



STATE OF MARYLAND  
**DHMH**

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Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

## HEALTH OFFICER MEMORANDUM

CCPC HO Memo #14-33

**TO:** Local Health Officers  
Cigarette Restitution Fund Program (CRFP) Cancer Prevention, Education, Screening, and Treatment (CPEST) Program Directors, Coordinators and Staff  
Statewide Academic Health Center Program Director, Coordinators and Staff

**FROM:** Barbara Andrews, M.S. Ed., R.D.  
Program Manager, Cigarette Restitution Fund Programs Unit  
Center for Cancer Prevention and Control

**DATE:** December 11, 2014

**RE:** CRFP/CPEST Program Progress Reports – Mid and End of Year  
Fiscal Year (FY) 2015

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Attached is the updated Progress Report format for FY 2015 (See Attachment 1).

For the Mid-Year Progress Report, we are planning to send the template for each program's Performance Measures Action Plan after the first of the New Year. Each local program is requested to have **all of their data (screening procedures and education activities performed from July 1 - December 31, 2014)** entered in the Client Database (CDB) and Education Database (EDB) **by close of business on Thursday, 1/8/2015**. The CCPC Surveillance and Evaluation Unit will **run the data on 1/9/2015** for the performance measures action plans, a component of the Mid-Year Progress Report:

- CDB - Screening procedures performed
- EDB - Education activities in Form 1 and Form 2

As included in last year's progress report template, we again request information regarding:

- **Affordable Care Act Implementation/Expanded Medicaid/Maryland Health Benefits Exchange:** Please note issues program staff, prospective clients and/or enrolled clients have expressed and/or experienced as a result of the programs' implementation.
- **Copy of signed contracts with HSCRC-regulated facilities:** Please provide within 30 days of execution of an agreement, if not previously provided to the Center for Cancer Prevention and Control (CCPC), Cigarette Restitution Fund Programs (CRFPs) Unit.

Please refer to the updated instructions on the attached Progress Report document.

<b>FY 2015 Progress Report</b>	<b>Time Period Covered</b>	<b>Due Date to DHMH-CCPC</b>
First Report – Mid-Year	July 1, 2014 – December 31, 2014	January 31, 2015
Second Report – End of Year	January 1, 2015-June 30, 2015	July 31, 2015

Please e-mail three separate documents using the template provided:

- Progress Report (as a Word File),
- Expenditure Reports DHMH 4542A,
- Performance Measure Action Plan (the completed Performance Measure file that CCPC sends to you separately with your Action Plan and data, as an Excel File).

You may add any additional files as attachments (PDF scanned into electronic format, etc.).

Please e-mail to:

Cindy Domingo, Acting Program Manager  
 Cigarette Restitution Fund Programs Unit  
 Center for Cancer Prevention and Control  
 Maryland Department of Health and Mental Hygiene  
 Fourth Floor  
 201 West Preston Street  
 Baltimore, MD 21201  
[Cindy.Domingo@Maryland.gov](mailto:Cindy.Domingo@Maryland.gov)

Thank you in advance for providing these Progress Reports of FY 2015 activities!

If you have any questions about the above guidance, please do not hesitate to contact your lead contact at CCPC, CRFPs Unit or Cindy Domingo, Acting Program Manager, CRFPs Unit, at 410-767-0786.

Attachment (e-mailed to Health Officers and Program Coordinators)

cc: Michelle Spencer/Donna Gugel  
 Courtney Lewis/Sarah Hokenmaier  
 File

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**Attachment 1-CIGARETTE RESTITUTION FUND PROGRAM  
CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM  
Progress Report – Fiscal Year 2015**

Local Health Department/Program: \_\_\_\_\_

Time Period Covered	Check as appropriate
<b>July 1, 2014 – December 31, 2014</b>	<input type="checkbox"/>
<b>January 1, 2015-June 30, 2015</b>	<input type="checkbox"/>

Please describe your program’s **major accomplishments and highlights** during the reporting period. In preparing your response, please refer to the objectives and activities listed in your cancer grant/plan.

**I. Major Program Accomplishments/Highlights**

- A. Community Health Coalition Activities:** Include actual attendance and participation by minority representatives at meetings during this period. Please include minority recruitment activities.
  
- B. General Public Education and Outreach Activities:** Describe **selected** education sessions, outreach activities, and newly developed items/materials that you choose to highlight in order to ‘**showcase**’ your program. Progress report highlights should use language such that we can identify if the session was an educational (verbal) event and/or activity (Educational Database, Form I) or activity that was conducted to target/reach people through other means such as a distribution of materials or media-related activities (EDB, Form 2). In the highlights, provide details of the activity including to whom and where sessions/activities occurred, such that we can distinguish the various activities.

Education sessions should be found in the EDB Form 1; outreach activities in EDB, Form 2; and new items developed in EDB, Form 3.

- C. Minority Outreach Activities:** Describe specific minority/underserved **activities** education and/or outreach activities in Section C.
  
- D. Health Care Professional (HCP) Education and Outreach Activities:** Describe **selected** activities provided to HCPs that you choose to highlight in detail.
  
- E. Clinical/Medical sub-contractors/vendors and facilities-fixed price/unit price:**
  1. List name of sub-contractors/vendors and facilities that the program has an **executed contract(s)** with, type of service provided including screening, diagnosis and/or treatment, contract period and rate of reimbursement.
  
  2. List name of sub-contractors/vendors and/or facilities that the program **has used** in FY15, although there is not an executed contract, type of service provided including screening, diagnosis and/or treatment, contract period and rate of reimbursement.

3. List name of sub-contractors/vendors and/or facilities that the program **plans to use** in FY15, but has not yet done so as there is not yet an executed contract. Explain what activities are underway to obtain an executed contract.

**F. Human Service/Cost Reimbursement Contracts:** List the name of sub-contractors/vendors that the program has an executed contracts with, type of service provided including education, outreach, etc., contract period and contract amount.

**Provide copy of contract, budget and attestation as included in the grants conditions of award.**

**G. List the names of signed contracts with HSCRC-regulated facilities** that you have attached with the progress report; please provide within 30 days of execution of an agreement, if not previously provided to CCPC, CRFP Unit.

**H. Maryland Comprehensive Cancer Control Plan, 2011**

<http://phpa.dhmh.maryland.gov/cancer/cancerplan/SitePages/publications.aspx>:

Describe specific activities regarding when and how the program and/or your Community Health Coalition utilized the Maryland Comprehensive Cancer Control Plan and its strategies. Please place the Plan's Chapter number, the Goal number, the Objective number, and the Strategy number in parenthesis after the text of your accomplishment (Example: In December 2013, our outreach staff distributed information from SunGuardMan.org web site

http://sunguardman.org/documents/2010SGMFactSheet.pdf and

http://www.cancer.org/Cancer/CancerCauses/SunandUVExposure/SkinCancerPreventionandEarlyDetection/index to 15 massage therapists and 4 acupuncturists in the county (Chapter 7, Goal 1, Objective 1, Strategy 2).

**I. Affordable Care Act Implementation/Expanded Medicaid/Maryland Health Benefits Exchange:** Please describe experiences, e.g., activities, issues, and/or concerns that you, program staff, prospective clients and/or clients have expressed and/or experienced as a result of dealing with the programs' implementation.

**J. Other Major Achievements:** Describe other special interest stories, examples of community partnering, etc. Please attach copies of newspaper articles, pamphlets or other materials developed to your Progress Report.

**II. Challenges:** Discuss problems you have encountered in program implementation and proposed strategies to resolve problems.

**III. Expenditures**

**A. Provide a completed DHMH 4542A (see attached), or DHMH 432 B, as applicable for academic center) for each of the three cost centers and summary for year to date expenditures.**

**B. Confirm that the program is on track to spend at least 60% of the program's total grant expenditures for Clinical Services (FC02N).**

Check appropriate response:

**Yes**, our program is on track to spend at least 60% of our expenditures for clinical services (FC02N)

**No**, our program is NOT on track to spend at least 60% of our expenditures in clinical services (FC02N)

If **No**, state what corrective action the program is taking to ensure that by the end of the fiscal year the program has spent at least 60% of the program's total expenditures on Clinical Services.

**C. Provide information on liquidation of FY 14, encumbered/accrued program funds.**

Check appropriate response:

- Yes**, our program encumbered and/or accrued FY 14 program funds.  
(Complete the Encumbered/Accrued Funds Table below.)
- No**, our program did not encumber and/or accrue FY 14 program funds.  
(Please continue to section IV.)

<b>Encumbered/Accrued Funds Table</b>			
<b>List each Client CDB ID # and/or Non clinical services/products</b>	<b>FY 2014 Encumbered/Accrued funds for CDB ID# and/or Non clinical services/products</b>	<b>This reporting periods Expenditure of Encumbrance/Accrued for CDB ID# and/or Non clinical services/products</b>	<b>Year to date unliquidated balance of Encumbrances/Accruals for CDB ID# and/or Non clinical services/products</b>
<b>TOTALS</b>	<b>\$(Total)</b>	<b>\$(Total)</b>	<b>\$(Total)</b>

**By the end of FY 2015, any unliquidated balance of FY 2014 encumbered/accrued program funds must be returned to DHMH CCPC, Cigarette Restitution Fund Programs Unit.**

**Refer to the program's Conditions of Award for further information.**

**IV. Screening and Education Data:** CCPC will collect data from the Client Database (CDB), Education Database (EDB), and Breast and Cervical Cancer Program (BCCP) Database. Local programs no longer need to submit CDB and EDB reports with progress reports but it is important for the data to be up to date. For 'other' cancers (other than colorectal, prostate, oral, skin, breast, and cervical), please complete one of the attached table(s) for each of the cancers that your program provides screening, diagnosis, and/or treatment. See table on page 8 and instructions on pages 7 and 8.

**V. Performance Measures and Action Plans**

Approximately two to three weeks after the ending date of the reporting period, **CCPC will provide** the following to local programs:

- Clinical and education data from the respective databases: CDB, EDB, and the BCCP Database.

- Performance Measures/Action Plan documents, including the Performance Measures as stated in your grant or budget modification, the Performance Measure projection for the period in the Local Program Action Plan template, and data for the period.

Please submit, **as part of each Progress Report**, the Local Program Action Plan document, that states the rationale and the plan for performance measures (by cancer and audience) that **are not on target to be met/not met**. You do not have to submit an Action Plan if your program is on target to or has already met all of your Performance Measures. The Action Plan document is due with the Progress Report (please submit both together). A sample of the Action Plan follows:

### Sample: Performance Measures Action Plan

**Do not use this page; it is only a sample.** Your Action Plan will come in a separate document (mid-year and end-year) for your review and response.

	A	B	C	D
1	<b>FY09 Second Performance Measures Report and Action Plan</b>			
2	<b>Time Period Covered: July 1, 2008 - December 31, 2008</b>			
3	<Local Program> County CRFICPEST Program			
4	Cancers Declared in FY09 Grant for Education CRC	<b>Instructions for the Action Plan:</b> <ul style="list-style-type: none"> <li>• Review your data and FY09 Assessment; "quarterly" projection based on first four months in this FY09 report.</li> <li>• For each Assessment stating "Not on target to meet PM" (in bold and red): <ul style="list-style-type: none"> <li>• Provide the reason(s)/rationale as to why each Performance Measure was not on target</li> <li>• State the specific methods and steps planned to meet Performance Measures and projected dates for solutions</li> </ul> </li> <li>• Submit the Action Plan within two weeks of this memo to Barbara Andrews: bandrews@dohh.state.md.us and your lead Cigarette Restitution Fund Programs Unit contact person (Ahmed Elmi, Sarah Kanchuger, Kity Musk)</li> </ul>		
5	Cancers Declared in FY09 Grant for Screening CRC			
6	<b>EDB Form 1: General Public Educated</b>			
7	CRC	FY09	FY09 Assessment*	Local Program Action Plan
8	Achieved	393	<b>On target to meet PM</b>	<b>Page 1</b>
9	Quarterly PM Projected	375		
10	PM	750		
11				
12	<b>EDB Form 1: Health Care Professionals Educated</b>			
13	CRC	FY09	FY09 Assessment*	Local Program Action Plan
14	Achieved	15	<b>Not on target to meet PM</b>	<b>Page 1</b>
15	Quarterly PM Projected	25		
16	PM	50		
17				



**VI. Treatment**

Complete the table below by entering information on each person in your program who was diagnosed and/or treated with cancer during the reporting period. Include the “Diagnosis/Treatment Only” cases. Include information on linkage to care and who paid for diagnosis/treatment.

CDB ID (or Local ID) of Cancer Client	Type of Cancer Diagnosed	Treatment Status [e.g., was treatment initiated, is treatment pending; was client linked or treated by program, list source(s) of payment for treatment, linkage, etc.]
Comment:		
Comment:		
Comment:		
Comment:		
Comment:		



**VII. Table: Persons Screened for Other Cancers**

**(DO NOT use for CRC, Prostate, Skin, Oral, Breast or Cervical Cancer Screening, as we will use data from CDB and BCCP database.)**

*-Please provide the information in the table(s) below for other cancer see screening/diagnosis/treatment conducted with CRFP funding (see sample data in italics).  
-Repeat table if needed.*

<u>Endometrial</u> Cancer (specify the “other” cancer)			
Total number of persons who received one or more(specify:) <u>endometrial</u> cancer screenings/diagnosis/treatment during the period: <u>10</u>			
Number of total who were minority (African-American/Black, Asian, American Indian, Alaska Native, Native Hawaiian or other Pacific Islander race, and/or Hispanic ethnicity): <u>5</u>			
Total number of new people who entered the (specify) <u>endometrial</u> cancer program for screening/diagnosis/treatment during the reporting period: <u>8</u>			
Number of new people who were minority (African-American/Black, Asian, American Indian, Alaska Native, Native Hawaiian or other Pacific Islander race, and/or Hispanic ethnicity): <u>4</u>			
Test	Number Exams/Tests Completed in your program with Results Returned During Reporting Period	Number of Exams/Tests with Results Listed Below	
<i>Examination/Test:</i>		Negative Findings/Findings Not Suggestive of Cancer	Abnormal— Suspected/ Confirmed Cancer
<i>Pelvic/TV US</i>	<i>8</i>	<i>11</i>	<i>3</i>
<i>Endo bx</i>	<i>5</i>		
<i>Hysteroscopy</i>	<i>1</i>		
Number of people diagnosed with/treated for <u>endometrial</u> cancer during the reporting period <b>who were program-eligible</b> (include those who subsequently got Medical Assistance): <u>10</u>			
Number of people diagnosed with/treated for <u>endometrial</u> cancer during the reporting period <b>who were not program-eligible</b> : <u>0</u>			

**Instructions for Completing Section VII. Table: Persons Screened for Other Cancers**

**Person-specific row of table:**

**(Goal: To find out how many total people and how many new people were screened, diagnosed or treated in the program)**

- On the **top row of the table** (see Section VII., above), please report
  - the **total number of people (new and returning)** who were screened, diagnosed or treated in your program during the period, including:
    - people who were screened by **completing** at least one screening test (don’t count those who only enrolled but did not complete any screening)
      - Of this total, report the number who were **minority** (i.e., African-American/Black, Asian, American Indian, Alaska Native, Native Hawaiian or other Pacific Islander race, and/or Hispanic ethnicity).
  - the **total number of new people** who were screened (began screening), diagnosed or treated in your program during the period, including:
    - new people who **started** screening by **completing** at least one test (don’t count those who only enrolled but did not complete any screening/testing).

- Of this total, report the number who were **minority** (i.e., African-American/Black, Asian, American Indian, Alaska Native, Native Hawaiian or other Pacific Islander race, and/or Hispanic ethnicity).

**Test-specific boxes in the table:**

**(Goal: To find out how many tests with results were done during the period)**

- Exams/Tests Completed and Exams/Tests with Results are the total number **done** during the period AND that had the results returned. The count may include tests performed on the individuals included in your numbers on the top row as well as tests on other people who may have had tests done in an earlier period but the results were not returned until this reporting period.
- In the “Test” portion of the table, please report the **number of tests performed and the results**. Please record the number of *tests completed with results returned* during the reporting period. If the test was done during the period, but results are pending at the time of the report, please wait and report that test in the next reporting period. Note: a person may be counted more than once, depending on the number of tests the person had during the reporting period.
- The boxes detailing the results are designed to be mutually-exclusive result categories on testing. As such, the number of tests should equal the sum of the result boxes.

**Bottom Row—Number of cancers detected during the period:**

**On the bottom row, we need the number of people diagnosed with the specific cancer *during the reporting period—including those who came into your program for diagnosis or treatment only*. This should be an unduplicated count, with people diagnosed with cancer during this reporting period. Break this total into the number who were diagnosed with cancer who were program-eligible for treatment (including those who had or got Medical Assistance) and those NOT program-eligible for treatment (e.g., insured people who were eligible for screening, income too high for program eligibility). Enter more specific information about these clients in the Section VI. Treatment table.**