Item #4-6

City of Carson City
Agenda Report

Date Submitted: 09/23/08

Agenda Date Requested: 10/02/08
Time Requested: Consent

To: Carson City Board of Supervisors

From: Health and Human Services Department

Subject Title: Action to approve a grant award in the amount of $16,000 from the Nevada Department of Health & Human Services, Child, Family & Community Wellness, for funds to support nursing activities at the Carson City Community Health Clinic.

Staff Summary: This grant will be used to supplement the community health nursing activities at the Carson City Community Health Clinic (CCCHC).

Type of Action Requested: (check one)
(____) Resolution (____) Ordinance
(_X_) Formal Action/Motion (____) Other (Specify)

Does This Action Require A Business Impact Statement: (___) Yes (_X_) No

Recommended Board Action: I move to approve a grant award in the amount of $16,000 from the Nevada Department of Health & Human Services, Bureau of Child, Family & Community Wellness, for funds to support nursing activities at the Carson City Community Health Clinic.

Explanation for Recommended Board Action: This grant will be used to supplement the community health nursing activities at the Carson City Community Health Clinic (CCCHC).

Applicable Statue, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: $16,000

Explanation of Impact: Expenses will be reimbursed under this sub-grant award.

Funding Source: State Grant (No match required)

Alternatives: Do Not Approve

Supporting Material: N/A

Prepared By: Marena Works

Reviewed By:

(Department Head) Date: 9-23-08

(City Manager) Date: 9/23/08

(District Attorney) Date: 9-23-08

(Finance Director) Date: 9-23-08

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay

2) _____

_____

_____

_____

_____

_____

(Vote Recorded By)

JIM GIBBONS
Governor

MICHAEL J. WILLDEN
Director

STATE OF NEVADA

RICHARD WHITLEY, MS
Administrator

State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION

Bureau of Child, Family & Community Wellness
Nevada State Health Division
4150 Technology Way, Suite 101
Carson City, NV 89706
(775) 684-4285 - Fax (775) 684-4245

9/19/08

TO: Richard Whitley

THRU: Todd Myler/LeAnne Hollingsworth

FR: Barbara Howe

RE: $16,000 sub-grant to CCHHS for MCH Activities

As you are all aware, this sub-grant was pulled from the FAR "bundled" sub-grant in the early summer. It now stands alone and does not yet incorporate the coming changes to all MCH sub-grants. It is simply a stop-gap so that they may provide ANY MCH services.

This is a RETRO memo in that the grant period requested will be back-dated to July 1, 2008. Maria Canfield requested that it be a short sub-grant period, ending Dec 31, 2008 so that NSHD can incorporate performance based metrics into the scope of work, which I completely support.

Thank you for your help to get this out to them.

Department of Health and Human Services
HEALTH DIVISION
(hereinafter referred to as the DIVISION)

Health Division #: 09061

Budget Account #: 3222
Category #: 12
GL #: 3510

NOTICE OF SUBGRANT AWARD

Program Name: Maternal Child Health Block Grant Bureau of Child, Family and Community Wellness Nevada State Health Division	**Subgrantee Name:** Carson City Public Health Clinic Carson City Health and Human Services
Address: 4150 Technology Way, Suite 101 Carson City, NV 89706-2009	**Address:** ~~1711 North Roop Street~~ 900 E. Long St. Carson City, NV 89706
Subgrant Period: July 1, 2008 – December 31, 2008	**Subgrantee EIN#:** 88-6000189 **Subgrantee Vendor#:** T81073584

Reason for Award: **This sub-grant is for Carson City Public Health Clinic to oversee/administer immunizations and teen pregnancy prevention programs.**

County(ies) to be served: ( ) Statewide (X) Specific county or counties: Carson City

Approved Budget Categories:

1. Personnel	$	
2. Travel	$	
3. Operating	$	
4. Equipment	$	
5. Contractual/Consultant	$	
6. Training	$	
7. Other	$	16,000
Total Cost	$	16,000

Disbursement of funds will be as follows:
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant.* Total reimbursement will not exceed $ **16,000** .00 during the subgrant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Maternal & Child Health Block Grant	100 %	93.994	1B04MC021419

Terms and Conditions
In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

	Signature	Date
Larry Werner CC City Manager		
Barbara Howe Program Manager	Barbara Howe	9/19/08
Maria Canfield Bureau Chief	Maria D. Canfield	9/19/08
Richard Whitley, MS Administrator, Health Division		9/19/8

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.

2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.

3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
    a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
    b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

    Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.

8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.

10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
    a. any federal, state, county or local agency, legislature, commission, council, or board;
    b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
    c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.

11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
    a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
    b. ascertain whether policies, plans and procedures are being followed;
    c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
    d. determine reliability of financial aspects of the conduct of the project.

    Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending $500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

Carson City Health and Human Services, hereinafter referred to as Sub-grantee, agrees to provide the following services and reports according to the identified timeframes:

CARSON CITY PUBLIC HEALTH CLINIC WORK PLAN

Maternal & Child Health (MCH) Services

The two main focus areas in the Maternal & Child Health Block Grant center on immunization of children through age 3, and the need for continuing preventive education as a means of reducing unintended pregnancies. These areas are the focal point of the duties being passed on to the CCHHS through the funding provided by this portion of the sub-grant. The objectives identified, in reference to this grant, are directly related to Healthy People 2010 Objectives. The specific areas to be addressed are:

a) Assure all children through age 3 (19-35 months) have completed the full immunization schedule to avert all cases of vaccine-preventable morbidity and mortality. Infectious diseases remain important causes of preventable illness in the United States. Promote the Early Periodic Screening Treatment and Diagnosis (EPSDT) program as a way of providing continuity of care.

b) Increase the number of effective health education programs available to school-age children to reduce the number of unintended pregnancies female adolescents' experience. Health Education is the best means of prevention; teaching adolescents useful behaviors at an early age increases the probability of their applying the proper behaviors.

- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1B04MC021419 from Maternal & Child Health,

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	$	$	
2. Travel	$	$	
3. Operating	$	$	
4. Equipment	$	$	
5. Contractual Consultant	$	$	
6. Training	$	$	
7. Other	$ 16,000	$	Administrative costs
Total Cost	$ 16,000		

- This subgrant and the Health Division policy allows up to 10% flexibility within budget categories, within the approved Scope of Work, unless otherwise authorized.

Sub-grantee agrees to request reimbursement on a **monthly basis** for the actual expenses incurred related to the Scope of Work during the sub-grant period, in addition to submitting the following items:

- Receipt and acceptance of Request for Reimbursement form, the Community Health Nurse Monthly Statistical form, and supporting documentation summarizing the total amount and type of expenditures made during the reporting period. This information is detailed in Section C of this agreement.

- A complete Community Health Nurse Statistical Report to the State Health Division's Maternal Child Health Program Manager by the 5th day of the month following the month of the services provided, via electronic mail, fax, or ground mail.

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;

- Additional expenditure detail will be provided upon request from the Division.

Additionally, the subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Provide reimbursement for activities related to this sub-grant, not to exceed $16,000 during the sub-grant period.
- Provide technical assistance, upon request from the Sub-grantee.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

The Health Division will conduct site visits within three months of this sub-grant award to review performance and provide necessary feedback to enable the Sub-grantee to take appropriate action.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office

This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT. This audit will include, but is not limited to, such review as is necessary to assure that fee revenue projected by Carson City HHS are adequately credited to the project budget as the City's contribution share of the grant income.

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements

- A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on **actual** expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments MUST be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

**** An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

Nevada Department of Health and Human Services

Health Division # 09061
Bureau Program # 3222
GL # 3510
Draw #: Category 12

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name:	**Subgrantee Name:**
Maternal Child Health Block Grant NSHD - Health Promotion & Disease Prevention	Carson City Public Health Clinic Carson City Health and Human Services
Address: 4150 Technology Way, Suite 101 Carson City, NV 89706-2009	**Address:** 1711 North Roop Street Carson City, NV 89701
Subgrant Period: July 1, 2008 - Dec 31, 2008	EIN#: 88-6000189 T81073584

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in whole dollars; must be accompanied by expenditure report/back-up)

Month(s): **Calendar Year:**

	Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1	Personnel	$ 0	$ 0	$ 0	$ 0	$ 0	0%
2	Travel	$ 0	$ 0	$ 0	$ 0	$ 0	0%
3	Operating	$ 0	$ 0	$ 0	$ 0	$ 0	0%
4	Equipment	$ 0	$ 0	$ 0	$ 0	$ 0	0%
5	Contract/Consultant	$ 0	$ 0	$ 0	$ 0	$ 0	0%
6	Training	$ 0	$ 0	$ 0	$ 0	$ 0	0%
7	Other	$ 16,000	$ 0	$ 0	$ 0	$ 16,000	0%
8	**Total**	$ 16,000	$ 0	$ 0	$ 0	$ 16,000	0%

This report is true and correct to the best of my knowledge.

Authorized Signature Title Date

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary? _____ Yes _____ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

HD Template: Updated 2-7-08

BUREAU OF COMMUNITY HEALTH

COUNTY/OFFICE _____ MONTH/YEAR _____

DIRECT SERVICES (in clinic, school, home, telephone, etc):

*A # OF IMMUNIZATION VISITS
1. TOTAL IZs 0-2 yrs
2. TOTAL IZs OVER 2 YRS
OF IZs GIVEN (total 1+2) 0
CHILD FLU
CHILD PNEUMO
ADULT FLU
ADULT PNEUMO
HEP A
HEP B
IZ F-UP/DR/RECALLS

*B CHILD HEALTH (total)
CSHCN
DENTAL
EPSDT (HEALTHY KIDS)
WELL CHILD VISITS
(EXCLUDING EPSDT)
All Other Child Health Services

*C ADULT HEALTH, GENERAL

*D CANCER SCREENING
MAMMOs ARRANGED

*E MATERNAL HEALTH
ANTE PARTUM
POST PARTUM

*F FAMILY PLANNING (total)
GENPROBE G C
GENPROBE M F
APTIMA CT & GC M F
STD (not HIV) M F
HIV M F
OVER 20 DAY WAIT

*G STD SERVICES (total)
STD (not HIV) M F
GENPROBE G C
GENPROBE M F
APTIMA CT & GC M F
HIV M F

H TUBERCULOSIS
* PPDs ADMINISTERED
* PPDs READ
PPDs POSITIVE
* TB OFFICE VISIT
TOTAL # ON INH

ACTIVE TB CASES-NEW
ACTIVE TB CASES-OLD

*I TB HOME VISIT

*J CD, OTHER
HOME VISITS

K WIC REFERRALS

*L # OF INDV. CLINIC VISITS
OTHER (specify)

M # NON-ENG SPEAKING PATIENTS

N HOURS IN A TRAVEL STATUS (CHN only)

O SCHOOL SERVICES (total)
V/H/S SCREENINGS
SCHOOL SERVICES PROVIDED IN CLINIC
OTHER SCHOOL SERVICES

P # OF PTS. REFERRED TO OTHER SERVICES

Q # Intended Pregnancy
Unintended Preg/unwanted
Method Failure
User Failure

R # Plan Pregnancy
# of Referral for Vasectomy
OF COLPOSCOPY
OF CRYOSURGERIES
OF PTS REC. BIOPSIES
OF HPV TYPING
of Referral for Leep

*S NUMBER OF PATIENTS SEEN THIS MONTH (total) 0
WITH MEDICAID
WITH PRIVATE INS
WITH NO INS
WITH MEDICARE
WITH INDIAN HLTH SERV
WITH UNKNOWN INS

T

	PT+	PG-	I Preg	MF	UF
Family Planning					
Established Patient					
New FP Patient					
Readmit Visits					

1. How many patients were counseled and referred to nicotine dependent or treatment services?
2. How many patients were counseled for substance abuse (Alcohol, Drug, etc)?
3. How many patients were referred for substance abuse (Alcohol, Drug, etc)?
4. How many TB patients were referred for services (Lab, X-ray, and Medication)?
5. How many BADA presentations were conducted this month?
6. How many BADA participants attended the presentations?

* Represents categories that are added into "S - Total number of patients seen this month."

PATIENT'S FIRST VISIT IN THE NEW FI[illegible] YEAR (to be recorded completely in all of the apr[illegible]iate categories below):

TOTAL PATIENTS NEW FOR THE FISCAL YEAR (nursing and family planning) _____ # OF NURSING PATIENTS (new for the fiscal year) _____ # OF FAMILY PLANNING PATIENTS (new for the fiscal year) _____

	TOTAL ALL RACES	WHITE	BLACK	AMERICAN INDIAN	ASIAN OR PAC ISLANDER	HISPANIC	OTHER & UNKNOWN
TOTAL INFANTS							

	TOTAL NON-HISPANIC	TOTAL HISPANIC
TOTAL INFANTS		

	TOTAL # SERVED	# WITH MEDICAID	# WITH OTHER INS	# WITH NO COVERAGE	OTHER & UNKNOWN
PREGNANT WOMEN & POSTPARTUM WOMEN					
CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)					
INFANTS UNDER ONE					
CHILDREN 1 TO 22					
WOMEN OF CHILDBEARING AGE OVER 22 (not counted as pregnant, postpartum or CSHCN)					
TOTAL MCH POPULATION (column totals)	0	0	0	0	0

ADULT SCREENINGS:

GROUP IDENTIFICATION	AGE	TYPE	#SCREENED	# REFERRED

TOTAL # OF GROUPS: _____ TOTAL # OF PATIENTS SCREENED / REFERRED: 0 0

GROUP TEACHING:

SCHOOL PRESENTATION, HEALTH FAIRS, COMMUNITY PRESENTATIONS	ADULT OF GRADE/AGE (IF SCHOOL)	# SESSIONS	TOTAL # ATTENDED FOR ALL SESSIONS IN EACH GROUP

TOTAL # OF SESSIONS / # OF ATTENDEES: 0 0

MEETINGS ATTENDED - TOTAL: 0

CAT Team Mtgs: _____ Commiss/Superv. Mtgs: _____ Commty. Mtgs: _____ Misc. Mtgs: _____

FLUORIDE PATIENT INFORMATION:

AGE 0 - 12 MONTHS	AGE 1 - 5 YEARS	MEDICAID PATIENTS	TITLE V PATIENTS

RACE / ETHNICITY OF FLUORIDE PATIENTS

A. CAUCASIAN / WHITE _____
B. AFRO AMERICAN / BLACK _____
C. AMERICAN INDIAN / ALASKAN NATIVE _____
D. ASIAN / PACIFIC ISLANDER _____
E. OTHER _____
F. UNKNOWN _____

G MEXICO _____
H PUERTO RICO _____
I. CUBA _____
J. CENTRAL/SOUTH AMERICA _____
K OTHER / UNKNOWN _____
HISPANIC ORIGIN TOTAL _____

NAME OF PERSON FILLING OUT STATISTICS FORM: _____