

is greater, to the State mental health authority and the remainder of such allotment to the State health authority.

(b) *Exception.* If recommended currently by the State health authority and the State mental health authority, or by the Governor, for any fiscal year, the Secretary may allocate a higher percentage to the State mental health authority and a correspondingly lower percentage to the State health authority.

(Secs. 215, 314(d), Public Health Service Act, 58 Stat. 690, as amended, 89 Stat. 304 (42 U.S.C. 216, 246(d)))

[41 FR 8039, Feb. 24, 1976, as amended at 41 FR 30118, July 22, 1976]

§ 51.105 Applicability of 45 CFR Part 74.

The provisions of 45 CFR Part 74, establishing uniform administrative requirements and cost principles, shall apply to all grants made under this subpart.

PART 51a—GRANTS FOR MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES

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Subpart A—Maternal and Child Health and Crippled Children's Services

AUTHORITY: Sec. 1102, 49 Stat. 647, 42 U.S.C. 1302; sec. 301, 81 Stat. 921, 42 U.S.C. 701-707, 713, 714.

SOURCE: 39 FR 26692, July 22, 1974, unless otherwise noted.

§ 51a.101 Definitions.

Unless the context otherwise requires, the following terms as used in these regulations have the following meanings:

(a) "State" means the several States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands;

(b) "State Agency" means the official agency of a State administering or supervising the administration of a State plan for maternal and child health or crippled children's services.

(c) "Act" means the Social Security Act as amended (42 U.S.C. Chapter 7);

(d) "Secretary" means the Secretary of Health, Education, and Welfare and any other officer or employee of the Department of Health, Education, and Welfare to whom the authority involved has been delegated;

(e) "Official forms" means forms supplied by the Secretary to State agencies for requesting funds and for submitting State budgets or reports under Title V of the Act;

(f) "Crippled child" means an individual below the age of 21 who has an organic disease, defect, or condition which may hinder the achievement of normal growth and development;

(g) "Facilitating services" means transportation, subsistence away from home, drugs, biologicals, communica-

tions, supplies and equipment as may be necessary for the provision of maternal and child health or crippled children's services;

(h) "Health" means a state of physical and mental well-being, not merely the absence of disease or infirmity;

(i) "Medical care" means services, including services in hospitals, convalescent homes, and clinics, and home health services, by physicians and the allied services of dentists, nurses, medical social workers, nutritionists, dietitians, physical therapists, occupational therapists, speech and hearing specialists, optometrists, technicians and other personnel whose services are needed in the maternal and child health and crippled children's programs;

(j) "Maternal and child health services" means (1) the provision of educational, preventative, diagnostic and treatment services, including medical care, hospitalization and other institutional care and aftercare, appliances and facilitating services directed toward reducing infant mortality and improving the health of mothers and children; (2) the development, strengthening and improvement of standards and techniques relating to such services and care; (3) the training of personnel engaged in the provision, development, strengthening or improvement of such services and care; and (4) necessary administrative services in connection with the foregoing;

(k) "Crippled children's services" means (1) the early location of crippled children; (2) the provision for such children of preventive, diagnostic and treatment services, including medical care, hospitalization and other institutional care and aftercare, appliances and facilitating services directed toward the diagnosis of the condition of such children or toward the restoration of such children to maximum physical and mental health; (3) the development, strengthening and improvement of standards and techniques relating to the provision of such care and services; (4) the training of personnel engaged in the provision, development, strengthening or improvement of such care and services; and (5) necessary administrative services in connection with the foregoing;

(l) "Demonstration services" means either (1) the provision in a county, district, or community of more and better health services than are available in any comparable area in the State, utilizing facilities meeting acceptable standards and personnel who are especially well qualified, for the purpose of establishing standards of care and service that can be shown to be practical, effective and adequate to improve the health of mothers and children, or (2) the provision of a special type of health service for the purpose of proving its value in improving the health of mothers and children and in providing information on cost, methods of development, techniques of provision and the administration of a given type of health service not generally available to mothers and children;

(m) "Specialized expenditures" means expenditures for salaries, services, items of equipment or supply, and other expenditures for the maternal and child health or crippled children's programs, the cost and use of which are not shared by any other program.

(n) "Supporting expenditures" means those expenditures which are shared by two or more programs and allocated among such programs.

§ 51a.102 Submission of State plans.

In order to receive funds from an allotment for maternal and child health and crippled children's services a State must submit to and have approved by the Secretary a State plan which contains or, as required by these regulations, incorporates by reference the information and meets the requirements specified in title V of the Act and these regulations. Such plan shall be submitted by the State agency officially designated and authorized to administer it, after reasonable opportunity has been provided to the Governor of the State for his review and comment. Documents incorporated by reference become a part of the State plan as though fully set forth therein. Such documents must be (a) clearly identified as to subject, date, and location, (b) officially adopted and disseminated in accordance with applicable procedures, and (c) made available

to the Secretary and to the public for inspection.

§ 51a.103 Administration locally of State plans.

The State plan shall:

(a) Contain an assurance that the administration of the State plan in local communities will be performed:

(1) Directly by the State agency; or

(2) By local public agencies which are, with respect to their administration locally of such plan, supervised by the State agency; or

(3) By a combination of the foregoing methods of administration; and

(b) Incorporate by reference documents showing the manner in which the State agency will exercise and make effective its supervision over the operations of the local public agencies with respect to their administration locally of such plan.

§ 51a.104 Program units.

(a) The State plan shall incorporate by reference documents showing:

(1) With respect to the maternal and child health services program the establishment in the State agency, under the direction of a program director, of a separate organizational unit charged primarily with responsibilities in the field of maternal and child health and including, at least, the planning, promoting, and coordinating of maternal and child health services and the administration of the unit and its staff as provided under the State plan; and

(2) With respect to the crippled children's services program, the establishment, in the State agency, of a separate organizational unit charged primarily with responsibilities in the field of health services for crippled children and including, at least, the planning, promoting and coordinating of crippled children's services and the administration of the unit and its staff as provided under the State plan: *Provided*, That, where the major functions of the State agency relate to the provision of health services to children, as in the case of a crippled children's commission, such commission shall itself be considered the separate organizational unit required.

(b) The State plan may provide for combining the crippled children's program unit and the maternal and child health program unit into one organizational unit under the direction of a single program director.

§ 51a.105 Program directors.

The State plan must contain an assurance that the maternal and child health and crippled children's program unit or units will both or each be under the direction of a program director who will be (a) a physician; (b) a full-time employee of the State agency; (c) devoting his full time, during the hours of his employment by the State agency, to the work of the program unit of which he is the director: *Provided*, That, upon prior approval of the Secretary and where satisfactory evidence is incorporated by reference justifying such provision, the State plan may provide for the part-time employment of such physician.

§ 51a.106 Information on services available.

The State plan shall incorporate by reference documents showing how the public throughout the State will be fully informed as to the maternal and child health and crippled children's services available under the State plan.

§ 51a.107 Limitations on provision of services.

The State plan for maternal and child health and crippled children's services shall contain an assurance that hospital, rehabilitation, convalescent or foster home care, or appliances provided to individuals under the plan, will be made available only to individuals who are receiving medical services provided or arranged for by the State agency in accordance with the standards and policies of the plan.

§ 51a.108 Crippled Children's Program; required content.

With respect to services for crippled children, the State plan shall incorporate by reference documents showing that provision has been made for:

(a) Services for the early identification of children in need of health care and services;

(b) Diagnosis and evaluation of the condition of such children;

(c) Treatment services including at least appropriate services by physicians, applicances, hospital care, and aftercare as needed; and

(d) The development, strengthening, and improvement of standards and services for crippled children.

§ 51a.109 Crippled Children's Program; diagnostic services.

With respect to services for crippled children, the State plan shall contain an assurance that the diagnostic services under the plan will be made available within the area served by each diagnostic center to any child (a) Without charge to the child or his family, except to the extent that payment will be made by a third party (including a governmental agency) which is authorized or under legal obligation to pay such charges. Where the cost of diagnostic services is to be reimbursed by a governmental agency, a written agreement with that agency is required. Reimbursement may be made either to the State or directly to the provider in accordance with such an agreement; (b) Without restriction or requirement as to the economic status of such child's family or relatives or their legal residence; and (c) Without any requirement for the referral of such child by any individual or agency.

§ 51a.110 Standards relating to personnel and facilities.

The State plan shall incorporate by reference the standards required for personnel and facilities utilized in the provision of services under the plan. These standards for personnel and facilities must be those which (a) are found upon investigation by the State agency, to be best adapted for the attainment of the specific purpose; (b) assure a reasonably high standard of care; (c) meet State and local licensing laws; and (d) are in substantial accordance with national standards as accepted by the Secretary or standards prescribed by the Secretary.

§ 51a.111 Authorization of service.

The State plan shall contain an assurance that all services purchased for individuals under the plan will be authorized by employees of the State agency, or by employees of the local public agency administering a part of the plan locally under the supervision of the State agency, and that records of such authorizations will be retained by the State or local public agency as part of the individual's case record.

§ 51a.112 Confidential information.

The State plan shall:

(a) Contain an assurance that all information as to personal facts and circumstances obtained by the State or local staff administering the program shall constitute privileged communications, shall be held confidential and shall not be divulged without the individual's consent except as may be necessary to provide services to individual mothers and children: *Provided*, That, information may be disclosed in summary, statistical or other form which does not identify particular individuals; and

(b) Incorporate by reference the suitable regulations and safeguards to carry out the provisions of paragraph (a) of this section.

§ 51a.113 Rates of payment for medical care, appliances, and convalescent and foster home care.

The State plan shall incorporate by reference the schedule of rates and the methods utilized by the State agency in establishing and substantiating that rates of payment for medical care, appliances, and convalescent and aftercare provided under such plan are reasonable and necessary to maintain the standards relating to personnel and facilities established pursuant to § 51a.110. Such rates may be based on reimbursement to providers of such services on a prepaid capitation basis.

§ 51a.114 Payment for inpatient hospital services.

The State plan shall contain an assurance that payment for inpatient hospital services provided under the plan shall be the reasonable cost of such services which shall be developed by the State and included in the plan.

The reasonable cost of any such services shall not exceed the amount which would be determined under section 1861(v) of the Act as the reasonable cost of such services for purposes of Title XVIII, and shall take into account any action taken by the Secretary pursuant to section 1122(d) of the Act with respect to any such hospital.

§ 51a.115 Additional remuneration for services.

The State plan shall contain an assurance that professional personnel, hospitals, and other individuals, agencies or groups providing any services authorized by the State agency under a State plan, shall agree not to make any charge to or accept any payment from the patient or his family for such services unless the amount of such payment is determined and authorized for each patient by the State agency.

§ 51a.116 State reports and records.

The State plan shall contain an assurance that in addition to any other reports or records required by these regulations or which may reasonably be required by the Secretary under Title V of the Act:

(a) The State agency shall maintain adequate records to show the disposition of all funds (Federal and non-Federal) expended for activities under the approved State plan.

(b) The State agency shall make annual expenditure and performance reports in accordance with Subparts I and J of 45 CFR Part 74.

(c) All records required pursuant to title V of the Act and these regulations shall be retained in accordance with Subpart D of 45 CFR Part 74.

§ 51a.117 Demonstration services.

The State plan shall incorporate by reference documents providing for the development of demonstration services (with special attention to dental care for children and family planning services for mothers) in needy areas and among groups in special need and setting forth the policies, standards, and criteria applicable to the development and provision of such services, and to the selection of such areas and groups.

§ 51a.118 Use of subprofessional staff and volunteers.

The State plan shall incorporate by reference documents showing:

(a) Provision for the training and effective use of paid subprofessional staff in the administration of the plan. Particular emphasis shall be given to full-time or part-time employment of persons of low income as community services aides.

(b) Provision for the use of nonpaid or partially paid volunteers in providing services and in assisting any advisory committees established by the State agency.

(c) That the State plan meets the requirements established by the Secretary for training and effective use of subprofessional and volunteer staff contained in 45 CFR Part 225.

§ 51a.119 Use of optometrists.

The State plan shall contain an assurance that, where payment is authorized under the plan for services which an optometrist is licensed to perform, the individual for whom such payment is authorized may obtain such services from a licensed optometrist. This assurance does not apply, however, in cases where such services are rendered in a clinic or other appropriate institution which does not have an arrangement with optometrists licensed to perform such services.

§ 51a.120 Acceptance of family planning services.

The State plan shall contain an assurance that acceptance of family planning services offered under the plan shall be voluntary on the part of the individual to whom such services are offered. Acceptance of family planning services shall not be a prerequisite to eligibility for or the receipt of any service under the plan.

§ 51a.121 Cooperation with other agencies and groups.

The State plan shall contain an assurance of cooperation with the State agency which administers the program of medical assistance established under title XIX of the Act and with other medical, health, nursing, educational, and welfare groups and organizations, and, with respect to the por-

tion of the plan relating to services for crippled children, with any agency in such State charged with administering State laws providing for vocational rehabilitation of physically handicapped children.

§ 51a.122 Specialized and supporting expenditures.

(a) For its crippled children's program, the State plan shall, with respect to the State agency's total annual expenditures of Federal and required matching funds for such program, incorporate by reference documents identifying as specialized expenditures for such program an amount equal to 80 percent or more of the total annual expenditures of Federal and required matching funds for that program, provided the remaining 20 percent or less of such total expenditures were for purposes within the scope of the approved crippled children's services plan.

(b) For its maternal and child health program, the State plan shall, with respect to the State agency's total annual expenditures of Federal and required matching funds for such program, incorporate by reference documents providing for the allocation of such expenditures to such program in accordance with either of the following procedures:

(1) On the basis of objective criteria set forth in the State plan, allocate to such program a portion of "supporting expenditures" which, together with any "specialized expenditures" identified for such program will at least equal the total annual expenditures of Federal and required matching funds;

(2) Identify as "specialized expenditures" for such program an amount equal to 80 percent or more of the total annual expenditures of Federal and required matching funds for that program, provided the remaining 20 percent or less of such total expenditures were for purposes within the scope of the approved maternal and child health services plan.

§ 51a.123 Allotments.

(a) Prior to the beginning of each fiscal year the Secretary will prepare and make available to the several State agencies an estimated schedule

of the amounts which it is expected will be allotted to each State during the fiscal year for each program.

(b) With respect to amounts determined to be available for any fiscal year for allotments for crippled children's services:

(1) One-half is allotted among the States in accordance with criteria specified in the Act. These funds are referred to as Fund A. Each State receives an allotment of \$70,000 and such part of the amount remaining as the number of children under 21 in the State bears to the total number of such children in the United States. The number of children under 21 is used as the index of the number of crippled children, since adequate statistics on the number of crippled children are not available; and

(2) The other half is known as Fund B. From this fund, an amount determined by the Secretary is available to States and to nonprofit institutions of higher learnings for special projects for crippled children who are mentally retarded. From the remainder of Fund B, not less than 75 percent is apportioned among the States according to the need of each State for financial assistance in carrying out its State plan after taking into consideration the number of children under 21 years in each State and per capita income in each State. The apportionments vary directly with the number of children under 21 years of age in the State, and the number in rural areas of the State, with rural children given twice the weight of children in urban areas. The apportionments vary inversely with State per capita income. Depending upon the amount of funds available, a minimum amount is set by the Secretary below which a State's apportionment may not fall. Funds thus apportioned are allotted to States as needed. The remaining 25 percent or less of Fund B is reserved for grants to States and to non-profit institutions of higher learning for special projects of regional or national significance which may contribute to the advancement of services for crippled children.

(c) With respect to amounts determined to be available for any fiscal year for allotments for maternal and child health services:

(1) One-half is allotted among the States by a formula specified in the law. These funds are referred to as Fund A. Each State receives an allotment of \$70,000 and such part of the amount remaining as the number of live births in the State bears to the total number in the United States; and,

(2) The other half is known as Fund B. From this fund an amount determined by the Secretary is available to States and to nonprofit institutions of higher learning for special projects for mentally retarded children. From the remainder of Fund B, not less than 75 percent is apportioned among the States according to the need of each State for financial assistance in carrying out its State plan after taking into consideration the number of live births in each State and per capita income in each State. The apportionments vary directly with the number of live births in the State, and the number in rural areas of the State, with rural births given twice the weight of urban births. The apportionments vary inversely with State per capita income. Depending upon the amount of funds available, a minimum amount is set by the Secretary below which a State's apportionment may not fall. Funds thus apportioned are allotted to States as needed. The remaining 25 percent or less of Fund B is reserved for grants to States and to nonprofit institutions of higher learning for special projects of regional or national significance which may contribute to the advancement of material and child health.

§§ 51a.124-51a.127 [Reserved]

§ 51a.128 Program of projects for maternity and infant care.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts) described in section 508(a)(1) of the Act, particularly in areas with concentrations of low-income families, which offers reasonable assurance of satisfactorily helping to reduce (1) the incidence of mental retardation and other handicapping conditions caused by compli-

cations associated with childbearing and (2) infant and maternal morbidity and mortality, through provision of necessary health care to prospective mothers (including, after childbirth, health care to mothers and their infants) who have or are likely to have conditions associated with childbearing or who are in circumstances which increase the hazards to the health of mothers or their infants (including those which may cause physical or mental defects in the infants).

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which such program of projects provides for:

(1) Appropriate diagnostic, preventive, prenatal, and postnatal health care and services, including hospital care and delivery services, and family planning services, for women and infants within the area served by the program of projects.

(2) The prompt delivery of care and services.

(3) Procedures to insure coordination and continuation of care and services, including active follow-up of cases.

(4) Income standards established in accordance with criteria of the Secretary for determining eligibility for treatment services, which are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care.

(5) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(6) Arrangements, which may include payment, for the provision of services to those women and infants eligible for treatment services within the area served by the program of projects for whom the program of projects cannot provide care.

(7) Arrangements for the provision of services to those women and infants who have received diagnostic services but are not eligible for treatment services under the program of projects.

(8) The coordination of health care and services provided under the program with, and utilization (to the extent feasible) of, other health and welfare resources.

(9) Other medical care as defined in § 51a.101(i) of these regulations.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That diagnostic and preventive prenatal and postnatal services will be available without charge to all women, and diagnostic and preventive services will be available without charge to all infants, within the area served by the program of projects.

(3) That treatment services (including labor and delivery services and correction of defects) will be available only to women and infants who would not otherwise receive them because they are from low-income families or for other reasons beyond their control.

(4) That services will be available to patients from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(5) That treatment will be provided to women and infants who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery of necessary services to women and infants from low-income families. In those instances where charges are made for treatment services provided to women and infants who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be available to the public. The established basic payment schedule shall not exceed actual costs.

(6) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preventive, and treatment services even though such service may otherwise be provided without charge to the patient or family. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(7) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts, and that each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(8) That medical care and services provided by each project will be under the direction and responsibility of a physician with appropriate training and experience.

(9) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him, and will be in accordance with the Act, these regulations, and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(10) That to the extent that funds are inadequate for the provision of necessary health care, the program of projects will be curtailed in terms of areas or population served and not in terms of the care and services provided under the program.

[40 FR 54103, Nov. 20, 1975]

§ 51a.129 Program of projects for intensive infant care.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts) described in section 508(a)(2) of the Act, particularly in areas with concentrations of low-income families, which offer reasonable assurance of satisfactorily helping to reduce (1) the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing and (2) infant and maternal morbidity and mortality, through the provision of necessary health care to infants, during the first year of life, who have any conditions or who are in circumstances which increase the hazards to their health.

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which the program of projects provides for:

(1) Appropriate services for intensive care of infants, including surgical and specialized consultative services, and for follow-up care of the infant during the first year of life.

(2) The prompt delivery of care and services.

(3) The development of regionalized perinatal health services.

(4) Transportation for the woman prior to delivery or the infant and parent, as appropriate.

(5) Procedures to insure coordination and continuation of care and services, including active follow-up of cases.

(6) Income standards established in accordance with criteria of the Secretary for determining eligibility for treatment services, which are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care.

(7) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(8) Arrangements, which may include payment, for the provision of services to those infants within the area served by the program of projects for whom the program of projects cannot provide services.

(9) Arrangements for the provision of services to those infants who have received diagnostic services but are not eligible for treatment services.

(10) Coordination of necessary health care and services provided under the program with, and utilization (to the extent feasible) of, other health and welfare resources.

(11) Other medical care as defined in § 51a.101(i) of these regulations.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That services will be available only to infants who would otherwise not receive them because they are from low-income families or for other reasons beyond their control.

(3) That services will be available to infants from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(4) That services will be provided to infants who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery of necessary services to infants from low-income families. In those instances where charges are made for services provided to infants who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be available to the public. The established basic payment schedule shall not exceed actual costs.

(5) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preventive, and treatment services even though such service may otherwise be provided without charge to the patient or family. Where the cost of the care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(6) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts, and that each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(7) That medical care and services provided by each project will be under the direction and responsibility of a physician with appropriate training and experience.

(8) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him, and will be in accordance with the Act, these regulations, and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(9) That to the extent that funds are inadequate for the provision of necessary health care, the program of projects will be curtailed in terms of areas or population served, and not in terms of the care and services provided under the program.

[40 FR 54103, Nov. 20, 1975]

§ 51a.130 Program of projects for family planning services.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts), described in section 508(a)(3) of the Act, particularly in areas with concentrations of low-income families, which offers reasonable assurance of satisfactorily helping to reduce (1) the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing, and (2) infant and maternal morbidity and mortality, through the provision of family planning services.

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which the program of projects provides for:

(1) Counseling and interpretation to individuals of the services offered by the project, and public education and information services.

(2) Medical services that include a medical examination under the direction of a physician with appropriate training and experience in family planning, and the services of allied health personnel.

(3) Comprehensiveness and continuity in the health management and supervision of patients receiving family planning services.

(4) The prompt delivery of family planning services.

(5) Income standards established in accordance with criteria of the Secretary for determining eligibility for family planning services, which are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of such services.

(6) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(7) Arrangements, which may include payment, for the provision of family planning services for those persons eligible for treatment services within the area served by the program

of projects for whom the program or projects cannot provide such services.

(8) Arrangements for the provisions of services to those persons who have received diagnostic services but are not eligible for treatment services under the program of projects.

(9) The coordination of health care and services provided under the program with, and the utilization (to the extent feasible) of, other health and welfare resources.

(c) The State plan also shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That a variety of medically approved methods of family planning, including the rhythm method, will be available to all persons within the area served by the program of projects and supplied without charge to all persons from low-income families or those who would not otherwise receive family planning services for other reasons beyond their control.

(3) That family planning services and supplies include at least physician's consultation, examination, and continuing supervision, necessary laboratory examinations and tests; medically approved contraception through chemical, mechanical, or other means; surgical procedures for voluntary sterilization in accordance with 42 CFR 50.201 (et seq.) and the moratorium set forth at 38 FR 20930; and evaluation of persons for infertility and referral to other appropriate resources when services are not provided by the project.

(4) That treatment services will be available only to persons who otherwise would not receive them because they are from low-income families or for other reasons beyond their control.

(5) That services will be provided without regard to age or marital status but not in contravention of applicable State laws.

(6) That services will be available to persons from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the

purposes of the program of projects under this section.

(7) That services will be provided to persons who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if the provision of such services does not reduce the delivery of services to persons from low-income families. In those instances where charges are made for services provided to persons who are not from low-income families, such charges shall be applied flexibly, with due regard to family size and income and the family's other financial responsibilities in relation to the cost of such services. Full disclosure of such payment scales and the factors by which they are applied shall be available to the public. The established basic payment schedule shall not exceed actual costs.

(8) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preventive, and treatment services even though such service may otherwise be provided without charge to the patient or family. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(9) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts. However, where there is a separate unit of the State agency with specific responsibility for family planning services, the program of projects may be conducted in that unit subject to the requirements of § 51a.104(a). Each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State

agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(10) That family planning medical services provided by the project will be under the direction and responsibility of a physician with appropriate training and experience.

(11) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him, and will be in accordance with the Act, these regulations and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(12) That the program of projects will be in addition to the demonstration services referred to in § 51a.117.

(13) That to the extent that funds are inadequate for the provision of necessary family planning services, the program of projects will be curtailed in terms of areas or population served and not in terms of the care and services provided under the program.

[40 FR 54105, Nov. 20, 1975]

§ 51a.131 Program of projects for health of children and youth.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts), described in section 509(a) of the Act, which offers reasonable assurance of satisfactorily promoting the health of children and youth of school or preschool age, particularly in areas with concentrations of low-income families, through provision of health care and services of a comprehensive nature for children and youth of school age, or for preschool children (to help them prepare for school).

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which the program of projects provides for:

(1) Medical and dental care, including screening, diagnosis, preventive services, treatment, correction of defects, and aftercare, the scope and content of which are to be in accordance with generally recognized medical standards; e.g., preventive services must include periodic check-ups and necessary immunizations; diagnosis must include thorough medical and dental examinations and indicated laboratory tests and speciality examinations; treatment must include services of medical and dental paramedical practitioners; inpatient and outpatient hospital services, and such other care and services as are medically indicated, must be provided.

(2) The prompt delivery of care and services.

(3) Procedures to insure coordination and continuation of care and services, with active follow-up of cases.

(4) Income standards established in accordance with criteria of the Secretary for determining eligibility for treatment services, which are to be applied flexibly with due regard for family size and income, and the family's other financial responsibilities in relation to the cost of required care.

(5) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(6) Arrangements, which may include payment, for the provision of services to those children and youth eligible for treatment services within the area served by the program of projects for whom the program of projects cannot provide care.

(7) Arrangements for the provision of services to those children and youth who have received diagnostic services but are not eligible for treatment services under the program of projects.

(8) Coordination of health care and services provided under the program with, and utilization (to the extent feasible) of other health, welfare, and education resources.

(9) Other medical care as defined in § 51a.101(i) of these regulations.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income

families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That screening, diagnostic, and preventive services will be available without charge to all children and youth within the area served by the program of projects.

(3) That treatment, correction of defects, and aftercare will be available only to children and youth who otherwise would not receive such services because they are from low-income families or for other reasons beyond their control.

(4) That the program of projects will provide comprehensive dental care and services including diagnostic, screening, preventive services, treatment, correction of defects, and aftercare.

(5) That services will be available to patients from outside the area served by each project only if it is determined by the project director that the provision of such services will best promote the purposes of the program of projects under this section.

(6) That treatment, correction of defects, and aftercare will be provided to children and youth who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery of necessary services to children and youth from low-income families. In those instances where charges are made for treatment services provided to children and youth who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be available to the public. The established basic payment schedule shall not exceed actual costs.

(7) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preven-

tive, and treatment services even though such service may otherwise be provided without charge to the patient or family. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(8) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts, and that each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may in particular cases approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(9) That medical care and services provided by each project will be under the direction and responsibility of a physician with appropriate training and experience.

(10) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him and will be in accordance with the Act, these regulations and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(11) That to the extent that funds are inadequate for the provision of comprehensive health care, the program of projects will be curtailed in terms of areas served or age levels of children served and not in terms of the care and services provided under the program.

[40 FR 54105, Nov. 20, 1975]

§ 51a.132 Program of projects for dental health of children and youth.

(a) The State plan shall incorporate by reference documents providing for a program (carried out by the State agency directly or through grants and

contracts) of projects, described in section 510(a) of the Act, which offers reasonable assurance of satisfactorily promoting the dental health of children and youth of school or preschool age, particularly, in areas of concentrations of low-income families, through the provision of projects of a comprehensive nature for dental care and services for children and youth of school age or preschool age.

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of meeting the above-stated objectives will take into consideration the degree to which the program of projects provides for:

(1) Appropriate screening, diagnosis, preventive services, treatment, correction of defects, and aftercare.

(2) The prompt delivery of care and services.

(3) Procedures to insure coordination and continuation of care and services, including active follow-up of cases.

(4) Income standards established in accordance with criteria of the Secretary for determining eligibility for treatment services, which are to be applied flexibly with due regard for family size and income, and the family's other financial responsibilities in relation to the cost of required care.

(5) Staff and/or consultants in the State maternal and child health program, or in each project that will insure adequacy of services.

(6) Arrangements, which may include payment, for the provision of services to those children eligible for treatment services within the area served by the program of projects for whom the program of projects cannot provide care.

(7) Arrangements for the provision of services to those children who have received diagnostic services but are not eligible for treatment services under the program of projects.

(8) The coordination of health care and services provided under the program with, and utilization (to the extent feasible) of, other health, welfare, and education resources.

(9) Appropriate referral for other medical care if needed.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That diagnostic, screening, and preventive services will be available without charge to all children within the area served by the program of projects.

(3) That treatment, correction of defects, or aftercare will be available only to children who otherwise would not receive such services because they are from low-income families or for other reasons beyond their control.

(4) That services will be available to children from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(5) That treatment, correction of defects, and aftercare will be provided to children and youth who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery of necessary services to children from low-income families. In those instances where charges are made for treatment services provided to children who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be available to the providers as well as to the patients and their families. The established basic payment schedule shall not exceed actual costs.

(6) That every reasonable effort will be made to collect the cost of care and services from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments for any service provided by the project including diagnostic, preventive, and treatment services even

though such services may otherwise be provided without charge to the patient or family. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(7) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts. However, where there is a separate unit of the State agency with specific responsibility for dental health services, the program of projects may be conducted in that unit subject to the requirements of § 51a.104(a). Each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(8) That dental care and services provided by each project will be under the direction and responsibility of a dentist with appropriate training and experience.

(9) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him and will be in accordance with the Act, these regulations and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(10) That to the extent that funds are inadequate for the provision of comprehensive dental care and services, the program of projects will be curtailed in terms of areas served or age levels of children served, or similar factors, and not in terms of the care and services provided under the program.

(11) That the program of projects will be in addition to the demonstration services referred to in § 51a.117.

(d) The State plan may provide, in its program of projects, for research looking toward the development of new methods of diagnosis or treatment, or demonstration of the utilization of dental personnel with various levels of training.

[40 FR 54106, Nov. 20, 1976]

§ 51a.133 [Reserved]

§ 51a.134 Submission of budgets by State agencies.

Prior to the beginning of each fiscal year, the State agency shall submit, upon official forms and in accordance with procedures established by the Secretary, an annual budget, appropriately documented and supported, providing for financial participation by the State and indicating the availability and sources of all funds to be expended under the State plan during such fiscal year.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

§ 51a.135 Payments to States; effect of certification.

Neither the approval of the State plan nor any certification of funds or payment to the State pursuant thereto shall be deemed to waive the responsibility of the State to observe before or after such administrative action any Federal requirements or the right or duty of the Secretary to withhold funds by reason thereof.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

§ 51a.136 Private funds.

Funds obtained from private sources and made fully available for expenditure by the State agency under the approved State plan may be included in the computation of the amounts of public funds expended. Private funds shall be placed on deposit in accordance with the State law, but if there is no State law setting forth applicable procedures, the funds shall be deposited with the State Treasurer, the Treasurer of a political subdivision, or in a private depository, in a special account to the credit of the State agency. If the funds are placed in a private depository, the certificate of an officer

of the private depository shall be furnished showing the deposit of such funds in a special account to the credit of the State agency.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

§ 51a.137 Application of Federal funds; effect of State rules.

Except as specifically stated in the Act and in these regulations, State laws, rules, regulations, and standards governing the custody and disbursement of State funds shall govern the custody and disbursement of Federal funds paid to the State.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

§ 51a.138 Custody of and accounting for Federal funds.

(a) The State Treasurer or official exercising similar functions for the State shall receive and provide for the custody of all funds paid to the State under the Act, subject to requisition or disbursement thereof by the State agency for State plan purposes.

(b) The State plan shall incorporate by reference such written fiscal control and fund accounting procedures as are necessary to assure the proper disbursement of and accounting for funds paid to the State under this subpart. Such procedures shall provide for an accurate and timely recording of receipts of Federal funds paid to the State for expenditures incurred or to be incurred under the approved plan, of the amounts and purposes of expenditures made in carrying out such plan and of any unearned balances of Federal funds paid to the State. In addition, such procedures must:

(1) Provide for the determination of allowability and the allocation of costs in accordance with Subpart Q of 45 CFR Part 74; and

(2) Provide adequate information to show exclusion from expenditures claimed for Federal participation of those costs for which payments have been received or are due under other Federal grants or contracts or which are required or used to match other Federal funds.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

§ 51a.139 Withholding of payments.

No payment will be made from the allotments for maternal and child health or crippled children's services to any State;

(a) Which fails to make a satisfactory showing in documents incorporated by reference in the State plan that it is extending the provision of services under its plan with a view to making such services available in all parts of the State by July 1, 1975. Services which must be extended are those to which the State plan applies, including services for dental care for children and family planning for mothers.

(b) With respect to any amount paid for items or services furnished under the plan to the extent that such amount exceeds the charge level which is determined to be reasonable for such items or services, as follows:

(1) No charge for physician and dentist services may be determined to be reasonable in the case of bills submitted or requests for payment made under this part if it exceeds the prevailing charge level that, on the basis of statistical data and methodology acceptable to the Secretary, would cover 75 percent of the customary charges made for similar services in the same locality during the last preceding calendar year elapsing prior to the start of the fiscal year in which the bill is submitted or the request for payment is made. The prevailing charge level may not exceed (in the aggregate) the level determined for the fiscal year ending June 30, 1973, except to the extent that the Secretary finds, on the basis of appropriate economic index data, that such higher level is justified by economic changes.

(2) Charges for medical services, supplies, and equipment (including equipment servicing) that, in the judgement of the Secretary, do not generally vary significantly in quality from one supplier to another, incurred after December 31, 1972, and determined to be reasonable, may not exceed the lowest charge levels at which such services, supplies, and equipment are widely and consistently available in a locality,

except to the extent and under the circumstances specified by the Secretary.

(c) With respect to any amount paid for services furnished under the plan by a provider or other person during any period of time if payment may not be made under Title XVIII of the Act with respect to services furnished by such provider or person during such period of time solely by reason of a determination by the Secretary that such provider or person:

(1) Has knowingly and willfully made, or caused to be made, any false statement or representation of a material fact for use in an application for payment under Title XVIII of the Act or for use in determining the right to a payment under that title;

(2) Has submitted or caused to be submitted (except in the case of a provider of services) bills or requests for payment under Title XVIII of the Act containing charges (or in applicable cases requests for payment of costs to such person) for services rendered which the Secretary finds, with the concurrence of the appropriate program review team appointed pursuant to section 1862(d)(4) of the Act, to be substantially in excess of such person's customary charges (or in applicable cases substantially in excess of such person's costs) for such services, unless the Secretary finds there is good cause for such bills or requests for payment containing such charges (or in applicable cases, such costs); or

(3) Has furnished services or supplies which are determined by the Secretary, with the concurrence of the members of the appropriate program review team (appointed pursuant to section 1862(d)(4) of the Act) who are physicians or other professional personnel in the health care field, to be substantially in excess of the needs of individuals or to be harmful to individuals or to be of a grossly inferior quality.

(d) To reimburse health care facilities and health maintenance organizations for services to the extent that such reimbursement supports capital expenditures made by or on behalf of such facilities or organizations which the Secretary has, pursuant to section 1122 of the Act, determined to exclude

from reimbursement expenses related to such capital expenditures.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

§ 51a.140 Maintenance of effort.

The amount payable to any State under the regulations in this part for any fiscal year ending after June 30, 1968, shall be reduced by the amount by which the sum expended (as determined by the Secretary) from non-Federal sources for maternal and child health services and services for crippled children for such year is less than the sum expended from such sources for such services for the fiscal year ending June 30, 1968. In case of any such reduction the Secretary shall determine the portion thereof which shall be applied, and the manner of applying such reduction, to the amounts otherwise payable to the State under these regulations.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

§ 51a.141 Merit system.

The State plan shall provide for the establishment and maintenance of personnel standards on a merit basis for persons employed by the State agency and by official local agencies to provide or supervise the provision of maternal and child health and crippled children's services under the approved State plan, and of State agency supervision of compliance with such standards by official local agencies. Conformity with Standards for a Merit System of Personnel Administration, 45 CFR Part 70, issued by the Secretary of Health, Education, and Welfare, including any amendments thereto, and any standards prescribed by the United States Civil Service Commission pursuant to section 208 of the Inter-governmental Personnel Act of 1970 (Pub. L. 91-648; 84 Stat. 1915) modifying or superseding such Standards, will be deemed to meet this requirement as determined by said Commission. Laws, rules, regulations, and policy statements, and amendments thereto, effectuating such methods of personnel administration shall be incorporated by reference in the State plan.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

§ 51a.142 Nondiscrimination.

Attention is called to the requirements of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d; 78 Stat. 252), which provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. A regulation implementing such Title VI, which applies to grants made under this subpart, has been issued by the Secretary of Health, Education, and Welfare with the approval of the President (45 CFR Part 80). Such regulation is applicable to services and programs provided under section 501-507 of the Act, and requires receipt and acceptance by the Secretary of the applicable documentation set forth therein.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

§ 51a.143 Applicability of 45 CFR Part 74.

The provisions of 45 CFR Part 74, establishing uniform administrative requirements and cost principles, shall apply to all grants made under this subpart.

[39 FR 26692, July 22, 1974. Redesignated at 40 FR 54103, Nov. 20, 1975]

Subpart B—Special Project Grants for Family Planning Services [Reserved]**Subpart C—Special Project Grants for Dental Health of Children [Reserved]****Subpart D—Project Grants to Institutions of Higher Learning**

AUTHORITY: Sec. 1102, 49 Stat. 647; 42 U.S.C. 1302.

SOURCE: 40 FR 12760, Mar. 20, 1975, unless otherwise noted.

§ 51a.401 Applicability.

The regulations in this subpart are applicable to grants to public or non-profit private institutions of higher learning pursuant to sections 503(2),

504(2), and 511 of the Social Security Act for special projects of regional or national significance which may contribute to the advancement of maternal and child health or of services for crippled children and/or for training personnel for health care and related services for mothers and children.

§ 51a.402 Definitions.

As used in this subpart:

(a) "Act" means the Social Security Act, as amended.

(b) "Secretary" means the Secretary of Health, Education, and Welfare and any other officer or employee of the Department of Health, Education, and Welfare to whom the authority involved has been delegated.

(c) "Institution of higher learning" means any college or university accredited by a recognized body or bodies approved for such purpose by the U.S. Commissioner of Education, and any teaching hospital which has higher learning among its purposes and functions and which has a formal affiliation with an accredited school of medicine and a full-time academic medical staff holding faculty status in such school of medicine.

(d) "Nonprofit", as applied to any institution of higher learning, refers to an institution of higher learning which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

§ 51a.403 Eligibility.

(a) *Eligible applicants.* Any public or nonprofit private institution of higher learning is eligible to apply for a grant under this subpart.

(b) *Eligible projects.* Grants to eligible applicants may be made by the Secretary for projects:

(1) Of regional or national significance which may contribute to the advancement of maternal and child health.

(2) Of regional or national significance which may contribute to the advancement of services for crippled children.

(3) For training personnel for health care and related services for mothers and children.

§ 51a.404 Application for a grant.

(a) An application for a grant under this subpart shall be submitted at such time and in such form and manner as the Secretary may prescribe. The application shall contain a budget and narrative plan of the manner in which the applicant intends to conduct the project and carry out the applicable requirements of this subpart. The plan must describe the project in sufficient detail to identify clearly the nature, need, specific objectives, and methods of the project.

(b) The application must be executed by an individual authorized to act for the applicant and to assume for the applicant the obligations imposed by the statute, the applicable regulations of this subpart, and any additional conditions of the grant.

§ 51a.405 Project requirements.

An approvable application shall contain each of the following:

(a) A statement of the purpose of the project with an identification of the characteristics which will enable the project to:

(1) Contribute to the advancement of maternal and child health; and/or

(2) Contribute to the advancement of services for crippled children; and/or

(3) Train personnel for health care and related services for mothers and children.

(b) A description of the nature and scope of the activities to be undertaken and the methods to be used in accomplishing the purpose.

(c) A proposed budget.

(d) An evaluation methodology, including the manner in which such methodology will be employed to measure the achievement of the purpose of the program.

(e) An assurance that when diagnostic services are provided by project personnel or through use of project facilities, such services will be made available under the plan with:

(1) No charge to the person or his family, except to the extent that payment will be made by a third party (in-

cluding a governmental agency) which is authorized or under legal obligation to pay such charges. (Where the cost is to be reimbursed by a governmental agency, a written agreement between the project and the agency is required. Reimbursement may be made either to the project or directly to the provider in accordance with such an agreement.)

(2) No restriction as to the economic status of the person receiving such services under the project or his family or relatives, or their legal residence.

(3) No requirement that referral to the project be made by any individual or agency except as may be described in the application for the project.

(f) The basis on which charges for services other than diagnostic services may be made. (Services which may be provided to persons by staff or facilities supported by project funds shall not relieve other public, including Federal or federally supported, or private agency or insurer of any obligations to pay for services which the recipient would normally be eligible to receive from such agency or insurer. The grantee shall make a reasonable effort to collect from third-party payment sources and from individuals in accordance with their ability to pay.)

(g) Provision that trainees and fellows will be appointed in accordance with the qualifications and conditions in the project application. A trainee or fellow must be a national of the United States or be in the United States for other than temporary purposes and intend to become a permanent resident of the United States.

§ 51a.406 Evaluation and grant award.

(a) Within the limit of funds available for such purposes, the Secretary may award grants to assist in the establishment and operation of those projects which will, in his judgment, best promote the purposes of sections 503(2), 504(2), or 511 of the Act, taking into account:

(1) The need for the services or training to be provided, including the relative extent to which the project will contribute to a nationwide distribution of needed services and training;

(2) The capability of the applicant to provide training or services of higher quality and effectiveness;

(3) The relative extent to which the project will provide more effective utilization of personnel currently providing health services to mothers and children;

(4) The extent to which the project will assist in the development of new information or innovative methods relating to the provision of maternal and child health and crippled children's services.

(b) In the case of grants under section 511 of the Act, the Secretary will give special attention to programs providing training at the undergraduate level and to programs which provide training for health care and related services for mothers and children—particularly mentally retarded children and children with multiple handicaps.

(c) The amount of any award will be determined by the Secretary on the basis of his estimate of the sum necessary for the proper performance of the project. In determining the grantee's share of project costs, if any, costs borne by Federal funds, or costs used to match other Federal grants, may not be included except as may be otherwise provided by law.

(d) All grant awards shall be in writing, shall set forth the amount of funds granted, and the period for which support is recommended.

(e) Neither the approval of any project nor any grant award shall commit or obligate the United States in any way to make additional, supplemental, continuation, or other award with respect to any approved project or portion thereof. For continuation support, grantees must make separate application periodically at such times and in such form as the Secretary may direct.

§ 51a.407 Payments.

The Secretary shall from time to time make payments to a grantee of all or a portion of any grant award, either in advance or by way of reimbursement for expenses incurred or to be incurred in the performance of the project, to the extent he determines such payments necessary to promote

prompt initiation and advancement of the approved project.

§ 51a.408 Use of project funds.

Any funds granted pursuant to this subpart as well as other funds to be used in performance of the approved project may be expended solely for carrying out the approved project in accordance with the applicable statute, the regulations of this subpart, the terms and conditions of the award, and the applicable cost principles prescribed by Subpart Q of 45 CFR Part 74.

§ 51a.409 Civil rights.

(a) Attention is called to the requirements of title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. 2000d et seq.) and in particular section 601 of such Act which provides that no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. A regulation implementing such title VI, which applies to grants made under this part, has been issued by the Secretary of Health, Education, and Welfare with the approval of the President (45 CFR Part 80).

(b) Attention is called to the requirements of title IX of the Education Amendments of 1972 and in particular to section 901 of such Act, which provides that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

(c) Attention is called to the requirements of section 504 of the Rehabilitation Act of 1973, as amended, which provides that no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

§ 51a.410 Confidentiality of information.

All information as to personal facts and circumstances obtained by the project staff in connection with the provision of services under the project shall be treated as privileged communications, shall be held confidential, and shall not be divulged without the individual's consent except as may be necessary to provide services to the individual. Such information may be disclosed in summary, statistical, or other form which does not identify particular individuals.

§ 51a.411 Inventions and discoveries.

Any grant award pursuant to this project is subject to the regulations of the Department of Health, Education, and Welfare as set forth in 45 CFR Parts 6 and 8, as amended. Such regulations shall apply to any activity for which grant funds are in fact used whether within the scope of the project as approved or otherwise. Appropriate measures shall be taken by the grantee and by the Secretary to assure that no contracts, assignments or other arrangements inconsistent with the grant obligation are continued or entered into and that all personnel involved in the supported activity are aware of and comply with such obligations. Laboratory notes, related technical data, and information pertaining to inventions and discoveries shall be maintained for such periods, and filed with or otherwise made available to the Secretary, or those he may designate, at such times and in such manner as he may determine necessary to carry out such Department regulations.

§ 51a.412 Publications and copyright.

Except as may otherwise be provided under the terms and conditions of the award, the grantee may copyright without prior approval any publications, films or similar materials developed or resulting from a project supported by a grant under this part, subject, however, to a royalty-free, nonexclusive, and irrevocable license or right in the Government to reproduce, translate, publish, use, disseminate, and dispose of such materials and to authorize others to do so.

§ 51a.413 Royalties.

Royalties received by grantees from copyrights on publications or other works developed under the grant, or from patents or inventions conceived or first actually reduced to practice in the course of or under such grant, shall be accounted for as follows:

(a) Patent royalties, whether received during or after the grant period, shall be governed by agreements between the Assistant Secretary for Health, Department of Health, Education, and Welfare, and the grantee, pursuant to the Department's patent regulations (45 CFR Parts 6 and 8).

(b) Copyright royalties, whether received during or after the grant period, shall first be used to reduce the Federal share of the grant to cover the costs of publishing or producing the materials, and any royalties in excess of the costs of publishing or producing such materials shall be distributed in accordance with Chapter 1-420 of the Department of Health, Education, and Welfare Grants Administration Manual.¹

§ 51a.414 Grantee accountability.

(a) *Accounting for grant award payments.* All payments made by the Secretary shall be recorded by the grantee in accounting records separate from the records of all other grant funds, including funds derived from other grant awards. With respect to each approved project the grantee shall account for the sum total of all amounts paid by presenting or otherwise making available evidence satisfactory to the Secretary of expenditures for direct and indirect costs meeting the requirements of this subpart: *Provided, however,* That when the amount awarded for indirect costs was based on a predetermined fixed percentage of estimated direct costs, the amount allowed for indirect costs shall be computed on the basis of such predetermined fixed-percentage rates

¹The Department of Health, Education, and Welfare Grants Administration Manual is available for public inspection and copying at the Department's and Regional Offices information centers listed in 45 CFR 5.31 and may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

applied to the total, or a selected element thereof, of the reimbursement direct costs incurred.

(b) *Accounting for interest earned on grant funds.* All grantees under this subpart must return to the Federal Government all interest earned on grant funds.

(c) *Grant closeout*—(1) *Date of final accounting.* A grantee shall render, with respect to each approved project, a full account, as provided herein, as of the date of the termination of grant support. The Secretary may require other special and periodic accounting.

(2) *Final settlement.* There shall be payable to the Federal government as final settlement with respect to each approved project the total sum of:

(i) Any amount not accounted for pursuant to paragraph (a) of this section.

(ii) Any credits for earned interest pursuant to paragraph (b) of this section.

(iii) Any other amounts due pursuant to Subparts F, M, and O of 45 CFR Part 74. Such total sum shall constitute a debt owed by the grantee to the Federal Government and shall be recovered from the grantee or its successors or assignees by setoff or other action as provided by law.

§ 51a.415 Performance report.

With each continuation or renewal application or with each financial status report at the end of a project period, whichever is appropriate, grantees shall submit a performance report for each grant which briefly presents the following for each program, function, or activity involved:

(a) A comparison of actual accomplishments to the goal established for the period. Where the output of grant programs can be readily quantified, such quantitative data should be related to cost data for computation of unit costs.

(b) An explanation when established goals have not been met.

(c) Other pertinent information including, when appropriate, analysis and explanation of cost overruns or higher than anticipated unit costs.

§ 51a.416 Additional conditions.

The Secretary may with respect to any grant award impose additional conditions prior to or at the time of any award when in his judgement such conditions are necessary to assure or protect advancement of the approved project, the interests of public health, or the conservation of grant funds.

§ 51a.417 Applicability of 45 CFR Part 74.

The relevant provisions of the following subparts of 45 CFR Part 74, establishing uniform administrative requirements and cost principles, shall apply to all grants under this subpart:

45 CFR PART 74

SUBPART AND SUBJECT

- A General
- B Cash Depositories
- C Bonding and Insurance
- D Retention and Custodial Requirements for Records
- F Grant-Related Income
- K Grant Payment Requirements
- L Budget Revision Procedures
- M Grant Closeout, Suspension, and Termination
- O Property
- Q Cost Principles

Subpart E—Project Grants for Sudden Infant Death Syndrome Information and Counseling

SOURCE: 40 FR 24436, June 6, 1975, unless otherwise noted.

§ 51a.501 Applicability.

The regulations of this subpart are applicable to grants to public and nonprofit private entities pursuant to section 1121(b) of the Public Health Service Act (42 U.S.C. 300c-11) for projects for the collection, analysis and furnishing of information relating to the causes of the sudden infant death syndrome and the provision of information and counseling to families affected by the sudden infant death syndrome.

§ 51a.502 Definitions.

As used in this subpart:

- (a) "Act" means the Public Health Service Act, as amended.
- (b) "Secretary" means the Secretary of Health, Education, and Welfare and

any other officer or employee of the Department of Health, Education, and Welfare to whom the authority involved has been delegated.

(c) "Nonprofit" as applied to a private entity means that no part of the net earnings of such entity inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(d) "The Sudden Infant Death Syndrome," for the purpose of this regulation, means the sudden death of any infant which is unexpected by history, and in which a thorough post mortem examination fails to demonstrate an adequate cause for death.

(e) "SIDS" means the sudden infant death syndrome.

(f) "Family" means the parents or other relatives of a SIDS victim or any persons functioning in loco parentis to such victim at the time of a SIDS death.

(g) "Applicant" means a public or nonprofit private entity which applies for a grant.

§ 51a.503 Eligibility.

(a) *Eligible applicants.* Any public or nonprofit private entity is eligible to apply for a grant under this subpart.

(b) *Eligible projects.* Grants to eligible applicants may be made by the Secretary for projects which include both:

(1) The collection, analysis, and furnishing of information (derived from post mortem examinations and other means) pertaining to the causes of SIDS; and

(2) The provision of information and counseling to families affected by SIDS.

§ 51a.504 Application for a grant.

(a) An application for a grant under this subpart shall be submitted to the Secretary at such time and in such form and manner as the Secretary may prescribe. The application shall contain:

(1) A full and adequate description of the project and of the manner in which the applicant intends to conduct the project and carry out the requirements of this subpart;

(2) A budget and justification of the amount of grant funds requested;

(3) Such other pertinent information as the Secretary may require.

(b) The application must be executed by an individual authorized to act for the applicant and to assume for the applicant the obligations imposed by the regulations of this subpart and any additional conditions of the grant.

(c) The application shall:

(1) Provide that the project will be administered by or under the supervision of the applicant;

(2) Provide, in accordance with the provisions of § 51a.506, that the project will have appropriate community representation in its development and operation;

(3) Set forth such fiscal controls and fund accounting procedures, in accordance with the provisions of § 51a.516, as may be necessary to assure proper disbursement of and accounting for grant funds paid to the applicant; and

(4) Provide for making such reports, in addition to the performance report required by § 51a.514, in such form and containing such information as the Secretary may from time to time reasonably require.

§ 51a.505 Project requirements.

An approvable application must contain each of the following:

(a) A description, together with supporting materials, of how the project will:

(1) Establish a mechanism, or utilize a mechanism already existing in the community by which to identify possible SIDS deaths.

(2) Encourage and, where necessary, arrange for or provide appropriate medical investigations of the cause of death performed in accordance with appropriate medical standards when possible SIDS deaths are identified.

(3) Obtain and provide pertinent information from medical investigations of probable SIDS deaths by board qualified or board eligible medical pathologists or other persons authorized by law to perform such investigations.

(4) Identify and, where possible, utilize third-party sources of payment for appropriate medical investigations of probable SIDS deaths.

(5) Encourage the use of SIDS as a diagnosis on death certificates, or as

the cause of death on death certificates, when medically determined.

(6) Provide information concerning SIDS to families affected by SIDS, including providing or arranging for prompt diagnosis of the cause of death and notification of the family of the diagnosis within 24 hours of the diagnosis where possible.

(7) Provide for voluntary counseling of families affected by SIDS, including home visits and other followup in accordance with the families' needs, by personnel qualified by training and experience to provide such services. Such personnel must be fully knowledgeable, about the management of SIDS and of problems associated with death, grief, and mourning. Such counseling services shall be provided by:

(i) Project personnel; and

(ii) As necessary or appropriate to meet the families' needs, other counseling resources within the community.

(8) Maintain consultation and arrangements with other official and voluntary community resources, such as clergy, police, emergency personnel, health and mental health services, and organized parents' groups, and other voluntary organizations, for

(i) Referral of families affected by SIDS, as appropriate, to such resources; and

(ii) Furnishing directly or indirectly information and suggestions for dealing with SIDS cases to such community resources.

(9) Collect information on SIDS cases in the project area including demographic data, epidemiological data, and therapeutic management data.

(10) Provide information gathered under paragraph (a)(9) of this section, in accordance with § 51a.511, to:

(i) Appropriate public officials; and

(ii) Interested members of the general public in the project area.

(b) Assurances that:

(1) Services will be made available without the imposition of any durational residence or referral requirement;

(2) Services will be made available without regard to religion, creed, age, sex, parity, marital status, or income; and

(3) Services will be made available in such a manner as to protect the dignity of the individual.

§ 51a.506 Project community council.

(a) A project community council shall be established by the grantee and shall consist of a minimum of nine and a maximum of fifteen members. At least one-third of such members shall be representatives of the community being served by the project, including representatives of parents' groups or other voluntary civic or community organizations. The membership shall also include representatives of health care, social services, or public safety professions, such as medical examiners, public health nurses, social workers, private physicians, police and fire department representatives, and funeral directors.

(b) The process of selection of its members shall be stipulated in the council's bylaws, which shall be subject to approval by the Secretary and must provide that:

(1) Members shall serve for definite terms which shall not exceed four years, so staggered as to assure that the terms of not more than one-third of the members shall expire in any calendar year.

(2) The council shall meet as often as necessary, but not less than six times per year, for the purpose of considering and, as appropriate, consulting with and advising the grantee with respect to:

(i) The project's progress toward achieving its goals of service to the area, and

(ii) Review and modification of the project's existing functions, as necessary.

(iii) All recommendations of the council with respect to the project's activities shall be available to the public.

(iv) Written minutes shall be kept of all council meetings.

(c) The Secretary may, for good cause shown, allow a grantee a period of time, not to exceed three months from the date of the receipt of a grant awarded under section 1121(b) of the Act, for compliance with the requirements of this section. In addition, in the case of a grantee which is a State

or local governmental agency and which has demonstrated to the satisfaction of the Secretary that it is unable, under State or local law, to establish a project community council pursuant to paragraph (a) of this section, the Secretary may allow such grantee a reasonable period of time to take the appropriate steps to have such legal disability removed. *Provided that*, such grantee, in the interim, must establish alternate procedures, approved by the Secretary, to assure maximum community participation in the development and operation of the project.

§ 51a.507 Evaluation and grant award.

(a) Within the limit of funds available for such purposes, the Secretary may award grants to assist in the establishment and operation of those projects which will, in his judgment, best promote the purposes of section 1121(b) of the Act, taking into account:

(1) The need for the project's services and informational materials to be provided, including the relative extent to which the project will contribute to the development of a nationwide distribution of such services and materials;

(2) The applicant's demonstration of an understanding of the problem, including the incidence of SIDS and the handling of the problem in the project area;

(3) The capability of the applicant to provide services and informational materials of high quality and effectiveness; and

(4) The degree to which the project plan adequately provides for the elements set forth in § 51a.505.

(b) In determining priority in awarding grants under section 1121(b) of the Act, the Secretary will take into consideration the relative extent to which the project:

(1) Would serve an area with a population of one million or more persons;

(2) Would be located in an area with an infant mortality rate higher than the national average;

(3) Has community resources available which will enable it to meet the requirements of § 51a.505 and;

(4) Is assured of community support and provides an indication of how continuation of its services will be maintained after Federal funding is concluded.

(c) The amount of any award will be determined by the Secretary on the basis of his estimate of the sum necessary for the proper performance of the project. In determining the grantee's share of project costs, if any, costs borne by Federal funds, or costs used to match other Federal grants may not be included except as may be otherwise provided by law.

(d) All grant awards shall be in writing, shall set forth the amount of funds granted, and the period for which support is recommended.

(e) Neither the approval of any project nor any grant award shall commit or obligate the United States in any way to make additional, supplemental, continuation, or other award with respect to any approved project or portion thereof. For continuation support, grantees must make separate application periodically at such times and in such form as the Secretary may direct.

§ 51a.508 Payments.

The Secretary shall from time to time make payments to a grantee of all or portion of any grant award either in advance or by way of reimbursement for expenses incurred in the performance of the project, to the extent he determines such payments necessary to promote prompt initiation and advancement of the approved project.

§ 51a.509 Use of project funds.

Any funds granted pursuant to this subpart as well as other funds to be used in performance of the approved project may be expended solely for carrying out the approved project in accordance with the applicable statute, the regulations of this subpart, the terms and conditions of the award, and the applicable cost principles prescribed by Subpart Q of 45 CFR, Part 74. Project grant funds may be used for an appropriate medical investigation of a probable SIDS death, such as an autopsy performed in accordance with appropriate medical standards,

by a board certified or board eligible medical pathologist or other person qualified by law to perform such a medical investigation, but only where legal consent to the medical investigation is obtained and the following conditions are met:

(a) No other source of funds for such an investigation is available;

(b) The cost of such investigation is reasonable;

(c) Consistent with § 51a.511, the result of such investigation is used only for the collection, analysis and furnishing of information relating to the causes of SIDS; and

(d) The result of such investigation is made available to the family of a suspected SIDS victim unless medically contraindicated.

§ 51a.510 Civil rights.

(a) Attention is called to the requirements of Title VI of the Civil Rights Act of 1964 (78 Stat. 252 (42 U.S.C. 2000d et seq.)) and in particular section 601 of such Act which provides that no person in the United States shall on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. A regulation implementing such title VI, which applies to grants made under this part, has been issued by the Secretary with the approval of the President (45 CFR Part 80). In addition, no person shall be denied employment in or by such program or activity on the grounds of age, sex, creed, or marital status.

(b) Attention is also called to the requirements of section 504 of the Rehabilitation Act of 1973, as amended, which provides that no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.

§ 51a.511 Confidentiality of information.

All information as to personal facts and circumstances obtained by the project staff in connection with the

provision of services under the project shall be treated as privileged communications, shall be held confidential, and shall not be divulged without the individual's consent except as may be otherwise required by applicable law (including this subpart) or necessary to provide services to the individual. Such information may be disclosed in summary, statistical, or other form which does not identify particular individuals.

§ 51a.512 Publications and copyright.

Except as may otherwise be provided under the terms and conditions of the award, the grantee may copyright without prior approval any publication, films or similar materials developed or resulting from a project supported by a grant under this part, subject, however, to a royalty-free, nonexclusive, and irrevocable license or right in the Government to reproduce, translate, publish, use, disseminate, and dispose of such materials and to authorize others to do so. Royalties received by grantees from copyrights on publications or other works developed under the grant shall first be used to reduce the Federal share of the grant to cover the costs of publishing or producing the materials and any royalties in excess of the costs of publishing or producing such materials shall be distributed in accordance with Chapter 1-420 of the Department of Health, Education, and Welfare Grants Administration Manual.¹

§ 51a.513 Grantee accountability.

(a) *Accounting for grant award payments.* All payments made by the Secretary shall be recorded by the grantee in accounting records separate from the records of all other grant funds, including funds derived from other grant awards. With respect to each approved project the grantee shall account for the sum total of all amounts paid by presenting or other-

¹The Department of Health, Education, and Welfare Grants Administration Manual is available for public inspection and copying at the Department and Regional Offices' information centers listed in 45 CFR Part 531 and may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

wise making available evidence satisfactory to the Secretary of expenditures for direct and indirect costs meeting the requirements of this subpart: *Provided, however,* That when the amount awarded for indirect costs was based on a predetermined fixed percentage of estimated direct costs, the amount allowed for indirect costs shall be computed on the basis of such predetermined fixed-percentage rates applied to the total, or a selected element thereof, of the reimbursement direct costs incurred.

(b) *Grant closeout.* (1) Date of final accounting. A grantee shall render, with respect to each approved project, a full account, as provided herein, as of the date of the termination of grant support. The Secretary may require other special and periodic accounting.

(2) Final settlement. There shall be payable to the Federal government as final settlement with respect to each approved project the total sum of:

(i) Any amount not accounted for pursuant to paragraph (a) of this section.

(ii) Any credits for earned interest pursuant to paragraph (b) of this section.

(iii) Any other amounts due pursuant to Subparts F, M, and O of 45 CFR Part 74. Such total sum shall constitute a debt owed by the grantee to the Federal government and shall be recovered from the grantee or its successors or assignees by setoff or other action as provided by law.

§ 51a.514 Performance report.

With each continuation or renewal application or with each financial status report at the end of a project period, whichever is appropriate, grantees shall submit a performance report for each grant which briefly presents the following for each program, functions, or activity involved:

(a) A comparison of actual accomplishments to the goals established for the period. Where the output of grant programs can be quantified, such quantitative data should be related to cost data for computation of unit costs.

(b) An explanation when established goals have not been met.

(c) Other pertinent information including, when appropriate, analysis and explanation of cost overruns or higher than anticipated unit costs.

§ 51a.515 Additional conditions.

The Secretary may with respect to any grant award impose additional conditions prior to or at the time of any award when in his judgment such conditions are necessary to assure or protect advancement of the approved project, the interests of public health, or the conservation of grant funds.

§ 51a.516 Applicability of 45 CFR Part 74.

The relevant provisions of the following subparts of 45 CFR Part 74, establishing uniform administrative requirements and cost principles, shall apply to all grants under this subpart:

45 CFR PART 74

- Subpart
- A General
- B Cash Depositories
- C Bonding and Insurance
- D Retention and Custodial Requirements for Records
- F Grant—Related Income
- K Grant Payment Requirements
- L Budget Revision Procedures
- M Grant Closeout, Suspension, and Termination
- O Property
- Q Cost Principles

PART 51b—GRANTS FOR COMMUNICABLE DISEASE CONTROL

- Sec.
- 51b.1 Applicability.
- 51b.2 Definitions.
- 51b.3 Eligibility.
- 51b.4 Application for grant.
- 51b.5 Project requirements.
- 51b.6 Grant evaluation and award.
- 51b.7 Grant payments.
- 51b.8 Use of project funds.
- 51b.9 Civil rights.
- 51b.10 Confidentiality.
- 51b.11 Inventions or discoveries.
- 51b.12 Publications and copyright.
- 51b.13 Grantee accountability.
- 51b.14 [Reserved]
- 51b.15 Additional conditions.
- 51b.16 Applicability of 45 CFR Part 74.
- 51b.17 Voluntary participation.

AUTHORITY: Sec. 215, 58 Stat. 690; 42 U.S.C. 216. Sec. 317, 84 Stat. 988; 42 USC 247b, as amended.

SOURCE: 37 FR 7000, Apr. 7, 1972, unless otherwise noted.

§ 51b.1 Applicability.

These regulations are applicable to the award of grants under section 317 of the Public Health Service Act (42 U.S.C. 247b) for the support of communicable disease control programs.

§ 51b.2 Definitions.

As used in these regulations:

(a) "Act" means the Public Health Service Act.

(b) "Secretary" means the Secretary of Health, Education, and Welfare and any other officer or employee of the Department of Health, Education, and Welfare to whom the authority involved has been delegated.

(c) "State" means one of the 50 States, the Commonwealth of Puerto Rico, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Virgin Islands, and the District of Columbia.

(d) Communicable disease control program or project means a program or project which is designed and conducted so as to contribute to national protection against tuberculosis, venereal disease, rubella, measles, Rh disease, poliomyelitis, diphtheria, tetanus, whooping cough or other communicable diseases which are transmitted from State to State, are amenable to reduction, and which are determined by the Secretary to be of national significance.

[37 FR 7000, Apr. 7, 1972, as amended at 41 FR 36814, Sept. 1, 1976]

§ 51b.3 Eligibility.

(a) *Eligible applicant.* Any State, or with the approval of the appropriate State Health authority, any political subdivision or instrumentality of a State, is eligible for a grant award under these regulations.

(b) *Eligible projects.* Grants pursuant to section 317 of the Act and these regulations may be made to eligible applicants for the purpose of meeting the cost of communicable disease control programs, including studies to determine the communicable disease control needs of communities and the means of best meeting those needs.