

***BEHAVIORAL HEALTH ADMINISTRATION
Substance Related Disorders
(Treatment, Prevention and Recovery Services)***

Conditions of Grant Award

Acceptance Form

Fiscal Year 2016

Attached are the Fiscal Year 2016 Conditions of Grant Award for all Department of Health and Mental Hygiene/Behavioral Health Administration, Substance Related Disorder funded programs.

Included in this packet are conditions for general, federal and specific funding. In the event that the grantee organization does not receive an award that contains these specific funds, it is mutually agreed that the Specific Conditions stated in this packet would not be applicable to your organization.

All Conditions of Award shall remain in effect throughout FY2016 and shall be applicable to all approved budgets and/or changes in services throughout the fiscal year. In the event that funding is awarded for new initiatives, additional Conditions of Award may be imposed.

The undersigned certifies that the grantee organization will comply with the General, Specific and Federal Conditions of Award as detailed in this document.

Authorized Official
Signature:

Date

Grantee Organization

BEHAVIORAL HEALTH ADMINISTRATION
Substance Related Disorders
(Treatment, Prevention and Recovery Services)

Conditions of Grant Award

Fiscal Year 2016

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ATTACHMENT B

General Conditions of Award

Failure to comply with these General Conditions of Award may result in the following, including but not limited to: loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

1. Grantee shall convey General Conditions of Award to all sub-recipients of State and Federal funds. The grantee shall review sub-recipient compliance with COMAR and Conditions of Award through conducting on-site visits and using a BHA provided monitoring tool. The grantee shall identify areas of non-compliance, require a corrective action plan, and monitor corrective action progress of all non-compliant sub-recipients. The grantee shall submit the completed monitoring report to the BHA Compliance Section within five days of the end of the review period.
2. Grantee shall require that an overdose prevention plan be developed for all patients with an opiate problem documented in the substance matrix upon admission. The overdose prevention plan shall be included as part of the treatment plan in the clinical record. This applies to Level 1 and Level 2.1 programs.
3. Grantee and all sub-recipients shall admit pregnant women within 24 hours of request.
4. Grantee and all sub-recipients shall utilize best practices for every age group in the provision of treatment services. Best practices refer to services that reflect research based findings.
5. Grantee and all sub-recipients shall have a patient/counselor ratio of 40 slots for every full-time counselor (40:1) weekly for Adult Level 1 services, and 25 slots for every full-time counselor (25:1) weekly for Adolescent Level 1 services.
6. Grantee and all sub-recipients providing treatment services shall:
 - a) assess every patient upon admission for eligibility for Medical Assistance (MA);
 - b) help eligible patients apply for this entitlement;
 - c) check MA enrollment status via the EVS system, if providing an MA reimbursable service;
 - d) for eligible recipients, bill MA for services covered by this entitlement;
 - e) retain proof of the processes outlined above; and
 - f) no longer use BHA funds for services covered by third party payers.

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7. Grantee and all sub-recipients of State and Federal funds shall neither
 - a) deny admission or continued stay for a patient solely due to being on full or partial opiate agonist therapy medication regardless of dose;
 - b) make admission contingent upon eventual detoxification from full or partial opiate agonist; nor
 - c) limit the number of patients on full or partial opiate maintenance or detoxification that are admitted to a program.

8. Grantee agrees to serve as the BHA's designee regarding Health General Article 8-505, Health General Article 8-506 and Health General 8-507 legislative requirements
 - a) Provides clinical staff in compliance with DHMH Code of MD Regulations, Title10, Subtitle 47 to conduct Health General Article 8-505 substance use disorder evaluations.
 - b) Once the BHA has approved the Health General Article 8-505 evaluator's level of care recommendation, BHA funded locally managed service providers must accept the treatment recommendation for placement.
 - c) If a commitment for treatment under Health General Article 8-507 is ordered, the grantee shall exhaust all BHA funded locally managed treatment services for the committed individual before accessing BHA contracted services.

9. Grantee agrees to serve as Behavioral Health Administration's designee regarding referral for residential placements of Pregnant Women and Women with Children.
 - a) Provide clinical staff in compliance with DHMH Code of MD Regulations, Title10, Subtitle 47 to conduct substance use disorder screening and assessments.
 - b) Once approved by BHA for residential placement, the Local Addiction Authority will provide care coordination of all placement referrals
 - c) Once treatment is complete, the Local Addiction Authority will work with the Case Manager for the Residential Treatment Program to secure admission to another level of care.

10. Grantee and sub-recipients shall utilize the assessment instrument specified by the Administration for all HG8-505 evaluations.

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11. Grantee and all sub-recipients shall comply with the Department of Health and Mental Hygiene (DHMH), Code of Maryland Regulations, Title 10, Subtitle 47, and recovery housing and continuing care standards approved by the Behavioral Health Administration. Grantees who subcontract services to another vendor for purchase of recovery housing must ensure that the vendor is a member of the Maryland State Association for Recovery Residences (MSARR).
12. The grantee and sub-recipients shall comply with all requirements and conditions set forth in the DHMH Local Health Department Funding System Manual or the DHMH Human Services Agreements Manual, whichever is applicable.
13. Throughout the fiscal year, BHA will monitor and review the program slot allocation utilization rates. This monitoring process will ensure that utilization is consistent with the established BHA funding level. If the program receives funding for additional treatment services during the fiscal year, the slot allocation will be adjusted accordingly.
14. Grantee and sub-recipients providing treatment and recovery services shall provide the BHA with all required data through the Value Options Provider Connect system and Outcome Measurement System (OMS). Late and/or inaccurate submissions of these data for two consecutive months may result in administrative action.

These data include:

- a) A complete registration and authorization for every participant who has entered into treatment or recovery services, or is in treatment beginning January 1, 2015;
 - b) A complete reauthorization for every participant that has fulfilled the terms of the initial authorization;
 - c) A complete discharge and new authorization for every patient who has changed levels of care within a treatment program;
 - d) A complete discharge for any participant who has completely left treatment or recovery services;
 - e) Any corrections required to insure that the participant's record is accurate; and
 - f) Results of all drug testing performed, whether outcome is negative, positive or adulterated, for all drug court patients.
15. The grantee shall provide the BHA with data as required by the Administration for all BHA funded recovery community center services.

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16. All budget modification requests must be **received** by the BHA Grants Section **no later than April 15 or the first business day thereafter.**

Implementation of the budget modification may not begin until approval is received in writing from the BHA. Implementation prior to approval may result in the disallowance of expenditures.

17. The grantee shall agree to attend all meetings as required by the DHMH and the BHA.
18. Grantee or sub-recipients shall screen patients for gambling and nicotine dependence disorders. If disorders are identified they must be included and addressed in the patient's treatment plan.
19. Grantee shall develop continued stay criteria based on ASAM admission criteria for all active level III.7 patients, and implement a protocol for evaluating compliance.
20. Grantee shall provide documentation that representatives of the local recovery community are involved in planning and evaluating the quality of addiction services on an ongoing basis.
21. Grantee shall require the use of patient satisfaction surveys as one component of service evaluation.
22. Grantee shall coordinate the care of high-risk and high-cost patients from the jurisdiction, specifically including patients admitted to level III.7 treatment.
23. Grantee and all sub-recipients providing treatment services shall comply with the Code of Maryland Regulation 10.02.01 of the DHMH and DHMH Policy #3416 that provide for the setting of charges and collection of fees for health services rendered under the jurisdiction of DHMH. This regulation and policy apply to all health facilities operated by the Department of Health and Mental Hygiene, its subordinate units and those operated by political subdivisions and vendors whose programs are funded in whole or in part with funds administered by the Department of Health and Mental Hygiene.

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24. This grant period terminates on June 30th. Any monies not spent by June 30th shall revert to the State.
25. Grantee and all sub-recipients shall report to the BHA improper use of and possible criminal conduct related to awarded funds as soon as it becomes known to the grantee or sub-recipient.
26. The following Managing for Results (MFR) performance measures apply to FY16 BHA substance related disorder treatment grants:
 - a) 47% of all adult and adolescent patients in BHA funded treatment programs have a treatment episode of not less than 90 days.
 - b) 66% of adolescent and adult patients completing/transferred/referred from BHA funded intensive outpatient programs enter another level of treatment within thirty days of discharge.
 - c) 90% of the patients completing/transferred/referred from BHA funded residential detoxification programs enter another level of treatment within 30 days of discharge.
 - d) The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 72% among adolescents and 74% among adults from the number of patients who were using substances at admission to treatment.
 - e) The number of employed adult patients at completion/transfer/referral from non-detox treatment will increase by 47% from the number of patients who were employed at admission to treatment.
 - f) The number arrested during the 30 days before discharge from non-detox treatment will decrease by 85% for adolescents and adults from the number arrested during the 30 days before admission.
 - g) The number of discharged patients leaving treatment against clinical advice will be reduced to 29%.
 - h) The number of patients reporting tobacco use at discharge from non-detox treatment will be reduced by 27% among adolescents and 28% among adults from the number reporting tobacco use at admission.

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27. The following additional performance measures apply to FY16 BHA treatment grants:
 - a) 42% of patients dis-enrolled from a Level 3.7 will enter another level of care within 30 days.
 - b) 45% of patients dis-enrolled from a Level 3.5 will enter another level of care within 30 days.
 - c) 37% of patients dis-enrolled from a Level 3.3 will enter another level of care within 30 days.
28. All requests for changes in treatment programming shall be submitted in writing to the Regional Services Manager for approval prior to implementation.
29. Grantees subcontracting for services using a cost reimbursement contract method shall submit copies of all sub-grantee budgets to BHA accompanying an ***Attestation of Comprehensive Review of Sub-grantee Budgets form.*** (*Attachment I*)
30. The grantee shall provide, purchase, or otherwise access a continuum of care, defined at a minimum as Continuing Care, Level 1, Level 2.1, Level 3.1, Level 3.7, and maintenance treatment for opiate addiction for adults.
31. Grantee shall provide, purchase, or otherwise access a continuum of care, defined at a minimum as Continuing Care, Level 1, Level 2.1 and Level 3.7 for adolescents.
32. The grantee shall provide a representative to participate in the BHA Recovery Oriented Systems of Care (ROSC) Learning Collaborative
33. The grantee shall either provide or maintain documented referral arrangements for the provision of pharmacotherapy services to all patients.
34. For all patients with an opiate problem documented in the substance matrix upon admission, pharmacotherapy shall be provided directly or through a referral. If medication is not provided, clinical justification shall be documented in the patient's record.

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35. The grantee and all sub-recipients providing treatment services shall provide and document clinical supervision to all clinical staff and peer support staff employed by or volunteering at the program.
36. If the grantee funds recovery housing services, services shall be purchased using a fee-for-service method.
37. Grantee and all sub-recipients providing ASAM level 3.7, 3.5 or 3.3 programs shall:
 - a. provide continuing care arrangements to each patient's care coordinator;
 - b. attempt to obtain consent from the patient prior to discharge enabling the program to contact the outpatient aftercare provider; and
 - c. provide a discharge summary to the outpatient aftercare provider within 24 hours of the patient's discharge from the program.
38. Grantee and all sub-recipients providing Level 1 or 2.1 programs shall prioritize for admission patients who are referred from Level 3.7, 3.5, or 3.3 programs.
39. Grantees will be required to enter their jurisdictions FY2016 service and funding information in the BHA Web-Based Financial Reporting Application.

Refer to the BHA Divisions/Operations/Finance/Fiscal & Grants Management/Grants Management Section of the BHA website, <http://bha.dhmh.maryland.gov/> for instructions.

40. Grantee shall submit expenditure reports per the following schedule to the BHA via e-mail to DHMH.adaa_grants@maryland.gov

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Please refer to the BHA Divisions/Operations/Finance/Fiscal & Grants Management/Grants Management Section of the BHA website for expenditure reporting forms.

Reporting Period	Due Date
July 1 – September 30	October 15
October 1 – December 31	January 15
January 1 – January 30	February 15
February 1 – February 28	March 15
March 1 – March 31	April 15
April 1 – April 30	May 15

41. Year-end Financial Web Reporting forms reflecting actual services, slots, persons served and expenditures shall be completed and submitted no later than August 1st to DHMH.adaa_grants@maryland.gov
42. The BHA award is based on estimated levels of State and/or Federal funds. If actual allocations differ from current estimates, the BHA award may be adjusted accordingly.
43. Other conditions may be imposed during the course of the fiscal year.
44. Grantee and all sub-recipients shall develop language assistance procedures for assessing the language needs of the population served, translating both oral and written communications and documentation, training staff in the language assistance program requirements, and monitoring to assure that limited English proficiency (LEP) individuals are receiving equal access to services and are not treated in a discriminatory manner, in accordance with DHMH policy 01.02.05. Grantee shall submit an annual report to the DHMH Equal Opportunity Programs by July 30, which shall include the following information:
 - A summary of efforts to fully implement and improve LEP services during the reporting period,
 - an outline of possible initiatives to enhance LEP services that might be implemented during the forthcoming reporting period,

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- a listing of vital documents translated in accordance with this LEP requirement, and
 - a description of the number of individual translator services provided to LEP individuals and the process used to deliver such services.
45. The grantee shall pre-authorize all admissions purchased with BHA funds to ASAM Levels 3.7, 3.5, 3.3, 3.1 and to recovery housing. No patient will be admitted to a BHA funded residential treatment bed unless an evaluation determining the ASAM Patient Placement Criteria for the level of care has been completed prior to admission, and a Care Coordinator has been assigned to the patient. The evaluation must be performed by an independent entity not employed by the residential program to which the patient is being admitted.
46. The grantee may only spend funds allocated for recovery services on continuing care, care coordination, recovery housing, recovery community center activities, and/or peer recovery specialist positions in accordance with the requirements outlined in the FY 16 Letter of Grant Award.
47. If the grantee receives funding for services provided to drug court clients, the grantee shall collaborate with Drug Court Coordinator, Court Administrator, and/or Administrative Clerk on the allocation of Drug Court funding.
48. The local addiction authority's role shall focus on system development, management, and monitoring. This includes investigating complaints about providers and enhancing existing contract monitoring functions. In collaboration with BHA and Value Options, the local addictions authority may contract with private providers rather than directly providing services.
49. The grantee shall notify the BHA when the grant funded slots within the Opioid Treatment Programs in their jurisdiction reach 90% capacity.

Specific Year End Report Requirements

The Grantee will provide or contract for treatment services as mandated in Code of Maryland Regulations (COMAR) Title 10, Subtitle 47.

http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx#Subtitle47

BHA will require the submission of a year-end report within 30 days after the close of the fiscal year detailing the services provided with the following funding sources:

- Temporary Cash Assistance funds
- Cigarette Restitution funds
- SB512/ HB7 funds

Maryland RecoveryNet (MDRN)
Regional Coordinator Position

The Regional Coordinator will be responsible for the implementation of the MDRN program for a designated region in the state of Maryland.

1. This includes following established statewide policy and procedure for the following:
 - a. outreach and enrollment of a provider network;
 - b. eligibility determination and authorization of services for MDRN clients;
 - c. monitoring of expenditures for voucher services;
 - d. monitoring quality of provider services;
 - e. analysis of client outcome data;
 - f. maintaining relationships with care coordinators;
 - g. responding to initial complaints about providers;
 - h. troubleshooting provider complaints regarding patients;
 - i. working with MDRN referral sources to train and troubleshoot in regards to the referral process; and
 - j. participating in statewide planning, supervision and team meetings.

2. The Regional Coordinator will work under a matrix model of supervision. The administrative supervisory functions will be provided by the jurisdiction, and direct report for project functions will be with the Behavioral Health Administration's Recovery Services Manager. Performance evaluation will be a collaborative task shared between the designated jurisdiction supervisor and BHA's Recovery Services Manager.

Naloxone

1. Recipients must notify BHA of any significant changes in status from their original application for entity authorization before supplemental funds can be disbursed. Significant information includes names and contact information for entity director and training director; contact and licensing information for physicians/nurse practitioners conducting and/or supervising trainings; and copies of new/revised supervisory agreements, naloxone dispensing protocols and/or training materials used in educational training programs.
2. Recipients and their subcontractors must continue to respond timely and accurately to BHA/DHMH requests for information about ORP training, naloxone dispensing and naloxone administration by certificate holders.

Buprenorphine Initiative

1. This funding shall only be used to provide Buprenorphine services: physician, medication, and case management costs. These funds are not to be used for any other costs or services reimbursed by Medicaid.
2. The grantee shall review and update the buprenorphine diversion adherence plan at least annually. The current plan shall be submitted to the Administration's regional manager by September 2015.
3. The grantee shall provide case management services to all patients in this initiative for the purpose of pursuing insurance coverage, linking with community physicians, and referring to ancillary services. Ancillary services include, but are not limited to community mental health, housing education, and employment.

ATTACHMENT B

Specific Conditions of Award

Drug Court Treatment

This grant award is subject to the following conditions. Failure to comply with these Conditions of Award may result in the following, including, but not limited to: loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

1. Grantee shall provide for substance use disorders treatment services for Drug Court participants. Treatment services include and are limited to the following:
 - Treatment and Recovery Services
 - Alcohol and Drug Counselor positions
 - Therapist positions, e.g. Family, Trauma, Mental Health
 - Approval for funding of Supervisory and Clerical positions must be obtained in writing prior to implementation.
 - Funds may not be used for Case Manager positions.
2. The award amounts provided for drug court substance use disorder treatment services are subject to change annually.
3. Drug Court funds shall be used to provide for drug court treatment services only. These funds are not to be used to provide for services or programs that are not drug court.
4. Only programs authorized by the Office of Problem Solving Courts (OPSC) may access drug court funds.
5. In the event a Drug Court Program discontinues services and/or loses certification as an operational Drug Court Program, all unused funds must be returned.

ATTACHMENT B

Specific Conditions of Award

TCA Addictions Program Specialist(s)

This grant award is subject to the following conditions. Failure to comply with these conditions may result in the following, including but not limited to: future audit exceptions, disallowance of expenditures, and/or award reductions.

1. Program shall comply with all fiscal and programmatic requirements as they relate to the TCA Initiative in the manner prescribed by the Behavioral Health Administration, i.e. budget requests, budget narratives, budget modifications, programmatic issues and staffing.
2. Program shall report the prescribed Addictions Specialist Screening Results to the Behavioral Health Administration through a monthly report form or another BHA determined data collection process.
3. Program shall deem the Behavioral Health Administration as the primary point of contact for all issues and questions concerning the TCA Addictions Specialist(s) or TCA addiction requirements (monthly reports)
4. Program shall inform the Behavioral Health Administration upon Addictions Specialist(s) termination of employment. Program shall inform the BHA of new employee start date, location and contact information.
5. The following are performance measures for the Addictions Specialist(s):
 - a. Addictions Specialist(s) will screen 85% (all) Temporary Cash Assistance applicants/recipients, food supplement applicant/recipients referred by the Department of Social Services case managers for substance use disorders.
 - b. Addictions Specialist(s) will screen for substance use disorders, 85% of Temporary Cash Assistance Recipients at re-certification that are referred to the Addictions Specialists by Department of Social Services Case Managers.

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Temporary Cash Assistance Conditions of Award
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- c. Addictions Specialist(s) will refer (85%) of Temporary Cash Assistance applicants and recipients, food supplement recipients and any other recipients of LDSS services who screen positive for substance use disorders to the Certified Treatment Programs funded by the Behavioral Health Administration or to Local Addiction Authorities for assessment and/or treatment. Addictions Specialist(s) will refer for drug testing, (85%) of custodial parent applicants for Temporary Cash Assistance or (100%) of food supplement program applicants that were convicted drug felons as identified by the Department of Social Services by case managers at intake.
6. Local Addiction Authority shall submit a quarterly report to Behavioral Health Administration of all addiction specialist working hours that are outlined in the Quarterly Reporting Document for TCA.
7. Program shall submit a report of all expenditures by line item to the BHA Grants and Contracts Management Section within 30 days after the close of the fiscal year.

The only line items permitted for funding and reimbursement by DHR/FIA are Salary, Fringe, Urinalysis and Indirect Costs. Any expenditure in line items other than those listed will not be permitted and will be the responsibility of the grantee.

8. For all Medical Assistance eligible TCA recipients, the Medical Assistance reimbursement rate is to be considered payment in full, no other supplemental payment is permitted.

ATTACHMENT B

Specific Conditions of Award

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

House Bill 7 (The Integration of Child Welfare and Substance Abuse Treatment Services Act) was passed in the 2000 session of the Maryland General Assembly. The provisions of the Act require DHR and DHMH to develop a protocol for the integration of child welfare and substance abuse services. The primary focus of this initiative is to assess individual and families that are identified in the child welfare system as having a substance use disorder.

1. The grantee shall provide onsite direct screening, referral, and placement services to individuals and families being managed by DSS case managers who are in need of substance abuse services.
2. The grantee shall report monthly data using the form prescribed Administration to the Behavioral Health Administration on a monthly basis.
3. The grantee shall provide a yearly data report on the outcomes of the initiative to Behavioral Health Administration

ATTACHMENT B
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Senate Bill 512- Children in Need of Assistance –
Drug Exposed Newborns

Senate Bill 512 (Children in Need of Assistance – Drug Exposed Newborns) went into effect October 1, 1997. The purpose of the legislation was to identify newborns exposed or addicted to drugs/alcohol and offer the mother and birth father drug treatment as well as support.

1. The grantee shall conduct assessments at the hospitals, during home visits and on site at the Local Department of Social Services.
2. The grantee shall provide direct screening, referral, and placement services to the individuals and families being managed by DSS case managers who are in need of substance abuse services.
3. The grantee shall report monthly data using the form prescribed by the Administration to the Behavioral Health Administration on a monthly basis.
4. The grantee shall provide a yearly data report on the outcomes of the initiative to Behavioral Health Administration

ATTACHMENT B
Specific Conditions of Award

Opioid Misuse Prevention Program (OMPP)

Failure to comply with these Conditions of Award may result in the following, including but not limited to: loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

1. All requests for changes in OMPP programming shall be submitted in writing to the Prevention Program Manager for approval prior to implementation.
2. The jurisdiction's BHA designated Substance Abuse Prevention Coordinator will guide and coordinate this prevention initiative to ensure that it is based on prevention best practices and fully integrated with the jurisdiction's other BHA funded substance abuse prevention efforts.
3. The jurisdiction must use the SAMHSA Strategic Prevention Framework model to develop its Opioid Misuse Prevention Strategic Plan and to implement the evidence-based strategies outlined in that plan.
4. The jurisdiction's Prevention Coordinator or their designee with OMPP responsibilities shall attend all mandated OMPP trainings and meetings provided or sponsored by the BHA.
5. No pamphlets and/or written materials or other items supported with BHA funds may be developed and/or published without prior approval from the BHA Prevention Program Manager. All literature, materials and/or promotional items shall contain an acknowledgement of BHA and SAMHSA support. Expenditures for unapproved publications may be disallowed regardless of the quality of the publication.
6. All OMPP data shall be submitted electronically through the MDS System to the BHA no later than the tenth day after the end of the month. Late and/or inaccurate submissions of prevention MDS data of two consecutive months may result in administrative actions.
7. All budget modification requests must be received by the BHA Grants and Contracts Management Section no later than April 15 or the first business day thereafter.

Implementation of the budget modification may not begin until approval is received in writing from the BHA. Implementation prior to approval may result in the disallowance of expenditures.

ATTACHMENT B
General Prevention Conditions of Award

Failure to comply with these Conditions of Award may result in the following, including but not limited to: loss of award, future audit exceptions, disallowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

1. This award is based on estimated levels of Federal SAPT funds. If actual allocations differ from current estimates, this award may be adjusted accordingly.
2. All requests for changes in Prevention programming shall be submitted in writing to the BHA Prevention Program Manager for approval prior to implementation.
3. A full-time Alcohol and Other Drug Prevention Coordinator is required for the administration of the college, and local jurisdiction prevention services
4. All local jurisdiction Prevention Coordinators shall attend BHA mandated trainings and meetings provided or sponsored by the BHA.
5. No pamphlets and/or written materials or other items supported with BHA funds may be developed and/or published without prior approval from the BHA Prevention Program Manager. All literature, materials and/or promotional items shall contain an acknowledgement of BHA and SAMHSA support. Expenditures for unapproved publications may be disallowed regardless of the quality of the publication.
6. All prevention data shall be submitted electronically through the MDS System to the BHA no later than the tenth day after the end of the month. Late and/or inaccurate submissions of Prevention MDS data of two consecutive months may result in administrative action.
7. All budget modification requests must be **received** by the BHA Grants and Contracts Management Section **no later than April 15 or the first business day thereafter.**

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General Prevention Conditions of Award
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- Implementation of the budget modification may not begin until approval is received in writing from the BHA. Implementation prior to approval may result in the disallowance of expenditures.**
8. This grant period terminates on June 30th. Any monies not spent by June 30th shall revert to the State.
 9. Prevention funds shall only be used for evidenced based strategies/programs that comport with the Institute of Medicine (IOM) principles.
 10. All programs shall maintain compliance with the BHA Prevention Standards.
 11. If the jurisdiction has a BHA funded University ATOD Prevention Center, the Prevention Coordinator shall collaborate with the Prevention Center to implement prevention services/activities.
 12. Grantee shall use at least 50% of the SAPT Prevention Funds to implement Environmental Strategies.
 13. If the grantee intends to use BHA Prevention funds for media related activities, the following criteria shall be met:
 - a) The media campaign shall have the support of the local Health Department as demonstrated by approval sign-off.
 - b) The media campaign has a specific target audience and the messaging appropriately applies to that audience.
 - c) Documentation that diverse community stakeholders are engaged in planning the campaign
 - d) The media campaign uses evidence-based messaging practices to communicate to the target audience.
 14. Other conditions may be imposed during the course of the fiscal year.

ATTACHMENT B

Specific Conditions of Award

FEDERAL CONDITIONS OF AWARD

**Behavioral Health Administration (BHA)
Substance Abuse Prevention and Treatment (SAPT) Block
Grant
CFDA # 93.959**

The Substance Abuse Prevention and Treatment (SAPT) Block Grant funds are subject to a variety of restrictions and requirements. Grantees, as well as sub-recipients of SAPT Block Grant funds shall comply with specific provisions of the Public Health Services Act, as well as general federal conditions of award. Use of these federal funds also continues to be governed by the Code of Maryland Regulations (COMAR) Title 10-Subtitle 47, BHA policy bulletins and guidelines.

ATTACHMENT B

FEDERAL CONDITIONS OF AWARD

As a recipient of the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, the program must adhere to all applicable requirements.

96.124 Certain Allocations: *(Required Services for Programs Receiving Block Grant Funds Set Aside for Pregnant Women and Women with Dependent Children).*

If the program receives Block Grant funds set aside for pregnant women and women with dependent children (including women attempting to regain custody of their children), the program must adhere to items (1.) through (7.).

1. The program treats the family as a unit and, therefore, admits both women and their children into treatment services, if appropriate.¹
2. The program provides or arranges for primary medical care for women who are receiving substance abuse services, including prenatal care.
3. The program provides or arranges for child care while the women are receiving services.
4. The program provides or arranges for primary pediatric care for the women's children, including immunizations.
5. The program provides or arranges for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting.
6. The program provides or arranges for therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.
7. The program provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services provided by (2.) through (6.) above.

96.126 Capacity of Treatment for Intravenous Drug Abusers

If the program treats individuals for intravenous substance abuse, the program must adhere to items (8.) through (15.).

8. Within 7 days of reaching 90 percent of its treatment capacity, the program notifies the jurisdiction that 90 percent of the capacity has been reached.

¹ Such admission may not be appropriate; however, if for example, the father of the child(ren) is able to adequately care for the child(ren).

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Federal Specific and General Federal Conditions of Award
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9. The program admits each individual who requests and is in need of treatment for intravenous drug abuse not later than:
 - (a.) 14 days after making the request or
 - (b.) 120 days if the program has no capacity to admit the individual on the date of the request and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance abuse treatment program.
10. When applicable, the program offers interim services that include, at a minimum², the following:
 - (a.) Counseling and education about HIV and tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission do not occur
 - (b.) Referral for HIV or TB treatment services, if necessary
 - (c.) Counseling on the effects of alcohol and other drug use on the fetus for pregnant women and referrals for prenatal care for pregnant women.
11. The program has established a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment, including patients receiving interim services while awaiting admission.
12. The program has a mechanism that enables it to:
 - (a.) Maintain contact with individuals awaiting admission
 - (b.) Admit or transfer waiting list clients at the earliest possible time to an appropriate treatment program within a reasonable geographic area.
13. The program takes clients awaiting treatment for intravenous substance abuse off the waiting list only when one of the following conditions exists:
 - (a.) Such persons cannot be located for admission into treatment *or*
 - (b.) Such persons refuse treatment.
14. The program carries out activities to encourage individuals in need of treatment services for intravenous drug abuse to undergo such treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method:
 - (a.) The standard intervention model as described in *The NIDA Standard Intervention Model for Injection Drug Users: Intervention Manual*, National AIDS Demonstration Research (NADR) Program, National Institute on Drug Abuse, (Feb. 1992)

² Interim services may also include federally approved interim methadone maintenance.

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Federal Specific and General Federal Conditions of Award
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- (b.) The health education model as described in Rhodes, F. Humfleet, G.L. et al., *AIDS Intervention Program for Injection Drug Users: Intervention Manual*, (Feb. 1992).
 - (c.) The indigenous leader model as described in Wiebel, W., Levin, L.B., *The Indigenous Leader Model: Intervention Manual*, (Feb. 1992).
15. The program ensures that outreach efforts (have procedures for):
- (a.) Selecting, training, and supervising outreach workers.
 - (b.) Contacting, communicating, and following up with high-risk substance abusers, their associates and neighborhood residents within the constraints of Federal and State confidentiality requirements.
 - (a.) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV.
 - (b.) Recommending steps that can be taken to ensure that HIV transmission does not occur.

96.127 Requirements Regarding Tuberculosis

16. The program directly, or through arrangements with other public or nonprofit private entities, routinely makes available the following TB services to each individual receiving treatment for substance abuse:
- (a.) Counseling the individual with respect to TB
 - (b.) Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual.
 - (c.) Providing for or referring the individuals infected by mycobacteria TB appropriate medical evaluation and treatment.
17. For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of TB services.
18. The program has implemented the infection control procedures that are consistent with those established by the Department to prevent the transmission of TB and that address the following:
- (a.) Screening patients and identification of those individuals who are at high risk of becoming infected.
 - (b.) Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2.
 - (c.) Case management activities to ensure that individuals receive such services.
19. The program reports all individuals with active TB to the local health department as required by State Law and in accordance with Federal and State confidentiality requirements, including 42 CFR part 2.

96.128 Requirements Regarding HIV

If the State is a designated State and the program is one of the State's HIV early intervention programs, the program must adhere to items (20.) through (25.).

20. The program makes appropriate pretest counseling for HIV and AIDS available at the sites at which the individuals are undergoing treatment for substance abuse.
21. The program makes available, at the sites at which the individuals are undergoing treatment for substance abuse, appropriate HIV/AIDS testing, including tests to diagnose the extent of the deficiency in the immune system and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease available.
22. The program makes available appropriate post-test counseling at the sites at which the individuals are undergoing treatment for substance abuse.
23. The program makes available, at the sites at which individuals are undergoing treatment for substance abuse, therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.
24. The program has established linkages with a comprehensive community resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referral.
25. The program ensures that HIV early intervention services are undertaken voluntarily, provided with patients' informed consent, and are not required as a condition of receiving substance abuse treatment or any other services.

96.131 Treatment Services for Pregnant Women

26. The program preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services. Further, the program gives preference to clients in the following order:
 - (a.) to pregnant injecting drug users, first;
 - (b.) to other pregnant substance abusers, second;
 - (c.) to other injecting drug users, third; and
 - (d.) to all other individuals, fourth.

96.132 Additional Requirements

27. The program makes continuing education in treatment services available to employees who provide the services.
28. The program has in effect a system to protect patient records from inappropriate disclosure and the system:
 - (a.) Is in compliance with all applicable State and Federal laws and regulations, including 42 CFR part 2
 - (b.) Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

96.135 Restrictions on the Expenditure of the Grant

29. The program does not expend SAPT Block Grant funds to provide inpatient hospital substance abuse services, except in cases when each of the following conditions is met:
 - (a.) The individual cannot be effectively treated in a community-based, nonhospital, residential program
 - (b.) The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, nonhospital, residential treatment program
 - (c.) A physician makes a determination that the following conditions have been met:
 - (i.) The primary diagnosis of the individual is substance abuse and the physician certifies that fact.
 - (ii.) The individual cannot be safely treated in a community-based, nonhospital, residential treatment program.
 - (iii.) The service can reasonably be expected to improve the person's condition or level of functioning.
 - (iv.) The hospital-based substance abuse program follows national standards of substance abuse professional practice.
 - (v.) The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in a residential, community-based program).
30. The program does not expend SAPT Block Grant funds to purchase or improve land; purchase or construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.

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Federal Specific and General Federal Conditions of Award
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31. The program does not expend SAPT Block Grant funds to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal Funds.
32. The program does not expend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.
33. The program does not expend SAPT Block funds to make payments to intended recipients of health services.
34. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
35. The program does not expend SAPT Block Grant funds to provide treatment services in penal or correctional institutions of the State.

96.136 Requirements Regarding Independent Peer Review

All providers receiving federal funds are subject to Peer Review consistent with the requirements of the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. Federal Regulations 42 U.S.C. 300x-53(a); 45 C.F.R. 96.136; and 45 C.F.R. 96.122(f) (3) (v) specifically mandate that the State shall for the fiscal year for which the grant is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved, and ensure that at least 5 percent of the entities providing services in the State under such program are reviewed. The programs reviewed shall be representative of the total population of such entities.

As part of the independent peer review, the reviewers shall review a representative sample of patient/client records to determine quality and appropriateness of treatment services, while adhering to all Federal and State confidentiality requirements, including 42 CFR Part 2.

The reviewers shall examine the following:

- (1) admission criteria/intake process;
- (2) assessments;
- (3) treatment planning, including appropriate referral, e.g., prenatal care and tuberculosis and HIV services;
- (4) documentation of implementation of treatment services;
- (5) discharge and continuing care planning; and
- (6) indications of treatment outcomes.

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Federal Specific and General Federal Conditions of Award
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36. The State shall ensure that the independent peer review will not involve practitioners/providers reviewing their own programs, or programs in which they have administrative oversight, and that there be a separation of peer review personnel from funding decision makers. In addition, the State shall ensure that independent peer review is not conducted as part of the licensing/certification process.

The States shall develop procedures for the implementation of this section and such procedures shall be developed in consultation with the State Medical Director for Substance Abuse Services.

As a specific condition regarding continuous receipt of SAPT funds, the above mandate must be adhered to.

96.137 Payment Schedule

37. The program uses the Block Grant as the “payment of last resort” for services for pregnant women and women with dependent children, TB services, and HIV services and, therefore, makes every reasonable effort to do the following:
- (a.) Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX; any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program
 - (b.) Secure from patients or clients payments for services in accordance with their ability to pay.

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Strongly Encouraged Services for All Programs that Provide (Substance Abuse) Services to Women

The program provides pregnant women, women with dependent children, and their children, either directly or through linkages with community-based organizations, a comprehensive range of services to include:

- 1) case management to assist in establishing eligibility for public assistance programs provided by Federal, State, or local governments;
- 2) employment and training programs;
- 3) education and special education programs;
- 4) drug-free housing for women and their children;
- 5) prenatal care and other health care services;
- 6) therapeutic day care for children;
- 7) Head Start;
- 8) other early childhood programs; and
- 9) trauma-informed services.

Grantee agrees to comply with general conditions of federal fund awards, herein attached entitled "SAPT Block Grant - General Conditions of Federal Award Supplement."

(Cite: OMB Document No. 0930-0080)

- a. Certification Regarding Debarment and Suspension
 - b. Certification Regarding Drug-Free Workplace Requirements
 - c. Certification Regarding Lobbying and Disclosure of Activities
 - d. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)
 - e. Certification Regarding Environmental Tobacco Smoke
 - f. Certification Regarding Non-Discrimination
 - g. Certification Regarding OMB Circular A-133, Audits.
1. Grantee agrees to convey federal conditions of award, specific and general, to all sub-grantee/sub-contractor recipients of SAPT Block Grant funds, to identify areas of non-compliance and to monitor corrective action plan progress.

Failure to comply with federal conditions of award may result in the following including, but not limited to; future audit exceptions, disallowance of funds, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.

Supplement A: SAPT Block Grant - General Conditions of Federal Award Supplement
Appendix A: Code of Federal Regulations (CFR) Web Site Reference Link.

SUPPLEMENT A.

SAPT Block Grant - General Conditions of Federal Award Supplement

a. Certification Regarding Debarment and Suspension

The authorized official signing the Federal Conditions of Award certifies to the best of his or her knowledge and belief that in accordance with 45 CFR 76, the grantee and its principals:

- (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (2) have not within a 3-year period preceding this award 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) 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, or receiving stolen property;
- (3) are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of the offenses enumerated in paragraph (2) of this certification; and
- (4) have not within a 3-year period preceding this award had one or more public transactions (Federal, State or local) terminated for cause or default.

Should the grantee not be able to provide this certification, an explanation as to why should be provided to the Maryland Alcohol and Drug Abuse Administration (BHA). Grantee agrees to obtain from participants in lower tier covered transaction (sub-grantees/sub-contractors) a certification regarding debarment and suspension from Federal programs.

b. Certification Regarding Drug-Free Workplace Requirements

The authorized official signing the Federal Conditions of Award certifies that the grantee organization will provide a drug-free workplace in accordance with 45 CFR Part 76:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (2) Establishing an ongoing drug-free awareness program to inform employees about
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;

Attachment B

SUPPLEMENT A. - SAPT Block Grant - General Conditions of Federal Award Supplement

Page 2

- (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (3) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1) above;
- (4) Notifying the employee in the statement required by paragraph (1) above, that, as a condition of employment under the grant, the employee will
 - (a) Abide by the terms of the statement; and
 - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring the workplace no later than five calendar days after such conviction;
- (5) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (4) (b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working. Notice shall include the identification number of affected grant;
- (6) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (4)(b), with respect to any employee who is so convicted
 - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
- (7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5) and (6).

c. Certification Regarding Lobbying and Disclosure of Activities

Title 31, United States Code, Section 1352, entitled “Limitation on use of appropriated funds to influence certain Federal contracting and financial transaction,” generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

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**SUPPLEMENT A. SAPT Block Grant - General Conditions of Federal Award
Supplement**

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The authorized official signing the Federal Conditions of Award certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the grantee's authorized official signing the Unified Grant Award, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the authorized official signing the Federal Conditions of Award shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities" in accordance with its instructions. *(If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," and its instructions is provided as part of this supplement and is also available in PDF format at website link – <http://www.whitehouse.gov/omb/grants/sflllin.pdf>*
- (3) This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. "Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

d. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The authorized official signing the Federal Conditions of Award certifies that the statements herein are true, complete and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him to her to criminal, civil or administrative penalties. The grantee's authorized official signing the Unified Grant Award agrees that the grantee organization will comply with the Public Health Services terms and conditions of award.

e. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs, either directly or through State and local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where 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 authorized official signing the Federal Conditions of Award certifies that the grantee organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The grantee organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Public Health Services (PHS) strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

f. Certification Regarding Nondiscrimination

The authorized official signing the Federal Conditions of Award certifies that the grantee organization 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 on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the

Attachment B**SUPPLEMENT A. SAPT Block Grant - General Conditions of Federal Award Supplement****Page 5**

Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age, (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to the nondiscrimination on the basis of 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 on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the award.

g. Certification Regarding OMB Circular A-133

OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations requires that grantees (both recipients and sub-recipients) which expend a total of \$500,000 or more in federal assistance have an independent “single audit” prepared annually or biannually (or in some specified cases, a program-specific audit). The audit must be performed in accordance with Single Audit Act Amendments of 1996, and the Office of Management and Budget (OMB) Circular A-133.

The authorized official signing the Federal Conditions of Award certifies that grantee and sub-grantee audit reports, performed in compliance with the aforementioned circular, shall be forwarded to the Maryland Department of Health and Mental Hygiene (DHMH), Audit Division, 500 North Calvert Street, Fifth Floor, Baltimore, Maryland 21202 within thirty (30) days of issuance of said report.

The grantee organization agrees that it will require that the language of this certification be included in any sub-awards which contain federal funds and that all sub-recipients shall certify accordingly.

APPENDIX A.

Behavioral Health Administration Substance Abuse Prevention and Treatment (SAPT) Block Grant CFDA # 93.959 Federal Conditions of Award

Code of Federal Regulations
45 CFR
Public Welfare

SUBTITLE A
DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUBCHAPTER A – GENERAL ADMINISTRATION

PART 96 – BLOCK GRANTS

- **Subpart A – Introduction**
- **Subpart B – General Procedures**
- **Subpart C – Financial Management**
- **Subpart D – Direct Funding of Indian Tribes and Tribal Organizations**
- **Subpart E – Enforcement**
- **Subpart F – Hearing Procedure**
- **Subpart L – Substance Abuse Prevention and Treatment Block Grants**

96.120 Scope. Subpart L applies to the Substance Abuse Prevention and Treatment Block Grant administered by the Substance Abuse and Mental Health Services Administration, 45 CFR Part 96, subparts A through F, are applicable to this subpart to the extent that those subparts are consistent with subpart L. To the extent that subparts A through F are inconsistent with subpart L, the provisions of subpart L are applicable.

The Code of Federal Regulations (CFR) is available in Text and PDF format at the following Link!

Web Site Link: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>
or Search “Code of Federal Regulations.

- Click on “Browse Your Choice of CFR Titles”
- Scroll to “Title 45, Public Welfare”
- Click “Continue”
- Click on “Oct 1, 2002, Parts 1-199”
- Click on “Part 96

ATTACHMENT 1

MEMORANDUM

DATE:

TO: Behavioral Health Administration

FROM: *Name of Health Officer/Designee*
Name of Local Health Department/Governmental Entity

SUBJECT: Attestation of Comprehensive Review of Sub-provider Budgets for
Substance Use Disorder Grants

This memorandum attests to our comprehensive review of all sub-provider budgets that provide services with funds provided to our agency by the Behavioral Health Administration.

Our review process provides assurance that a comprehensive review of the sub-provider budgets includes the following steps: