk reduction information, and either on-site testing or provide a referral for this service.

32. Each grantee will offer client-centered counseling services on-site or by referral and ensure the information is medically accurate, balanced, provided in a non-judgmental manner, and is non-coercive.
33. Each grantee will have a separate budget for Title X funds and maintain a financial management system that meets the standards specified in 45 CFR Part 74 or Part 92, as applicable.
34. Each grantee assures that Title X funds will be expended solely for the purpose of delivering Title X Family Planning Services in accordance with an approved plan & budget, regulations, terms & conditions, and applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable.
35. Each grantee assures that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan, which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by each grantee. Grantees must be prepared to substantiate these rates are reasonable and necessary.
36. Each grantee will comply with the Office of Population Affairs (OPA) FPAR requirements, as well as MDHHS required FPAR elements, for the purposes of monitoring and reporting performance.
37. Each grantee will have a data collection system in place to assure accurate FPAR reporting, and will be responsible for updating their system, as needed, to be in compliance with OPA and MDHHS FPAR reporting standards.
38. Each grantee will use FPAR to identify program disparities and to the extent feasible, will use program promotion, community outreach, or other community-based strategies to address identified disparities (e.g., disparity in men vs. women served or disparity in low-income clients vs. full-fee clients served).
39. Each grantee will comply with the MDHHS Medicaid Cost-Based Reimbursement (MCBR) reporting requirements and attach the MCBR Tracking Form to their final financial status report. The MCBR Tracking Form must be completed in its entirety and include Family Planning MCBR and Other Medicaid MCBR financial information for all programs.
40. The funds appropriated in the current State Public Health Appropriations Act for pregnancy prevention programs shall not be used to provide abortion counseling, referrals or services, unless contradicts Title X Federal Law (Title X of the Public Health Service Act).
41. Pursuant to Public Act (PA) 360 (2002) Section 333.1091, grantees qualify as priority family planning providers who do not engage in any activities outlined in PA 360 (2002) Section 333.1091.

42. Grantee funding cannot be used to supplant funding for an existing program supported with another source of funds.

## PROJECT TITLE: Fetal Alcohol Spectrum Disorder Community Projects (FASDP) Special

Start Date: 10/1/2021

End Date: 9/30/2022

### Project Synopsis:

For the project period of October 1 to September 30, the 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.

A. The Grantee shall submit the following reports electronically on the dates specified below:

Report	Time Period	Due Date	Submit To
<b>FASD Work Plan Narrative Report</b>	October 1 - December 31	January 15	MDHHS EGrAMS
	January 1 - March 31	April 15	
	April 1 - June 30	July 15	
	July 1 - September 30	October 15	
<b>FASD Data Evaluation Report</b>	October 1 - March 31	April 15	Email to <a href="mailto:luftA@michigan.gov">luftA@michigan.gov</a>
	April 1 – September 30	October 15	

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 Contract Manager shall evaluate the reports submitted as described in Attachment C (items A and B) for their completeness and adequacy.

D. 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 TITLE: Fetal Infant Mortality Review (FIMR) Case Abstraction

Start Date: 10/01/2021

End Date: 09/30/2022

### 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 provided by the MDHHS FIMR Coordinator and MDHHS Maternal & Infant Epidemiologist.
- Review of medical records involved in fetal and infant death to include, but not limited to hospital records, prenatal records, 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.

### Reporting Requirements (if different than agreement language):

Quarterly progress reports following the template supplied by the State coordinator. Quarterly reports are due the 15<sup>th</sup> of the month following the end of the quarter and are submitted to Audra Brummel, State coordinator, via email at [brummela@michigan.gov](mailto:brummela@michigan.gov).

	Reporting Time Period	Due Date
<b>1<sup>st</sup> Quarter</b>	October 1 – December 31	January 15
<b>2<sup>nd</sup> Quarter</b>	January 1 – March 31	April 15
<b>3<sup>rd</sup> Quarter</b>	April 1 – June 30	July 15
<b>4<sup>th</sup> Quarter</b>	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:**

<b>Grantee</b>	<b>Maximum Reimbursement Amount</b>
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	\$ 9,450
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: 10/01/2021

End Date: 09/30/2022

**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 provided by the State coordinator, 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](mailto: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.

**Maximum Program Reimbursement:**

<b>Grantee</b>	<b>Maximum Reimbursement Amount</b>
Berrien County Health Department	\$ 1,875
Calhoun County Public Health Department	\$ 1,500
Detroit Health Department	\$ 6,750
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: Gonococcal Isolate Surveillance Project

Beginning Date: 10/1/2021

End Date: 9/30/2022

### Project Synopsis

- To monitor trends in antimicrobial susceptibilities in *N. gonorrhoeae*.
- To characterize patients with gonorrhea (GC), particularly those infected with *N. gonorrhoeae* that are not susceptible to recommended antimicrobials.
- To phenotypically characterize antimicrobial-resistant isolates to describe the diversity of antimicrobial resistance in *N. gonorrhoeae*.
- To monitor trends in sexually transmitted *N. Meningitidis*

### Reporting Requirements (if different than contract language)

Report	Period	Due Date(s)	How to Submit Report
On a quarterly basis, extract from EMR, and submit to MDHHS, the number of culture specimens collected and number of presumptive positive GC and suspected N.Men specimens forwarded to CDC and their designated laboratories for further testing.	Quarterly	January 15, April 15, July 15, October 15	Written report submitted to: <a href="mailto:kentj3@michigan.gov">kentj3@michigan.gov</a> ; cc: <a href="mailto:peterzona7@michigan.gov">peterzona7@michigan.gov</a>
On a quarterly basis, for clients with GC positive isolates, or suspected N. Men, submit demographic and behavioral data to MDHHS utilizing the CDC required format.	Quarterly	January 15, April 15, July 15, October 15	Written report submitted to: <a href="mailto:kentj3@michigan.gov">kentj3@michigan.gov</a> ; cc: <a href="mailto:peterzona7@michigan.gov">peterzona7@michigan.gov</a>

**Any additional requirements (if applicable)**

- For each male STI clinic patient suspected of having GC (symptoms, known partner etc.), collect a urogenital sample using a Modified Thayer Martin (MTM) plate.
- For male and female STI clinic patient suspected of having oral GC (symptoms, known partner etc.), collect a pharyngeal sample using a Modified Thayer Martin (MTM) plate.
- For each male STI clinic patient who reports same sex partners, collect sample using a MTM plate from extragenital sites of exposure (rectal, pharyngeal), regardless of symptoms.
- For clients with positive isolates, submit specimen to CDC assigned Regional Laboratory for further testing; and associated demographic and behavioral data to the CDC and MDHHS at agreed intervals.

## PROJECT: Harm Reduction Support Services

Beginning Date: 10/1/2021

End Date: 9/30/2022

### **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)**

- MDHHS or other contracted partners are available to provide technical assistance to grantees
- 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: 10/1/2021

End Date: 9/30/2022

**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 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
<b>All Agencies:</b> Ryan White services delivered to HIV-infected and affected clients	Monthly	10 <sup>th</sup> of the following month	Enter into CAREWare (CW)
<b>All Funded agencies:</b> Complete quarterly workplan progress reports	Quarterly	Thirty days after the end of the budget period	Submit in EGrAMS Email report to <a href="mailto:MDHHS-HIVSTIoperations@mi.chigan.gov">MDHHS-HIVSTIoperations@mi.chigan.gov</a>
<b>All Ryan White federally funded agencies:</b> FY22 actual expenditures by service	Quarterly	Thirty days after the end of the budget period	Attached to quarterly FSR

Report	Period	Due Date(s)	How to Submit Report
category, program income, and administrative costs through the RW Reporting Tool			
<b>All Ryan White federally funded agencies:</b> RW Form 2100 and RW Form 2300	Annually	December 31, 2021	Uploaded to EGrAMS Portal Agency Profile

**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 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.”

6. 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>.

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.
8. 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.

9. 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
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 Transfer/Terminations**

1. 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.
2. The Grantee shall notify **MDHHS immediately** through Qualtrics [HERE](#) 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 Qualtrics [HERE](#).

### **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.

This information may be sent via US Mail to the DHSP in Lansing, MI.

### **Technical Assistance**

To request technical assistance, please send an email to [MDHHS-HIVSTIoperations@michigan.gov](mailto:MDHHS-HIVSTIoperations@michigan.gov) or complete [this form](#) located on the DHSP website [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2955\\_2982---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2982---,00.html)

### **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: 10/1/2021

End Date: 9/30/2022

**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 <sup>th</sup> of the following month	Enter into CAREWare
<b>All Funded agencies:</b> Complete quarterly workplan progress reports	Quarterly	30 days after the end of the budget period	Email report to <a href="mailto:MDHHS-HIVSTIoperations@michigan.gov">MDHHS-HIVSTIoperations@michigan.gov</a>
<b>All Agencies:</b> 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)
<b>All Agencies:</b> FY22 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

- 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.
- 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.
- The DHSP shall evaluate the reports submitted for their completeness and accuracy.
- The Grantee shall permit the 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](mailto: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. 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.
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 Transfer/Terminations**

1. 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.
2. The Grantee shall notify **MDHHS immediately** through Qualtrics [HERE](#) 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 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.
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.
  - 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.
2. New staff needing access to CAREWare are required to submit the CAREWare user request form through Qualtrics [HERE](#).

## **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.

This information may be sent via US Mail to the DHSP in Lansing, MI.

## **Technical Assistance**

To request technical assistance, please send an email to [MDHHS-HIVSTIoperations@michigan.gov](mailto:MDHHS-HIVSTIoperations@michigan.gov) or complete [this form](#) located on the DHSP website [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2955\\_2982---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2982---,00.html)

## **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: 10/1/2021

End Date: 9/30/2022

**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:****Reporting Requirements:**

1. The Grantee shall permit the 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
<b>All Agencies:</b> Ryan White services delivered to HIV-infected and affected clients	Monthly	10 <sup>th</sup> of the following month	Enter into CAREWare (CW)
<b>All Funded agencies:</b> Complete quarterly workplan progress reports	Quarterly	Thirty days after the end of the budget period	Submit in EGrAMS Email report to <a href="mailto:MDHHS-HIVSTIoperations@mi.chigan.gov">MDHHS-HIVSTIoperations@mi.chigan.gov</a>
<b>All Ryan White federally funded agencies:</b> FY22 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			
<b>All Ryan White federally funded agencies:</b> RW Form 2100 and RW Form 2300	Annually	December 31, 2021	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.
- The DHSP shall evaluate the reports submitted for their completeness and accuracy.
- The Grantee shall permit the 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.
- 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. 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.
2. 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/pcsidatasecurityguidelin>

[es.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](mailto: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>
3. The Grantee will participate in the Department 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.
  - c. 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.
  - d. 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 Transfer/Terminations**

1. 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.
2. The Grantee shall notify **MDHHS immediately** through Qualtrics [HERE](#) 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 Qualtrics [HERE](#).

### **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.

This information may be sent via US Mail to the DHSP in Lansing, MI.

### **Technical Assistance**

To request TA, please send an email to [MDHHS-HIVSTIoperations@michigan.gov](mailto:MDHHS-HIVSTIoperations@michigan.gov) or complete [this form](#) located on the DHSP website [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2955\\_2982---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2982---,00.html)

### **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: 10/1/2021

End Date: 9/30/2022

### Project Synopsis:

HIV/AIDS Linkage to Care is specifically focused on people living HIV (PLWH) that are not engaged in care. The project combines Data to Care(D2C) as a Centers for Disease Control (CDC) program and The Ryan White HIV/AIDS Program, which 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:

The Department will update Not in Care (NIC) client list progress monthly. 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 <sup>th</sup> of the following month	Enter into CAREWare
<b>All funded agencies:</b> 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)
<b>All Ryan White federally funded agencies providing at least one core medical service:</b> Quality Management Plan	Annual	December 31, 2021	Email report to <a href="mailto:MDHHS-HIVSTIoperations@michigan.gov">MDHHS-HIVSTIoperations@michigan.gov</a>
<b>All Ryan White federally funded agencies:</b> Complete and submit at least one Plan-Do-Study-Act worksheets to document progress of QI project	10/1/21–9/30/22	As completed over contract year	Email report to <a href="mailto:MDHHS-HIVSTIoperations@michigan.gov">MDHHS-HIVSTIoperations@michigan.gov</a>
<b>All Agencies:</b> Ryan White services delivered to HIV-infected and affected clients	Monthly	Generally, Grantee submission will open in early February and close	Submission to HRSA through Electronic Handbook (EHB)

Report	Period	Due Date(s)	How to Submit Report
		early March	
<b>All Funded agencies:</b> Complete quarterly workplan progress reports	Quarterly	Thirty days after the end of the budget period.	Email report to <a href="mailto:MDHHS-HIVSTloperations@michigan.gov">MDHHS-HIVSTloperations@michigan.gov</a>

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:

- The RSR shall have no more than 5% missing data variables.
- Exact dates for the Grantee submission will be provided by the Department each reporting year.
- The Department validates the data within the Grantee's RSR submission before receipt by HRSA.
- Reports and information shall be submitted to the Division of HIV/STD Programs (DHSP). Please refer to the table in Section D for where to submit reports and information.
- The Grantee shall permit the 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>.
  - 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](mailto: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>
  - h. The Grantee will participate in the DHSP needs assessment and planning activities, as requested.
  - i. 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.



- j. 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.
5. 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.
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 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>.
8. 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. Berrien County Health Department 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. 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.
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

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 Transfer/Terminations**

1. 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.
2. The Grantee shall notify **MDHHS immediately** through Qualtrics [HERE](#) 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.

New staff needing access to CAREWare are required to submit the CAREWare user request form through Qualtrics [HERE](#).

### **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.

This information may be sent via US Mail to the DHSP in Lansing, MI.

## **Technical Assistance**

To request Technical assistance, please send an email to [MDHHS-HIVSTIoperations@michigan.gov](mailto:MDHHS-HIVSTIoperations@michigan.gov) or complete [this form](#) located on the DHSP website [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2955\\_2982---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2982---,00.html)

## **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: 10/1/2021

End Date: 9/30/2022

**Project Synopsis**

The purpose of this project is to establish HIV Pre-Exposure Prophylaxis (PrEP) services.

**Reporting Requirements (if different or in addition to agreement language)**

Report	Period	Due Date(s)	How to Submit Report
PrEP Cascade Data	Monthly	10 <sup>th</sup> of the following month	<a href="mailto:ctrsupplies@michigan.gov">ctrsupplies@michigan.gov</a>
Billing Revenue Report	Quarterly	10 <sup>th</sup> of the following month	ctrsupplies@michigan.gov

**Any additional requirements (if applicable)****Grant Program Operation**

Funds are to be used to operate a Pre-Exposure Prophylaxis (PrEP) program for individuals at risk of acquiring HIV. These funds can support a Mid-level provider, supporting staff, and materials to provide and promote Pre-Exposure Prophylaxis (PrEP) services.

**Mandatory Disclosures**

The Grantee will provide immediate notification to the Department, in writing, including but not limited to the following events:

- Any formal grievance initiated by a client and subsequent resolution of that grievance.
- 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.
- Any staff vacancies funded for this project that exceed 30 days.
- All notifications should be made to the Department by [MDHHS-HIVSTIoperations@michigan.gov](mailto:MDHHS-HIVSTIoperations@michigan.gov).



## **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: 10/1/2021

End Date: 9/30/2022

**Project Synopsis:**

The purpose of this project is to provide comprehensive HIV prevention services to all priority populations and People Living with HIV (PLWH) to improve overall health and well-being and reduce the incidence of new HIV infections.

**Reporting Requirements:**

Report	Period	Due Date(s)	How to Submit Report
Quality Control Reports	Monthly	10 <sup>th</sup> of the following month	Department Staff
Daily Client Logs	Monthly	10 <sup>th</sup> 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
Reactive Results	As needed	Within 24 hours of test	APHIRM
Non-Reactive Results	As needed	Within 7 days of test	APHIRM
Linkage to Care and Partner Services Interview (e.g. client attended a medical care appointment within 30 days of diagnosis, and was interviewed by Partner Services within 30 days of diagnosis)	As needed	Within 30 days of service	APHIRM
Internet Partner Services (IPS) and Partner Services Interview (e.g. client identify dating apps used to meet partners), if applicable	Ongoing	Within 30 days of service	APHIRM
Disposition on Partners of HIV Cases, if applicable	Ongoing	Within 30 days of service	APHIRM
Evidence Based Interventions/PrEP navigation, if applicable	Monthly	10 <sup>th</sup> of the following month	Intervention/ Navigation Database
SSP Data Report, if applicable	Quarterly	10 <sup>th</sup> of the following month	Syringe Utilization Platform (SUP)

1. The Grantee will clean-up missing data by the 10th day after the end of each calendar month.
2. The Quality Control and Daily Client Logs may be sent to DHSP via:
  - Email - [ctrsupplies@michigan.gov](mailto:ctrsupplies@michigan.gov)
  - Fax - (517) 241-5922
  - Mailed - HIV Prevention Unit, Attn: CTR Coordinator, PO Box 30727, Lansing, MI 48909

## **GRANTEE REQUIREMENTS**

Grantees will provide HIV Counseling, Testing, and Referral (CTR) and, if applicable, Partner Services (PS), and Syringe Service Programs (SSP) within their jurisdiction, pursuant to applicable federal and state laws; and policies and program standards issued by the Division of HIV & STI Programs (DHSP). See "Applicable Laws, Rules, Regulations, Policies, Procedures, and Manuals."

### **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 funds, 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.

### **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 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.
- 4. The Grantee will receive a condom and lubrication allowance. The Grantee must:
  - a. Distribute condoms and lubrication
  - b. Place orders for condoms/lubrication by emailing [ctrsupplies@michigan.gov](mailto:ctrsupplies@michigan.gov)
- 5. If conducting HIV testing using rapid HIV testing, the Grantee will comply with guidelines and standards issued by DHSP and:
  - a. 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."
  - b. Ensure provision of Clinical Laboratory Improvement Amendments (CLIA) certificate.
  - c. Report discordant test results to DHSP.
  - d. Ensure that staff performing counseling and/or testing with rapid test technologies has successfully completed rapid test counselor certification course or Information Based Training (as applicable), test device training, and annual proficiency testing.
  - e. Ensure that all staff and site supervisors have successfully completed appropriate laboratory quality assurance training, blood borne pathogens training and rapid test device training and reviewed annually.
  - f. Develop, implement, and monitor protocol and procedures to ensure that patients receive confirmatory test results.
  - g. To maintain active test counselor certification, each HIV test counselor must submit one competency per year to the appropriate departmental staff.
- 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. Procure TLO or a TLO-like search engine.
  - e. Ensure staff that are utilizing TLO or TLO-search engine complete the TLO training to maintain and understand the confidential use of the system.
  - f. Effectively utilize the Internet Partner Services (IPS) Guidance to provide confidential PS follow-up to partners named by infected clients who were identified to have been met through the use of dating apps.
  - g. Ensure staff and site supervisors successfully complete the Internet Partner Services Training.
  - h. 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 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.
8. The Grantee shall permit DHSP or its designee to visit and to make an evaluation of the project as determined by DHSP.

### **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 (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.

## **Mandatory Disclosures**

1. The Grantee will provide immediate notification to DHSP, in writing, including but not limited to the following events:
  - 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-HIVSTIoperations@michigan.gov](mailto:MDHHS-HIVSTIoperations@michigan.gov).

## **Technical Assistance**

To request TA, please send an email to [MDHHS-HIVSTIoperations@michigan.gov](mailto:MDHHS-HIVSTIoperations@michigan.gov).

- a. This may include issues related to: APHIRM (formerly EvalWeb and PSWeb), Intervention Database, Programs, Budget/Fiscal, Grants and Contracts, Risk Reduction Activities, Training, or other activities related to carrying out HIV prevention activities.

## **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 Care Ryan White Part B

Start Date: 10/1/2021

End Date: 9/30/2022

### **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. 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.
2. The Grantee shall permit the DHSP or its designee to conduct site visits and to formulate an evaluation of the project.
3. 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
<b>All Agencies:</b> Ryan White services delivered to HIV-infected and affected clients	Monthly	10 <sup>th</sup> of the following month	Enter into CAREWare (CW)
<b>All Ryan White federally funded agencies:</b> 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)
<b>All Ryan White federally funded agencies providing at least one core medical service:</b> Quality Management Plan	Annual	December 31, 2021	Email report to <a href="mailto:MDHHS-HIVSTIoperations@mi.chigan.gov">MDHHS-HIVSTIoperations@mi.chigan.gov</a>
<b>All Ryan White federally funded agencies:</b> Complete and submit at least one Plan-Do-Study-Act worksheets to document progress of QI project	10/1/21 – 9/30/22	As completed over contract year	Email report to <a href="mailto:MDHHS-HIVSTIoperations@mi.chigan.gov">MDHHS-HIVSTIoperations@mi.chigan.gov</a>
<b>All Funded agencies:</b> Complete quarterly workplan progress reports	Quarterly	Thirty days after the end of the budget period	Submit in EGrAMS Email report to <a href="mailto:MDHHS-HIVSTIoperations@mi.chigan.gov">MDHHS-HIVSTIoperations@mi.chigan.gov</a>
<b>All Ryan White federally funded agencies:</b> FY22 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
<b>All Ryan White federally funded agencies:</b> RW Form 2100 and RW Form 2300	Annually	December 31, 2021	Uploaded to EGrAMS Portal Agency Profile

**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 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.”

6. 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>.

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.
8. 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.
9. 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

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 Transfer/Terminations**

1. 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.
2. The Grantee shall notify **MDHHS immediately** through Qualtrics [HERE](#) 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 Qualtrics [HERE](#).

## **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.

This information may be sent via US Mail to the DHSP in Lansing, MI.

## **Technical Assistance**

To request technical assistance, please send an email to [MDHHS-HIVSTloperations@michigan.gov](mailto:MDHHS-HIVSTloperations@michigan.gov) or complete [this form](#) located on the DHSP website [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2955\\_2982---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2982---,00.html)

## **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: 10/1/2021

End Date: 9/30/2022

**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 <sup>th</sup> of the following month	Enter in Aphirm
Partner Services delivered to individuals	Within 72 hours	10 <sup>th</sup> 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](mailto: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](mailto: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 and STI Testing and Prevention****Start Date:** 10/1/2021**End Date:** 9/30/2022**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 link to care.

**Reporting Requirements (if different than agreement language):**

<b>Report</b>	<b>Period</b>	<b>Due Date(s)</b>	<b>How to Submit Report</b>
Activity Report	Quarterly	30 days after the end of the quarter	STI Section

**Any additional requirements (if applicable):**

1. In partnership with MDHHS, provide technical assistance and capacity building to ensure the Public Health STD Clinic adheres to MDHHS and CDC screening, diagnostic and treatment recommendations and guidelines.
2. Monitoring and evaluation of targeted screening and referrals provided internally and supported via contractual agreements.
  - a. Ensure timely entry of client encounter information into Ahirm
3. Conduct community awareness building activities to increase STI and HIV knowledge, including points of access for service.
4. By September 30, distribute MDHHS determined allocation worth of condoms, lube, dental dams, and display equipment/materials.
5. By September 30, develop and begin distribution of HIV Prevention advertising/marketing materials.

## **PROJECT TITLE: Housing Opportunities for Persons with AIDS PLUS (HOPWA PLUS)**

**Start Date: 10/1/2021**

**End Date: 9/30/2022**

### **Project Synopsis**

The purpose of this project is to increase housing stability, reduce the risk of homelessness, and increase access to care and support for low-income individuals living with HIV/AIDS and their families.

### **Reporting Requirements (if different than agreement language):**

1. Grantees must submit required program data through CAREWare. It is expected that data entry into CAREWare will be completed within 15 days of the event requiring data entry (entry into the program; end of the operating year; changes in participant status regarding benefits, income, programs provided, household size, location of housing, and so on as described by CAREWare guidelines). It is expected that data in CAREWare be complete, up-to-date, and without errors or omissions by July 31 (or the first business date immediately following July 31) of each year.
2. The grantee must submit the Annual Progress Report (APR) each grant term prior to July 31<sup>st</sup>. All requirements for reporting are outlined in the HOPWA program manual. Please contact Lynn Nee, HOPWA Program Specialist, from the Housing and Homeless Services Division with any questions about reporting requirements.

Lynn Nee  
HOPWA Program Specialist  
Housing and Homeless Services  
NeeL@michigan.gov  
517-275-2791

### **Any additional requirements (if applicable)**

The grantee shall undertake, perform, and complete activities and services for the program as outlined in the Program Manual provided by the Michigan Department of Health and Human Services (MDHHS) Housing and Homeless Services Division. The grantee is expected to adhere to all applicable federal and state laws, regulations, and notices.

## PROJECT: IMMUNIZATION VFC/QI SITE VISITS

Beginning Date: 10/01/2021

End Date: 9/30/2022

### 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).
  - a. 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 ACTION PLAN

Beginning Date: 10/1/2021

End Date: 9/30/2022

### **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)**

- IAP Reports are submitted electronically in accordance with due dates set by the Department.
- IAP Plan will be submitted electronically using a template provided by the Department, in accordance with due dates set by the Department.
- Utilize VAERS to report all adverse vaccine reactions
- 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.
- 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)**

- 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.
- 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.
- 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
- Fraud or abuse of federally procured vaccine must be monitored and reported.
- Adhere to all Federal and Michigan Laws pertaining to immunization administration and reporting including reporting to the MCIR, VAERS and schools and daycare reporting
- 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.
- Provide education to the parents of children seeking a non-medical exemption in your jurisdiction.
- Monitor any provider receiving federally procured vaccine including but not limited to VFC/QI site visit.
- Ensure on-site attendance of at least 1 LHD immunization program staff to two (2) Immunization Action Plan (IAP) meetings each year.
- 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:
- 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.

- Ensure that all susceptible household and sexual contacts associated with HBsAg positive women receive appropriate testing, vaccination, and support services.
- 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.
- 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

Beginning Date: 10/1/2021

End Date: 9/30/2022

### **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)**

- On a quarterly basis provide number of clinics held and number of students vaccinated at school located clinics
- On a quarterly basis report the number of interventions initiated with provider offices to improve immunization rates
- On a quarterly basis report any other immunization outreach efforts completed using this funding

### **Any additional requirements (if applicable)**

## PROJECT: IMMUNIZATION – FIELD SERVICE REPRESENTATIVES

Beginning Date: 10/1/2021

End Date: 9/30/2022

### Project Synopsis

### Reporting Requirements (if different than contract language)

#### Any additional requirements (if applicable)

### Field Representative Roles and Responsibilities- District #10, NW Michigan, Marquette, and St. Clair Counties

This position serves as a liaison, resource person and as a regional expert for local health jurisdictions regarding all the Department immunization programs and initiatives.

#### 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.

### **District #10, NW Michigan, Marquette and St. Clair Counties**

- 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 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 MICHIGAN CARE IMPROVEMENT REGISTRY (MCIR) REGIONAL

Beginning Date: 10/1/2021

End Date: 9/30/2022

### Project Synopsis

### 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:

<b>Report Period</b>	<b>Report Due</b>
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 PROGRAM

Beginning Date: 10/01/2021

End Date: 9/30/2022

### **Project Synopsis**

### **Reporting Requirements (if different than contract language)**

### **Any additional requirements (if applicable)**

- Follow-up on vaccine losses and replacement for compromised vaccines for immunization providers within the jurisdiction.
- Monitor and approve all temperature logs, doses administered reports and ending inventory reports received from participating VFC providers within the jurisdiction.
- Monitor and approve vaccine orders for participating VFC providers within the jurisdiction.
- Act as the Primary Point of Contact (PPOC) for VFC providers within the jurisdiction.
- Provide education and intervention on inappropriate use of publicly purchased vaccine.
- Follow-up on VFC site visit non-compliance issues.
- Assist VFC providers within the jurisdiction on issues related to balancing vaccine inventories.
- Assist with the redistribution of short dated vaccine for providers within the jurisdiction.
- Assist with the equitable allocation of vaccines to providers in the jurisdiction during a vaccine shortage.

## PROJECT TITLE: Infant Safe Sleep

Start Date: 10/1/2021

End Date: 09/30/2022

### **Project Synopsis:**

Local health departments will provide educational activities, conduct community outreach efforts and/or expand community awareness of infant safe sleep.

### **Reporting Requirements (if different than agreement language):**

1. LHD will attach 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.
2. Prior to the submission of the proposed work plan, LHD will participate in a meeting (by person or phone) 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 attach "Infant Safe Sleep Mini-Grant Work Plan" with reporting column completed and completed "Infant Safe Sleep Mini-Grant Report Grid" to the indirect cost line of the 2<sup>nd</sup> quarter FSR. The reporting period will cover October 1, 2021 - March 31, 2022. The reports are due by April 30, 2022.
4. LHD will participate in a technical assistance call with the Infant Safe Sleep Program to review progress to date.
5. LHD will attach "Infant Safe Sleep Mini-Grant Work Plan" with reporting column completed and completed "Infant Safe Sleep Mini-Grant Report Grid" to the indirect cost line of the final FSR. The reporting period will cover October 1, 2021 - September 30, 2022. The reports are due by December 15, 2022.

### **Any additional requirements (if applicable):**

1. Grantee must provide educational activities, conduct community outreach efforts and/or expand community awareness of infant safe sleep. These efforts must adhere to the updated 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 in October 2016.

2. Activities are to be data driven, to the extent possible, and culturally relevant to at-risk, high-risk families in the community and reflect diversity in terms of race, ethnicity, language, and socioeconomic status. In addition, activities should support families and encourage open and nonjudgmental conversations with families about infant sleep practices.
3. 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.
4. 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.
5. 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 15% 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 15% of the funding may be used for advertising, including billboards, bus signage and the purchase of radio, TV, and/or print media.
6. Grantee must adhere to the approved work plan. Deviations to the work plan must be approved by the Program Coordinator.

**Program Coordinator**

Colleen Nelson  
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517-335-1954

## PROJECT: Informed Consent

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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

Beginning Date: 10/1/2021

End Date: 9/30/2022

### Project Synopsis

### Reporting Requirements (if different than contract language)

Upon initiation of the FY22 agreement, grantees must submit a Lactation Consultant work plan to [TownsendS2@michigan.gov](mailto:TownsendS2@michigan.gov).

### The work plan must include:

- Outcome objectives (a minimum of 2) for improved breastfeeding rates in Genesee County.
- Activities (a minimum of 3 per objective) that include names and numbers of specific populations targeted for interventions.
- The estimated cost, person responsible and deliverable quantifiable outcomes for each activity.

### Other workplan Information:

- Work plans must be approved by the MDHHS State Breastfeeding Coordinator.
- Changes to the work plan throughout the year can occur with prior approval from the MDHHS State Breastfeeding Coordinator.
- 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:

1. Initial work plan due August 1, 2021.

2. First quarter (covering period October 1 through December 31) is due January 30.
3. Second quarter report (covering period January 1 through March 31) is due April 30.
4. Third quarter report (covering period April 1 through June 30) is due July 30.
5. Fourth quarter report (covering period July 1 through September 30) is due October 30.

**Any additional requirements (if applicable)**

## PROJECT: Lead Hazard Control

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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)

1. Grantees must complete and submit monthly Enrollee Engagement Protocol Tracking Reports via secured MDHHS File Transfer Protocol (FTP) system by the 15<sup>th</sup> of each month for the prior month's activity.
2. Grantees must complete and submit MDHHS-HHS Monthly Monitoring Reports via secured FTP by the 15<sup>th</sup> of each month for the prior month's activity. The method of reporting may change following the MiCLEAR application implementation.
3. Grantees must complete monthly expenditure and general ledger reports by the 30<sup>th</sup> of each month for the prior month. Monthly financial reports will be submitted to applicable Program Coordinator on time.
4. Quarterly Financial Status Reports in EGrAMS are due by the 30<sup>th</sup> 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.
5. Grantees must submit quarterly Work Plan reports via FTP by the 15<sup>th</sup> of the month following the end of each quarter, as specified in the Grant Agreement.
6. 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.

7. Grantees must have at least one representative participate in additional monitoring and information conference calls as requested by CDU.
8. Any other information as specified in the Statement of Work, shall be developed and submitted by the Grantee as required by the Contract Manager.
9. 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.
10. 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)**

1. 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.
2. 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.
  3. 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.
    - a. 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-HHS will provide Grantees with a monthly Medicaid enrollee and Elevated Blood Lead Level (EBLL) report for their geographic region to support this activity.
    - b. 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.
    - c. 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.
    - d. Grantee enrollee engagement must include application completion assistance, if needed.
    - e. Grantee's plan shall address how an applicant backlog will be tracked and monitored if there are more applicants than they can serve.
    - f. If Grantee doesn't have a backlog, all eligible applicants shall be served regardless of their prioritization status.

- g. 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.
  - h. If Grantee proceeds with an application that does not follow their Enrollee Engagement Prioritization Plan, Grantee must document the justification in their project file.
4. Ensure lead abatement requirements are followed including:
- a. 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.
  - b. Services may be rendered to eligible physical structures and include the surrounding land up to the property line.
  - c. Services must be coordinated with water service line removal that occurs outside of the property line.
  - d. 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.
  - e. 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.

- f. Ensure water sampling protocols are followed in compliance with the EPA Lead and Copper Rule and the MDHHS-HHS 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.

- g. All residences designated within a Historic Preservation District must adhere to state and local historical preservation requirements.
- h. The HHS-Community Development Unit (CDU) 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:

- 1) Airport Runway Clear Zones and Clear Zones Disclosures
- 2) Coastal Barrier Resources Act
- 3) Coastal Zone Management
- 4) Flood Insurance
- 5) Flood Plain Management
- 6) Wetland Protection
- 7) Wild and Scenic Rivers
- 8) Clean Air Act
- 9) Contaminated and Toxic Substances
- 10) Endangered Species
- 11) Farmlands Protection
- 12) Explosive and Flammable Operations
- 13) Environmental Justice

- 5. 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.
- 6. 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

7. Collaboration and coordination requirements include:

- a. If MDHHS-HHS-Lead Safe Home Program (LSHP) receives an application from a Medicaid resident in a Grantee community, LSHP and the Community Development Unit (CDU) will determine who shall be responsible for serving the applicant. CDU will work with Grantees to coordinate referrals.
- b. 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.
- c. MDHHS-HHS 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).

- d. Grantees are required to enter into formal arrangements, such as memorandums of understanding or similar contractual agreements, with service delivery organizations receiving funds.
- 8. All high-cost projects exceeding \$70,000 require MDHHS approval prior to abatement.
- 9. **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.
- 10. **Data Collection and Use:** Grantees must collect, maintain, assure data integrity, and provide to MDHHS-HHS 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:
  - a. Data source, purpose, and use
  - b. Specific data elements (e.g., age, gender, etc.)
  - c. Time periods (e.g. October 1, 2021 through September 30, 2022)
  - d. Identify what data transfer medium will be used (e.g., electronic through secured FTP, hard copy via facsimile, encrypted email, etc.)
  - e. Identify who will have access to the data (e.g., project director, intake specialist, etc.), and how access will be controlled.
  - f. 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.
  - g. Identify where data will be stored and how access will be restricted to authorized individuals (e.g. encrypted or password protected)
  - h. 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.
  - i. Grantees are required to immediately notify CDU 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. CDU will revoke their access immediately.

11. 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.
12. Grantee must obtain Data Use Agreement with CDU if the program is sharing PHI.
13. **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-HHS throughout the fiscal year.
14. **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  $\geq 5$   $\mu\text{g/dL}$ ), 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-HHS Residential Lead Hazard Control-Lead in Water Protocol.
  - a. 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.
15. **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-HHS.
16. 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
17. **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>).

18. **Procurement Requirements:** Recipients must follow State of Michigan or established grantee policies and procedures.
19. **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-HHS expects that the lead hazard control work and temporary relocation will take ten (10) days or less, unless pre-approved by MDHHS-HHS. Rental unit landlords shall identify alternate relocation for residents during abatement, if available.
20. 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.
21. Waste Disposal must adhere to the requirements of the Michigan Lead Abatement Act, appropriate local, state, and federal regulatory agencies, and HUD Guidelines.
22. **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-HHS 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:
  - a. Enrollee Engagement Prioritization Plan and Tracking, including a plan for targeted outreach, prioritization, maintenance of a backlog, documentation, and reporting.
  - b. Workforce development related to lead hazard control
  - c. Processing program applications, validating unit eligibility, prioritization, and selection
  - d. All phases of lead hazard evaluation and control, including risk assessments, inspections, water sampling, reporting, abatement and clearance, development of specifications for contractor bids

- e. Resident temporary relocation
- f. Procurement of abatement contractor
- g. Quality assurance of program data collection and data entry
- h. Financial controls
- i. Quality assurance abatement Plan

23. Grantees are required to retain all project records in a secured location for five (5) years after project closeout.

24. 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 CDU 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.

25. 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.

- a. Federal approved rate
- b. State approved rate
- c. Cost allocation plans

26. 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.

27. Eligibility of Expenses

- a. 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.

- b. Multi-Units: Multi-family rental properties are eligible and follows compliance with HUD policy 5-66.
- c. 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.
- d. Consent Decree: Following HUD policy, properties that have an existing consent decree on the property are not eligible for the Medicaid CHIP grant.
- e. 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-HHS and the following CMS guidelines are adhered to:
  - Conduct clearance testing of the site and soil upon completion of the project to make sure that the demolition did not create new hazards.
  - Attest that certified professionals are contracted to work on the demolition to guarantee that it is conducted safely to protect neighboring structures and residents.
  - Obtain consent from the resident and property owner for the demolition, to ensure all parties are in agreement.
- f. 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.
- g. Fire Protection: Medicaid CHIP enrolled properties are eligible to receive carbon monoxide detectors and smoke alarms based on local code.
- h. 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.
- i. 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.

- j. Fire Protection: Medicaid CHIP CDU enrolled properties are eligible to receive carbon monoxide detectors and smoke alarms based on local code.
  - k. 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.
  - l. 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.
  - m. Resident blood lead testing and analysis are *not eligible* services or costs.
  - n. Costs of case management are *not eligible* services or costs.
28. 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.
- a. Vendors must submit a COVID19 Preparedness Plan to grantees and Community Development Unit before lead hazard control activities can begin.
29. Grantee agrees to follow asbestos recommendations and protocols as prescribed by Healthy Homes Section.
30. 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

Beginning Date: 10/1/2021

End Date: 9/30/2022

### **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: 10/1/2021

End Date: 9/30/2022

### Project Synopsis:

**Local Maternal Child Health (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 22.

### LMCH Projects

Project Code	Project Title
OTHERMCHV	MCH - All Other
ESCMCH	MCH - Children

### 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 22 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 3<sup>rd</sup> 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 RURAL LOCAL HOME VISITING  
LEADERSHIP GROUP (MHVRLH)**

and

**MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING  
INITIATIVE RURAL LOCAL HOME VISITING GROUP 3 (MHVRLH3)**

**Start Date:** 10/1/2021

**End Date:** 9/30/2022

**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 ECIC contractor 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 EGrAMS. The assigned Project Director in EGrAMS 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 CQI reporting requirements which include monthly data tracking, PDSA cycle updates (due the 15<sup>th</sup> 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](mailto:MDHHS-HVInitiative@michigan.gov).

**Any additional requirements (if applicable):**

**Comply with MDHHS Home Visiting Program Requirements:**

1. The Grantee shall operate the program with fidelity to the requirements of MDHHS as outlined in the MDHHS Home Visiting Guidance Manual.
2. The LLG will work with the MDHHS contractors: Early Childhood Investment Corporation (ECIC) and the Michigan Public Health Institute (MPHI). See the MDHHS Home Visiting Guidance Manual for details related to working with ECIC and MPHI.
3. 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 TITLE: MATERNAL, INFANT AND EARLY CHILDHOOD  
HOME VISITING INITIATIVE LOCAL HOME VISITING LEADERSHIP  
GROUP (MIECHVLLG)**

**Start Date:** 10/1/2021

**End Date:** 9/30/2022

**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 ECIC contractor 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 CQI reporting requirements which include: monthly data tracking, PDSA cycle updates (due the 15<sup>th</sup> 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](mailto: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 MDHHS contractors: Early Childhood Investment Corporation (ECIC) and the Michigan Public Health Institute (MPHI). See the MDHHS Home Visiting Guidance Manual for details related to working with ECIC and MPHI.
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: Medicaid Outreach

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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 4<sup>th</sup> 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: 1<sup>st</sup> 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.
  - 8.

### **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: Michigan Adolescent Pregnancy and Parenting Program (MI-APPP)

Beginning Date: 10/1/2021

End Date: 9/30/2022

### Project Synopsis

The goal of 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 contract language)

Report	Time Period	Due Date	Submit To
<b>Program Narrative</b>	October 1- December 31, 2021	January 15, 2022	Program Coordinator
	January 1-March 31, 2022	April 15, 2022	
	April 1-June 30, 2022	July 15, 2022	
	July 1-September 30, 2022	October 15, 2022	
<b>Evaluation/Data Submission</b>	Monthly	Submit the 7 <sup>th</sup> 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 GRANT (MHVIRE)

Start Date: 10/1/2021

End Date: 9/30/2022

### **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 EGrAMS. The assigned Project Director in EGrAMS can make the facesheet changes once the agreement is available to be amended.
- b. Family Stories: At a minimum, one home visiting experience as told from the perspective of a currently enrolled family, due within 30 days of the end of the fourth quarter (October 30).
- c. 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.
- 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](mailto:MDHHS-HVInitiative@michigan.gov).

- e. Implementation Monitoring Date and HRSA data collection requirements due in REDCap and/or HVOL by the 5<sup>th</sup> business day of each month.
- f. Continuous Quality Improvement (QI) Reporting for the QI Learning Collaborative is due as follows:

- PDSA Planning Tools should be uploaded to Groupsite by the 15th of each month from the onset of the QI Learning Collaborative to the final month of activities.
  - Data should be reported via REDCap in accordance with the QI Learning Collaborative's data collection schedule which will be provided.
  - QI story boards for PDSA cycles completed during each action period are due by the Grantee meeting following the action period and should be uploaded to Groupsite.
- g. Continuous Quality Improvement Reporting for LIA-specific PDSA cycles (i.e., team charters) is due in Groupsite as follows:
- An initial team charter with the Plan stage complete needs to be shared prior to moving to the Do stage for feedback from MPHI.
  - An updated team charter that includes feedback from the Plan stage and with Do, Study and Act completed needs to be shared for feedback from MPHI.
  - A final version of the team charter that includes all components and feedback needs to be shared.
- h. 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-h) shall be submitted as described above. Additional guidance concerning data collection and Continuous Quality Improvement is provided in the MDHHS Home Visiting Guidance Manual.

**Any additional requirements (if applicable):**

**Grantee Specific Requirements:**

The LIA shall serve families from outreach efforts based on the findings of their community's Needs Assessment approved by MDHHS.

- 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. 16 families per 1.0 FTE serving one county.
  - b. 15 families per 1.0 FTE serving two counties.
  - c. 14 families per 1.0 FTE serving three or more counties.

See the MDHHS Home Visiting Guidance Manual for requirements related to the development of a Work Plan and the timeframe for reaching full caseloads.

### **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 EGrAMS 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:**

1. The LIA shall ensure that there is a broad-based community advisory committee that is providing oversight for HFA.
2. 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.
3. The LIA shall participate in the Local Leadership Group (LLG) (if not the HFA community advisory committee) or, if none, the Great Start Collaborative.
4. 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.

**Continuous Quality Improvement (CQI):**

1. The LIA shall participate in all HFA quality initiatives including research, evaluation and continuous quality improvement.
2. The LIA shall participate in all state and local Home Visiting CQI activities as required by MDHHS. Required activities include, but are not limited to:
  - a. QI team participating in one Quality Improvement (QI) Learning Collaborative per fiscal year, with all required training, reporting requirements and deliverables.
  - b. Conducting and completing two LIA-specific PDSA cycles per fiscal year.
  - c. With prior approval from the MDHHS Model Consultant, a national, regional, or other quality improvement project can replace one or both of the above requirements.
  - d. See the MDHHS Home Visiting Guidance Manual for requirements related to CQI.

**Work Plan Requirements:**

By June 30, 2021, the LIA must submit a Work Plan to the MDHHS Home Visiting mailbox ([MDHHS-HVInitiative@michigan.gov](mailto: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: MATERNAL INFANT CHILDHOOD HOME VISITING PROGRAM (MIECHVP) HEALTHY FAMILIES AMERICA EXPANSION

Start Date: 10/1/2021

End Date: 9/30/2022

### **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. Family Stories: At a minimum, one home visiting experience as told from the perspective of a currently enrolled family, due within 30 days of the end of the fourth quarter (October 30).
- c. 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.
- 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](mailto:MDHHS-HVInitiative@michigan.gov).

- a. Implementation Monitoring Data and HRSA data collection requirements due in REDCap and/or HVOL by the 5<sup>th</sup> business day of each month.
- b. Continuous Quality Improvement (QI) Reporting for the QI Learning Collaborative is due as follows:

- PDSA Planning Tools should be uploaded to Groupsite by the 15th of each month from the onset of the QI Learning Collaborative to the final month of activities.
  - Data should be reported via REDCap in accordance with the QI Learning Collaborative's data collection schedule which will be provided.
  - QI story boards for PDSA cycles completed during each action period are due by the Grantee meeting following the action period and should be uploaded to Groupsite.
- c. Continuous Quality Improvement Reporting for LIA-specific PDSA cycles (i.e., team charters) is due in Groupsite as follows:
- An initial team charter with the Plan stage complete needs to be shared prior to moving to the Do stage for feedback from MPH.
  - An updated team charter that includes feedback from the Plan stage and with Do, Study and Act completed needs to be shared for feedback from MPH.
  - A final version of the team charter that includes all components and feedback needs to be shared.
- d. 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-h) shall be submitted as described above. Additional guidance concerning data collection and Continuous Quality Improvement is provided in the MDHHS Home Visiting Guidance Manual.

**Any additional requirements (if applicable):**

**Grantee Specific Requirements:**

The LIA shall serve families from outreach efforts based on the findings of their community's Needs Assessment approved by MDHHS.

- a. The Kalamazoo County Health and Community Services Dept. HFA program will serve 48 families with children who are at high risk in the areas of Comstock Township, City of Kalamazoo-Arcadia, Vine, Eastside neighborhoods, Richland Township, City of Portage, Texas Township, Oshtemo and Galesburg.
- b. The Wayne County Babies HFA program will serve 32 families who are young parents, through age 24, living in the cities of Hamtramck, Highland Park, Redford, Inkster, Taylor, Romulus, Van Buren Township and Westland.

See the MDHHS Home Visiting Guidance Manual for requirements related to the development of a Work Plan and the timeframe for reaching full caseloads.

### **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 EGrAMS 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:**

1. The LIA shall ensure that there is a broad-based community advisory committee that is providing oversight for HFA.
2. 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.
3. The LIA shall participate in the Local Leadership Group (LLG) (if not the HFA community advisory committee) or, if none, the Great Start Collaborative.
4. 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.

**Continuous Quality Improvement (CQI):**

1. The LIA shall participate in all HFA quality initiatives including research, evaluation and continuous quality improvement.
2. The LIA shall participate in all state and local Home Visiting CQI activities as required by MDHHS. Required activities include, but are not limited to:
  - a. QI team participating in one Quality Improvement (QI) Learning Collaborative per fiscal year, with all required training, reporting requirements and deliverables.
  - b. Conducting and completing two LIA-specific PDSA cycles per fiscal year.
  - c. With prior approval from the MDHHS Model Consultant, a national, regional, or other quality improvement project can replace one or both of the above requirements.

See the MDHHS Home Visiting Guidance Manual for requirements related to CQI.

**Work Plan Requirements:**

By June 30, 2021, the LIA must submit a Work Plan to the MDHHS Home Visiting mailbox ([MDHHS-HVInitiative@michigan.gov](mailto: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: NURSE-FAMILY PARTNERSHIP (NFP) SERVICES

Start Date: 10/1/2021

End Date: 9/30/2022

### 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. Family Stories: At a minimum, one home visiting experience as told from the perspective of a currently enrolled family, due within 30 days of the end of the fourth quarter (October 30).
- c. Medicaid Outreach Report (Berrien, Calhoun, Kalamazoo and Kent counties only): Due within 30 days of the end of each quarter.
- d. 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.
- e. 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-e), unless stated otherwise, shall be submitted electronically to the MDHHS Home Visiting mailbox at [MDHHS-HVInitiative@michigan.gov](mailto:MDHHS-HVInitiative@michigan.gov).

- f. Implementation Monitoring Data and HRSA data collection requirements due in REDCap and Flo on the 5<sup>th</sup> business day of each month.
- g. Continuous Quality Improvement (QI) Reporting for the QI Learning Collaborative is due as follows:
  - PDSA Planning Tools should be uploaded to Groupsie by the 15th of each month from the onset of the QI Learning Collaborative to the final month of activities.
  - Data should be reported via REDCap in accordance with the QI Learning Collaborative's data collection schedule which will be provided.
  - QI story boards for PDSA cycles completed during each action period are due by the Grantee meeting following the action period and should be uploaded to Groupsie.

- h. Continuous Quality Improvement Reporting for LIA-specific PDSA cycles (i.e., team charters) is due in Groupsite as follows:
  - An initial team charter with the Plan stage complete needs to be shared prior to moving to the Do stage for feedback from MPH.
  - An updated team charter that includes feedback from the Plan stage and with Do, Study and Act completed needs to be shared for feedback from MPH.
  - A final version of the team charter that includes all components and feedback needs to be shared.
- i. HV CollN Reporting (for those LIAs participating) for QI efforts shall occur in accordance with the CollN's schedule. Participating LIAs are required to use the HV CollN site to complete monthly submissions of PDSA cycles and required data (the frequency of data collection may vary).

Reports (f-i) shall be submitted as described above. Additional guidance concerning data collection and Continuous 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 group identified in their Kitagawa analysis AND their MIECHV Needs Assessment 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. See the MDHHS Home Visiting Guidance Manual for requirements related to the development of a Work Plan and timeframe for reaching full caseloads.

#### **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 of 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) (if not the NFP 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 NFP and MDHHS data training, collection, entry and submission requirements. See the MDHHS Home Visiting Guidance Manual for requirements related to data collection.

**Continuous Quality Improvement (CQI):**

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 CQI activities as required by MDHHS. Required activities include, but are not limited to:

- a. QI team participating in one Quality Improvement (QI) Learning Collaborative per fiscal year, with all required training, reporting requirements and deliverables.
- b. Conduct and complete two LIA-specific PDSA cycles per fiscal year.
- c. With prior approval from the MDHHS Model Consultant, a national, regional, or other quality improvement project can replace one or both of the above requirements.

See the MDHHS Home Visiting Guidance Manual for requirements related to CQI.

**Work Plan Requirements:**

By June 30, 2021, the LIA must submit a Work Plan to the MDHHS Home Visiting mailbox ([MDHHS-HVInitiative@michigan.gov](mailto: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: Public Health Emergency Preparedness (PHEP)

### 9 Month Project

Beginning Date: 10/1/2021

End Date: 6/30/2022

### 3 Month Project

Beginning Date: 7/1//2022

End Date: 9/30/2022

### Project Synopsis

As a Grantee of funding provided through the Centers for Disease Control and Prevention (CDC) National Bioterrorism Hospital Preparedness Program (HPP) and 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 HPP/PHEP Cooperative Agreement guidance for 2021-2022 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. Recipients are required to submit a 9-month (October 1 to June 30) budget and a 3-month (July 1 to Sept 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](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) by May 1, 2021.
2. Recipients provide the required 10% MATCH for July 1 through September 30 and October 1 through June 30. Recipients 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.
3. ALL activities funded through the PHEP cooperative agreement must be completed between July 1, and June 30, and all BP 3-2021 funding must be obligated by June 30, 2022 and activity completed by the August 15, 2022 FSR submission deadline.

4. The final Financial Status for funding period ending June 30 reports MUST be submitted in the MI E-Grants system for this funding source no later than August 15, 2022.
5. Recipients 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, CDC Required Pandemic Influenza Plan December 2021, 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 Grantee BP3 work plan.
6. Recipients 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 BP3 work plan.
7. 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 Budget Period 3 work plan(s) and budget(s) on file with the Department through the MI E-Grants system. In addition to these broad requirements, the Grantee will comply with the following:

- One (1) full time equivalent (FTE) emergency preparedness coordinator (EPC), 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, Grantee's must continue to partner with the Regional Healthcare Coalition (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 LHD's 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 MI E-Grants system. 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 MI E-Grants system. 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](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov).
- Supplantation is the replacement of non-federal funds with federal funds to support the same activities. The Public Health Service Act, Title I, Section 319(c) specifically states, "SUPPLEMENT NOT SUPPLANT. – Funds appropriated under this section shall be used to supplement - not supplant - other federal, state, and local public funds provided for activities under this section." This law strictly and expressly prohibits using cooperative agreement funds to supplant any current state or local expenditures.
- 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 Costs

- Recipients may not use funds for research.
- Recipients may not use funds for clinic care except as allowed by law.
- Recipients may use funds only for reasonable program purposes including personnel, travel, supplies and services.
- Generally, recipients 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.
- Recipients 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.
- 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.

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body 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.
- Recipients may not use funds for construction or major renovations.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- Recipients may use funds only for reasonable program purposes, including travel, supplies, and services.
- PHEP funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of items that can be reissued, such as vests, may be allowable.
- 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.

- Recipients may not use funds to purchase a house or other living quarter for those under quarantine.
- PHEP recipients may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award.
- PHEP recipients cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- PHEP recipients 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.
- PHEP recipients 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.
- PHEP recipients 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.
- PHEP recipients can use funds to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.<sup>10</sup>

## **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.

## **Administrative preparedness**

During BP3, Recipients must continue to strengthen and test their administrative preparedness plan, to include written policies, procedures, and/or protocols that address the following:



1. Expedited procedures for receiving emergency funds during a real incident or exercise.
2. Expedited processes for reducing the cycle time for contracting and/ or procurement during a real emergency or exercise.
3. Internal controls related to subrecipient monitoring and any negative audit findings resulting from suboptimal internal controls;
4. Emergency authorities and mechanisms to reduce the cycle time for hiring and/ or reassignment of staff (workforce surge).

**\*\*All administrative preparedness planning activities should be considered in coordination with healthcare systems, law enforcement, and other relevant stakeholders as appropriate.**

### **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 BP 3-2021 work plan.
- Demonstrated capability to receive, stage, store, distribute, and dispense medical countermeasures (MCM) I during a public health emergency, per the BP 3-2021 LHD Work Plan.
- Further guidance related to pandemic preparedness will be included in the LHD workplan.

### **Pandemic Influenza Preparedness plans**

Further guidance will be included in the Grantee PHEP Work Plan.

## **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 recipients 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: 10/01/2021

End Date: 09/30/2022

### **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](mailto: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 2022, 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 and/or garnering family input at least twice per fiscal year.

- Family and community presence should comprise 10% of the RPQC's active membership.

### **Membership includes:**

- 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 2022, RPQCs will specifically be required to:
  1. Invite MI-AIM leads to share region-specific MI-AIM efforts at two (2) fiscal year 2022 collaborative meetings. A list of MI-AIM leads in the region can be obtained from your assigned State consultant.
  2. Know the 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 2022, must be identified on the work plans submitted to the Contract Manager via email, [GoergeE@michigan.gov](mailto:GoergeE@michigan.gov)
- Selected quality improvement objective(s), and corresponding evidence-based or promising practices intervention(s), must align with the MIHEIP.

**All quality improvement efforts must:**

- Be inclusive of addressing health inequities, the social determinants of health and actively address disparate outcomes.
- Utilize quality improvement methodology.
- Be data driven.
- Utilize evidence-based and/or promising practices interventions that address improving outcomes for mothers, infants and families.
- 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: 10/1/2021

End Date: 9/30/2022

### **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):**

A. The Contractor shall submit the following reports on the following dates:

- 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.

B. Any other information as specified in the Statement of Work/ Work Plans as reflected in EGrAMS.

C. Reports and information shall be submitted to the Contract Manager:

Jill Moore RDH, BSDH, MHA, EdD  
School Oral Health Consultant  
Division of Child and Family Programs  
P.O. Box 30195  
Lansing, MI 48909  
517-241-1502  
[MooreJ14@michigan.gov](mailto:MooreJ14@michigan.gov)

D. The Contract Manager shall evaluate the reports submitted as described in Attachment C for their completeness and adequacy.

E. The Contractor shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manger.

### **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 (or virtually if the training is planned in the virtual format), for the length of the entire training.
- 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.



**PROJECT TITLE: Sexually Transmitted Infection (STI) Control**

Start Date: 10/1/2021

End Date: 9/30/2022

**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 Tracking Report	Quarterly	10 days after the end of the quarter	Email to <a href="mailto:cempson@scriptguiderx.com">cempson@scriptguiderx.com</a> ; cc: <a href="mailto:loweryd@michigan.gov">loweryd@michigan.gov</a>

**Any additional requirements (if applicable):****Grant Program Operation**

1. For medical providers that identify 5% or more of the County's gonorrhea, chlamydia, and/or syphilis morbidity, the local STI program will contact them at least annually to review provider screening, reporting, treatment, and partner management methods.
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.).

## Project: Sexually Transmitted Infection (STI) Specialty Services

Start Date: 10/1/2021

End Date: 9/30/2022

### 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. In addition, the purpose of this project is to provide 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 DHSP/STI at least two weeks prior to changes in clinic operation (key staff, hours of operation, scope of service, etc.).

## PROJECT: TAKING PRIDE IN PREVENTION

**Beginning Date:** 10/1/2021

**End Date:** 9/30/2022

### Project Synopsis

The purpose of this project is to implement a comprehensive teen pregnancy prevention and adulthood preparation 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
<b>Program Narrative</b>	October 1 - December 31, 2021	January 31, 2022	EGrAMS <a href="https://egrams-mi.com/mdhhs">https://egrams-mi.com/mdhhs</a>
	January 1 - March 31, 2022	April 15, 2022	
	April 1 - June 30, 2022	July 31, 2022	
	July 1 - September 30, 2022	October 15, 2022	
<b>Participant Level Data (Youth)</b>	October 1 - December 31, 2021	January 15, 2022	REDCap <a href="https://chc.mphi.org">https://chc.mphi.org</a>
	January 1 - March 31, 2022	April 5, 2022	
	April 1 - June 30, 2022	July 15, 2022	
	July 1 - September 30, 2022	October 5, 2022	
<b>Program Level Data (Parents)</b>	October 1 - December 31, 2021	January 15, 2022	REDCap <a href="https://chc.mphi.org">https://chc.mphi.org</a>
	January 1 - March 31, 2022	April 5, 2022	
	April 1 - June 30, 2022	July 15, 2022	
	July 1 - September 30, 2022	October 5, 2022	
<b>Program Level Data (Performance Measures)</b>	October 1, 2021 – September 30, 2022 (MPHI will open this data section in REDCap in June)	July 15, 2022	REDCap <a href="https://chc.mphi.org">https://chc.mphi.org</a>
<b>Fidelity Logs</b>	February 2022	March 31, 2022	Email to MDHHS <a href="mailto:andersonk10@michigan.gov">andersonk10@michigan.gov</a>
	May 2022	June 30, 2022	

- 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.
- The Contract Manager shall evaluate the reports submitted as described in Attachment C (items A and B) for their completeness and adequacy.
- 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.

## 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 Performance Output Measure	State Funded Minimum Performance Number
		Number of unduplicated youth who complete at least 75% of program each FY	90% of the target performance output measure
<b>Teen Outreach Program (TOP)</b>	<b>High</b>	<b>80</b>	<b>72</b>
<b>Michigan Model-Healthy &amp; Responsible Relationships</b>	<b>Medium</b>	<b>175</b>	<b>156</b>
<b>Reducing the Risk</b>	<b>Medium</b>	<b>175</b>	<b>156</b>
<b>Promoting Health Among Teens-Comprehensive</b>	<b>Low</b>	<b>250</b>	<b>225</b>
<b>Making Proud Choices</b>	<b>Low</b>	<b>250</b>	<b>225</b>
<b>Cuidate</b>	<b>Low</b>	<b>250</b>	<b>225</b>

- 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)

## PROJECT: Tuberculosis Control

Beginning Date: 10/1/2021

End Date: 9/30/2022

### 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 #9, Enhancing Adherence to Tuberculosis Treatment at <http://www.cdc.gov/tb/education/ssmodules/module9/ss9reading3.htm>.

### 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). Monthly submission of DOT logs is no longer 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: 4/1/2022

End Date: 9/30/2022

### 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 ([dinh@michigan.gov](mailto:dinh@michigan.gov)) and Rachel Wilkins ([rwilkins3@michigan.gov](mailto:rwilkins3@michigan.gov)) at the MDHHS EZID Section.

### 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. Each activity listed is awarded 2 points and a local jurisdiction must accumulate at least 64 points during the funded timeframe (April 1-Sept.30). Mosquito surveillance and tick surveillance have required minimum efforts totaling 32 points. The remainder of the required points (32 points) may be accomplished according to the needs of the local health department. 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 VBD Surveillance Project, Point Allocation Formula

<b>Activity</b>	<b>Points</b>	<b>Required Points / Weeks</b>	<b>Total Points</b>	<b>Metric Evaluation Method</b>
5 mosquito collection devices* placed for 24-hour period	2	20/10	At least 20	Report to MosquitoNET (CDC)
2 mosquito collection devices* placed for 24-hour period in August	2	2/4	At least 8	Report to MosquitoNET (CDC)
1,000 meter tick drag 000	2	4 / 2	At least 4	Report to MDHHS
Educational outreach activity / event**	2			Report to MDHHS
Press release	2			Report to MDHHS
Coordination of control efforts with local municipalities / other prevention efforts	2			Report to MDHHS
		<b>Total Points: Must equal at least 64</b>		

\*Devices can include BG-2 traps, CDC light traps, resting boxes, etc.

\*\*For 2022, social media posts are limited to 2 points total, 1 point each for mosquito and tick related content. Please consult in advance with EZID staff if you have questions about an educational outreach activity.

## PROJECT: WEST NILE VIRUS COMMUNITY SURVEILLANCE

Beginning Date: 5/1/2022

End Date: 9/30/2022

### **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](mailto:dinhe@michigan.gov)), and Kim Signs ([signsk@michigan.gov](mailto:signsk@michigan.gov)) at the MDHHS EZID Section.

### **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.

The Department's Emerging & Zoonotic Infectious Diseases (EZID) Section will provide the Grantee with the following support:

- Training for staff associated with the project (Spring 2022)
- Trapping equipment necessary to collect mosquitoes (traps, batteries, chargers)
- VecTOR test kits for the rapid, field detection of West Nile Virus
- Entomologic and epidemiologic support to guide trapping efforts

**PROJECT TITLE: WISEWOMAN**

Start Date: 10/1/2021

End Date: 9/30/2022

**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. This program will be based within Michigan's Breast and Cervical Cancer Control Program.

**Reporting Requirements (if different than agreement language):**

All Grantees implementing WISEWOMAN: Quarterly Progress Reports Covering:

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

Reports should be submitted to the contract manager.

Robin Roberts, Program Director MDHHS WISEWOMAN

P.O. Box 30195 Lansing, MI 48909

Email: [Roberts6@michigan.gov](mailto:Roberts6@michigan.gov)

Phone: 517-335-1178

**Any additional requirements (if applicable):**

A statewide database called MBCIS is maintained by MDHHS and the Cancer Prevention and Control Section (CPCS). Instructions for contractor use of MBCIS 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 Policies and Procedures Manual.

## PROJECT: Women Infant Children (WIC)

WIC Breastfeeding

WIC Migrant

WIC Resident

Beginning Date: 10/1/2021

End Date: 9/30/2022

### **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 15<sup>th</sup> 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 Loving Support Model and through signed allocation letter for the Breastfeeding Peer Counseling Grant.*

- 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:

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- 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.
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TEC2015-0036

f. "Sublicensee" means any entity to which a Sublicense is granted.

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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.

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## **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 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; 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 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. 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 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 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

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**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., 6<sup>th</sup> 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)

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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](mailto: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](mailto:biens@michigan.gov)

517-335-8448

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## **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\*\***



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## Schedule B Materials Modification Guide

### I. Client Materials<sup>1</sup>

#### 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 Materials<sup>1</sup>

- 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.

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APPENDIX 2  
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**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.

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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.

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## **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.

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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.

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## **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  
[msulaagr@msu.edu](mailto:msulaagr@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., 6<sup>th</sup> Floor  
Lansing, MI 48913  
517-335-8545  
[hanulcikk@michigan.gov](mailto: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.**

# COMMENT HISTORY



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Please DocuSign: Request to Accept\_25\_HIV Housing - PUB-Local Comprehensive Agreement FY 2022

**Sender:** Alvita Lozano

**Envelope Id:** a738cd31-3985-4eb5-9121-80525784d9fd

**Time Zone:** (UTC-08:00) Pacific Time (US & Canada)

**Date Sent:** 10/27/2021 | 12:10:45 PM

**Date Completed:** 11/16/2021 | 9:02:40 AM

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*Private: macklinm@detroitmi.gov, tollivert@detroitmi.gov*

**Melva Macklin** -10/28/2021 | 8:17:35 AM  
macklinm@detroitmi.gov

This is an existing grant (FY 2022 HIV Housing Assistance Grant) to award the Health Department an additional \$39,542. The grant is from the MDHHS. There is no match requirement. Appropriation # 20894 will be increased from \$100,000 to \$139,542. There is a grant agreement on file from MDHHS with details of the grant.