



Minnesota Department of Health Grant Project Amendment Cover Sheet

You have received a grant project amendment from the Minnesota Department of Health (MDH). Information about the grant project amendment, including funding details, are included below. Contact your MDH Grant Manager if you have questions about this cover sheet.

ATTACHMENT: Amendment

CONTACT FOR MDH: Jennifer Heath, 651-201-5577, Jennifer.heath@state.mn.us

Grantee SWIFT Information	Grant Project Agreement Information	Program & Funding Information
Name of MDH Grantee: Le Sueur-Waseca Community Health Board	Grant /Project Agreement Number: 204597	MDH Program Name: CYSHN Follow-up
Grantee SWIFT Vendor Number: 0000197320 SWIFT Vendor Location Code: 001	Effective Date: 1/1/2022 Expiration Date: 12/31/2026	Total State Grant Funds: \$22,050 Total Federal Grant Funds: This is a fee for service grant agreement, no set dollar amount is attached to the grant project agreement. Total Grant Funds (all funds): \$22,050

Notice to Grantee about Federal Funds

This amendment pertains to your sub-award of federal financial assistance from MDH. Information about the award is being shared with you per [2 CFR § 200.332](#). Please keep a copy of this Cover Sheet with the amendment.

Grantee Unique Entity Identifier (UEI) Name and Number	UEI Name: Waseca, County of UEI Number: JSM2MKRJWPB5
Grantee's Approved Indirect Cost Rate for the Grant	
Is this award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Project Description	Delivery of follow-up services by Local Public Health agencies in Minnesota to children with special health care needs and their families identified through Minnesota Department of Health Children with Special Health Needs programs to identify specific needs and assist with connection and referral to needed services.)
Name of Federal Awarding Agency	Health Resources and Services Administration (HRSA)
Assistance Listing Name and Number (Formerly <i>Catalog of Federal Domestic Assistance</i> , "CFDA")	Assistance Listing Name: Universal Newborn Hearing Screening Assistance Listing Number: 93.251
Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number	H6100035
Federal Award Date (Date MDH received federal grant)	4/29/2021



Amount of funding from this federal award MDH is issuing to Grantee:	This is a fee for service grant agreement, no set dollar amount is attached to the grant project agreement.
Total Amount of Federal Award Received by MDH	\$235,000
Name of Federal Awarding Agency	Center for Disease Control (CDC)
Assistance Listing Name and Number (formerly <i>Catalog of Federal Domestic Assistance</i> , "CFDA")	Assistance Listing Name: Improving Timely Documentation, Reporting, and Analysis of Diagnostic and Intervention Data through Optimization of EHD1 Surveillance Practices and Information Systems Assistance Listing Number: 93.314
Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number	NU50DD000096
Federal Award Date (Date MDH received federal grant)	06/01/2020
Amount of funding from this federal award MDH is issuing to Grantee:	This is a fee for service grant agreement, no set dollar amount is attached to the grant project agreement.
Total Amount of Federal Award Received by MDH	\$160,000

Minnesota Department of Health Community Health Board Grant Project Amendment

Grant Project Agreement Effective Date:	1/1/2022	Original Grant Project Agreement Amount:	This was a fee for service grant agreement, no set dollar amount was attached to the grant project agreement
Original Grant Project Agreement Expiration Date:	12/31/2026	Previous Amendment(s) Amount:	\$0.00
Current Grant Project Agreement Expiration Date:	12/31/2026	This Amendment Amount:	\$22,050
New Grant Project Agreement Expiration Date:	12/31/2026	New Grant Project Agreement Total:	\$22,050 plus fee for service dollar amounts

This Grant Project Amendment is between the State of Minnesota, acting through its Commissioner of the Minnesota Department of Health (hereinafter “MDH”) and Le Sueur-Waseca Community Health Board, 1000 W Elm Ave Waseca MN 56093 (hereinafter “Grantee”).

Recitals

1. MDH has a grant project agreement with Grantee identified as 204597 (“Original Grant Project Agreement”) to provide follow-up services to children with special health needs identified through MDH Children and Youth with Special Health Needs programs including identifying specific needs and assisting with connection and referral to needed services.
2. The grant agreement is being amended to add state funds and revise Grantee’s duties to include implementation of the Follow Along Program, a program that identifies young children at risk for developmental and social-emotional concerns through screening and provides connections to developmental activities and appropriate resources and services as needed to support overall health and well-being.
3. MDH and Grantee are willing to amend the Original Grant Project Agreement as stated below.

Grant Project Amendment

Amended or deleted grant project agreement terms will be ~~struck out~~, and the added grant project agreement terms will be underlined.

REVISION 1. Clause 3. “Grantee’s Duties and Responsibilities” is amended as follows:

The Grantee shall: perform the duties specified in Exhibit A1, which is attached and incorporated into this grant agreement.

REVISION 2. Clause 4. “Consideration and Payment” is amended as follows:

4.1. Consideration

MDH will compensate for all services performed by Grantee under this grant project agreement as follows:

4.1.1. Compensation

Compensation will be in accordance with the breakdown of costs contained in Exhibit B1, which is attached and incorporated into this grant project agreement.

4.1.2. Total Obligation

The total obligation of MDH for all compensation and reimbursements to the Grantee will be paid in accordance with Exhibit B1.

4.2. Terms of Payment

4.2.1. Invoices

MDH will promptly pay Grantee after Grantee presents an itemized invoice for the services actually performed and MDH’s Authorized Representative accepts the invoiced services. Invoices must be submitted in a timely fashion and according to the following schedule: Reimbursement per case payment level of work completed and submitted to MDH Early Hearing Detection and Intervention (EHDI) Program and MDH Children and Youth with Special Health Needs (CYSHN) Program on a quarterly basis. Expenses for the Follow Along Program will be reimbursed on a bi-annual (two times per year) basis. Reimbursement for the Follow Along Program will be broken into two installments and will be based upon completion and submission of biannual report to the MDH CYSHN Program on January 31st and July 31st of each year.

REVISION 3. Clause 7.1. “MDH’s Authorized Representative” is amended as follows:

MDH’s Authorized Representative for purposes of administering this grant project agreement is ~~Barbara Frohnert, Birth Defects Supervisor, PO Box 64882, St. Paul, MN, 55164-0882, 651-201-5953, barbara.frohnert@state.mn.us~~ Jennifer Heath, CYSHN Outreach and Prevention Supervisor, PO Box 64975, Saint Paul, MN 55164-0975, 651-201-5577, Jennifer.Heath@state.mn.us, or their successor, and has the responsibility to monitor Grantee’s performance and the final authority to accept the services provided under this grant project agreement. If the services are satisfactory, MDH’s Authorized Representative will certify acceptance on each invoice submitted for payment.

REVISION 4. Clause 8.4. “Termination by Commissioner of Administration” is added as follows:

The Commissioner of Administration may unilaterally and immediately cancel this grant agreement if, in the Commissioner’s sole discretion, further performance does not serve MDH’s purposes or is not in the best interests of the State of Minnesota.

Except as amended herein, the terms and conditions of the Original Grant Project Agreement and all previous amendments remain in full force and effect. The Original Grant Project Agreement, and all previous amendments, are incorporated by reference into this amendment.

[signatures on next page]



APPROVED:

1. State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

Rachel LeBlanc

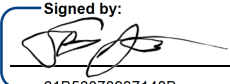
Digitally signed by Rachel
LeBlanc
Date: 2024.09.10 08:06:44 -05'00'

Signature: _____

SWIFT Contract & Initial PO: 204597/3000117893/REQ 518

2. Grantee

Grantee certifies that the appropriate persons(s) have executed the grant agreement on behalf of Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

Signed by: 
Signature: _____
Title: CHS Administrator
Date: 9/17/2024 | 12:50:24 PM CDT

Signature: _____
Title: _____
Date: _____

Signature: _____
Title: _____
Date: _____

Signature: _____
Title: _____
Date: _____

1. Minnesota Department of Health

Grant agreement approval and certification that State funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

Signature: _____
(with delegated authority)
Title: _____
Date: _____

Distribution:

All parties on the DocuSign envelope will receive a copy of the fully executed grant agreement.

Exhibit A₁ – Grantee’s Duties

A. Implementation of CYSHN Follow-Up

~~Provide follow-up for each reimbursable referral provided by the STATE-MDH for of an infants/children determined as "lost to follow-up" by the Early Hearing Detection and Intervention (EHDI) Program, from newborn hearing rescreening, diagnosis and/or for infants/children diagnosed with a condition identified by the STATE-MDH’S Children and Youth with Special Health Needs Program, and whose reported residence is in the GRANTEE'S jurisdiction:~~

1. For infants/children without complete screening or diagnostic testing results and considered by the STATE-MDH Early Hearing Detection and Intervention (EHDI) Program to be "lost to follow-up":
 - a. Facilitate screening/rescreening/diagnostic testing: Ensure that the infant/child's newborn hearing screening has been completed and ensure that results have been sent to the STATE. If screening or needed rescreening has not been completed, arrange for infant/child to be screened. For a child needing diagnostic testing, ensure that the infant/child’s diagnostic evaluation has been completed and results have been sent to the STATE-MDH. If diagnostic evaluation has not been completed, arrange for evaluation services from an audiologist experienced working with infants/children and ensure that results have been sent the STATE MDH.

Reporting: For all infants/children followed, submit required data real time (as it is collected) using the fillable PDF form provided by MDH.

2. ~~For infants/children Follow-up for each reimbursable referral provided by the STATE of a child diagnosed with a condition identified by the STATE-MDH’S Children and Youth with Special Health Needs (CYSHN) Program whose reported residence is in the GRANTEE'S jurisdiction:~~
 - a. Identify Family Needs and Ensure Connection to Services:
 - i. Within the first month of referral of an infant or child with a condition identified by the STATE-MDH Children and Youth with Special Health Needs (CYSHN) Program, the nurse will:
 1. contact the family,
 2. identify concerns and needs with the family through a nurse assessment with a focus on income/finance, health care supervision, growth and development, caretaking/parenting, and connection to community resources (minimum of at least one area assessed),
 3. document current services being used, and
 4. identify and connect families to any additional services that may be beneficial and for which the family is eligible. These resources may include community resources, primary care, specialty care, early intervention, financial resources, transportation, parent-to-parent support, and other professionals/services as needed. All children with conditions categorically eligible should be connected to the Early Intervention program for Infants and Toddlers with Disabilities (i.e., Part C of the Individuals with Disabilities Education Act.).

5. If the nurse is unable to contact the family directly, the nurse may follow-up via a secondary source to obtain follow-up information or updated contact information (address & phone number).

Reporting: For all infants/children followed, submit required data real time (as it is collected) into the appropriate Local Public Health (LPH) Wizard in Minnesota Electronic Disease Surveillance System (MEDSS).

ii. Confirm connection to referred service and second nurse assessment when indicated.

1. The nurse may provide a follow-up contact with the family when a nurse has identified needed services/resources during the initial nurse assessment and has determined that a second assessment is needed to confirm connection to referred services, identify additional needs and/or services that may be beneficial and for which the family is eligible, or connect families to additional services/resources that may be beneficial. The second nurse assessment, interventions provided, and the status of connection to the services recommended by the LPH nurse during the initial nurse ~~ing~~-assessment are documented in the appropriate LPH Wizard in MEDSS approximately 1-3 months after initial assessment.

Reporting: For all infants/children followed, submit required data real time (as it is collected) into the appropriate LPH Wizard in MEDSS.

B. Implementation of the Follow Along Program:

1. Collaborate with partners to increase the awareness and capacity in the community for screening resources and services for children birth to 3 years of age.
2. Promote early identification of health, developmental and social emotional concerns of children birth to 3 years of age.
3. Support families in their role as caregivers by providing typical growth and development anticipatory guidance and early childhood resources and services available in the community.
4. Monitor the developmental and social-emotional health of children birth to 3 years of age using the Ages & Stages Questionnaires™ and provide feedback to caregivers.
5. Facilitate referrals to connect families with prevention and intervention services through local health, education, and human services programs.
6. Review and share data with internal and external stakeholders regarding population-level outcomes of developmental and social-emotional screening, referrals to community services, and follow up activities.
7. Report all required financial and programmatic data into the reporting system as prescribed and provided by the STATE-MDH.

C. ~~3.~~ Identification of Key Contacts, Follow Along Program Liaisons, and other GRANTEE staff:

1. ~~a.~~ The GRANTEE is expected to provide ~~the STATE-MDH~~ at least one Key Contact to act as the CYSHN Follow-Up Program liaison. Key Contact Responsibilities:

- i. Key Contacts will receive referrals of new cases. Key Contacts are responsible for assigning cases to other GRANTEE staff for follow-up, if appropriate.
 - ii. Key Contacts are responsible for ensuring that follow-up on cases occurs in a timely fashion.
 - iii. Key Contacts will obtain and maintain their access to MEDSS.
 - iv. Key Contacts are expected to keep other GRANTEE staff current on best practices on a continuous basis and relay communications from ~~the STATE MDH~~ to appropriate GRANTEE staff.
2. The Grantee will provide MDH with at least one contact to act as the Follow Along Program Liaison. Follow Along Program Contact responsibilities:
- i. Track and respond to enrollments and/or referrals into the program. Enrollments/referrals can come from MDH’s enrollment system, local programs within local public health departments, school districts, community-based organizations, and others.
 - a. Serve as a point of contact to receive email notifications from MDH’s online enrollment system.
 - ii. Serve as point of contact for MDH’s Follow Along Program website, including providing MDH with up-to-date phone number and email to be posted on Follow Along Program Contact Information webpage.
 - iii. Report on program process and outcome measures to MDH on a bi-annual basis (January and July).
 - iv. Keep other GRANTEE staff current on best practices on a continuous basis and relay communications from MDH to appropriate GRANTEE staff.
3. ~~b-~~ The GRANTEE may identify additional staff from within its agency who will be involved in the follow-up of cases. If the staff member will need access to MEDSS to perform this follow-up, the staff member must complete training and the GRANTEE must provide the staff member's contact information to ~~the STATE MDH~~.
4. ~~e-~~ Contact Changes: The GRANTEE is expected to update or submit any change of Key Contact or change in contact information for the Key Contact immediately. The GRANTEE is also expected to notify ~~the STATE MDH~~ immediately when a GRANTEE staff member no longer needs access to MEDSS.

D. ~~4-~~ Training of Key Contact(s), Follow Along Program Liaisons, and other GRANTEE staff:

- 1. ~~a. All Key Contacts are expected to~~ At least one Key Contact per agency must participate in STATE sponsored trainings that the STATE MDH determines necessary to perform program requirements.
 - i. If the Key Contact changes, ~~the STATE MDH~~ will reimburse for the new Key Contact to complete the required training.
- 2. Follow Along Program staff should participate in the following trainings or technical assistance opportunities:
 - i. Any staff member who is scoring the Ages and Stages Questionnaires must complete all trainings as required by the tool’s publisher.

- ii. Follow Along Program Liaisons should complete onboarding to any Follow Along Program software or data system packages. This includes reading through the Follow Along Program Manual.
- iii. Each agency should send a minimum of one staff person to all Follow Along Program statewide and regional meetings. If unable to attend a meeting, the agency should reach out to the MDH Follow Along Program Coordinator or staff to get updates.

E. ~~5.~~ Performance Measures: The GRANTEE will participate in program improvement and evaluation activities with MDH staff. Performance measures for such improvement activities may include:

CYSHN Follow-Up: Initial Nurse Assessment

- Percent of initial nurse assessments completed with at least 2 problem areas documented as assessed in MEDSS.
- Percent of home visit initial nurse assessments with at least 4 problem areas documented as assessed in MEDSS
- Percent of cases completed within 1 month of referral.
- Average number of nursing interventions provided during initial nurse assessment.

CYSHN Follow-Up: Second Nurse Assessment

- Percent of second nurse assessments with at least 2 problem areas documented as assessed in MEDSS.
- Percent of cases completed within 3 months of referral.
- Average number of nursing interventions provided during second nurse assessment.

Follow Along Program

- Average number of referrals to health, education, and other community-based services.

Exhibit B1 – Payment

1. The GRANTEE will be compensated \$75.00 per case for follow-up of each infant or child identified as lost to follow-up by the Early Hearing Detection and Intervention (EHDI) Program when they submit the required data using the form provided by ~~the STATE~~ MDH on a quarterly basis.
2. The GRANTEE will be compensated per case for follow-up of children diagnosed with a condition identified by ~~the STATE~~ MDH Children and Youth with Special Health Needs (CYSHN) Program when they submit the required data real time (as it is collected) through the Minnesota Electronic Disease Surveillance System (MEDSS) based on the criteria below:
 - a. CYSHN Level One: Payment of \$75.00 per case when the nurse provides minimal data to ~~the STATE~~ MDH (update of Address/Phone Number, Primary Language, Insurance status, home visiting status, Referral to IDEA Part C & Part B status) or attempts to contact the family but was unsuccessful in identifying needs with an initial nurse assessment. This includes:
 - i. the nurse did not make contact with the family but was able to provide minimal data to STATE via a secondary source and documents the information in MEDSS; or
 - ii. the nurse did not make contact with the family but was able to provide an updated address to ~~the STATE~~ MDH when requested; or
 - iii. the nurse made contact with the family and was only able to provide minimal data to ~~the STATE~~ MDH but was not able to assess and document family needs in MEDSS; or
 - iv. the nurse attempted to contact the family using multiple methods but was unsuccessful.
 - b. CYSHN Level Two: Contact with family in order to identify needs through an initial nurse assessment.
 - i. Level 2A (Electronic or office/clinic) = Payment of \$225 per case for successfully providing an electronic or office/clinic initial nurse assessment (e.g., phone visit or telehealth) with the family in order to identify current services being used, identify needs and/or additional services that may be beneficial and for which the family is eligible, and connect families to identified resources. The assessment, interventions provided, and required data are documented in the appropriate LPH Wizard in MEDSS.
 - ii. Level 2B (Home Visit)- Payment of \$375 per case for providing a home visit with the family and successfully conducting an initial nurse assessment in order to identify current services being used, identify needs and/or additional services that may be beneficial and for which the family is eligible, and connect families to identified resources. The assessment, interventions provided, and required data are documented in the appropriate LPH Wizard in MEDSS.
 - c. CYSHN Level Three: Confirm connection to referred service and second nurse assessment when indicated.
 - i. Payment of \$125 per case when a nurse has identified needed services/resources during the initial nurse assessment and has determined that a second assessment to confirm connection to referred services, identify additional needs and/or services that may be beneficial and for which the family is eligible, or connect families to additional services/resources that may be beneficial. The second nurse assessment, interventions provided, and the status of connection to the services recommended by the LPH nurse during the initial nurse assessment are documented in the appropriate LPH Wizard in MEDSS approximately 1 to 3 months after initial assessment.



3. For implementation of the Follow Along Program, the GRANTEE will be compensated in two installments per year based upon the completion and submission of biannual report to MDH. The GRANTEE will be reimbursed for services provided and reported on based on the following schedule:

<u>Reporting Period</u>	<u>Report Deadline</u>
<u>January – June</u>	<u>July 31st</u>
<u>July – December</u>	<u>January 31st</u>

4. Training of CYSHN Follow-Up Key Contact(s) and other GRANTEE staff:

All Key Contacts are expected to participate in ~~the STATE-MDH~~ sponsored trainings that ~~the STATE-MDH~~ determines necessary to perform program requirements. ~~the STATE-MDH~~ will reimburse \$150 for required training per person. In the event that the Key Contact changes, ~~the STATE-MDH~~ will reimburse \$150 for the new Key Contact to complete the required training.

Carbon Copy Events	Status	Timestamp
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CFH Operations

health.cfhoperations@state.mn.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

MDH Encumbrance

health.encumbrance@state.mn.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent

Hashed/Encrypted

9/16/2024 10:01:37 AM

Payment Events	Status	Timestamps
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