



Minnesota Department of Health

**Local Public Health Act
Title V, MCH Block Grant
TANF Family Home Visiting**

2014 Assurances and Agreements

BY SIGNATURE, THE AUTHORIZED OFFICIAL AGREES AND ASSURES THAT LOCAL PUBLIC HEALTH ACT, TITLE V AND TANF FAMILY HOME VISITING FUNDING WILL BE USED IN ACCORDANCE WITH THE TERMS OUTLINED IN THE COMMUNITY HEALTH BOARD'S MASTER GRANT CONTRACT EFFECTIVE JANUARY 1, 2009- AND AS AMENDED TO DECEMBER 31, 2014.

IN ADDITION, THE AUTHORIZED OFFICIAL AGREES AND ASSURES THAT:

1. Services will be provided in accordance with state and federal laws, rules, and policies.
2. The Community Health Board (CHB) will comply with state and federal requirements for equal opportunity employment.
3. The CHB will comply with state and federal requirements relating to data privacy and confidentiality of protected information.
4. The CHB will provide the Minnesota Department of Health with information referenced in reports where applicable.
5. Standards for programs or activities will be used in carrying out affected programs or activities where those standards exist.
6. An assessment of community health needs and assets has been conducted, upon which the local public health priorities and issues are established.
7. Input has been sought from the community for the establishment of local public health priorities and issues.
8. Input has been sought from the community or the recommendations of a community health advisory committee have been considered in determining the mechanisms to address local public health priorities and achieve the statewide local public health objectives.

9. The ten essential public health services (MN Statutes 145A.10, Subd. 5a.) have been considered in determining the mechanisms to address local public health priorities and achieve statewide local public health objectives.
10. The state general funds and match have been used to support the essential local public health activities adopted by SCHSAC and address the local public health priorities and issues as identified by the community health assessment and action plan.
11. The CHB should notify MDH six months prior to any final board action on major governance or organizational structural changes within the CHB or its member counties. This is in addition to the withdrawal notification requirement outlined in MN Stat 145A.03 Subd. 3.
12. If the CHB decides to subcontract activities, the contract should not be executed or otherwise entered into until approval from the Minnesota Department of Health has been received. Subcontract requests for use of TANF Family Home Visiting or Title V funding should be sent to janet.olstad@state.mn.us. Subcontract requests for use of state general funds should be sent to debra.burns@state.mn.us.
13. CHBs will choose either to submit invoices on a monthly or quarterly basis and will hold to this scheduled unless a request to change is submitted to janet.olstad@state.mn.us. The CHB will submit invoices within 30 days of the end of the invoice period.
14. CHBs will be reimbursed for travel and subsistence expenses in the same manner and in no greater amount than provided in the current "Commissioner's Plan" promulgated by the Commissioner of Minnesota Management and Budget (MMB).
15. The CHB will comply with all standards related to fiscal accountability that apply to the Minnesota Department of Health, specifically:
 - a. The local match identified in the expenditures and budget submissions comply with the definitions specified in MN Statutes 145.882, Subd. 3(b) (Federal Title V) and 145A.131, Subd. 2 (State General Funds).
 - b. The CHB will submit budget revisions to the Commissioner for prior approval in accordance with applicable statute, rule, and the Minnesota Department of Health policy.
 - c. Reports will be filed with the Commissioner of Health in accordance with applicable statute, rule, and the Minnesota Department of Health policy.
 - d. The CHB will maintain a financial management system that provides and is available for review:
 - i. Accurate, current, and complete disclosure of the financial results of each activity.
 - ii. Records that identify adequately the source and application of funds for grant supported activities. These records shall contain information pertaining to grant awards and authorizations,

- obligations, unobligated balances, liabilities (encumbrances), outlays and income.
- iii. Demonstration that the CHB has effective control over the accountability for all funds, property, and other assets.
 - iv. Comparison of actual obligations with budget amounts for each activity.
 - v. Accounting records that are supported by source documentation.
 - vi. Audits that can be made by or at the direction of the CHB or the Minnesota Department of Health. Financial records will be retained until audited, with the following qualifications:
 - 1. The records will be retained beyond this period if any audit findings have not been resolved.
 - 2. Records for non-expendable property acquired with grant funds will be retained for three years after the property's final disposition.
 - e. The CHB will be responsible for compiling expenditure information from each county for combined invoices if requested for audit purposes.

16. The CHB will use the Disease Prevention and Control Common Activities Framework, as adopted by the State Community Health Services Advisory Committee (SCHSAC), as the foundation for providing resources and services in keeping with its responsibilities as set forth in the framework.

17. The CHB will maintain records of the following materials for review:
- a. Copies of the Joint Powers Agreement forming the Community Health Board.
 - b. When appropriate, copies of agreements establishing a Board of Health or Boards of Health within the area of the Community Health Boards.
 - c. When applicable, agreements establishing a Human Services Board. This is necessary if the Human Services Board has assumed the powers and responsibilities of a Community Health Board under MN Statutes 402.
 - d. Organization chart of the Community Health Board structure that identifies major program activities, advisory groups, and lines of authority and accountability.
 - e. A list of all city/county local ordinances or other local regulations related to community health services revised within the past two years.
 - f. Copies of all public meeting notices and minutes, including Community Health Board notices and minutes.
 - g. General roster for community health service mailings.
 - h. Where applicable, Community Health Services advisory committee meeting notices, minutes, and attendance records.
 - i. Summary of public comments or testimony on the local public health priorities and/or mechanisms to address the priorities and achieve statewide outcomes.
 - j. Copies of contracts/purchase of service agreements with other organizations.

- k. Environmental Health Delegation Agreement and other agreements to exercise the Commissioner of Health's authority.

**ADDITIONAL FEDERAL ASSURANCES AND AGREEMENTS RELATED TO
FEDERAL TITLE V AND TANF FAMILY HOME VISITING FUNDING:**

18. The CHB (if it has 15 or more employees) and any subcontractors with 15 or more employees will have on file and available for submission to Minnesota Department of Health upon request a written non-discrimination policy containing at least the following:

"All programs, services, and benefits which are administered, authorized, and provided shall be operated in accordance with the non discriminatory requirements pursuant to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, and the non discriminatory requirements of the Title V Block Grant.

No person or persons shall on the ground of race, color, national origin, handicap, age, sex, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program service or benefit advocated, authorized, or provided by this Department."

19. The CHB (if it has 15 or more employees) and any subcontractors with 15 or more employees will disseminate information to beneficiaries and the general public that services are provided in a non discriminatory manner in compliance with civil rights statutes and regulations. This may be accomplished by:
 - a. Including a handout containing civil rights policies in any brochures, pamphlets, or other communications designed to acquaint potential beneficiaries and the public with programs; and/or
 - b. Notifying referral sources in routine letters by including prepared handouts stating that services and benefits must be provided in a non-discriminatory manner. Copies of each document disseminated and a description of how these documents have been disseminated will be provided to the Minnesota Department of Health upon request.
20. In fulfilling the duties and responsibilities of this grant, the CHB shall comply with the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, et seq., and the regulations promulgated pursuant to it.
21. No residency requirements for services other than state residence will be imposed. Non-CHB residents must be served or referred to the appropriate local public health department.
22. Services shall not be denied based on inability to pay.
23. Arrangements shall be made for communications to take place in a language understood by the maternal and child health service recipient.

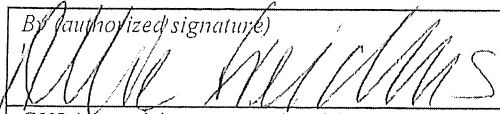
24. All written materials developed to determine client eligibility and to describe services provided under this funding will be understandable to the eligible population.
25. The CHB will provide services in keeping with program guidelines of the Minnesota Department of Health and guidelines of accepted professional groups such as the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and American Public Health Association.
26. Upon request, one copy of the prior approved subcontract executed using federal funds will be provided to the Minnesota Department of Health.
27. Title V (MCH Block Grant) funds shall not be used for inpatient services except for high-risk pregnant women and infants or to children with special health care needs.
28. Cash payments shall not be made to intended recipients of health services.
29. Title V or TANF Family Home Visiting funds may not be used for purchase or improvement of land or facilities or provide research or training to any entity other than a public or non profit private entity.
30. Title V or TANF Family Home Visiting funds may not be used for purchase of equipment costing more than \$5,000.00 per unit and with a useful life exceeding one year.
31. Title V or TANF Family Home Visiting funds may not be used for reimbursement for travel and subsistence expenses incurred outside the state unless it has received prior written approval from Janet Olstad (janet.olstad@state.mn.us) at the Minnesota Department of Health for any out-of-state travel requests.
32. When applicable, the CHB shall provide nonpartisan voter registration services and assistance using forms provided by the state to employees of the agency and the public as required by Minnesota Statutes, Section 201.162, Requirements for Voter Registration.
33. When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects and programs funded in whole or in part with federal money shall clearly state (a) the percentage of the total cost of the program or project which will be financed with federal money, and (b) the dollar amount of federal funds for the project or program.
34. The CHB will not use Title V funds to pay for any item or service (other than an emergency item or service) furnished by an individual or entity convicted of a criminal offense under the Medicare or any state health care program (i.e., Medicaid, Maternal and Child Health, or Social Services Block Grant programs).

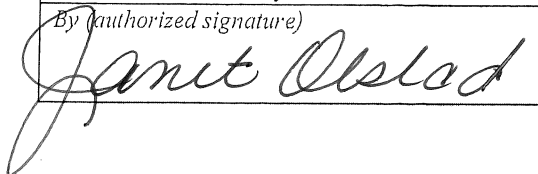
35. Materials developed by Title V funds and matching funds will be part of the public domain and will be accessible to the public as financially reasonable. Materials developed by the Title V funds and/or matching funds may be reproduced and distributed by the Project to other agencies and providers for a profit so long as the revenues from such sale are expended on maternal and child health services.
36. Title V funds are used as payment for services only after third-party payments, such as from the Medical Assistance/Medicaid (Title XIX SSA), MinnesotaCare reimbursement programs of the Minnesota Department of Human Services and private insurance are utilized.
37. Title V funds will not be used to provide and/or arrange sterilizations without the prior written approval of the Minnesota Department of Health. Agencies approved to use federal funds to provide and/or arrange for sterilization are required to follow federal procedures and to provide written documentation in this regard on a quarterly basis. (This procedure is not applicable to provision of information concerning sterilization).
38. The CHB will comply with the requirements of the OMB Circular A-87 "Cost Accounting Principles for State, Local, and Indian Tribal Governments," Cost Account Principles and the Federal award(s) for which they apply.
39. Title V fund must be used as outlined in Minnesota Statutes 145.882, Subd. 7.
40. Other federal funds (including TANF Family Home Visiting) that the CHB receives cannot be used to meet match requirements for Title V funds.
41. Individuals whose income is at or below 100 percent of Federal Poverty Guidelines (FPG) and receiving Title V funded services cannot be charged a fee for services provided.
42. Sliding fees imposed on families above 100 percent of FPG and receiving Title V funds or services will be adjusted to reflect the income, resources, and family size of the individual provided the services.
43. Temporary Assistance for Needy Families (TANF) Family Home Visiting funds may only be used to 1) provide eligible families with non-medical home visiting services; 2) eligible families with WIC clinic services; and/or 3) group teen pregnancy prevention programs.
44. TANF Family Home Visiting funds cannot be used for cash payments to recipients or to reimburse families or individuals for childcare or for transportation.
45. TANF Family Home Visiting and Title V funds cannot be used to satisfy match requirements of another federal program.

46. TANF Family Home Visiting funds cannot be used for any medical services including family planning services. Family planning services include: counseling and education as part of a clinical visit (or visits) related to obtaining contraceptives; medical services such as a pap smear or physical; and contraceptive supplies.
47. TANF Family Home Visiting Program eligibility criteria (documentation must be in each case file and updated annually):
- a. Family is receiving federally funded Minnesota Family Investment Program (MFIP) OR
 - b. Family has an income at or under 200% FPG AND all members of the family are either U.S. citizens or eligible non-citizens AND family consists of one of the following:
 - i. Pregnant woman
 - ii. Child under the age of 18 OR
 - iii. Child under 19 if a full time secondary student
48. Administrative cost of TANF Family Home Visiting expenditures may not exceed 15 percent.
49. CHB must complete and submit all required information related to federal Title V and TANF Family Home Visiting funding by the dates requested. CHB may be asked to provide additional information related to Title V and TANF program activities or expenditures.

Application is made for funding under the provisions of the Local Public Health Act in the amount determined by the formula outlined in MN Statutes 145A and for the purposes stated therein. The Community Health Board agrees to comply with conditions and reporting requirements consistent with applicable Minnesota Statute and Rule.

Signature of Chair or Vice-chair of the Community Health Board or an Agent Appointed by Resolution of the Community Health Board:

By (authorized signature) 	Title CHS Director	Date 11/18/13
CHB Name (please print clearly) Meeker-McLeod-Sibley Community Health Services		

For MDH Use Only	
By (authorized signature) 	Date 10/18/13

For the 2014 Calendar Year the Community Health Board will submit invoices
(check one)

☐ monthly
☒ quarterly

Please mail to: Janet Olstad
Minnesota Department of Health
Community and Family Health
PO Box 64882
St. Paul, MN 55164-0882

OR PDF to: janet.olstad@state.mn.us