

DEPARTMENT OF HEALTH

10.553 SCHOOL BREAKFAST PROGRAM

Program Description: Assists states in providing nutritious, nonprofit breakfast service for school children, through cash grants and food donations.

Formula Description: Federal funds are made available on a performance basis by: (1) multiplying the number of paid breakfasts served to eligible children during the fiscal year by a National Average Payment (NAP) prescribed by the Secretary; (2) multiplying the number of breakfasts served free to eligible children by a NAP prescribed by the Secretary; and (3) multiplying the number of reduced priced breakfasts served to eligible children by a NAP for reduced priced breakfasts. The amount of federal funds given the grantee is the sum of the products obtained from these three computations. Schools with a high percentage of needy children may receive additional payments. The statistical factors used in this formula are: (1) the NAPs; (2) the number of paid breakfasts served; and (3) the number of breakfasts served free or at reduced price to eligible children. Program has no matching or maintenance of effort requirements.

Program Supported / Population Served: School Breakfast Program funds serve eligible children at the following State institutions: Regional Institute for Children and Adolescents (RICA) Baltimore; Spring Grove Hospital Center; and John L. Gildner RICA.

10.557 SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, & CHILDREN (WIC PROGRAM)

Program Description: Provides low-income pregnant, breastfeeding and postpartum women, infants, and children to age five who have been determined to be at nutritional risk, supplemental nutritious foods, nutrition education, and referrals to health and social services at no cost. WIC also promotes breastfeeding as the feeding method of choice for infants and promotes immunization and other aspects of healthy living.

For Formula Grants, the Food and Nutrition Service (FNS) makes funds available to participating state health agencies and Indian Tribal Organizations (ITOs) that, in turn, distribute the funds to participating local agencies. State and local agencies use WIC funds to pay the costs of specified supplemental foods provided to WIC participants, and to pay for specified nutrition services and administration (NSA) costs, including the cost of nutrition assessments, blood tests for anemia, nutrition education, breastfeeding promotion, and health care referrals.

For Project Grants, funding for the competitive Loving Support grant is available for formative research and educational material development in the campaign for breastfeeding promotion and support. This project will effectively build on the successes of the existing Loving Support campaign to inform, motivate and persuade the audience in an effective manner that continues to increase breastfeeding rates among WIC participants and increase support for breastfeeding

among those who most influence breastfeeding mothers (their family and friends, health care providers, WIC staff, and relevant community partners).

Formula Description: Grants are allocated on the basis of formulas determined by the Department of Agriculture, which allocates funds for food benefits, nutrition services, and administration costs. No matching funds are required, but some states contribute nonfederal funds in support of a larger WIC Program in their state. Program has no maintenance of effort requirements.

Program Supported / Population Served: Provides nutrition services, including education, supplemental foods, and referrals to health care providers through local agencies to low-income (185% of federal poverty level) pregnant and postpartum women, infants and children until their fifth birthday. The State WIC Office is responsible for funding and overseeing local agency operations. The Office works closely with the Child Health Insurance Program, Healthy Choice, and Early Periodic Screening, Diagnosis and Treatment programs in Medical Assistance and other maternal and child health programs within the MDH Prevention and Health Promotion Administration to obtain maximum benefits for participants.

14.241 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

Program Description: Provides states and localities with the resources and incentives to advance the National HIV/AIDS Strategy by devising long-term comprehensive strategies for meeting the supportive housing needs of low-income persons and their families living with HIV/AIDS in order to prevent homelessness and sustain housing stability for program beneficiaries.

Formula Description: Statutory Formula: Chapter 21, Part 574. Program has no matching or maintenance of effort requirements.

Program Supported / Population Served: Annual funding from the Department of Housing and Urban Development's Housing Opportunities for Persons with AIDS (HOPWA) is provided to the State of Maryland for the service area to include Caroline, Dorchester, Kent, Somerset, Talbot, Wicomico and Worcester counties on the Eastern Shore; Allegany, Garrett, and Washington counties in Western Maryland; Montgomery and Frederick counties in Central Maryland, and St. Mary's County in Southern Maryland. The project funds for persons living with HIV/AIDS tenant-based rental assistance (TBRA); short term rent, mortgage and utilities (STRMU); permanent housing placement assistance (PHP) and case management services for person living with HIV/AIDS whose income is at or below 80% of the mean income in their county of residence. The services include a housing care plan to assist individuals in obtaining permanent stable housing.

14.267 CONTINUUM OF CARE

Program Description: Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, states, and local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. Continuum of Care (CoC) program funds may be used to pay for the eligible costs used to establish and operate projects under five program components: (i) permanent housing, which includes permanent supportive housing for persons with disabilities, and rapid re-housing; (ii) transitional housing; (iii) supportive services only; (iv) Homeless Management Information Systems, and (v) in some cases, homelessness prevention.

Formula Description: Matching Requirements: This is a competitive program, however each community's need amount is established by formula set forth in the CoC Regulations. The recipient or sub-recipient must match all grant funds, except for leasing funds, with no less than 25% of cash funds or in-kind contributions from other sources. For Continuum of Care geographic areas in which there is more than one grant agreement, the 25% match must be provided on a grant-by-grant basis. Recipients that are United Funding Agency or are the sole recipient for their Continuum may provide match on a Continuum-wide basis. This program does not have MOE requirements.

Program Supported / Population Served: Funds provide rental assistance for mentally ill homeless persons to help transition into permanent housing. Program is statewide (except for Baltimore City, Garrett, Howard and Montgomery counties).

16.754 HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Program Description: To enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data through a centralized database administered by an authorized state agency and federally recognized Indian tribal governments. Strengthen PDMP efforts to develop and test innovative strategies and to implement evidence-based approaches demonstrating the impact of expanded use of PDMP data to support decision making.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Funds (1) provide overdose fatality review enhancement through provider and family member engagement for improved service delivery and (2) builds on multiple components of the State's opioid addiction and overdosed prevention strategy.

20.616 NATIONAL PRIORITY SAFETY PROGRAMS

Program Description: To encourage States to address national priorities for reducing highway deaths and injuries through occupant protection programs, state traffic safety information system improvements, impaired driving countermeasures, passage of effective laws to reduce distracted driving, implementation of motorcyclist safety programs, and the implementation of graduated driving licensing laws.

Formula Description: Statutory Formula: Title 23, Chapter 4, Part 405. Matching Requirements: Percent: 80%. For all program under Section 405, the Federal share of the costs of the activities funded using amounts from grants awarded under this subsection may not exceed 80 percent for each fiscal year for which a State receives a grant. This program has maintenance of effort requirements, see funding agency (Department of Transportation, National Highway Traffic Safety Administration) for further details.

Program Supported / Population Served: The Maryland Kids in Safety Seats (KISS) program provides education and training initiatives designed to prevent injuries and deaths to children due to non-use or incorrect safety seat use. The project consists of: 1) public and professional education; 2) technical training for health, safety and law enforcement personnel; 3) a statewide network of car seat assistance programs for low-income families, and 4) support of child passenger safety enforcement initiatives in Maryland.

93.008 MEDICAL RESERVE CORPS SMALL GRANT PROGRAM (MRC)

Program Description: Supports the development of Medical Reserve Corps units in communities throughout the United States to: (1) increase capacity at the community level to respond during emergencies which have medical consequences, and (2) improve public health in communities through volunteerism on an ongoing basis.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Maryland Professional Volunteer Corps (MPVC) is currently in the process of expanding our focus from only professionally licensed volunteers to anyone who is willing to be trained as a public health responder. These grant funds are being used to fund training programs across Maryland for new MPVC volunteers, as well as recruitment efforts as the MPVC program expands its focus from medically licensed volunteers to all public health responders. The MPVC is the Medical Reserve Corps (MRC) for the state of Maryland, which means that volunteers are spread around the state. MPVC recruitment and training takes place across the state.

93.069 PUBLIC HEALTH EMERGENCY PREPAREDNESS (PERLC: PREPAREDNESS & EMERGENCY RESPONSE LEARNING CENTER PERLC Supporting PHEP; awards other than PHEP Cooperative agreement not recorded under 93074)

Program Description: The PHEP program is a critical source of funding, guidance, and technical assistance for state, territorial, and local public health departments. Preparedness activities funded by the PHEP program are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable. These efforts support the National Response Framework (NRF), which guides how the nation responds to all types of hazards including infectious disease outbreaks; natural disasters; biological, chemical, and radiological incidents; and explosions.

To help public health departments with their strategic planning, CDC identified 15 public health preparedness capabilities to serve as national public health preparedness standards. State and local jurisdictions can use CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning to better organize their work and identify the capabilities they have the resources to build or sustain. These standards help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions.

The 2012 PHEP is currently funded via a joint cooperative agreement guidance award and aligned with the Hospital Preparedness Program (HPP). PHEP program guidance assists the 62 PHEP awardees in demonstrating measurable and sustainable progress toward achieving the 15 public health preparedness capabilities and other activities that promote safer and more resilient communities.

Formula Description: State matching requirement is 10%. This program has a statutory formula. This program has MOE requirements, see funding agency for further details. Maintenance of Funding (MOF) PHEP awardees must maintain expenditures for healthcare preparedness and public health security at a level that is not less than the average level of such expenditures maintained by the awardee for the preceding two-year period. This represents an awardee's historical level of contributions or expenditures (money spent) related to federal programmatic activities that have been made prior to the receipt of federal funds. The MOF is used as an indicator of nonfederal support for public health security and healthcare preparedness before the infusion of federal funds. These expenditures are calculated by the awardee without reference to any federal funding that also may have contributed to such programmatic activities in the past. The definition of eligible state expenditures for public health security and healthcare preparedness includes: Appropriations specifically designed to support healthcare or public health emergency preparedness as expended by the entity receiving the award; and funds not specifically appropriated for healthcare or public health emergency preparedness activities but which support healthcare or public health emergency preparedness activities, such as personnel assigned to healthcare or public health emergency preparedness responsibilities or supplies or equipment purchased for healthcare or public health emergency preparedness from general funds or other lines within the operating budget of the entity receiving the award.

Please see Agency Funding Opportunity Number CDC-RFA-TP12-1201 for further details on the maintenance of funding requirements.

Program Supported / Population Served: The Public Health Emergency Preparedness (PHEP) cooperative agreement provides funding to State, local health departments and various partners to organize, prepare, and respond to public health and medical emergencies for the

health and safety of all Maryland residents. The PHEP project supports an agreement between the CDC and the State. The grant focus areas include:

- 1) Preparedness Planning and Readiness Assessment – provides strategic leadership, direction, coordination, and assessment of activities to ensure State and local readiness. Interagency collaboration and preparedness for natural and/or man made physical threats, disease and other health threats and emergencies are key aspects of this project.
- 2) Cities Readiness Initiative (CRI) – supports major metropolitan areas responses to an anthrax attack. Maryland has 13 CRI counties in 3 separate but interoperable CRI regions: National Capital Region, Baltimore-Towson Metropolitan Statistical Area, and Cecil County, which are part of the Philadelphia Metropolitan Statistical Area. This project ensures each jurisdiction has the regional capabilities to staff and operate mass dispensing sites. Each jurisdiction must have a CRI plan integrated with their local Strategic National Stockpile (SNS) plan, local Emergency Operations Plan, and State SNS plans. Primary objectives include interoperable communications, standardization of equipment, regional risk communication, training, drills and exercises.

93.070 ENVIRONMENTAL PUBLIC HEALTH & EMERGENCY RESPONSE

Program Description: Bring public health and epidemiological principles together to identify, clarify, and reduce the impact of complex environmental threats, including terrorist threats and natural disasters, on populations, domestic and foreign. Programs and activities focus on safeguarding the health of people from environmental threats; providing leadership in the use of environmental health sciences – including environmental epidemiology, environmental sanitation, and laboratory sciences – to protect public health; and responding to issues and sharing solutions to environmental health problems worldwide.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements. Support is recommended for a specified project period, not to exceed 5 years.

Program Supported / Population Served: Two projects are funded through this grant:

The Maryland Public Health Strategy for Climate Change project works with local health departments to develop public health strategies at the local level, based on climate projections, health impact estimates and local priorities. Ultimately, this will be a statewide project benefiting all parts of the State.

The Environmental Public Health Tracking (EPHT) program was established to allow users access to health and environmental data simultaneously. In Maryland, the users can access data on a wide variety of health and environmental data for the entire state, using either a public portal or a secure, password-protected portal with data at a more localized level. The Maryland EPHT serves the entire State and is also hosting data from the District of Columbia.

93.073 BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES – PREVENTION AND SURVEILLANCE

Program Description: This funding opportunity supports the Maryland Department of Health (MDH) to expand its surveillance capacity from passive to active surveillance of microcephaly and other central nervous system (CNS) defects which are possibly associated with Zika virus infection during pregnancy.

Formula Description: This program has no statutory formula. Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this program exists, leveraging other resources and related ongoing effort to promote sustainability is strongly encouraged.

Program Supported / Population Served: To establish or enhance rapid "real time" active surveillance of microcephaly and select adverse outcomes (CNS defects) with possible association to Zika virus infection for all pregnancy outcomes (live births, stillbirth, and terminations) and to use the data for public health monitoring, prevention, and intervention. Demonstrate data utilization through collaboration with CDC on centralized pooled clinical and surveillance data projects, referral to services, and linkage and evaluation of outcomes of affected children and/or pregnancies with a positive or inconclusive Zika virus test. The surveillance and data utilization activities should focus on a source population (women of child-bearing age, pregnant women, infants with possible microcephaly or other brain abnormalities) in a defined geographic area of the state and any special populations identified by the applicant.

93.074 HOSPITAL PREPAREDNESS PROGRAM (HPP) & PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) ALIGNED COOPERATIVE AGREEMENTS

Program Description: The purpose of the 2012-2017 HPP-PHEP aligned programs cooperative agreement is to provide resources that support state, local, territorial, and tribal public health departments and healthcare systems/organizations in demonstrating measurable and sustainable progress toward achieving public health and healthcare emergency preparedness capabilities that promote prepared and resilient communities. [NOTE: For additional detailed information on the HPP program, please see CFDA 93.889. For additional detailed information on the PHEP program, please see CFDA 93.069].

Formula Description: Statutory Formula: Statutory Formula for PHEP - 319C-1 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, Public Law 109-417. For HPP - Federal Register Notice of May 16, 2008 (Vol. 73, No 96) requires cost sharing (non-federal share) of not less than 10% of federal funds awarded. For HPP and PHEP Matching Requirements: Percent: 10%. These programs have a maintenance of effort requirements, see funding agencies for further details.

93.092 AFFORDABLE CARE ACT (ACA) PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

Program Description: Educate adolescents and young adults on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS.

Formula Description: Statutory formula: Title V, Public Law 113-393. This program has no matching requirements. Cost sharing or matching of non-Federal funds is not required. However, funded programs should build on but not duplicate or replace current Federal programs as well as state, local or community programs, and programs should coordinate with existing programs and resources in the community. This program has MOE requirements, see funding agency for further details. This program has a MOE requirement for states and local entities to require that expenditure of non-federal funds for activities, programs or initiatives allowed in this program be no less than such expenditures in FFY2015. The intent is to supplement and not supplant the funds expended in FFY2015 or the year prior to new awards.

Program Supported / Population Served: The program must educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and at least three adulthood preparation subjects, utilizing evidence-based effective program models. While states may help youth find services they need and make referrals, such health services may not be paid for with PREP funds. States are encouraged to serve populations of youth at greatest risk for teen pregnancy and STIs. These include youth in foster care, homeless youth, youth with HIV/AIDS, teen parents, and youth in areas with high teen birth rates, pregnant youth and mothers under the age of 21.

93.103 FOOD & DRUG ADMINISTRATION – RESEARCH (GENERAL GRANT FUNDING)

Program Description: Assist institutions and organizations, to establish, expand, and improve research, demonstration, education and information dissemination activities; acquired immunodeficiency syndrome (AIDS), biologics, blood and blood products, therapeutics, vaccines and allergic projects; drug hazards, human and veterinary drugs, clinical trials on drugs and devices for orphan products development; nutrition, sanitation and microbiological hazards; medical devices and diagnostic products; radiation emitting devices and materials; food safety and food additives. Programs are supported directly or indirectly by the following Centers and Offices: Center for Biologics Evaluation and Research; Center for Drug Evaluation and Research; Center for Devices and Radiological Health; Center for Veterinary Medicine, Center of Food Safety and Applied Nutrition, National Center for Toxicological Research, the Office of Orphan Products Development, the Center for Tobacco Products, the Office of Regulatory Affairs, and the Office of the Commissioner. Small Business Innovation Research Programs: to stimulate technological innovation; to encourage the role of small business to meet Federal research and development needs; to increase private sector commercialization of innovations derived from Federal research and development; and to foster and encourage participation by minority and disadvantaged persons in technological innovation. Funding support for scientific conferences relevant to the FDA scientific mission and public health are also available.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Two MDH administrations are funded through this grant. These multiple projects, serving the entire State, are listed by MDH administration as follows:

Prevention and Health Promotion Abuse Administration:

(1) The Maryland Rapid Response Team program builds capacity to respond to food-borne outbreaks more rapidly under the new Food Safety Modernization Act. The Team also builds capacity in the regulatory program for manufactured foods.

(2) MDH has developed a robust framework to fully implement the federal manufactured food regulatory program standards (MFRPS). The MFRPS framework was adopted in 2008, and since that time, the Office of Environmental Health and Food Protection has made significant progress in implementing these standards. The goal of this application is to strengthen and fully implement the MFRPS within Maryland, by addressing those areas that have been identified as requiring additional resources, change in regulation, improvements in process, or enhancements of capacity. The specific aims of the project are: 1) achieve conformance with all 10 of the 2016 MFRPS standards; 2) complete staff training to conduct PC (preventive controls) rule inspections; 3) work with industry to implement PC rules; and 4) continue to work with the FDA to develop and implement an integrated food safety system in Maryland.

Laboratories Administration:

Funds are used to plan, develop and implement a laboratory quality assessment program that will eventually lead to maintaining International Organization for Standardization/International Electrotechnical Commission (ISO/IEC) 17025:2005 accreditation for chemical and microbiological testing of foods for surveillance, terrorism or emergency. It will provide the State of Maryland with the ability to monitor certain imported and domestic food products that have a history of past contamination problems or that involve security concerns for the State and the country. The subsequent surveillance program will help maintain program proficiency and efficiency needed to ensure surge capacity and an adequate response during a disease outbreak or an emergency.

93.110 MATERNAL & CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS (Special Projects of Regional & National Significance SPRANS, including the Community Integrated Service Systems CISS; & the Heritable Disorders Program)

Program Description: Carries out special maternal and child health (MCH) projects. These grants are funded with a set-aside from the MCH Block Grant Program. SPRANS grants are funded with 15% of the Block Grant appropriation of up to \$600 million, and when the appropriation exceeds \$600 million, an additional 12.75% is set aside for the Community Integrated Service Systems grants.

Formula Description: This program has no statutory formula. Matching requirement is 35%. This program has no maintenance of effort requirements

Program Supported / Population Served: Three projects, located in two administrations, are funded through this grant:

Prevention and Health Promotion Abuse Administration:

Integrating Newborn Screening into Primary Care supports participating primary care sites in providing a medical home for children identified with sickle cell disease or hearing impairment on newborn screening. It is also building an electronic interface between medical home electronic medical records (EMR's) and the State public health data collection system utilizing Chesapeake Regional Information System for our Patients (CRISP), the State Health Information Exchange. This demonstration program is designed to identify opportunities and challenges in characterizing the long-term follow-up status of children identified with conditions on newborn screening. This information will be used to inform broader efforts to improve the system of care for this population and assure receipt of needed care.

The State Systems Development Initiative project complements the Maternal and Child Health Block Grant (MCHB) program by improving state capacity to analyze data and assess needs. This project is statewide.

The State Early Childhood Comprehensive System (ECCS) Grant program is to promote the healthy physical, social and emotional development of young children (birth to three years of age) by using systems development and collective impact approaches. This statewide project is focusing on the mitigation of toxic stress and trauma in infancy and early childhood.

The Children's Oral Healthcare Project goal of this grant program is to reduce the prevalence of oral disease in both pregnant women and infants most at risk for disease through improved access to quality oral health care. Specifically, the project aims to: 1) reduce prevalence of oral disease in pregnant women and infants, reducing early childhood caries; 2) increase preventive care utilization for pregnant women; 3) establish a dental home for infants by age 1; and 4) reduce dental expenditures.

Laboratories Administration:

Implementation of Newborn Screening for Severe Combined Immunodeficiency (SCID) project. This award is a HRSA sub-award received through an agreement with the Association of Public Health Laboratories. The goals of this project are to: 1) establish a work environment for SCID testing in Maryland; 2) select and train SCID Newborn Screening (NBS) mentor/laboratory advisor; 3) develop a SCID NBS program; 4) educate providers and families on SCID NBS; and 5) fully implement SCID NBS in Maryland.

93.116 PROJECT GRANTS & COOPERATIVE AGREEMENTS FOR TUBERCULOSIS CONTROL PROGRAMS (Tuberculosis Prevention & Control & Laboratory Program)

Program Description: Assist state and local health agencies in carrying out tuberculosis (TB) control activities designed to prevent transmission of infection and disease. Financial assistance is provided to TB programs, to ensure that program needs for the core TB prevention and control activities are met. Each core activity (completion of therapy, contact investigation, TB surveillance, and TB laboratory activities) is essential to effective TB prevention and control.

Formula Description: This program has no statutory formula or matching requirements. Although there are no matching requirements, applicants must assume part of the project costs and fiscal information must be provided in the narrative portion of the application pursuant to provisions of Section 317(b)(2)317E. Maintenance of effort requirements are not applicable to this program.

Program Supported / Population Served: Supports State and local TB prevention and control efforts through technical support to counties and the provision of laboratory services. Activities include basic TB education and training, TB surveillance, and formal collaboration with the District of Columbia and Virginia TB programs regarding issues related to patient movement between jurisdictions and contact investigations through the Capital Region Tuberculosis Council. The MDH TB laboratory also processes specimens for the District of Columbia. Other target populations are the homeless, substance abusers, the incarcerated, and those who are HIV co-infected. Three county TB control programs (Prince George's, Montgomery, and Baltimore counties) receive substantial support for their TB programs through the MDH cooperative agreement with the Centers for Disease Control and Prevention (CDC). Maryland also is one of the national sites for the CDC-funded Tuberculosis Epidemiologic Research Consortium and is an active participant in the CDC-funded TB genotyping network.

93.130 COOPERATIVE AGREEMENTS TO STATES/TERRITORIES FOR THE COORDINATION & DEVELOPMENT OF PRIMARY CARE OFFICES (State Primary Care Offices)

Program Description: Coordinates local, state, and Federal resources contributing to primary care service delivery and workforce issues in the state, to meet the needs of medically underserved populations through health centers and other community-based providers of comprehensive primary care and the retention, recruitment, and oversight of health professions for medically underserved populations.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Primary Care Office (PCO) plays an integral part in Maryland with the continued implementation of healthcare reform by partnering and collaborating with key healthcare stakeholders to assess the needs of the underserved throughout the State. The PCO is a point of contact for Federally Qualified Health Centers (FQHCs), local health departments, hospitals, public health clinics, school-based health centers and other health entities for analysis of healthcare access for primary care, dental and mental health; and the use

of relevant statewide and sub-county data to support applications for new and expanded capacity of health centers. This project is statewide

93.136 INJURY PREVENTION & CONTROL RESEARCH & STATE & COMMUNITY BASED PROGRAMS (National Center for Injury Prevention & Control)

Program Description: RESEARCH GRANTS: (1) support injury control research on priority issues; (2) integrate aspects of engineering, public health, behavioral sciences, medicine, engineering, health policy, economics and other disciplines in order to prevent and control injuries more effectively; (3) rigorously apply and evaluate current and new interventions, methods, and strategies focusing on the prevention and control of injuries; (4) stimulate and support Injury Control Research Centers (ICRCs) in academic institutions which will develop a comprehensive and integrated approach to injury control research and training; and (5) bring knowledge and expertise of ICRCs to bear on the development of effective public health programs for injury control.

STATE AND COMMUNITY PROGRAM GRANTS/COOPERATIVE AGREEMENTS:
Develop, implement, and promote effective injury and violence prevention and control practices.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Three projects, located in two administrations, are funded through this grant:

Prevention and Health Promotion Abuse Administration:

The Rape Prevention and Education Program (previously named The Sexual Violence Prevention and Education Program) provides a planned combination of initiatives focused on preventing sexual violence in the lives of Maryland citizens. Collaborative relationships have been developed with other State agencies, community-based organizations, advocacy groups, and academic institutions to implement interventions in 3 key areas: 1) comprehensive school-based sexual violence education, 2) community-based sexual violence prevention education, 3) professional education and training, and 4) college-based sexual violence prevention education.

The Maryland Violent Death Reporting System (MVDRS) is a state-based surveillance system that collects information on violent deaths including homicides, suicides, legal intervention deaths (i.e. deaths caused by police and other persons with legal authority to use deadly force, excluding legal interventions) unintentional firearm deaths and deaths of undetermined intent. MVDRS links data from death certificates, medical examiner and law enforcement reports and provides detailed information on circumstances precipitating violent deaths in order to provide a comprehensive description of each violent death. In addition, MVDRS links multiple deaths that are related to one another (e.g, multiple homicides, suicide pacts and cases of homicide followed by suicide of the alleged perpetrator). MVDRS generates surveillance data to monitor the magnitude and characteristics of violent death at the state and local level and to develop and evaluate violence prevention programs and policies.

The Public Health Injury Surveillance and Prevention Program goals are to increase the capacity of the injury prevention program in Maryland to address the prevention of injuries and violence and to monitor and detect fatal and non-fatal injuries. The Center works with State injury partners through the Maryland Partnership for a Safer Maryland and addresses injury consistent with the Maryland Injury Prevention State Plan. Through the Partnership for a Safer Maryland and the State plan, key injury priority areas have been identified (Falls Prevention in Older Adults, Motor Vehicle Accidents, Prescription Drug Overdose and Interpersonal Violence), and selected interventions focusing on these areas are, as directed by CDC, implemented in the local communities. In addition, injury surveillance activities will continue sets. This will culminate in the production of a comprehensive injury report and participation in the CDC Multi-State Injury Data Report and special reports.

Behavioral Health Administration:

The Prescription Drug Overdose Prevention for States goals are to conduct public health surveillance of the opioid addiction and overdose epidemic; identify healthcare providers whose practices have the potential to increase the risk of addiction and overdose among patients and the community; identify patients potentially at high-risk for addiction and overdose; conduct targeted, direct outreach and education to identified high-risk providers to improve inappropriate practices; and issue unsolicited reports, electronic alerts and other notifications to providers treating high-risk patients.

93.150 PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Program Description: Provides financial assistance to states to support services for individuals suffering from a serious mental illness or serious mental illness and substance abuse and are homeless or at imminent risk of becoming homeless. Programs and activities include: (1) outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol and drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) a prescribed set of housing services.

Formula Description: Statutory formula, Title 45, Part 92, Public Law 101-645. The formula allots funds on the basis of the population living in urbanized areas of the state, compared to the total population living in urbanized areas in the entire United States except that no state receives less than \$300,000. States must make available, directly or through donations from public or private entities, nonfederal contributions equal to but not less than \$1 (in cash or in kind) for each \$3 of federal funds provided in such grant. This program has maintenance of effort requirements; see funding agency (DHHS, Substance Abuse and Mental Health Services Administration) for further details.

Program Supported / Population Served: Projects for Assistance in Transition from Homelessness include a mental health program providing outreach, screening and diagnostic

treatment, community mental health, alcohol and drug abuse treatment, and training to persons who suffer from serious mental illness and may also have a substance abuse disorder and are homeless or at imminent risk of becoming homeless. Program is statewide.

93.184 DISABILITIES PREVENTION

Program Description: Engaging Public Health to Increase Access and Support for People with Mobility Limitations and Intellectual Disabilities to Improve Chronic Disease Outcomes
This program will work to improve the health and quality of life among people with mobility limitations and/or intellectual disabilities (ID) through adaptation and implementation of evidence-based strategies in their communities. This funding allows states to develop and strengthen internal capacity and health-related disability programs to:

- Improve knowledge and awareness about the usefulness and effectiveness of programmatic, policy, systems and environmental changes for people with select functional disability types (i.e., mobility limitations and/or ID), and
- Support programs to plan, implement, evaluate, and disseminate non-research activities aimed at promoting inclusion and accessibility and reducing health disparities between people with and without disabilities.

Formula Description: This program has no statutory formula. Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this program exists, leveraging other resources and related ongoing effort to promote sustainability is strongly encouraged.

Program Supported / Population Served: This project focuses on adults with disabilities, in particular individuals with mobility limitations and intellectual disabilities.

93.217 FAMILY PLANNING SERVICES (Title X Family Planning Services)

Program Description: Provides educational, counseling, comprehensive medical and social services necessary to enable individuals to freely determine the number and spacing of their children, and by so doing help to reduce maternal and infant mortality, promote the health of mothers, families, and children.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Funding supports family planning services including contraceptive services, infertility services, and special services to women, men, and adolescents, with a priority towards low-income individuals. Services include information on all medically approved methods of contraception including natural family planning methods, counseling services, physical examinations, sexually transmitted disease and human immunodeficiency virus prevention education, screening, and referral, and follow-up exams.

Services are client-centered and available without coercion with respect for the privacy, dignity, social, and religious beliefs of the individuals being served. No funds are used to support abortion services.

93.235 AFFORDABLE CARE ACT (ACA) ABSTINENCE EDUCATION PROGRAM (Abstinence Education Program)

Program Description: To enable States to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock. This program can redistribute unclaimed funds to states currently receiving funding with the provision that the funding is used for abstinence-only education.

Formula Description: Statutory formula: Title V. Matching Requirements: This statutory formula for this program is based upon census data. Grants awarded to each state are determined by a formula using the state's proportion of low-income children compared to the total number of low-income children in the U.S. based on the most recent Census data for children in poverty. For each fiscal year, the estimated allotment for each state or territory will be updated based on the most current available census data and will be communicated to states by August 15 of the preceding fiscal year. There is a required match of 43 nonfederal dollars for every 100 federal dollars. The match can be reached by use of state dollars, local government dollars, and private dollars including foundation dollars, in-kind support, or any combination thereof. Program has no maintenance of effort requirements.

Program Supported / Population Served: Funding supports the Maryland Abstinence Education Program (MAEP). MAEP awards funds to local health departments and community-based groups to support curriculum-based abstinence education programming in targeted areas of the State. Programming is offered in both in-school and after-school settings. The target population includes middle and high school students.

93.236 GRANTS TO STATES TO SUPPORT ORAL HEALTH WORKFORCE ACTIVITIES (Grants to States to Support Oral Health Workforce Activities)

Program Description: Assists states to develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas.

Formula Description: This program has no statutory formula. Matching requirements: an entity receiving a grant under this program must contribute non-Federal funds to activities carried out under this grant to an amount equal to at least 40% of the Federal funding in support of this project. Matching funds may be a combination of in-kind contributions, fairly-valued, including plant, equipment, and services and may provide contributions from state, local, or private sources. Maintenance of effort requirements are not applicable to this program.

Program Supported / Population Served: The HRSA's "Grants to States to Support Oral Health Workforce Activities" has allowed the Office of Oral Health (OOH) programs to expand and

implement OOH programs increasing access to care for all Marylanders. Through HRSA funding, OOH is administrating the following initiatives:

Increase access to community-based education and preventive dental services including dental sealants and fluoride varnish for high-risk children in Maryland by: increasing the number of clinical and school-based or school-linked public health programs providing these strategies; and partnering with key regional agencies with the capability of providing oral disease prevention measures to young, high-risk children through a pilot program with WIC centers on the Eastern Shore.

Increase the proportion of children receiving dental services in Title I schools in Prince George's County through the Deamonte Driver Dental Van Project by supporting a part-time dentist.

Increase Community Water Fluoridation water operations workforce and infrastructure in order to increase the percentage of Marylanders receiving optimally fluoridated water.

Increase the extent to which population-based interventions address objectives that are informed by surveillance data by establishing a Health IT Surveillance System.

Expand the efforts of the Oral Health Literacy Campaign (OHLC) entitled "Healthy Teeth, Healthy Kids" in promoting oral health and disease prevention and expand the target population to include pregnant woman and mothers of at-risk children of all ages. The Office continued to support the OHLC Project Director to implement the continuation of the campaign.

Expand medical-dental collaboration and workforce in Maryland by designing programs targeting medical and dental health care providers to enhance their knowledge about oral health promotion and disease prevention so they are able to provide more services to the public, improve their communication skills when interacting with the public and serve as a resource to help patients navigate the health care system.

Ensure that the statewide oral health coalition (MDAC) is sustainable by increasing its resources and activities. Collaborate with the MDAC to hire a grant writer and training coordinator to support the oral health programs and build a sustainable organization.

93.243 SUBSTANCE ABUSE & MENTAL HEALTH SERVICES – PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (PRNS)

Program Description: The Substance Abuse and Mental Health Services Administration has the authority to address priority substance abuse treatment, prevention, and mental health needs of regional and national significance through assistance (grants and cooperative agreements) to states, political subdivisions of states, Indian tribes and tribal organizations, and other public or nonprofit private entities. Under these sections, CSAT, CMHS and CSAP seek to expand the availability of effective substance abuse treatment and recovery services available to Americans to improve the lives of those affected by alcohol and drug additions, and reduce the impact of alcohol and drug abuse on individuals, families, communities and societies and address priority mental health needs of regional and national significance and assist children in dealing with violence and traumatic events through funding grant and cooperative agreement projects. Grants and cooperative agreements may be for (1) knowledge and development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects; (2) training and technical assistance; (3) targeted capacity response programs (4) systems change grants including statewide family network grants and client-oriented and consumer run self-help

activities and (5) programs to foster health and development of children; and (6) coordination and integration of primary care services into publicly-funded community mental health centers and other community-based behavioral health settings funded under Affordable Care Act (ACA).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Multiple MDH administrations, projects and/or activities are funded through this grant. These multiple projects and/or activities are listed by MDH administration and sub-program as follows:

Prevention and Health Promotion Administration:

Integrated Health/Primary Care Network project complements Maryland's ECHPP scale-up efforts to achieve the National HIV/AIDS Strategy primary goals of: reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities, in the context of increased coordination and collaboration. The project provides seamless access for new or existing clients in the Baltimore-Towson Metropolitan Statistical Area (MSA) who access the mental health, substance abuse, and HIV/STI/AVH/TB public health systems of care. The project expands the availability of culturally competent and integrated infectious disease and behavioral health services for the populations most disproportionately affected by HIV in the Baltimore MSA, namely young, African American men who have sex with men, heterosexual African American women of childbearing age, and high-risk African American heterosexual men. Core components of the grant include the development of comprehensive, integrated client assessments across HIV and behavioral health disciplines, the establishment of active referral and linkage networks among providers, increased integration of infectious disease screening in behavioral health, capacity building, and increased programming to support clients in risk reduction.

Behavioral Health Administration:

Behavior Health Adolescent and Youth Treatment (BHAY) enables MDH, BHA to implement, increase access to and improve the quality of treatment for youth, ages 12-24, with substance use and co-occurring substance related disorders and mental health disorders. BHAY will partner with University of Maryland, School of Psychiatry to enhance statewide infrastructure and strategic collaborations, delivering evidence-based treatment in school and community settings, and developing sustainable funding and delivery mechanisms to support these changes.

Care Coordination, Treatment Expansion and Peer Enhancement in this project the Behavioral Health Administration is working collaboratively with local implementation partners in two high risk communities, Baltimore City and Anne Arundel County, to provide targeted Care Coordination, Treatment Expansion and Peer Enhancement services with the intent of reducing the number of overdoses and overdose related deaths by: 1) increasing enrollment in Medication Assisted Treatment (MAT) through peer outreach to overdose survivors in emergency rooms; 2) bridging gaps between the overdose experience and entry into a standard MAT program with the use of Interim Methadone Maintenance; 3) in lieu of detoxification, begin Buprenorphine induction prior to discharge from a 3.7 facility and facilitate admission into MAT programs; 4)

provide specialized training to peers around initial engagement and or outreach; and 5) enhance existing MAT services through the use of innovative peer and social supports.

Collaboration for Homeless Enhancement Services project increases capacity of both the permanent housing and service treatment systems to provide accessible, effective, comprehensive, coordinated and integrated evidenced –based treatments to individuals experiencing chronic homelessness with substance use disorders, serious mental illness or co-occurring mental and substance use disorders. Special emphasis will also be placed on serving veterans and reducing health disparities.

Enhancing Data Infrastructure to Address Gaps in State Mental Health Reporting project enables MDH, BHA to strengthen the annual collection and reporting of the Uniform Reporting System measures and to encourage, support and facilitate the use of data and data analysis to plan and improve State and local Public Mental Health System activities. Data systems will be used to improve accountability, increase access, target resources, and continuously improve the quality of care.

Healthy Transitions program raises awareness of mental health challenges faced by transition-aged youth (TAY) ages 16-25, increases early identification of mental health conditions among TAY, and provides services and supports meeting the needs of TAY transitioning to adulthood. MD-HT, developed in full partnership with Howard County and the Southern Maryland Tri-County region, and consumers, youth and families and through the collaborative support of multiple local and State agencies and stakeholders, leverages the experience and solid infrastructure built both within Maryland’s child and adult systems setting forth a commitment and partnership increasing awareness and early identification and improved outcomes for TAY with mental health needs.

Maryland LAUNCH (Cooperative Agreements for Linking Actions for Unmet Needs in Children’s Health) promotes the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive and behavioral aspects of their development. The goal of Maryland LAUNCH is to create a shared vision for the wellness for young children driving the development of State and locally based networks responsible for coordinating key child-serving systems and the integration of behavioral and physical health services. Prince George’s County has been identified as the local jurisdiction in which local service delivery will occur.

Maryland LIFT (Launching Individual Futures Together) As the next step in bringing our System of Care (SOC) efforts to scale, BHA is utilizing Launching Individual Futures Together (LIFT) to infuse SOC practice and principles throughout the entire public behavioral health system for children and families. Building upon progress made in developing a comprehensive behavioral health strategic plan for youth with co-occurring mental health and substance use needs and their families, LIFT targets youth, ages 13-17, with serious emotional disturbance and co-occurring substance abuse needs. LIFT puts into practice Maryland’s implementation of the Patient Care and Protection Affordable Care Act (ACA), which includes full merger of mental health and substance abuse authority and rollout of a new Medicaid financing and behavioral health integration model, at the local level while addressing a critical gap in the public behavioral health system service delivery.

Maryland Strategic Prevention Framework (MSPF-PFS) provides funding to strengthen the efforts in preventing and reducing the progression of drug abuse, including childhood and underage drinking, binge drinking, reduce substance abuse-related problems, and build prevention capacity and infrastructure. SPF-PFS is a planning and infrastructure design that requires data decision making and the use of evidence-based practices to produce effective outcomes to support the sustainability of services. The goals of the MSPF are to:

- 1) Prevent the misuse of alcohol by youth and young adults in Maryland, as measured by reductions in: under-age drinking, youth and young adult binge drinking, and alcohol related crashes involving youth and young adults.
- 2) Build and sustain prevention system capacity and infrastructure at the State, county and community levels.

The Maryland Strategic Prevention Framework is an operational partnership with the Governor's Drug and Alcohol Abuse Council and the MDH Behavioral Health Administration.

Screening, Brief Intervention and Referral to Treatment enables MDH, (BHA) to implement and expand Screening, Brief Intervention and Referral to Treatment (SBIRT) services in community health centers across Maryland. SBIRT is an evidence-based approach to screening and providing early intervention to patients at risk for substance related disorders and mental health disorders. SBIRT has already been implemented in health centers in Baltimore City and Prince George's County and we intend to use the experience gained in those centers to implement SBIRT in approximately 11 health center organizations and several hospitals in at least 15 Maryland jurisdictions over the next 5 years.

Suicide Prevention and Early Intervention Network (MD-SPIN) project enables MDH, BHA to provide a continuum of suicide prevention training, resources, and technical assistance to advance the development of a comprehensive suicide prevention and early intervention service system for youth and young adults. MD-SPIN will increase the number of youth, ages 10-24, identified, referred and receiving quality behavioral health services, with a focus of serving high risk youth populations (LGBTQ, transition age, veterans and military families, youth with emotional and behavioral concerns) and in target settings (school, colleges/universities, juvenile services facilities, primary care, and emergency departments).

93.251 UNIVERSAL NEWBORN HEARING SCREENING

Program Description: Supports state and territory programs in developing a comprehensive and coordinated system of care targeted toward ensuring that newborns and infants receive appropriate timely services including continuous screening, evaluation, diagnosis and early intervention services. Additionally, family engagement and leadership is also a focus of this program, as families have a unique perspective on how the system currently affects them personally and can provide invaluable insight on the strategies that can be implemented to improve the system. The Universal Newborn Hearing Screening program also provides support to two organizations that assist the grantees/territories with technical assistance.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: This statewide program serves all babies born in Maryland. The program provides follow up services to help ensure that all babies born in Maryland are screened for hearing loss and risk factors for later onset and progressive hearing loss. The program also seeks to ensure that babies who are diagnosed with hearing loss are referred for early intervention services if appropriate. Funds are used to support staff required to conduct follow up on infants who miss or do not pass the birth screen, for parent services and support, and for provider education. Additionally, funds are used to extend outreach and support to providers in underserved areas of the State, as well as Maryland's out of hospital birth population to further reduce the rate of loss to follow up for babies who miss or do not pass the newborn hearing screening.

93.262 OCCUPATIONAL SAFETY & HEALTH PROGRAM

Program Description: To (1) recognize new hazards; (2) define the magnitude of the problem; (3) follow trends in incidence; (4) target exceptional hazardous workplaces for intervention; and (5) evaluate the effectiveness of prevention efforts. The goal of this program is to increase worker safety and health. To develop specialized professional and paraprofessional personnel in the occupational safety and health field with training in occupational medicine, occupational health nursing, industrial hygiene, occupational safety, and other priority training areas.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: This ongoing project, funded by a cooperative agreement with the National Institute for Occupation Safety and Health, to create a State fundamental program in occupational disease surveillance. Maryland does not have any existing capacity for surveillance of work-related diseases, despite statutory requirements for health care providers to report occupational diseases. This five-year project will enable the Infectious Disease and Bureau of Environmental Health to collect data from existing sources and create an infrastructure for occupation illness reporting. This project will be done in close coordination with the Maryland Occupational Safety and Health program at the Department of Labor, Licensing, and Regulation, as well as with the Department of the Environment.

93.268 IMMUNIZATION COOPERATIVE AGREEMENTS (Immunizations CoAg & Vaccines for Children Program previously published as Immunization Grants & Vaccines for Children Program)

Program Description: Assists states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases (including measles, rubella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, hepatitis A, varicella, mumps, haemophilus influenza type b, influenza, and pneumococcal pneumonia).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The program, including the Vaccines for Children project, investigates all reported cases of vaccine-preventable disease; enforces school and day care immunization laws; monitors adverse vaccine reactions; provides consultation, follow-up and vaccine to prevent perinatal transmission of Hepatitis B; conducts in-service and training programs for health care providers; conducts a variety of immunization surveys in schools and health care facilities; provides immunization advice and direction to local health departments and health care providers; and measures immunization levels in the general population. This project is statewide.

93.270 ADULT VIRAL HEPATITIS PREVENTION & CONTROL (Viral Hepatitis Prevention, Screening, Linkage to Care & Education)

Program Description: Activities under this funding will allow for MDH to partner with multiple organizations (local health departments, clinical care providers, corrections and community-based organizations) to benefit individuals by reducing viral hepatitis transmission, identifying infected persons, and linking infected individuals with treatment.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served:

Community-Based Programs to Test and Cure Hepatitis C is a cooperative agreement from CDC designed to:

- Increase the number of persons tested, who receive lifesaving care and treatment, and are ultimately cured.
- Expand primary-care providers' capacity to diagnose and cure hepatitis C infection.
- Establish networks of key partners (i.e., health departments, specialists in hepatitis C care, and primary care providers) to develop and implement services in areas with high rates of hepatitis C.
- Support and evaluate efforts to reduce hepatitis C infections and provide best practices that can be applied nationwide.

The Improving State and Local Hepatitis B and C Care Cascades cooperative agreement from CDC supports a single position to:

- Incorporate viral hepatitis prevention activities into existing public health, clinical care, and community settings.
- Educate the public, partners, and stakeholders on relevant policies including state-mandated hepatitis B and hepatitis C reporting, and public/private insurance reimbursement for recommended testing and treatment.
- Work with state agencies to improve hepatitis B and hepatitis C testing, detection, and linkage to care and treatment in all settings.

- Monitor and evaluate how policies impact testing, care, and treatment of hepatitis B and hepatitis C.

93.283 CENTERS FOR DISEASE CONTROL & PREVENTION – INVESTIGATIONS & TECHNICAL ASSISTANCE (CDC Investigations, Technical Assistance)

Program Description: Assists states, local health authorities and other health related organizations in controlling communicable diseases, chronic diseases and disorders, and other preventable health conditions. Investigations and evaluations of all methods of controlling or preventing disease and disability are carried out by providing epidemic aid, surveillance, technical assistance, consultation, and program support; and by providing leadership and coordination of joint national, state and local efforts.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Multiple projects and/or activities are funded through this grant. These multiple projects and/or activities are listed as follows:

The goal of the (Maryland) National Cancer Prevention and Control Program is to implement cancer prevention and control programs to reduce morbidity, mortality, and related health disparities in Maryland. The Program includes three components:

Component 1 – National Breast and Cervical Cancer Early Detection Program: The Maryland Breast and Cervical Cancer Early Detection Program (MBCCEDP) will implement a comprehensive and coordinated approach to make positive environmental, community-clinical and health systems changes to decrease breast and cervical cancer disparities, morbidities and mortalities in the State. With this award MBCCEDP will continue to provide breast and cervical cancer screening, diagnostic and patient navigation services to program-eligible women through a decentralized service model. The program will also enhance State and regional-level local program client recruitment efforts and work with partners to develop worksite wellness activities and expand evidence-based interventions in health systems.

Component 2 – The National Comprehensive Cancer Control Program: The goal of the Maryland Comprehensive Cancer Control Program (MCCCP) is to address cancer prevention and control issues by convening stakeholders, assessing epidemiologic data, and implementing formal plans to reduce the burden of cancer in Maryland. The focus will be on the implementation of policy, systems and environmental approaches to prevent cancer and clinical-community linkages that reduce the cancer burden. MCCCP will also continue to enhance collaboration of the National Center for Chronic Disease Prevention and Health Promotion federally-funded programs within MDH's Center for Cancer Prevention and Control and Center for Chronic Disease Prevention and Control and other key partners.

Component 3 – The National Program of Cancer Registries: The overall goal of the Maryland Cancer Registry (MCR) is to reduce the burden of cancer in Maryland. Through this component,

the MCR will be able to continue to collect all the incidence cases of cancer in the State. The collected data will be used to monitor trends and patterns of cancer incidence and guide the planning and evaluation of cancer control programs.

Matching funds are required of both the Breast and Cervical Cancer Early Detection Program and the National Program of Cancer Registries.

Emerging Infections Program is a collaborative effort among MDH, local health departments, healthcare providers, clinical laboratories, the Johns Hopkins University Bloomberg School of Public Health and the University of Maryland School of Public Health to enhance reporting, investigation, and control of infectious diseases of public health importance. Project areas include foodborne diseases (e.g. salmonella), healthcare associated infections, influenza, tickborne diseases (e.g. Lyme Disease), arboviral diseases (e.g. West Nile Virus) and vaccine preventable diseases (e.g. meningitis). Program activities are conducted statewide and are funded through a cooperative agreement with the Centers for Disease Control and Prevention.

State-Based Oral Disease Prevention program is a partnership with the CDC through a collaborative agreement to build on existing efforts of the Office of Oral Health (OOH) to establish, strengthen, and enhance the infrastructure and capacity of Maryland's Office of Oral Health to plan, implement, and evaluate population-based oral disease prevention and promotion programs, prioritizing populations-based on oral disease burden.

OOH will maintain its infrastructure and expand surveillance and evidence-based community-clinical linked interventions to best target the oral health needs of Marylanders. OOH intends to retain key staff positions including the epidemiologist/evaluation scientist, water fluoridation coordinator, dental sealant coordinator, and health policy analyst/CDC grant program coordinator. OOH will utilize these experts to sustain and expand its current programs and implement new community water fluoridation and dental sealant initiatives as well as implement health system interventions to improve the effective delivery of preventive oral health services. Building on its existing strong network of partners and stakeholders, the OOH has successfully worked with the former Dental Action Committee to become an independent statewide Oral Health Coalition called the Maryland Dental Action Coalition. OOH also developed a broad, comprehensive State Oral Health Plan to represent the entire State and will continue to expand its strong base of partners by collaborating with this expanded network to develop a statewide Oral Health Summit and statewide Oral Health Literacy Campaign.

The School Dental Sealant Program will: 1) continue to fund public health programs that provide Title I school based/school linked sealant services; 2) increase the number of children receiving sealants through OOH funded public health programs; 3) increase the number of Title I schools served by dental sealant programs; and 4) increase the number of public health dental sealant programs reporting program data to OOH that includes program efficiency and reach information. In partnership with the Maryland Department of the Environment, OOH will collaborate with the Maryland Rural Water Association to implement a community water fluoridation quality control training program of State water operations to enhance Maryland's existing community water fluoridation program. Having already taken significant strides in policy development and systems level assessments, the OOH will continue to build upon these

skills and conduct periodic policy assessments in an effort to reduce oral diseases. The OOH continues to strive for the integration of oral health priorities into other public health efforts, including program collaboration with other CDC funded programs, of which there are many located within the Prevention and Health Promotion Administration. An evaluation will be developed and implemented focusing on the fluoride varnish program, partnerships and collaborations, and the dental sealant program with technical assistance from the CDC in order to effectively incorporate evaluation from the beginning of each of these initiatives. By the end of the funding period, policies and programs supporting oral disease prevention will be increased as will community-based public health prevention services for prioritized populations based on disease burden. These activities will contribute to a reduced prevalence of caries among prioritized populations.

93.296 STATE PARTNERSHIP GRANT PROGRAM TO IMPROVE MINORITY HEALTH (State Partnership Initiative to Address Health Disparities)

Program Description: Facilitate the improvement of minority health and eliminate health disparities (adult/child immunization, asthma, cancer, diabetes, heart disease and stroke, HIV, infant mortality, and mental health) through the development of partnerships with state and territorial offices of minority health.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Multiple projects and/or activities are funded through this grant. These multiple projects and/or activities are listed as follows:

Statewide Training on the New National CLAS Standards project offers training and promote adoption of the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards). The primary focus of the CLAS Standards is to offer CLAS training to 16 health care delivery organizations in targeted Maryland communities and to offer CLAS training 12 to 15 community-based organizations to educate consumers regarding what they should expect from the health care delivery organizations to improve health care services in a way that is culturally and linguistically appropriate to Maryland's residents. The adoption and training on CLAS is strategic in that these programs are directly linked to major key statewide initiatives currently underway in Maryland to improve health disparities.

Educating Minorities of Benefits Received After Consumer Enrollment (EMBRACE) In August 2015, the Maryland Office of Minority Health and Health Disparities was awarded a five-year State Partnership Grant from the U.S. Department of Health and Human Services Office of Minority Health to implement the EMBRACE project. The goal of EMBRACE is to increase rates of health insurance, increase use of primary care services, and reduce rates of emergency department visits and hospital readmissions. EMBRACE addresses the Healthy People 2020 topic area "Access to Health Service" and the objectives of 1) Increase proportion of persons with medical insurance and 2) Increase the proportion of persons with a usual primary care provider. Activities are focused in six identified zip that lie in the western corner of Prince

George's County and the bordering region of Montgomery County: 20712, 20737, 20781, 20782, 20783, and 20903. The targeted zip codes were chosen due to the following factors:

- High number of residents reporting that they were uninsured prior to the enactment of the Affordable Care Act (American Community Survey 2013 5-year average)
- A minority population that ranges from 76-92% (compared to 45% for the State as a whole)
- Clustering of the zip codes in one area of the state, allowing for more efficient targeting of services

93.301 SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM

Program Description: Support activities related to quality improvement, attaining equipment and/or training to comply with meaningful use of health information technology, ICD-10 standards (10th revision of the International Statistical Classification of Diseases and Related Health Problems) and payment bundling. Hospitals will utilize funds to: 1) pay for costs related to maintaining accurate prospective payment systems billing and coding such as updating and or implementing ICD-10 hardware/software, and 2) pay for the costs related to delivery system changes as outlined in the Affordable Care Act such as value-based purchasing, accountable-care organizations and payment bundling.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Small Rural Hospital Improvement Program (SHIP) involves hospitals in designated rural counties with fewer than 49 beds. Federal legislation requires that all monies be directed to eligible hospitals to only pay for costs related to purchasing computer software and hardware, educating and training hospital staff on computer information systems. In State Fiscal Year 2016, only 2 hospitals (Garrett County Memorial Hospital and McCready Memorial Hospital) met eligibility criteria for SHIP funds.

93.305 NATIONAL STATE BASED TOBACCO CONTROL PROGRAMS

Program Description: This cooperative agreement program addresses tobacco use and secondhand smoke exposure in the United States and supports four National Tobacco Control Program goals to (1) Prevent initiation of tobacco use among youth and young adults; (2) Eliminate exposure to secondhand smoke; (3) Promote quitting among adults and youth; and (4) Identify and eliminate tobacco related disparities. Achievement of these goals will reduce chronic disease morbidity, mortality, and disability related to tobacco use and secondhand smoke exposure. This cooperative agreement program relates to Healthy People 2020 objectives in the topic area of Tobacco Use.

Formula Description: This program has no statutory formula. Matching Requirements: Matching funds are required from non-federal sources in the amount of not less than \$1 for each

\$4 federal funds awarded. The match must be from non-federal sources and can be all cash, in-kind, or a combination thereof. In-kind activities must support evidence-based interventions outlined in CDC's Best Practices for Comprehensive Tobacco Control Programs. The match must be for the total dollar amount requested.

Program Supported / Population Served: The current Tobacco Control program cooperative agreement enables the State to provide infrastructure and program support to improve the health of Marylanders through tobacco use prevention and control. The Maryland Statewide Tobacco Control program goals are to identify and eliminate tobacco-related disparities, prevent the initiation of tobacco use among youth and young adults, provide easily accessible cessation resources to residents, incorporate tobacco use prevention and cessation within health systems, and eliminate secondhand smoke exposure.

93.314 EARLY HEARING DETECTION & INTERVENTION INFORMATION SYSTEM (EHDI-IS) SURVEILLANCE PROGRAM (EHDI Information System)

Program Description: The objective of this program is to assist EHDI programs in developing and maintaining a sustainable, centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data on all occurrent births that is unduplicated and individually identifiable. Additionally, for those programs with fully developed EHDI information systems, program will enhance the electronic system capacity to collect data, and exchange data accurately, effectively, securely, and consistently between the EHDI-IS and Electronic Health Record Systems (HER-S).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Since May 2008, the program has been using a web-based, secure online data system (OZ eSPT™) to track and monitor newborn hearing screenings. Maryland follows the Joint Committee on Infant Hearing protocol of screening by age 1 month, diagnosis by age 3 months, and referral to early intervention services by age 6 months (the 1-3-6 protocol). All Maryland birth hospitals and birthing centers are required to report births directly into the eSPT™ data system, including demographics, risk factors for later onset hearing loss, and hearing screen results. Audiologists and pediatricians or their staff report hearing screening and diagnostic hearing evaluation test results directly into the system. Early intervention providers use the system to document entry into early intervention services for babies who are diagnosed with a hearing loss. The data system is also used for Critical Congenital Heart Defects and Birth Defects Reporting.

This project enhances the existing data system in ways that allow the MD EHDI program to address the challenges to receiving complete, timely and consistent documentation of newborn hearing screening follow-up services (diagnostic test results and early intervention enrollment). Expected outcomes are the collection of complete, accurate and valid data on follow-up hearing screening, diagnostic testing and early intervention enrollment and outcomes in accordance with the CDC EHDI-IS Functional Standards. This will be accomplished by strengthening data

analysis and reporting capabilities, promoting ease of use to reduce the incidence of reluctant users, improvements to the diagnostic page and to expand upon the data received via the State's Health Information Exchange.

93.317 EMERGING INFECTIONS PROGRAM

Program Description: The purpose of the Emerging Infections Programs (EIP) is to assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases. The EIP cooperative agreement was formed in 1995 as a key component of CDC's national strategy to address and reduce emerging infectious disease (EID) threats. The EIP is a population-based network of state health agencies and their collaborators, including (but not limited to) academic institutions, local health departments, public health and clinical laboratories, infection control professionals, and healthcare providers. The network plays a critical role in conducting surveillance and applied epidemiologic and laboratory research, implementing and evaluating prevention and intervention projects, and responding quickly to new infectious disease issues. The unique strength of the EIP lies in the network's ability to quickly translate surveillance and research activities into informed policy and public health practice.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Emerging Infections Program: Maryland is one of ten states funded by the Centers for Disease Control and Prevention for the Emerging Infections Program (EIP). EIP is a national network that conducts enhanced public health surveillance and applied public health research. The Maryland Emerging Infections Program (MD EIP) is a working partnership among MDH, the Johns Hopkins University Bloomberg School of Public Health, and the University of Maryland School of Public Health. Maryland became a national EIP network member site in 1997, and over the ensuing twenty years, has developed into a mature partnership capable of performing active, laboratory-based surveillance using defined surveillance populations; conducting applied public health epidemiologic and laboratory activities; and implementing and evaluating pilot prevention and intervention projects. The MD EIP is also capable of rapidly responding to emerging infectious disease threats, as was demonstrated during the 2009-2010 pandemic influenza season. The MD EIP continues its collaboration with CDC, other federal partners, and other EIP sites to assess the public health impact of, and respond to, emerging infections. Specifically, the MD EIP will continue to participate in the Active Bacterial Core surveillance, the Foodborne Diseases Active Surveillance Network, the Healthcare-Associated Infections – Community Interface projects, the Influenza Surveillance Network, and the Lyme and Other Tickborne Diseases activities. With few exceptions, the surveillance area for each of these activities will be the entire State. The MD EIP will continue to enhance its capacity to quickly respond to newly emerging infectious disease issues by continuing to cross-train EIP staff and strengthening relationships with other partners (e.g. public health preparedness and response). A variety of training opportunities will also be provided for infection control professionals, laboratory scientists, local health department staff, medical residents, and public health graduate students.

93.323 EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)

Program Description: The purpose of this program is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory and information systems components of public health departments.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Epidemiology and Laboratory Capacity for Infectious Diseases program is a cooperative agreement with the CDC. Funding supports enhancement of current surveillance systems for communicable diseases and building improved disease detection and prevention activity through enhancement of epidemiology, laboratory and information technology infrastructure. This project also supports the National Electronic Disease Surveillance System. Population served includes Maryland residents.

93.336 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (Department of Health & Human Services DHHS, Centers for Disease Control & Prevention CDC, Center for Chronic Diseases & Health Promotion, Division of Population Health DPH, Population Health Surveillance Branch PHSB)

Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. These data collected are used to characterize health behaviors, ascertain the prevalence of risk factors, and target demographic groups with increased needs. Knowing the type and frequency of health issues and risky behaviors enables the public health professionals to devise and implement programs geared toward the prevention of chronic diseases, injury, and disability. This system has been collecting information on residents 18 years of age and older since 1986. BRFSS data from 1995 to the present are available on our website: www.marylandbrfss.org.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Maryland BRFSS is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions placing Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. Data collected through the MD BRFSS are critical for identifying areas of need, developing public

health programs and measuring the effectiveness of initiatives. Data collected through the survey will be widely disseminated through Maryland BRFSS.

93.344 RESEARCH, MONITORING AND OUTCOMES DEFINITIONS FOR VACCINE SAFETY

Program Description: The National Vaccine Program Office (NVPO) collaborates with federal partners to provide strategic direction for the coordination of the vaccine and immunization enterprise for the National Vaccine Plan (NVP) implementation http://www.hhs.gov/nvpo/vacc_plan/2010%20Plan/nationalvaccineplan.pdf NVPO is looking to partner with an institution or organization to conduct research or surveillance improvements related to vaccine safety. The areas of research are specifically, but not limited to, predicting the safety profile of new vaccines during the early development stage, developing or modifying existing vaccines to improve their safety, conducting applied research that will have a direct impact on the current vaccine safety monitoring system, conducting research that will improve the safety profile of currently marketed vaccines, conducting research that will improve the understanding of the safety profile of immunizations that are or will be recommended for adults over 65 years old.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: This funding represents a short-term memorandum of understanding between the Alzheimer's Association and the Maryland Department of Health to cooperate on a project on the implementation of two or more specific action items in *The Healthy Brain Initiative: The Public Health Roadmap for State and National Partnerships, 2013-2018*.

93.448 FOOD SAFETY & SECURITY MONITORING PROJECT (FERN Grant Program)

Program Description: Complement, develop and improve state, Indian Tribal, and local food safety and security testing programs through the provision of supplies, personnel, facility upgrades, training in current food testing methodologies and participation in proficiency testing to establish additional reliable laboratory sample analysis capacity and analysis of surveillance samples. New programs will be included to complement, develop and improve state, Indian Tribal, and local food safety and security analyses of foods and food products related to radiological terrorism or other emergency situations through the provision of supplies, personnel, facility upgrades, training in current food testing methodologies, participation in proficiency testing to establish additional reliable laboratory sample analysis capacity, participation in method enhancement activities to extend analysis capability, and analysis of surveillance samples in the event of a large-scale radiological terrorism event affecting foods or food products.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Laboratories Administration Radiation chemistry laboratory is an active member of the Food Emergency Response Network (FERN). Funding is used for maintaining instruments and equipment, supplies, personnel, staff training and facility upgrades. Funding enables the Laboratory Administration to expeditiously analyze food and food products in the event additional surge capacity is needed by the FDA/FERN for radiological terrorism or other related public health emergency event.

93.505 AFFORDABLE CARE ACT (ACA) MATERNAL, INFANT, & EARLY CHILDHOOD HOME VISITING PROGRAM (MIECHV or Federal Home Visiting Program)

Program Description: The Maternal, Infant, and Early Childhood Home Visiting Program is designed to: (1) strengthen and improve the programs and activities carried out under Title V; (2) improve coordination of services for at risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at risk communities. Voluntary evidence-based home visiting is the primary strategy to deliver services. A nurse, social worker, parent educator, or other paraprofessional regularly visits an expectant mother or father, new parent, or primary caregiver of a young child from birth to kindergarten entry to support and strengthen the parent-child relationship to improve the health, development and well-being for the child and family.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Statutory Formula – formula funding is determined as follows:

- i. The number of children under age five in families at or below 100% of the Federal poverty line in each state was obtained by using 2011 U.S. Census Bureau’s Small Area Income Poverty Estimate (SAIPE) data (available at <http://www.census.gov/did/www/saipe/data/statecounty/data/2011.html>).
- ii. The percentage of children under age five in families at or below 100% of the Federal poverty line in the state, as compared to the number of such children nationally, was calculated.
- iii. For each state, the percentage of children under age five in families at or below 100% of the Federal poverty line was multiplied by the total amount of funding available, (excluding the funding allocated for Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa. Because SAIPE data is not available for these jurisdictions, each was allocated a base amount of \$1,000,000.
- iv. This initial distribution, based on the percentage of children in poverty, was reviewed and proportionally modified to ensure a floor of the allocation provided in federal FY 2012 (excluding the funding provided for the Supporting Evidence Based Home Visiting Program).

This program has MOE requirements, see funding agency for further details (DHHS, Health Resources and Services Administration). Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation

programs or initiatives (per the Social Security Act, Title V, § 511(f)). The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the most recently completed fiscal year.

For purposes of maintenance of effort/non-supplantation, home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age five targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.

Program Supported / Population Served: The Maternal and Child Health Services Block Grant project is administered jointly by the MDH Center for Maternal and Child Health and the MDH Office of Genetics and Children with Special Health Care Needs. Funds are intended to promote the health of women, children, and adolescents, including children with special care needs. Federal funds must be allocated as follows: 1) at least 30% for preventive and primary care for children; 2) at least 30% for children with special needs; and, 3) no more than 10% for administrative costs. This program is statewide.

93.511 AFFORDABLE CARE ACT (ACA) GRANTS TO STATES FOR HEALTH INSURANCE PREMIUM REVIEW (Premium Review Grants)

Program Description: Program assists States in a) in reviewing and, if appropriate under State law, approving premium increases for health insurance coverage; b) in providing information and certain data requirements to the HHS Secretary on premium increase patterns, and c) establishing and enhancing data centers that will compile and publish fee schedule information. Refer to funding opportunity announcement for additional information.

Formula Description: This program has no statutory formula and no matching requirements. Program has maintenance of effort requirements; see funding agency (DHHS, Centers for Medicare and Medicaid Services) for further details.

Program Supported / Population Served: This program supports The Maryland Health Care Commission (MHCC) in collaboration with the Maryland Insurance Administration (MIA) in optimizing the All Payer Claims Database (APCD) for rate review applications and broader pricing transparency efforts by accelerating data collection and developing standard analytics that will be pre-processed and made readily available for access by MIA actuaries, rate review analysts, and the Maryland Health Benefit Exchange (MHBE) staff.

The goal of this program is to design and establish new Data Center capabilities that will enhance rate review processes in Maryland by providing meaningful comparisons to the

information submitted by carriers in rate applications. Funding from this grant will be used to develop two discrete activities that, together, will enable Maryland to continue to enhance its rate review processes. First, the grant will fund the establishment of a flexible extract, transform, and load (ETL) platform that will accept, reconcile, and transfer carriers' claims data to the MHCC's APCD warehouse. The ETL process will shorten the current 120-day cycle time required currently to edit and integrate individual claims data submission into a consistent data base. Second, MHCC will use other grant funds to specify and create metrics that are easily accessible by the MIA, the Exchange, and the public for rate review or for pricing comparison. Metrics used for rate review will be organized in data marts that will be easily and quickly accessible to support actuaries' most common analytic inquires and approaches yet provide for additional drilling down in the summarized data.

93.521 THE AFFORDABLE CARE ACT: BUILDING EPIDEMIOLOGY, LABORATORY, & HEALTH INFORMATION SYSTEMS CAPACITY IN THE EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASE (ELC) & EMERGING INFECTIONS PROGRAM (EIP) COOPERATIVE AGREEMENTS; PPHF (ELC/EIP – Prevention & Public Health Fund & Other Capacity-Building Activities)

Program Description: The Prevention and Public Health Fund (Title IV, Section 4002) was established under Patient Protection and Affordable Care Act (PPACA) to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public-sector health care costs. The Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and Emerging Infections Program (EIP) cooperative agreements were formed in 1995 as key components of Centers for Disease Control and Prevention's (CDC) national strategy to address and reduce emerging infectious disease (EID) threats. The programs play a critical role in strengthening national infectious disease infrastructure by serving as collaborative platforms for state and local health departments, CDC programs, and academic and various other public health partners to improve the ability to detect and respond to EIDs and other public health threats. Specifically, the programs build epidemiology, laboratory, and information systems capacity, integrate epidemiology and laboratory practice, implement active surveillance, and conduct targeted research aimed at improving methods and informing national surveillance and response activities. Overall, additional funds from multiple sources including PPHF will allow ELC and EIP partner agencies to substantially address gaps in EID epidemiology and laboratory capacity (e.g. number and training level of epi and lab staff, efficient/functional information systems, et cetera).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Emerging Infections Program cooperative agreement supports State and local health departments' surveillance infrastructure through enhancement of the epidemiology and laboratory capacity of the existing EIP network. Over the past 20 years, the EIP network has proved to be a national resource for conducting active,

population-based surveillance and special studies for invasive bacterial diseases, foodborne pathogens, healthcare associated infections (HAIs), influenza, and many other infectious diseases. The network has been instrumental in measuring the impact of the 7-valent pneumococcal conjugate vaccine, informing and evaluating treatment guidelines for Group B Streptococcus, estimating the burden of foodborne illness, documenting the emergence of community-associated methicillin-resistant *Staphylococcus aureus*, and monitoring the safety of the 2009 H1N1 vaccine as part of the influenza safety network. The flexibility of the EIP network is critical so that activities and special studies can adapt to changing priorities for infectious disease emergency response and program areas. These investments in the basic infrastructure support multiple activities at each site and are critical for a comprehensive, efficient, and coordinated approach to general program management from which all activities benefit. EIP sites may conduct up to 65 different surveillance and research activities related to infectious diseases during the course of a year. These activities require investments in personnel time to implement or modify, including building collaborative relationships with local hospitals, laboratories, and healthcare providers; submitting applications to multiple institutional review boards for dozens of studies; hiring, supervising and training staff; facilitating information exchange between CDC, local epidemiologists and laboratories; and actively participating in numerous conference calls, conferences, and meetings with CDC investigators. This cooperative agreement provides funding to enhance support for the basic infrastructure of the EIP network as well as to enhance EIP programmatic activities.

Emerging Infections Program – PPHF the purpose of this cooperative agreement is to enhance the epidemiology and laboratory capacity of the existing EIP network. EIP is a national network that conducts enhanced public health surveillance and applied public health research. The Maryland Emerging Infections Program (MD EIP) is a working partnership among MDH, the Johns Hopkins University Bloomberg School of Public Health, and the University of Maryland, College Park. Maryland became a national EIP network member site in 1997, and over the ensuing eighteen years, has developed into a mature partnership capable of performing active, laboratory-based surveillance using defined surveillance populations; conducting applied public health epidemiologic and laboratory activities; and implementing and evaluating pilot prevention and intervention projects. The MD EIP is also capable of rapidly responding to emerging infectious disease threats, as was demonstrated during the 2003-2004 and subsequent influenza seasons. Through this application, the MD EIP is requesting funding to continue to: (1) support collaborative projects with the University of Maryland College Park, School of Public Health, in the areas of foodborne diseases, geospatial analysis, and climate change; (2) provide training opportunities for EIP epidemiologists in the areas of database management, the use of statistical analysis software, web site design and use of social media, and geospatial analysis as well as host an annual infectious diseases conference; (3) integrate electronic data collection methods into existing EIP processes; and (4) expand existing genomic sequencing and bioinformatics capacity to further enhance the characterization of EIP pathogens and integrate these methods into routine case investigations and epidemiologic analyses.

93.524 MEDICAID NATIONAL DIABETES PREVENTION PROGRAM

Program Description: This program allows The Maryland Medicaid Administration's Office of Planning to administer a grant program to demonstrate how state Medicaid agencies, in collaboration with state health departments, can implement a delivery model for the National Diabetes Prevention Program (DPP), either alone or as part of a bundled package of chronic disease preventive services, to Medicaid beneficiaries at high risk for type 2 diabetes through Managed Care Organizations and/or Accountable Care Organizations (MCOs/ACOs).

Formula Description: The National DPP project is as discretionary federal grant tracked and reimbursed separately from Medicaid.

Program Supported / Population Served: Supports MCOs in their work to enhance community clinical linkages and implementing interventions that strengthen systems and resources for early detection and better management of hypertension and diabetes. Serves counties with the highest number of at-risk Medicaid beneficiaries for type 2 diabetes.

93.539 PPHF CAPACITY BUILDING ASSISTANCE TO STRENGTHEN PUBLIC HEALTH IMMUNIZATION INFRASTRUCTURE & PERFORMANCE FINANCED IN PART BY PREVENTION & PUBLIC HEALTH FUNDS (Prevention & Public Health Fund Affordable Care Act – Immunization Program)

Program Description: Program activities under this funding support efforts to transition immunization programs supported by Section 317 funding to the healthcare environment being transformed by the Affordable Care Act (ACA). Section 317 grantees manage the public health force that implements and supports immunization practices in the public and private sectors. Additionally, the importance of monitoring the effectiveness and impact of vaccines is critical for maintaining an immunization program that is scientifically and programmatically sound. The specific objectives may include but are not limited to:

1. Enhance interoperability between electronic health records and immunization information systems and reception of Health Level 7 (HL7) standard messages into IIS.
2. Develop a vaccine ordering module in an immunization information system that interfaces with CDC's VTrckS vaccine ordering and management system.
3. Develop and/or implement strategic plans for billing for immunization services in health department clinics to enable programs to increase program revenue, reach additional populations, provide recommended vaccines that are not currently offered, and address under-vaccinated populations.
4. Plan and implement adult immunization programs to improve adult immunization rates by establishing collaborations with employers and pharmacies and other healthcare entities to expand adult vaccination activities.
5. Enhance the sustainability of school-located vaccination (SLV) to make SLV programs successful, efficient, and sustainable through new technologies and innovative systems and third-party payer billing to recover program costs.
6. Increase Human Papillomavirus (HPV) vaccination coverage rates among adolescents.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Immunization and Vaccines for Children – PPHF ImmuNet is the State's immunization information system, a secure database that can store an

individual's immunization records and a web-based tool for health care providers and schools to keep their patients/students vaccinated on time, and avoid under/over immunization. This project supports ImmuNet by providing technical service, upgrades, software patches, and database design consultation.

93.576 REFUGEE & ENTRANT ASSISTANCE – DISCRETIONARY GRANTS

Program Description: The objectives of the discretionary grant programs include:

(1) decreasing the numbers of refugees on public assistance and the length of time refugees require such assistance; (2) encouraging the placement of refugees in locations with good job opportunities and lower costs of living; (3) providing supplemental services to areas with high numbers of arrivals; (4) promoting older refugees' access to aging services; (5) assisting low-income refugees with matching funds for individual development accounts and with financial literacy classes; (6) providing micro-credit to refugees interested in starting new businesses but unable to access commercial sources of capital; (7) providing services to refugees in rural areas; (8) providing preventive health services; and (9) providing school impact assistance.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Refugee and Migrant Health Program provides oversight of health screening services to newly arriving refugees and asylees. Through the Refugee Health Promotion Program, the Office of Immigrant Health (OIH) in partnership with the resettlement agencies, community-based organizations, and clinical providers, proposes to build upon its existing refugee mental health program to: (1) ensure that refugees, shortly upon arrival, are educated on the U.S. healthcare system, preventive health, emotional wellness, coping strategies, and how to access mental healthcare services; (2) provide support groups to refugees beyond the initial resettlement period (6 months to 2 years); (3) collaborate with existing community-based organizations to provide adjustment support groups for refugee adolescents; (4) build mental health capacity from within the refugee community to expand the number of 'doors' refugees can access in times of emotional distress, and (5) ensure that all programs (adjustment groups, support groups, mental health evaluations) are conducted in a manner that is culturally and linguistically appropriate. As a result of this comprehensive approach to refugee mental health project, newly arrived refugees, as well as those who are already in our community, will be able to access timely and culturally sensitive mental health care and achieve the maximum level of good health and wellness; thereby, being provided with the best opportunity at a successful life in the United States. Match requirement in reimbursable funding is anticipated from billing fee-for-services to Maryland Office of Refugees and Asylees.

93.624 ACA – STATE INNOVATION MODELS: FUNDING FOR MODEL DESIGN AND MODEL TESTING ASSISTANCE (State Innovation Models SIM)

Program Description: The Center for Medicare and Medicaid Innovation (Innovation Center) announces the second round of funding for the State Innovation Models (SIM) program. SIM is

based on the premise that state innovation with broad stakeholder input and engagement, including multi-payer models, will accelerate delivery system transformation to provide better care at lower costs. SIM is focused on public and private sector collaboration to transform the state's delivery system. SIM provides financial and technical support to states to test the ability of state governments to use their regulatory and policy levers to accelerate health transformation. In Round 1, CMS partnered with 6 Model Test states to implement state-wide health transformation strategies and 19 Model Design states to develop and refine State Healthcare Innovation Plans to guide future implementation efforts.

Drawing on lessons from the funding opportunity released in Round 1, State Innovation Models: Funding for Model Design and Testing Assistance (CMS-1G1-12-001) (Round 1 FOA), Round 2 of SIM specifies additional parameters that CMS believes correlate with successful state-wide health transformation. These parameters are described in this Funding Announcement in the form of requirements for Round 2 applications. CMS will fund up to 12 Model Test states with approximately \$20-100 million grants per state, with funding based in part on the size of the state population and the scope of the transformation proposal. Additionally, CMS will provide up to \$3 million per state for up to 15 Model Design cooperative agreements to design new State Health System Innovation Plans or enhance existing plans developed in Round 1. All Round 1 Model Design states must apply for Round 2 of SIM. The Round 1 FOA indicated that states receiving Round 1 Model Design awards must submit a Model Testing proposal for the Round 2 FOA. CMS is amending that requirement to submit a testing proposal in Round 2, so that a Model Design state may either apply for a Model Test award or may apply for a second Model Design award in order to enhance their State Health System Innovation Plan for future testing.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: State Innovation Models (SIM) Grant the Center for Medicare and Medicaid Innovation (Innovation Center) has announced the second round of funding for the SIM program. SIM is based on the premise that state innovation with broad stakeholder input and engagement, including multi-payer models, will accelerate delivery system transformation to provide better care at lower costs. SIM is focused on public and private sector collaboration to transform the state's delivery system and provides financial and technical support to states to test the ability of state governments to use their regulatory and policy levers to accelerate health transformation. In Round 1, CMS partnered with 6 Model Test states to implement state-wide health transformation strategies and 19 Model Design states to develop and refine State Healthcare Innovation Plans to guide future implementation efforts. Round 2 of SIM specifies additional parameters that CMS believes correlate with successful state-wide health transformation, described in funding Announcement in the form of requirements for Round 2 applications.

Maryland's hospital modernization waiver ("All-Payer Model") is the first in the country to bring hospitals under global budgets, making imperative the shift from volume- to value-based care. The success of the All-Payer Model is dependent on the implementation of further innovations. Many initiatives have already been developed and are in various stages of implementation, including Maryland Medicaid's §1115 waiver for managed care, patient-

centered medical homes, chronic health homes, and home- and community-based services programs, among others. Maryland has also seen a large uptake in health information technology, highlighted by the health information exchanges, the Chesapeake Regional Information System for our Patients. SIM Design funding will target some of the remaining gaps with a multi-faceted approach. At the population health level, funds will be utilized to create a dashboard to filter the myriad information collected by CRISP into a user-friendly application. Additionally, SIM Design monies will be used to bring one of the remaining populations not currently benefitting from managed care—individuals dually-eligible (“dual eligibles”) for Medicare and Medicaid—under an accountable care organization (ACO) structure. MDH will work in close collaboration with the Health Services Cost Review Commission, which is concurrently developing an integrated care network for the State’s unmanaged Medicare population, together aiming to contain costs while improving the quality of care and patient satisfaction. This grant is expected to be completed in FY16-FY17; no funds are requested for FY18.

93.733 CAPACITY BUILDING ASSISTANCE TO STRENGTHEN PUBLIC HEALTH IMMUNIZATION INFRASTRUCTURE AND PERFORMANCE – financed in part by the Prevention and Public Health Fund (PPHF)

Program Description: This program will improve the efficiency, effectiveness, and/or quality of immunization practices by strengthening the immunization information technology infrastructure, building capacity for public health department insurance billing, and expanding immunization delivery partnerships so that more children, adolescents, and adults are protected against vaccine-preventable diseases. The specific objectives may include but are not limited to:

1. Develop strategic plans for billing for immunization services in health department clinics;
2. Enhance interoperability between electronic health records (EHRs) and Immunization Information Systems (IIS) and reception of HL7 standard messages in IIS;
3. Develop a vaccine ordering module in an immunization information system that interfaces with CDC’s VTrckS vaccine ordering and management system;
4. Vaccine barcode improvement to improve the system functions to capture data from 2-D barcodes on vaccine vials and syringes as well as improve data capture from the Vaccine Information Statements;
5. Improve vaccine management, storage and handling at provider and grantee level;
6. Use immunization information systems to improve adolescent vaccination coverage;
7. Conduct hepatitis B vaccination pilot to reduce the incidence of acute hepatitis B infection among adults through targeted hepatitis B vaccination of adults who present for medical care in high risk settings or who have behaviors that increase their risk of hepatitis B virus (HBV) infection;
8. Conduct school vaccination assessment evaluation to implement substantial improvements in the quality of kindergarten coverage and exemption data collected at state and local levels while building state and local area capacity;
9. Use immunization information systems to conduct small area analysis of vaccination coverage.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Department will increase HPV vaccination coverage rates in Maryland by strengthening existing adolescent focused AFIX activities throughout the State and decreasing provider-level missed vaccination opportunities among adolescents. These outcomes will be achieved through implementation of the following:

- Increasing the staff capacity to conduct adolescent AFIX visits through the hire of three AFIX Site Reviewers;
- Increasing the number of new and follow-up adolescent AFIX site reviews held each year, allowing annual adolescent AFIX visits to all Maryland VFC providers;
- Implementing Quality Improvement (QI) strategies among Maryland VFC providers;
- Providing a HPV Educational Forum for Maryland VFC providers that have been identified as having low HPV vaccination rate (CMEs provided); and
- Providing Report Cards to all Maryland VFC providers with their Tdap/HPV vaccine ordering ratio, including how their ratio compares with other VFC providers in their specialty and other VFC providers in their local jurisdiction.

93.735 STATE PUBLIC HEALTH APPROACHES FOR ENSURING QUITLINE CAPACITY – FUNDED IN PART BY PREVENTION & PUBLIC HEALTH FUNDS (PPHF)

Program Description: As part of the overall effort to reduce the burden of chronic diseases and chronic disease risk factors, the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health announces the opportunity to apply for funds to ensure and support state quitline capacity, in order to respond to upcoming federal initiatives such as the National Tobacco Education Campaign <http://www.cdc.gov/tobacco>. This program addresses the “Healthy People 2020” focus area of tobacco use and the goal of reducing illness, disability, and death related to tobacco use and secondhand smoke exposure. Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age. This funding opportunity announcement will be a new, 2-year cooperative agreement for all states and territories that currently have a quitline. Funds will be used for the following:

- Address the anticipated increase in calls
- Expand capacity and eligibility to ensure all callers receive some form of assistance
- Increase efficiencies of quitline operations, such as demonstrating how they will connect to or incorporate an interactive voice recording system (IVR) at the state or federal level
- Incorporate technological enhancements to provide additional forms of assistance to callers who want to quit
- Expand paid and earned media to promote the quitline and increase quit attempts
- Develop and/or implement private/public partnerships or other strategies to sustain quitline capacity.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Center for Tobacco Prevention and Control's Public Health Approaches for Ensuring Quitline Capacity program has successfully managed the Maryland Tobacco Quitline (QL), 1-800-QUIT-NOW counseling service since 2006, establishing a quit rate of 30%. The QL consistently demonstrates a solid reach to minority populations and Medicaid participants. CTPC will use the grant to continue support and enhancement of QL operations. CTPC will continue to work with its QL service provider, Alere Wellbeing, Inc., to provide services to approximately 1,290 additional residents, along with small targeted media efforts to reach pregnant women and Medicaid participants.

93.745 PPHF: HEALTH CARE SURVEILLANCE/HEALTH STATISTICS – SURVEILLANCE PROGRAM ANNOUNCEMENT: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM FINANCED IN PART BY PREVENTION & PUBLIC HEALTH FUNDS (Behavioral Risk Factor Surveillance System BRFSS)

Program Description: The purpose of this program is to provide assistance to State and Territorial Health Departments to maintain and expand:

- 1) Specific health surveillance using telephone and multi-mode survey methodology for the behaviors of the general population that contribute to the occurrences and prevention of chronic diseases, injuries, and other public health threats;
- 2) The collection, analysis, and dissemination of BRFSS data to State and Territorial Health Department Categorical Programs for their use in assessing trends, directing program planning, evaluating program priorities, developing policy, and targeting relevant population groups.

Specifically, this program will:

- A. Add questions specifically on health care access and use to the Federal Fiscal Year (FFY) 2013 and 2014 Behavioral Risk Factor Surveillance System (BRFSS) questionnaires to measure the effect of ACA on the population;
- B. Increase the BRFSS landline sample size to restore the number of completed interviews achieved to FFY 2011 levels. BRFSS programs should develop plans for increasing their sample size of their FFY 2013 surveys which will increase the number of completed interviews achieved which will increase the precision of estimates in small areas and sub-populations;
- C. Increase the proportion of cell phone interviews completed on the FFY 2013 BRFSS survey to maintain coverage and validity – achieving at least a 25% completed interview rate by cell phone mode.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable

infectious diseases. These data collected are used to measure the effect of ACA on the Maryland adult population and to increase the sample size and proportion of cell phone interviews in order to get a more representative estimation of disease and risk factor prevalence, as well as health behaviors. Knowing the type and frequency of health issues and risky behaviors enables the public health professionals to devise and implement programs geared toward the prevention of chronic diseases, injury, and disability.

93.752 CANCER PREVENTION & CONTROL PROGRAMS FOR STATE, TERRITORIAL & TRIBAL ORGANIZATIONS FINANANCED IN PART BY PREVENTION & PUBLIC HEALTH FUNDS (National Breast & Cervical Cancer Early Detection Program NBCCEDP)

Program Description: To work with official State and territorial health agencies or their designees in developing comprehensive breast and cervical cancer early detection programs. To the extent possible, increase screening and follow-up among all groups of women in the State, tribe or territory, with special emphasis to reach those women who are of low income, uninsured, underinsured and minority, and Native Americans.

Formula Description: This program has no statutory formula. Matching Requirements: Percent: 33% - Public Law 101-354 requires States, tribes and territories to make available nonfederal contributions (cash or in-kind) toward such costs in an amount equal to not less than \$1 of matching for every \$3 of Federal dollars provided in this cooperative agreement. Such contributions may be made directly or through donations from public or private entities. Payment for treatment services or the donation of treatment services may not be used for nonfederal contributions. States, tribes and territories may include only nonfederal contribution in excess of the average amount of nonfederal contributions made by the State, tribe territory for the two-year period preceding the first fiscal year for which the State, tribe or territory is applying to receive a cooperative agreement for a comprehensive Breast and cervical cancer early detection program. This program has maintenance of effort (MOE) requirements, see funding agency for further details. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities for the two-year period preceding the first Federal fiscal year of funding for NBCCEDP is referred to as MOE. Only those non-Federal contributions in excess of the MOE amount may be considered matching funds. Supplanting, or replacing, existing program efforts currently paid with Federal or non-Federal sources is not allowable.

Program Supported / Population Served: The Maryland Breast and Cervical Cancer Early Detection program (BCCEDP) has a matching requirement of \$1 non-federal for every \$3 federal. This program provides breast and cervical cancer screening, referral and follow up services (approximately 11,000 patients are served each year) to low income, uninsured and underinsured, non-Medical Assistance eligible women statewide with a special emphasis on ethnic minorities, older, and geographically-isolated women.

93.757 STATE PUBLIC HEALTH ACTIONS TO PREVENT OBESITY, DIABETES, HEART DISEASE & STROKE (PPHF)

Program Description: Support statewide implementation of cross-cutting, evidence-based approaches to promote health and prevent and control chronic diseases and their risk factors. The focus of this effort involves primary prevention efforts aimed at diabetes and heart disease/stroke prevention efforts. Grantees are required to assure that a percentage of their resources are redirected to local entities to accomplish their objectives. Logic models will be developed for targeted components building on existing evidence-based strategies.

Formula Description:

Program Supported / Population Served: Healthiest Maryland: Sustaining and Enhancing State Public Health Action to Prevent and Control Chronic Disease program through the Healthiest Maryland initiative the Department seeks to implement policies, systems, and environmental changes within various setting including health systems, schools and childcare, communities, and worksites to prevent and control diabetes, heart disease, obesity and associated risk factors and promote school health. Basic component activities include partnership engagement, workforce development, the provision of guidance and support for programmatic efforts, strategic communication, evaluation and surveillance/epidemiology. Strategies in Healthiest Maryland include:

- Nutrition standards in schools, Early Care and Education sites (ECEs), and worksites;
- Physical activity standards in schools, ECEs and worksites;
- Reporting of hypertension and diabetes control measures and promotion of team-based care and blood pressure self-monitoring;
- Hypertension awareness;
- Pre-diabetes awareness, and
- Diabetes self-management education utilization.

Enhanced component activities build on basic component activities. Selected strategies strengthen environmental approaches to obesity prevention (e.g., Farmers Market access; food procurement guidelines in ECEs, worksites, and communities; nutrition environments in schools; access to places for physical activity; design streets and communities for physical activity; implement physical activity in ECEs and schools; and increase breastfeeding friendly hospitals and worksites). Health systems interventions support quality improvement at the provider and systems level including increased use of team-based care and self-measured blood pressure monitoring. Finally, community-clinical linkages will increase use of diabetes self-management education, therapeutic lifestyle intervention to prevent diabetes, and chronic disease self-management programs; increase use of community health workers and pharmacists as members of the healthcare team; and strengthen school-based healthcare policies.

The State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke program implements environmental strategies to promote health and reinforce healthful behaviors; strategies to build support for lifestyle change, particularly for those at high risk, to support diabetes and heart disease and stroke prevention efforts; health system interventions to improve the quality of health care delivery to populations with the highest hypertension and pre-

diabetes disparities and community-clinical linkage strategies to support heart disease and stroke and diabetes prevention efforts.

The Department collaborates with five local communities (Garrett/Allegany Counties, Washington County, Baltimore City, Caroline/Dorchester Counties, and Wicomico/Somerset/Worcester Counties) to implement the systems and environmental approaches to prevent chronic diseases. These communities were selected using a methodology, which prioritizes chronic disease/risk factor burden, socioeconomic/ access to care characteristics, and reach of the population.

This funding provides an unprecedented opportunity to transform public health in local communities in Maryland by building upon the Center for Chronic Disease Prevention and Control (CCDPC) Healthiest Maryland initiative, which aims to prevent and control the leading causes of death and disability in Maryland, targeting populations experiencing health disparities. Healthiest Maryland is a movement to create a culture of wellness in the communities where Marylanders live, work, and play. Through this initiative, the Department has developed a robust infrastructure through strong partnerships with organizations and agencies committed to preventing obesity, heart disease and stroke, and diabetes.

The Department uses the Healthiest Maryland infrastructure and leverages other synergies with complementary programs and grants, such as the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305) to facilitate collaboration, build statewide networks and engage local partners in the above-mentioned communities. This 4-year grant allows not only the building of chronic disease prevention infrastructure in these high-risk communities, setting a model for sustainable programming throughout the State, establishing community-clinical linkages and driving high-risk adults to evidence-based chronic disease programs. The Department provides resources, tools, technical assistance, and evaluation support to aid these communities with reaching long-term outcomes of reducing death/disability due to diabetes, heart disease and stroke by 3% and reducing the prevalence of obesity by 3% in these communities.

93.758 PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT FUNDED SOLELY WITH PREVENTION & PUBLIC HEALTH FUNDS (PPHF)

Program Description: To provide States with the resources to improve the health status of the population of each grantee by: a) conducting activities leading to the accomplishment of the most current Healthy People objectives for the nation; b) rapidly responding to emerging health threats; c) providing emergency medical services, excluding most equipment purchases; d) providing services for sex offense victims including prevention activities; and e) coordinating related administration, education, monitoring and evaluation activities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Preventive Health and Health Services Block Grant (PHHS) addresses public health needs and challenges with innovative and community driven methods, including: addressing emerging health issues and gaps, decreasing premature death and disabilities by focusing on the leading preventable risk factors, working to achieve health equity and eliminate health disparities by addressing the social determinants of health, supporting local programs to achieve healthy communities, and establishing data and surveillance systems to monitor the health status of targeted populations.

PHHS activities align with Healthy People 2020 objectives and involve: implementing evidence-based methods and interventions; reducing chronic disease risk factors; and establishing policy, systems and environmental changes. Specific areas of focus, in alignment with Healthy People 2020, include: heart disease, diabetes, youth obesity, adult physical activity, arthritis, comprehensive epidemiology services, public health improvement, and sexual violence.

93.767 CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Program Description: Provide funds to states to enable them to maintain and expand child health assistance to uninsured, low-income children, and at a state's option, low-income pregnant women and legal immigrants, primarily by three methods: (1) obtain health insurance coverage to meet requirements in Section 2103 relating to the amount, duration, and scope of benefits; (2) expand eligibility for children under the state's Medicaid program; or (3) a combination of the two.

Formula Description: Matching Requirements: For the Cycle III project grants, there are no matching requirements.

Section 2105(b), Title XXI, provides for an "enhanced Federal Matching Assistance Percentage (EFMAP)" for child health assistance provided under Title XXI that is equal to the current FMAP for the federal fiscal year (FFY) in the Medicaid Title XIX program, increased by 30 percent of the difference between 100 and the current FMAP for that fiscal year. For federal fiscal years 2013 and prior, the EFMAP may not exceed 85 percent. As a result of the implementation of the Affordable Care Act (ACA), states shall receive a 23 percentage point increase in their respective EFMAPs for federal fiscal years 2016-2019 for most CHIP expenditures; however the EFMAP for a state may not exceed 100 percent. In FFY 2009, the CHIPRA implemented a limitation on matching rates for states that propose to cover children with effective family income that exceeds 300 percent of the poverty line to FMAP rather than EFMAP, unless a waiver or State Plan Amendment or state law was in place to cover this population before the enactment of CHIPRA.

Section 2104(a) of the Social Security Act as amended by section 10203 of the ACA provide appropriations through September 30, 2015 for the purpose of providing annual allotments to the states to fund their CHIP programs. Only States with approved State Plans by the end of the fiscal year will be included in the final allotment calculation.

In general, in FFY 2010, the states' annual allotments were calculated as the sum of the following four amounts, multiplied by the applicable growth factor for the year.

- The FFY 2009 CHIP allotments;
- FFY 2006 unspent allotments redistributed to and spent by shortfall states in FFY 2009;
- spending of funds provided to shortfall states in the first half of FFY 2009; and
- spending of Contingency Fund payments in FFY 2009, although there were no Contingency Fund payments made in FFY 2009.

Note: States may also qualify to receive an increase in their FFY 2010, FFY 2012, or FFY 2014 allotments if they meet the criteria described in section 2104(m)(6) and 2107(m)(7) of the Social Security Act (the Act) as previously amended by section 102 of CHIPRA and further amended by sections 2102(a)(1)(B) 10203 of the ACA.

For FFY 2011, FFY 2013, and FFY 2015 the allotments will be “rebased” on prior year spending. This will be done by multiplying the state’s growth factor for the year by the new base, which will be the prior year’s federal CHIP spending (including any contingency fund payments or redistribution amounts). For FFY 2012 and FFY 2014, the allotment for a state will be calculated as the previous fiscal year’s allotment amount and any previous fiscal year’s contingency fund spending, multiplied by the states growth factor for the year. The ACA extended the availability of the Child Enrollment Contingency Fund which may be available for states that meet the criteria provided in section 2104(n) of the Act through FFY 2015.

Program has maintenance of effort requirements, see agency (DHHS, Centers for Disease Control and Prevention) for further details.

Program Supported / Population Served: The Maryland Children’s Health Program (MCHP) was implemented in 2001. It currently serves children up to age 19 in families with incomes between 100 and 300 percent of the Federal Poverty Level (FPL); certain age spans fall within certain FPL levels. For those above 200% FPL, families pay a monthly contribution to participate in the program.

93.777 STATE SURVEY & CERTIFICATION OF HEALTH CARE PROVIDERS & SUPPLIERS (TITLE XVIII) MEDICARE

Program Description: Provides financial assistance to any state which is able and willing to determine through its state health agency or other appropriate state agency that providers and suppliers of health care services are in compliance with federal regulatory health and safety standards and conditions of participation.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Under the State Survey and Certification of Health Care Providers and Suppliers, facilities and services are reviewed on a regular basis for

compliance with COMAR Regulations, as well as for compliance with federal regulation of those facilities participating in Medicare and Medicaid.

93.778 MEDICAL ASSISTANCE PROGRAM (Medicaid; Title XIX)

Program Description: Provides financial assistance to states for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain states that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to states to pay for Medicare premiums, co-payments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes.

Formula Description: Statutory formula. Matching requirements: Federal funds are available to match state expenditures for medical care. Under the Act, the federal share of medical services may range from 50 to 83%. The statistical factors used for fund allocation are: (1) medical assistance expenditures by state; and (2) per capita income by state based on a 3-year average (source: "Personal Income," Department of Commerce, Bureau of Economic Analysis). Statistical factors for eligibility do not apply to this program. This program has maintenance of effort requirements; see funding agency (DHHS, Centers for Medicare and Medicaid Services) for further details.

Program Supported / Population Served: The statewide Maryland Medical Assistance Program provides a broad range of medical services to low-income persons and to those with catastrophic illness who are unable to pay for care. There are two primary classifications of needy persons: (1) the categorically needy; and (2) the medically needy. The categorically needy classification includes persons who receive Temporary Cash Assistance from the Maryland Department of Human Resources as well as those receiving Supplemental Security Income grants from the Social Security Administration. Categorically needy persons are enrolled automatically under the Medical Assistance Program. Several other populations that do not receive public assistance grants are included in the categorically needy classification. These include children, pregnant women, elderly and disabled Medicare beneficiaries with income above the standard Medicaid limit but below certain percentages of the poverty level. The medically needy are those who cannot meet the cost of needed medical care but who are self-supporting in other respects. Medically needy individuals must apply to the local departments of social services for eligibility determination under established criteria for income and assets in relation to need and size of family.

93.789 ALTERNATIVES TO PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN (Demonstration Projects Regarding Home and Community-Based Alternatives to Psychiatric Residential Treatment Facilities for Children)

Program Description: Over the last decade, Psychiatric Residential Treatment Facilities (PRTFs) have become the primary provider for youth with serious emotional disturbances requiring an institutional level of care. However, since they are not recognized as hospitals, nursing facilities or intermediate care facilities for the mentally retarded, many States have been unable to use the 1915(c) waiver authority to provide home and community-based alternatives to care, which would keep the youths in their homes and with their families. Sections 6063 of the Deficit Reduction Act of 2005 address this issue by providing up to \$218 million to 10 states to develop demonstration programs that provide home and community-based services to youth as alternatives to PRTFs.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: This program provides administrative and programmatic direction for all substance related disorder and mental health service provider training funded with the Behavioral Health Administration. Functions supervised by this program include planning, design, promotion, implementation and evaluation of agency training efforts. This program collaborates with and provides technical assistance to local health departments, judiciary, attorneys, consumers, treatment providers and public safety and correctional officials to enhance the mandated services. This program includes training on direct services needed to provide quality mental health and substance related disorder services provider training funded with the Behavioral Health Administration.

93.791 MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION (Money Follows the Person Demonstration)

Program Description: For more than a decade, states have been asking for the tools to modernize their Medicaid programs. With the enactment of the Deficit Reduction Act of 2005, states now have new options to rebalance their long-term support programs to allow their Medicaid programs to be more sustainable while helping individuals achieve independence. The Money Follows the Person (MFP) Rebalancing Demonstration (MFP Demo), created by section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171), supports state efforts to "rebalance" their long-term support systems by offering \$1.75 billion over 5 years in competitive grants to states. Specifically, the demonstration will support state efforts to: "Rebalance their long-term support system so that individuals have a choice of where they live and receive services." The demonstration provides for enhanced federal medical assistance percentage (FMAP) for 12 months for qualified home and community-based services for each person transitioned from an institution to the community during the demonstration period. Eligibility for transition is dependent upon residence in a qualified institution. The state must continue to provide community-based services after the 12-month period for as long as the person needs community services and is Medicaid eligible. Maryland received its first award through the MFP demonstration on January 1, 2007 and is eligible for annual supplemental awards. Through Calendar Year 2015, Maryland has been awarded a cumulative \$108.2 million in MFP grant funds. The state will transition older adults, adults with physical disabilities, intellectual

disabilities, mental illness, and brain injury. Maryland's MFP demonstration will utilize five (5) existing home and community-based services waivers to provide long-term supports to participants. The Patient Protection and Affordable Care Act (the Affordable Care Act), Pub. L. No. 111-148, signed on 3/23/2010, includes on a national scale an extension of the Money Follows the Person Rebalancing (MFP) Demonstration Program for an additional \$2.5 billion over 5 years, through 2016. The final grant award in 2016 will provide program funding through FFY 2020.

Formula Description: Statutory formulas are not applicable to this program. **Matching Requirements:** A state receiving an award under this solicitation will receive reimbursement for home and community-based services provided under the demonstration on a quarterly basis at the following Federal Medical Assistance Percentage (FMAP) rates: The FMAP rate will be adjusted to reflect the increased FMAP available to states through the American Recovery and Reinvestment Act of 2009 each quarter from October 1, 2008 and extended by passage of Education, Jobs and Medicaid Assistance Act (P.L. 111-226) of 2010 through June 30, 2011 (increased rate). The funding for the increased FMAP will be provided from Money Follows the Person grant demonstration appropriations. The enhanced FMAP provided by the DRA of 2005 (Enhanced Rate up to 50% of the State Match capped at 90%) will be applied to the Recovery Act increased quarterly FMAP. Service Category Match rate for a 12-month demonstration period for "Qualified HCB program" services and HCB Demonstration services are at the Increased and Enhanced Match Rate. Supplemental Demonstration services will be provided at the Increased Rate only for the Recovery Act period. Administrative costs will be reimbursed according to the requirements of CFR 42, 433.15. At the end of the Recovery Act period, the yearly-published FMAP Rate in the Federal Register will be used to determine the Enhanced Rate and the State match requirements for the prior quarters to the Recovery Act period and subsequent quarters until the end of the demonstration. This program has maintenance of effort requirements: see funding agency (DHHS, Centers for Medicare and Medicaid Services) for further details. Total expenditures under the State Medicaid program for home and community-based long-term care services will not be less for any fiscal year during the MFP demonstration project than for the greater of such expenditures for federal fiscal year 2005 or any succeeding fiscal year before the first of the year of the MFP demonstration project.

Program Supported / Population Served: Maryland's MFP demonstration is providing additional supports for Medicaid eligible individuals who reside in nursing facilities, ICFs/MR, IMD, and chronic hospitals to transition to slots on existing 1915(c) waivers.

93.800 ORGANIZED APPROACHES TO INCREASE COLORECTAL CANCER SCREENING (The Colorectal Cancer Control Program CRCCP)

Program Description: The purpose of the program is to increase CRC screening rates among an applicant-defined target population of persons 50-75 years of age within partner health system(s), defined geographical areas, or disparate populations. This program will fund implementation of EBIs and other strategies in partnership with health systems with the goal of instituting organized screening programs. In addition, this program will fund a small number of

awardees to pay for direct screening and follow-up services for a limited number of individuals that belong to the Program Priority Population.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Organized Approaches to Increase Colorectal Cancer Screening program will increase colorectal cancer screening and re-screening among low-income Marylanders aged 50-75 years in populations with low screening rates to reduce disparities in CRC screening, incidence and mortality rates. In this 5-year period the project, through partnerships with health systems, insurers, and non-profit organizations and through community-clinical linkages will:

- Facilitate implementation of evidence-based CRC screening promotion strategies within Federally Qualified Health Centers (FQHCs) throughout Maryland.
- Fund and/or collaborate with local health departments (LHDs) to stimulate community-clinical linkages with FQHCs or other community providers serving the target population to promote CRC cancer screening using evidence-based interventions.
- Provide contracts to two Baltimore City hospitals to partner with community health centers and FQHCs to implement and evaluate strategies to reduce structural barriers to CRC cancer screening among low income minority populations.
- Award funding to FQHCs in Baltimore City and other jurisdictions to support implementation of evidence-based interventions to increase colorectal cancer screening in community health centers.
- Collaborate with the Maryland Medicaid Office to engage its Managed Care Organizations to promote CRC screening with Medicaid enrollees and participating providers and to share data to target and evaluate CRC screening activities.
- Collaborate with chronic disease and all CDC- and Maryland state-funded cancer programs to foster collaboration on CRC cancer control initiatives and to promote coordinated efforts to develop community-clinical linkages within LHDs.
- Contract with vendors for assistance and tools to support the project goals.

In addition, through Component 2, this project will:

- Fund two hospitals in Baltimore City to provide CRC screening, follow-up and re-screening services through primary colonoscopy or fecal immunochemistry testing to eligible clients, particularly those in vulnerable populations with CRC disparities, identified through the hospitals' partnerships with community health centers and FQHCs and through direct community outreach.

93.815 DOMESTIC EBOLA SUPPLEMENT TO THE EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)

Program Description: This ELC Competing Supplement addresses priority domestic capacity building around Ebola and other emerging and highly-infectious diseases. The Competing

Supplement (1) provides additional resources to accelerate ELC activities around infection control assessment and response, laboratory safety, and global migration, border interventions, and migrant health; and (2) aligns with ELC's existing purpose which is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory, and information systems components of public health departments.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: ELC Supplement for Domestic Ebola Response program targets 3 project areas:

- Project A: The Healthcare Infection Control Assessment and Response and Targeted Healthcare Infection Prevention Programs expand current infection prevention and preparedness activities. Two epidemiologists will be hired to conduct an inventory of healthcare facilities in the State and conduct infection control assessments. The epidemiologists, in conjunction with experts in infection control, will perform targeted assessments of general infection control competency in core domains at healthcare facilities; identify gaps in infection control performance; and implement response and prevention activities.
- Project B: Enhanced laboratory Biosafety Capacity supports one full time biosafety laboratory position to enhance laboratory biosafety capacity. The person hired in this position will support MDH laboratory efforts of emerging infectious diseases such as Ebola and interface with clinical laboratories to improve safety in those settings through trainings and other interactions.
- Project C: Global Migration, Border Interventions, and Migrant Health aims to better understand the impact of global migration on Maryland's population and infectious disease incidence by hiring an epidemiologist to systematically characterize surveillance data with respect to global migration and create a global migration profile for Maryland.

93.817 HOSPITAL PREPAREDNESS PROGRAM (HPP) EBOLA PREPAREDNESS & RESPONSE ACTIVITIES

Program Description: This program covers two separate but related projects: Part A – Health Care System Preparedness for Ebola and Part B – Development of a Regional Network for Ebola Patient Care. The purpose of this program is to (1) improve healthcare system preparedness for Ebola and (2) develop a regional hospital network for Ebola patient care.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: HPP Ebola Preparedness & Response – Part A and HPP Ebola Preparedness & Response – Part B programs are intended to ensure the nation’s health care system is ready to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. Assuring that Ebola patients are safe and well cared for in the U.S. health care system and that frontline providers are trained to recognize and isolate a person with suspected Ebola are the cornerstones of this HPP funding. To address these activities the Assistant Secretary for Preparedness and Response has devised this program in two parts:

- Part A (Health Care System Preparedness for Ebola) supports health care facilities that are capable of serving as Ebola treatment centers and assessment hospitals as well as supporting healthcare coalitions to prepare frontline hospitals and the overall health care system Ebola preparedness activities.
- Part B (Development of a Regional Network for Ebola Patient Care) will continue developing a regional network for Ebola patient care within each HHS Region. For Maryland, this would include developing a network (comprising HHS Region III) including partners from Delaware, Pennsylvania, Virginia, West Virginia and Washington, D.C.

93.870 MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING GRANT PROGRAM

Program Description: The Maternal, Infant, and Early Childhood Home Visiting Program supports pregnant women and families, particularly those considered at-risk, with necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn, using evidence-based home visiting models.

Formula Description: Statutory formula, Title V Section 502(c), Public Law Social Security Act. Cost sharing/matching is not required for this program. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Health Resources and Services Administration) for further details. Federal funds provided shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.

Program Supported / Population Served: Funding supports pregnant women and families from birth to age five to develop and implement evidence-based, voluntary programs to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. Families receive help from health, social service, and child development professionals to learn how to improve their family’s health and provide better opportunities for their children.

93.875 ASSISTANCE FOR ORAL DISEASE PREVENTION AND CONTROL

Program Description: Promotes collaboration between the Maryland Department of Health's Office of Oral Health and Center for Chronic Disease Prevention and Control to implement strategies and activities to foster oral health and chronic disease program integration through staff collaboration, communication and resource sharing, and improved messaging about the interrelationship between oral health and chronic diseases.

Formula Description: This program, funded by CDC, has no statutory formula and no matching or maintenance of effort requirements.

Program Supported / Population Served:

The Office of Oral Health, in partnership with the Center for Chronic Disease Prevention and Control, is administering the following components:

Medical/Dental Integration: Implementation of a pilot project to engage oral health professionals to use systems approaches to screen, counsel and refer patients for hypertension in local communities. 12 counties (Calvert, Charles, Carroll, Allegany, Baltimore City, Caroline, Dorchester, Garrett, Somerset, Washington, Wicomico, Worcester) were selected using a methodology which prioritizes chronic disease/risk factor burden, socioeconomic/access to care characteristics, and reach of the population. Subsequently two additional counties (Queen Anne and Cecil) were added to the project, thereby increasing the reach of hypertension screenings and referrals throughout the state.

Advisory Panel: Establishment of an Advisory Panel to provide guidance on the integration of an oral health and chronic disease public health program focusing on the screening and referral of adults with hypertension, as well as providing technical assistance throughout the pilot project.

Communications: Development and implementation of a communications plan to improve messaging about the importance and relationship between oral health and chronic disease. The communications plan will also increase awareness among oral health professionals to include routine hypertension screenings and referrals to patients during dental visits. The communications plan will also increase and improve messaging about the importance of oral health in chronic disease programs through media buys, integrated messaging, and the national dissemination of a publication highlighting program results and best practices.

93.876 ANTIMICROBIAL RESISTANCE SURVEILLANCE IN RETAIL FOOD SPECIMENS (NARMS - RETAIL FOOD SURVEILLANCE)

Program Description: The National Antimicrobial Resistance Monitoring Systems (NARMS) has been established to monitor antimicrobial resistance in enteric bacteria isolated from humans, retail meats and food-producing animals. This project, as a part of the NARMS program, focuses on antimicrobial resistance in bacteria isolated from retail meats. The main goal for this project is to isolate and characterize four different pathogens, *Salmonella*, *Campylobacter* sp., *E. coli* and *Enterococcus* sp. from different retail meats. These isolates are subjected to downstream phenotypic and genotypic characterizations. As a result, the cooperative agreement between the

Maryland Department of Health and the Food and Drug Administration (FDA) is to in part fulfill the goals of NARMS project

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Funding is used to implement NARMS sampling and laboratory protocol to ensure standardized methodologies. Also used to collect fresh retail meat at a minimum of 2 non-consecutive days per month from pre-selected retail location. Microbiological tests on retail meat samples are done according to the final application accepted by FDA. It allows the participation in NARMS pilot studies to examine novel fresh retail meat samples or to assess resistance in other organisms as specified in ad hoc pilot studies. Funding enables the implementation of standardized data collection and isolation of transmission protocols. It allows the provision of list of sampling areas that meet NARMS sampling requirements to FDA. Serotype and/or species identifications for isolates are provided when available and isolates are sent to FDA on a monthly basis for antimicrobial susceptibility testing and other analyses.

93.889 NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM (HPP)

Program Description: Ready hospitals and other healthcare systems, in collaboration with other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies.

Formula Description: Statutory formula: Section 319-C of the Public Health Service Act, as amended by the Pandemic and All-Hazards Preparedness Act of 2006, Public Law 109-417. Matching requirements is 10%. This program has maintenance of effort requirements, see funding agency (DHHS, Office of the Secretary) for further details.

Program Supported / Population Served: Provide direct and supplemental funding to Maryland acute care facilities and other health systems to advance emergency preparedness. The funds are distributed to state and territory departments of public health to support the building of 8 healthcare capabilities as outlined in the Healthcare Preparedness Capabilities: National Guidance for Healthcare Systems Preparedness established by the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response. The HPP goal is to ensure awardees use these funds to maintain, refine, identify gaps and to the extent achievable, enhance capacities and capabilities of their healthcare systems, and for exercising and improving preparedness plans for all-hazards including pandemic influenza. For the purposes of the HPP, healthcare systems (e.g., sub-awardees) are composed of hospitals, healthcare coalitions, and other healthcare facilities which are defined broadly as any combination of the following: outpatient facilities and centers (e.g., behavioral health, substance abuse, urgent care), inpatient facilities and centers (e.g., trauma, State and federal veterans, long-term, children's, Tribal), and other entities (e.g., poison control, emergency medical services, community health centers, nursing, et cetera).

93.913 GRANTS TO STATES FOR OPERATION OF OFFICES OF RURAL HEALTH

Program Description: The purpose of the State Offices of Rural Health (SORH) grant program is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health within each state. The program provides funding for an institutional framework that links small rural communities with state and Federal resources to help develop long-term solutions to rural health problems.

Formula Description: Program has no statutory formula. States must match not less than \$3 for each \$1 of Federal funds provided in the grant. This program does not have maintenance of effort requirements.

Program Supported / Population Served: Maryland's State Office of Rural Health serves the State and federally designated rural populations. Maryland uses two definitions to classify its jurisdictions: one, the State definition in the Annotated Code of Maryland and two, the federal Office of Rural Health Policy definition. Those jurisdictions that are mandated by Maryland's Annotated Code to have representatives on the Rural Maryland Council are considered rural in the State. These include 18 of the 24 jurisdictions in Maryland and are referred to in Maryland as state-designated rural jurisdictions. Federal definition of rural includes 5 whole jurisdictions and 6 partial jurisdictions. Whole county designations include Caroline, Dorchester, Garrett, Kent and Talbot. Partial designations include the following: Baltimore County, Frederick, Queen Anne's, Somerset, Washington and Worcester counties.

93.917 HIV CARE FORMULA GRANTS

Program Description: Enable states and territories to improve quality, availability, and organization of a comprehensive continuum of HIV health care, treatment and support services for eligible individuals living with HIV.

Formula Description: Statutory Formula: Part B formula/base, ADAP and Emerging Communities awards are based on the number of reported living cases of HIV/AIDS cases in the state or territory in the most recent calendar year as confirmed by the Centers for Disease Control and Prevention submitted to the Health Resources and Services Administration (HRSA). Similarly, for grantees applying for MAI formula funds, awards are based on the number of reported and confirmed living minority cases of HIV/AIDS for the most recent calendar year. Supplemental ADAP grants are awarded by the same formula as ADAP. Base to states which meet any of the criteria listed in that section of the funding opportunity announcement for the purpose of providing medications or insurance assistance for PLWH.

Matching Requirements: Varies.

Program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Health Resources and Services Administration) for further details.

Program Supported / Population Served: The Prevention and Health Promotion Administration uses direct service funds to support HIV health and support services throughout the State. Funded through Ryan White Part B, the Maryland AIDS Drug Assistance Program (MADAP) provides reimbursement of pharmaceuticals for income-eligible individuals and insurance continuation of private insurance for income-eligible individuals.

93.940 HIV PREVENTION ACTIVITIES – HEALTH DEPARTMENT BASED (HIV Prevention Program)

Program Description: CDC supports a cooperative agreement for health departments to implement an integrated HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression among persons living with HIV. In particular, the program promotes and supports improving health outcomes for persons living with HIV through achieving and sustaining viral suppression, and reducing health-related disparities by using quality, timely, and complete surveillance and program data to guide HIV prevention efforts. The FOA priorities are to increase individual knowledge of HIV status, prevent new infections among HIV-negative persons, reduce transmission from persons living with HIV, and build interventional surveillance to enhance response capacity and intensive data-to-care activities to support sustained viral suppression.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Several projects are funded through this grant. Priority activities include (but are not limited to) HIV testing; linkage to, re-engagement in, and retention in care and support achieving viral suppression; pre-exposure prophylaxis (PrEP) related activities; community-level HIV prevention activities; HIV transmission cluster investigations and outbreak response efforts. Core strategies and activities include: systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response; identify persons with HIV infection and uninfected persons at risk for HIV infection; develop, maintain, and implement plans to respond to HIV transmission clusters and outbreaks; provide comprehensive HIV-related prevention services for persons living with diagnosed HIV infection (PLWH); provide comprehensive HIV prevention services to reduce risk for acquiring HIV infection; conduct perinatal HIV prevention and surveillance; conduct community-level HIV prevention activities; develop partnerships to conduct integrated HIV prevention and care planning; implement structural strategies to support and facilitate HIV surveillance and prevention; conduct data-driven planning, monitoring, and evaluation to continuously improve HIV programs; and build capacity for conducting effective HIV program activities, epidemiological science, and geocoding.

93.944 HUMAN IMMUNODEFICIENCY VIRUS (HIV) / ACQUIRED IMMUNODEFICIENCY VIRUS SYNDROME (AIDS) SURVEILLANCE (HIV/AIDS Surveillance)

Program Description: Continue and strengthen effective human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) surveillance programs and to affect, maintain, measure, and evaluate the extent of HIV/AIDS incidence and prevalence throughout the United States and its territories, providing information for targeting and implementing HIV prevention activities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The National HIV Surveillance System Cooperative Agreement provides funds for performing HIV and AIDS case surveillance with special projects for molecular HIV surveillance, enhanced perinatal surveillance, and geo-coding and data linkage of HIV cases. This project has contractual arrangements with the Baltimore City Health Department and the Johns Hopkins University.

93.945 ASSISTANCE PROGRAMS FOR CHRONIC DISEASE PREVENTION & CONTROL (State Cardiovascular Health Programs CVH; & Racial and Ethnic Approaches to Community Health REACH; State Public Health Approaches to Improving Arthritis Outcomes, State Nutrition, Physical Activity & Obesity Programs, State Public Health Actions to Prevent & Control Diabetes, Heart Disease Obesity & Associated Risk Factors & Promote School Health Using Traditional Foods & Sustainable Ecological Approaches for Health Promotion & Diabetes Prevention in American Indian/Alaska Native Communities)

Program Description: Work with State health agencies and other public and private nonprofit organizations in planning, developing, integrating, coordinating, or evaluating programs to prevent and control chronic diseases; assist in monitoring the major behavioral risks associated with the 10 leading causes of premature death and disability in the United States including cardiovascular diseases; and, establish new chronic disease prevention programs like Racial and Ethnic Approaches to Community Health, State Nutrition, Physical Activity and Obesity Programs.

DP08-819/DP13-1317: Purpose of the program is to 1) support community use of traditional foods and sustainable ecological approaches for diabetes prevention and health promotion in American Indian and Alaska Native communities; and 2) engage communities in identifying and sharing the stories of healthy traditional ways of eating, being active, and communicating health information and support for diabetes prevention and wellness.

CDC-RFA-DP13-1305, State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health, supports statewide implementation of cross-cutting approaches to promote health and prevent and control chronic

diseases and their risk factors. Four chronic disease prevention programs (Diabetes; Heart Disease and Stroke Prevention; Nutrition, Physical Activity, and Obesity; and School Health) are included in this funding opportunity announcement (FOA). State Health Departments are funded under this FOA to address the following goals:

Short/Intermediate Term Goals:

- Improve state, community, worksite, school, and early childhood environments to promote and reinforce healthful behaviors across the lifespan related to diabetes, cardiovascular health, physical activity, healthful foods and beverages, obesity, and breastfeeding;
- Improve effective delivery and use of quality clinical and other preventive services aimed at preventing and managing diabetes and hypertension; and
- Increase community-clinical linkages to support prevention, self-management, and control of diabetes, hypertension, and obesity.

Long Term Goals:

- Improved prevention and control of hypertension;
- Improved prevention and control of diabetes; and
- Improved prevention and control of overweight and obesity

The FOA has two components: 1) a basic non-competitive component to support health promotion, epidemiology, and surveillance activities and targeted strategies that will result in measurable impacts to address school health, nutrition and physical activity risk factors, obesity, diabetes, and heart disease and stroke prevention in all 50 states and the District of Columbia. These efforts will be supported by core public health activities such as partnership engagement, workforce development, guidance and support for programmatic efforts, strategic communication, surveillance and epidemiology, and evaluation; and 2) a competitive enhanced component to build on and extend the activities supported with basic funding to achieve even greater reach and impact. Thirty-two states were funded under the enhanced Component to implement evidence and practice-based interventions to improve physical activity and nutrition, reduce obesity, and prevent and control diabetes, heart disease, and stroke with a focus on high blood pressure. The enhanced component includes implementation of evidence-based strategies that are more extensive and wider-reaching than those implemented in the basic component. States funded for this enhanced component must implement interventions at scale in order to reach large segments of the population in the state (e.g., through school districts, early care and education, worksites, and state and local governmental agencies) and in partnership with organizations that may or may not have worked with state departments of health in the past (e.g., large employers, public housing, the education sector, health insurers, and large health systems).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Prevention and Health Promotion Administration's Center for Chronic Disease Prevention and Control leads this grant to implement cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors. The grant is a combination of four CDC chronic disease programs- Diabetes Prevention and Control; Heart Disease and Stroke Prevention; Nutrition, Physical

Activity, Obesity; and School Health. Collectively, these programs represent activities and intervention strategies that draw from each of the four chronic disease domains: 1.) *epidemiology and surveillance*; 2.) *environmental approaches that promote health and support and reinforce healthful behaviors*; 3.) *health system interventions* to improve the effective delivery and use of clinical and other preventive services; and 4.) *clinical-community linkages* to support cardiovascular disease and diabetes and control efforts and management of chronic disease.

93.946 COOPERATIVE AGREEMENTS TO SUPPORT STATE-BASED SAFE MOTHERHOOD & INFANT HEALTH INITIATIVE PROGRAMS (Safe Motherhood & Infant Health Reproductive Health)

Program Description: Promotes optimal and equitable health in women and infants through public health surveillance, research, leadership, and partnership to move science to practice. In carrying out this mission, the Division of Reproductive Health: 1) enhances the ability of others to identify and address male and female reproductive issues and infant health issues by providing technical assistance, consultation, and training worldwide; 2) supports national and state-based surveillance systems to monitor trends and investigate health issues; 3) conducts epidemiologic, behavioral, demographic and health services research; and 4) works with partners to translate research findings into health care practice, public health policy, and health promotion strategies.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The Pregnancy Risk Assessment Monitoring System (PRAMS) is a State health department surveillance system established by the CDC in 1987 to collect State specific data from new mothers to document maternal experiences before, during and after pregnancy that may contribute to poor birth and pregnancy outcomes. The goal is to use PRAMS data in the Maternal and Child Health program planning and evaluation to reduce infant mortality and other adverse outcomes. Maryland joined PRAMS in calendar year 2000 and continues to survey 150-220 new mothers each month. These mothers are sent a survey, which is available in both English and Spanish, and they are asked to provide answers to questions about their behaviors and experiences before, during and shortly after pregnancy. This information is published in various reports and is used to improve the health of Maryland mothers and babies statewide.

93.958 BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES (Mental Health Block Grant MHBG)

Program Description: Provides financial assistance to states and territories to carry out the state's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress of implementing a comprehensive community based mental health system; provide technical assistance to states and the Mental Health Planning Council that will assist states in planning and implementing a comprehensive community based mental health system.

Formula Description: Statutory formula: PHS Act, Title XIX, Part B, Subpart I and III, Public Law 106-310. This program has no matching requirements. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration) for further details. Under 42 USC, 300x-4(b), states are required to maintain aggregate state expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the state for the 2-year period preceding the fiscal year for which the state is applying for the grant.

Program Supported / Population Served: The Community Mental Health Services Block Grant project supports services to all age groups for people who are not institutionalized but are considered seriously mentally ill. Services include mental health outreach, enhancement of psychiatric care, availability and supervision programs, crisis management, services to youth in juvenile justice centers, education and training, shelter services (not residential hospitals), employment and vocational support and counseling, and services to children and adolescents (such as intervention and crisis support and supervision). This program is statewide.

93.959 BLOCK GRANTS FOR PREVENTION & TREATMENT OF SUBSTANCE ABUSE (Substance Abuse Block Grant SABG)

Program Description: Provides financial assistance to states and territories to support projects for the development and implementation of prevention, treatment, and rehabilitation activities directed to the diseases of alcohol and drug abuse.

Formula Description: Statutory formula: Title XIX, Part B, Subpart II and III, Public Law 106-310. This program has no matching requirements. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration) for further details. Under 42 USC 300x-30, states expenditure for authorized activities at a level that is not less than the average level of such expenditures maintained by the state for the 2-year period preceding the fiscal year for which the state is applying for the grant.

Program Supported / Population Served: The Substance Abuse Prevention and Treatment Block Grant provides federal funds supporting grants and human service contracts for substance abuse disorder prevention, intervention, treatment and recovery support services throughout the State.

93.977 PREVENTIVE HEALTH SERVICES – SEXUALLY TRANSMITTED DISEASES CONTROL GRANTS (STD Prevention Grants)

Program Description: Reduce morbidity and mortality by preventing cases and complications of sexually transmitted diseases (STD). Project grants under Section 318c awarded to state and local health departments emphasize the development and implementation of nationally uniform prevention and control programs which focus on disease intervention activities designed to reduce the incidence of these diseases, with applied research, demonstration, and public and

professional education activities supporting these basic program activities authorized under Section 318b of the Public Health Service Act.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: Maryland's Center for Sexually Transmitted Infection Prevention program provides surveillance, case management oversight, technical consultation, and special population services for statewide STI prevention. Support to local health departments includes data analysis, case referral and monitoring, regional meetings, an annual update meetings, training and cross-agency coordination. The STI program also targets higher risk populations through corrections-based screening, collaboration with community-based organizations, and guidance to local health departments. Surveillance data, technical consultation and training regarding screening and treatment are provided for both public and private sector providers. Awards to local health departments support local staff for partner services to notify contacts of identified cases of syphilis and HIV.

93.994 MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES (MCH Block Grants)

Program Description: Enable states to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for pregnant women, mothers, infants, and children, children with special health care needs and families in providing health services for maternal and child health populations who do not have access to adequate health care.

Formula Description: Statutory formula, Title V Section 502(c), Public Law Social Security Act, subject to 45 CFR Part 96. Matching requirements are, for each quarter, an amount equal to 4/7 of the total of the sums expended by the state during that quarter. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Health Resources and Services Administration) for further details.

Program Supported / Population Served: The Maternal and Child Health Services Block Grant project is administered jointly by the MDH Center for Maternal and Child Health and the MDH Office of Genetics and Children with Special Health Care Needs. Funds are intended to promote the health of women, children, and adolescents, including children with special care needs. Federal funds must be allocated as follows: 1) at least 30% for preventive and primary care for children; 2) at least 30% for children with special needs; and, 3) no more than 10% for administrative costs. This program is statewide.

97.091 HOMELAND SECURITY BIOWATCH PROGRAM

Program Description: The BioWatch Program is a federally managed, locally operated early warning system designed to detect the intentional release of select aerosolized biological agents. The BioWatch Program's mission is to deploy, sustain, and maintain a national 24/7/365 operational ability to detect, and respond to a bioterrorist event in metropolitan areas across the

country. The DHS Office of Health Affairs administers the BioWatch program and is currently engaged in advanced development, test, evaluation and operations to improve sampling technologies, collection procedures, sample analysis, and develop and implement a next generation BioWatch system.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported / Population Served: The BioWatch program is a critical part of an ongoing national effort to build and sustain preparedness which helps the United States maintain momentum through targeted jurisdictional planning that highlights preventative actions necessary to allow for proper and timely response and begin the process to recover from a biological agent release.

BA.M00 HEALTH STATISTICS CONTRACTS

Program Description: Contracts with the National Center for Health Statistics, Centers for Disease Control and Prevention for the provision of coded vital statistics data in machine-readable format. Data is used by the National Center to prepare national vital statistics. Vital statistics data are also provided to the Social Security Administration and other federal agencies, for public health and administrative purposes.

Program Supported / Population Served: The Vital Statistics program maintains a system for registering, indexing, filing, and protecting the integrity of all records of birth, death, fetal death, marriage and divorce, adoption, legitimation and adjudication of paternity for events occurring in Baltimore City and the 23 counties of Maryland. Federal funds are earned through the provision of a variety of contracts and services.

BE.M00 U.S. FOOD & DRUG ADMINISTRATION FOOD PLANT INSPECTION

Program Description: Ensures state compliance with requirements of the U.S. Food and Drug Administration regarding health, safety, and record keeping. Without these assurances, State industries cannot market commodities in interstate or international arenas.

Program Supported / Population Served: Contracts with the U.S. Food and Drug Administration (FDA) requiring the State to: (1) conduct inspections in selected food establishments to determine compliance with the Federal Food, Drug and Cosmetic Act, State law, or both; (2) collect factor and official follow-up samples as dictated by inspection observations; (3) analyze any samples collected using the Association of Official Analytical Chemists or FDA methodology; and (4) furnish the federal government with reports of the inspections and sample examinations as well as reports on any compliance follow-up and corrections achieved by actions the State takes under its own program. Projects are statewide.

BF.M00 TUBERCULOSIS CONSORTIUM CONTRACT

Program Description: Multi-year contract between the Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention to conduct tuberculosis control and prevention studies. Requires participation in a national consortium comprised of a select group of state tuberculosis programs and academic centers. Multiple projects are conducted under the terms of the contract.

Program Supported / Population Served: The Tuberculosis Epidemiological Studies Consortium funds all projects under this contract to: (a) operate as an active member of the Consortium; and (b) perform scientific studies for the prevention and control of active TB disease; and c) evaluate new approaches for screening and treating high risk individuals for latent TB infection. All monies appropriated are invoiced and received when the work/task is completed.

BW.M00 DRUG ABUSE DATA COLLECTION

Program Description: Under contract with Substance Abuse and Mental Health Services Administration (SAMHSA), Eagle Technologies distributes funds to support their Drug Abuse Services Information System related activities. SAMHSA collects data for: (1) the number and variety of public and private non-profit substance abuse treatment programs, including the number and type of patient slots available; (2) the number of individuals seeking treatment, the number and demographic characteristics of individuals completing such programs, and the length of time between an individual's request for treatment and commencement of treatment; (3) the number of individuals who return for treatment after completion of prior treatment, and the method of treatment utilized during prior treatment; (4) the number of individuals receiving public assistance in such programs; (5) costs of different types of treatment modalities for drug and alcohol abuse and the aggregate relative costs of each treatment modality provided within a state in each fiscal year; (6) the number of individuals receiving drug and alcohol abuse treatment who have private insurance coverage for the costs of such treatment; and (7) the number of alcohol and other drug abuse counselors and other substance treatment personnel employed in public and private facilities.

Program Supported / Population Served: The SAMSHA Data Collection/DASIS State Agreement project meets a federal requirement to collect data on publicly funded substance abuse treatment programs and individuals seeking treatment through such programs. DASIS consists of 3 related data sets maintained and supported through an agreement between SAMSHA's contractor (Eagle Technologies) and the MDH Behavioral Health Administration.

BX.M00 TOBACCO RETAIL INSPECTION ENFORCEMENT SERVICES

Program Description: The Food and Drug Administration (FDA) has awarded the Behavioral Health Administration (BHA) federal funds to assist the FDA in the regulation of tobacco products, so as to reduce tobacco use by youth and to protect public health. The BHA's Tobacco

Retail Inspections and Enforcement Services contract will build, expand, and strengthen Maryland's existing Synar initiative functions to accomplish the regulatory and enforcement efforts necessary to bring the State of Maryland in compliance with the Family Smoking Prevention and Tobacco Act (Tobacco Control Act) of 2009.

Program Supported / Population Served: The BHA will conduct inspections in retail establishments selling cigarettes and/or smokeless tobacco products to enforce FDA restrictions on under-age tobacco purchases, modified tobacco products, advertising, marketing and promotion of cigarettes and smokeless tobacco products. The BHA will collect, document and preserve evidence of inspections. The BHA will assist FDA in enforcement or judicial actions when necessary through testimony and furnishing collected evidence. The BHA's goal is to strengthen Maryland's statewide comprehensive youth tobacco program, provide consistent statewide tobacco enforcement and promote healthy communities in Maryland.

- end of MDH report -