



Maryland Department of Health Prevention and Health Promotion Administration
Fiscal Year 2023 Operating Budget
Response to Department of Legislative Services Analysis

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Melony Griffith
February 18, 2022

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Kirill Reznik
February 21, 2022

The Department thanks the Governor, the Department of Budget and Management, and the Budget Committees for their support in 2020 and in 2021 with COVID-19 response efforts. We thank the Department of Legislative Services for its insightful budget analysis and for its recommendation to concur with the Governor's allowance.

MDH should comment on when the data is expected to be available through the dashboard. Additionally, MDH should provide the most recent data available for each of the four goals outlined in its State diabetes action plan. (pg. 6)

MDH Response: MDH plans to update existing data for the Diabetes Dashboard by spring 2022, pending access to data is available. There is updated 2019 data for the four populations:

1. Healthy Weight: (31.4%), (1,340,868),
2. Overweight and Obese: (66.6%), (2,846,799),
3. Prediabetes: (34.5%), (1,624,807), and
4. Diabetes and Diabetes Complications (11.1%), (521,239).

The data sources for each of these populations are the 2019 Maryland BRFSS, US 2019 Census, and the Centers for Disease Control and Prevention, National Diabetes Statistics Report, 2020.

MDH should discuss the effectiveness of contact tracing in limiting the spread of COVID-19, specific benchmarks or goals that the department set for determining success, any lessons learned from ramping up contact tracing infrastructure, and the department's plan for transitioning its COVID-19 contact tracing resources for ongoing public health uses. (pg. 10)

MDH Response: In following CDC public health guidance, MDH has conducted universal contact tracing, whereby an attempt is made to investigate each reported COVID-19 case via telephone interview. MDH also recently launched an online tool sent to cases to assist with information collection.

In line with recent recommendations put forth by the Association of Public Health Laboratories (APHL), the Association of State and Territorial Health Officials (ASTHO), Big Cities Health Coalition, the Council of State and Territorial Epidemiologists (CSTE) and National Association of County and City Health Officials (NACCHO) and consistent with the CDC's revised Guidance for Contact Tracing, MDH plans to refocus universal contact tracing for individual COVID-19 cases to targeted contact tracing, which focuses on high-risk populations and settings such as nursing homes, other high-risk congregate settings, and outbreaks.

MDH should:

- **provide an update on how much of the CDC grant funding for COVID-19-related expenses has not been appropriated and a timeline for when remaining federal funds will be added to the budget;**
- **discuss whether the department currently has enough federal funding budgeted in fiscal 2022 to cover all expenses associated with the Omicron surge; and**
- **discuss when and how the department will support any pandemic response or ongoing costs that were initially paid for with COVID-19-related federal funds, such as maintenance costs for public health data systems and other IT systems. (pg. 13)**

MDH Response: There are three COVID-related federal awards from the CDC that have not yet been brought into the budget:

- ELC Nursing Home & LTC Strike Team (\$7,942,377);
- Detection & Mitigation of COVID-19 in Homeless Service Sites and Other Congregate Living Facilities (\$1,439,232); and
- Strengthening HIA/AR Program Capacity (\$7,768,276).

MDH will work with DBM to bring these awards into the FY 2022 budget should the department's second quarter projection exercise, currently underway, indicate a federal fund appropriation shortfall within PPHA that cannot be addressed through internal MDH realignment.

The potential long-term impact of the COVID pandemic on MDH systems, operations, and budgets is under constant assessment. MDH will continue to work with DBM to address unbudgeted COVID-related costs, including costs associated with maintaining interoperability of public health

data systems, to the extent that these items are not supported by current and future federal awards or FEMA reimbursement.

The department should comment on how it will fill a minimum of 24.48 vacancies to meet budgeted turnover, especially as it takes on new responsibilities related to SBHC grant administration. (pg. 19)

MDH Response: MDH is actively recruiting to fill vacant positions as it assumes new statutorily designated responsibilities.

MDH should clarify how it is accounting for regular and contractual personnel funded with COVID-19 federal funds and detail which programs that the 16.2 additional contractual positions support. (pg. 19)

MDH Response:

Merit positions funded with COVID-19 Federal Funds:

N116 - ELC Paycheck Protection Program 10 FTEs
N279 - Epidemiology & Lab Capacity ELC CARES 1 FTE

New SPP positions

-8 SPP FTEs N234 DIS Workforce ARP Supplement
-2 FTEs N266 Covid VFC Suppl #3
-1 FTE N357 Lead Poisoning Prevention & Environmental Case Management Program
-1 FTE N448 Maternal and Child Health SIHIS
-2 FTEs N204 HIV Health Services Capacity
-1 FTE N611 Improving the Health of MD Prevention Component B
-1 FTE N620 Kidney Disease Administration

Considering the upcoming program transition and enhanced funding required in Chapter 36, MDH should discuss its goals for SBHC administration and expansion, including:

- **how many new centers the department plans to add per year with the enhancement funding and any other uses of those funds;**
- **strategies it will use to recruit health care providers and other sponsoring agencies to establish new centers, especially in jurisdictions without any existing SBHCs;**
- **ways that the department will provide outreach and support to local school systems and schools that express interest in establishing new centers; and**
- **plans or a timeline for implementing any of the recommendations listed in the *Council on Advancement of School-Based Health Centers 2021 Annual Report*. (pg. 22)**

MDH Response:

MDH is committed to working to transition the Maryland School-Based Health Center (SBHC) Program from the Maryland State Department of Education by July 1, 2022. For more information, please see our report, submitted on December 1, 2021, regarding Ch. 605/606 (2021 Acts) - Report on the Plan to Transfer Administration of School-Based Health Center Grants and Related Functions.

Subsequent to that transition, MDH is focused on integrating the SBHC Program within the larger system of healthcare, public health, and social services in Maryland to provide coordinated support for Maryland's children and adolescents. The key initiative is to build in structural synergies with the Maryland Total Cost of Care Model and to reduce the total cost of healthcare by reducing costs related to unnecessary emergency department visits and hospital stays. This will be accomplished through making high quality primary care, preventive, and mental health services accessible and available in Maryland, including through SBHCs.

To implement this transformation, MDH will conduct a statewide needs assessment to inform the implementation of the SBHC Program's strategic priorities, growth, and structural development. The needs assessment will also identify priority areas in Maryland for new SBHCs and will inform a sustainability model for SBHCs. MDH intends to expand access to SBHC services, increase the utilization of SBHC services as well as the number of jurisdictions and schools with access to SBHCs. MDH appreciates the recommendations provided by the Council on Advancement of School-Based Health Centers and looks forward to a conversation to implement many of these recommendations.

MDH should explain its spending plan to draw down its balance of MADAP rebate funds and describe new expenditures planned in fiscal 2023 that would effectively use the \$78.4 million in budgeted special funds. In addition, MDH should explain why MADAP rebate funds are not budgeted in the out-years for the MADAP Program Case Management System project and discuss whether this project would be an eligible use of the persistent rebate fund balance. (pg. 23)

MDH Response:

MADAP rebate funds support not only program participants' drug and insurance purchase but Ryan White Part B services at local health departments and community-based organizations. Underspensing is related to reduction of services due to the COVID pandemic. Stay-at-home orders, closures of care access points, and redirection of resources to pandemic response impacted the service utilization across the state. PHPA makes every effort to match expected fund expenditures to projected income annually and FY23 expenditures will meet demand as services return to pre-pandemic utilization.

As a major IT project, please see Appendix N of the FY2023 Governor's Budget Highlights regarding the MADAP Program Case Management System.

MDH should:

- **provide an update on PPHA’s access to the MADAP client database, including whether long-term solutions have been put into effect for resuming eligibility determinations for established clients and enrolling new clients;**
- **provide the number of new clients that were unable to enroll while the database was down and the number of existing clients affected by the required workarounds to redetermine eligibility; and**
- **discuss how the department is providing outreach to any existing or new clients that may have lost access or never began to access MADAP support, due to the database being down. (pg. 23-24)**

MDH Response:

MADAP is continuing to implement manual workaround processes to maintain the continuity of business operations. We will provide additional updates as soon as they are available.

MADAP is aware of 22 new individuals who were unable to enroll in the program. All were referred to other resources. The workarounds impact the entire MADAP program participant census, approximately 500 individuals and families monthly with an annual program participant roster of approximately 7,200.

MADAP has provided on-going communication through the MDH website, our MADAP listserv of more than 450 case managers, social workers, medical providers, and community advocates, and through individual outreach to insurance carriers, pharmacies, and business partners.

MDH should discuss the factors that are causing enrollment among children to increase and whether the increased benefit authorized in the ARPA led to any increase in enrollment. Additionally, MDH should provide an update on new efforts that it has implemented or will implement to enroll more eligible individuals in Maryland WIC moving forward. (pg. 26)

MDH Response:

During usual operations, federal regulation requires physical presence for WIC certification visits and benefit distribution. A pattern often seen across the state and nation shows that as children grow older, less remain enrolled in WIC. With children enrolled in educational programs and childcare receiving meals and snacks at the facility, there is also a reduced need for these meals to be provided at home. Some local agencies offer WIC services within Headstart centers to retain older children. During the pandemic, Maryland WIC implemented a waiver for physical presence. This allows WIC families to access WIC services by phone without an in-person visit to the WIC clinic for children or adults. This flexibility has lessened the time and effort required of families to complete WIC visits.

Through the American Recovery Plan Act (ARPA), WIC programs received funds to provide an increased amount of benefit for purchase of fruits and vegetables. This was limited to four months

and were included in benefits issued for June, July, August, and September 2021. During that time period, Maryland WIC did not see a direct impact on increasing participation.

WIC has convened an external stakeholder group to discuss updated data as well as receive feedback about the program. WIC representatives also presented in the Lunch and Learn with the Maryland Chapter of American Academy of Pediatrics, and partnered with the Health Information Exchange to pilot referrals from Pediatric Practices to WIC. There are ongoing updates to WIC's web based system to streamline the enrollment process and WIC staff are working to further develop data sharing with Medicaid and explore similar work with SNAP to enhance enrollment opportunities.