

Appendix 1

Cigarette Restitution Fund Program Cancer Prevention, Education, Screening and Treatment Program Legislative Requirement - 60% of Funds Dedicated to Screening, Diagnosis and Treatment

During the 2004 legislative session, the Maryland General Assembly passed budget language in the Budget Reconciliation and Financing Act of 2004 (BRFA) that affected the budgets for the Cancer Prevention, Education, Screening and Treatment (CPEST) Programs starting in fiscal year 2005. Section 13-1107 of the BRFA states that “**A county or statewide academic health center shall dedicate at least 60% of the funds to cancer screening, diagnosis and treatment.**” In the legislative write-up to the budget hearings for the Cigarette Restitution Fund Program, the legislative analyst stated that “the State should consider following the example of the Breast and Cervical Cancer Screening Program in establishing minimum standards for cancer screening.”

In order to comply with this legislative requirement, the Department of Health and Mental Hygiene is providing the following guidance for the preparation of local public health cancer grants in fiscal year 2016. This guidance is similar to the guidance used for the Breast and Cervical Cancer Screening Program.

When preparing your fiscal year 2016 grant application, budget at least 60% of the total award in FCO2N (Clinical Costs) and include a written budget justification.

The following costs are allowable in FCO2N for the 60 percent requirement for screening, diagnosis and treatment:

Screening, Diagnostic, Treatment Services – Costs of providing screening and related diagnostic and treatment procedures incurred. Payment for screening, diagnostic and treatment procedures includes reimbursement of health care provider time or fees for office visits and clinical evaluations, laboratory fees, facility fees, and related co-pays and deductibles for eligible individuals. Costs also include clinical supplies and equipment directly related to the provision of screening, diagnostic and treatment services. Costs to establish and maintain a proactive tracking and recall system for the purposes of directly contacting individuals for follow-up services and ensuring the initiation of any diagnosis and treatment needed, and the cost of client records associated with these procedures.

Screening services (e.g., office visits, laboratory fees, facility fees, clinical supplies and equipment, etc.)

Diagnostic services (e.g., office visits, laboratory fees, facility fees, clinical supplies and equipment, etc.)

Treatment services (e.g., office visits, hospitalization, laboratory fees, facility fees, etc.)

Tracking, Follow up and Support Services – This category includes costs for patient navigation, and ancillary screening, tracking, follow up and case management services including:

Patient Navigation-Cost incurred for individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality cancer screening and diagnostic services as well as initiation of treatment services for persons diagnosed with cancer.

Client intake: Costs incurred for client eligibility determination, such as age and financial status.

Client tracking – Costs incurred in establishing and maintaining clinical records, in assisting clients with abnormal findings to obtain diagnostic and treatment services if necessary. This category includes outreach via home visits to resolve missed appointments and assistance in obtaining diagnostic and treatment services from medical and social services agencies.

Client Counseling – Costs incurred for client counseling relating to screening, diagnostic and treatment services.

Client Case Management – Costs incurred for client assessment, making appointments, giving instructions, sending and receiving records regarding all client care, consulting with the medical care managers, planning coordination, monitoring, and resource development.

Client Transportation – Costs incurred in providing transportation to assist clients in keeping their appointments at screening, diagnostic and treatment sites.

Client Translation – Costs incurred in providing translation services to assist clients in communicating with providers.

Other Support and Services – Costs incurred in conducting activities specifically designed to provide one to one recruitment, enrollment and rescreening of individuals in the program. Examples of these activities include door-to-door recruitment, direct phone contact for enrollment and rescreening purposes, and home visits.

The following costs are NOT allowable in the 60 percent category for screening, diagnosis and treatment and should be budgeted in the FC01N (Non-clinical) program budget.

Note: The combined expenditures for advertisement, marketing, educational supplies, and/or websites, regardless of the line item in FC01N are to be limited to no more than 15% of the FC01N budget. Exceptions may be made on a case by case basis.

Public Education – Cost incurred in conducting activities designed to provide outreach and education to more than one person. Costs to develop and disseminate population-based public information and education. Costs in this category include media development and campaigns, cost for radio, TV, and newspaper ads, ads in local community papers, etc, general public informational materials, printing, speakers bureau presentations, etc.

Professional Education – Costs to improve the education, training, and skills of health professionals and allied health professionals. Costs include conferences, workshops, and training for health professionals.

Coalitions – Costs for meetings of the local cancer coalition such as copying, printing, coalition travel, and supplies.

Equipment – Costs to purchase computers, software, etc.

Indirect and Administrative Costs - Follow Department of Health and Mental Hygiene's definition for administrative costs and budget these costs in **FC03N** (Refer to **Attachment 6B**).