

## Appendix G. Potential Grants and Funding Opportunities

The Health Care Reform Coordinating Council has established a grants team comprised of multiple agencies to review and coordinate the State's response to the approximately 60 funding opportunities that have been identified as part of federal health reform. The following chart is a summary of those opportunities as of July 16, 2010.

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Grant #	Description	Funding	Date
1	<p><u>State Office of Consumer Health Assistance.</u> – HHS will award grants to states to establish, expand, or provide support for offices of health insurance consumer assistance or health insurance ombudsman programs. (Section 1002)</p>	<p>Direct appropriation to HHS for \$30 million in grants to states for the first fiscal year; also \$10 million for Medicare Outreach, Part D outreach related to ADRCs</p> <p>For subsequent years, there is authorization for such sums as necessary.</p>	<p>Funds appropriated to states starting first fiscal year.</p>
2	<p><u>Annual Rate Review Process for Health Insurance Premiums</u> – HHS will award grants to establish a process for annual review, beginning with the 2010 plan year, of unreasonable increases in premiums for health coverage. State grant recipients would have to provide HHS with data on premium increase trends and make recommendations on insurer participation in the state-based exchange.</p> <p>At the end of FY 2014, any remaining funds will be available as grants to eligible states for planning and implementation of the insurance reforms and consumer protection provisions (no annual limits, no pre-existing condition clauses, etc.) (Section 1003)</p>	<p>Direct appropriation to HHS of \$250 million for grants to states to support the review process.</p> <p>HHS determines allocation formula, considering the number of health plans in a state and population.</p> <p>Eligible states would receive between \$1 and \$5 million per grant year.</p>	<p>Closing Date for Applications was July 7, 2010.</p> <p>Grants for federal fiscal year (FFY) 2010 through FFY 2014.</p> <p>At end of FFY 2014— funds redistributed in new grants.</p>
3	<p><u>Temporary Federally-funded State-administered High Risk-pool.</u>- HHS will establish a national, temporary high-risk health insurance pool program, to provide health insurance coverage for eligible individuals until January 1, 2014. This is to provide immediate access to insurance for people with preexisting conditions. A federal fallback exists if a state chooses not to operate such a program. (Section 1101)</p>	<p>Direct appropriation of \$5 billion to HHS for claims and administration.</p>	<p>HHS to establish program within 90 days after date of enactment, or July 1, 2010.</p> <p>Maryland submitted letter indicating intent to operate a high risk pool.</p>
4	<p><u>State Insurance Exchanges</u> – HHS will award grants to states for planning and activities related to the establishment of a state-based exchange and a Small Business Health Options Program (SHOP).</p>	<p>For each fiscal year, HHS shall determine total amount made available to each State for grants</p>	<p>Starts no later than March 23, 2011.</p>

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	<b>(Section 1311,1312, and 1313)</b>		
5	<u>Temporary Transitional Reinsurance</u> — States are required to establish a temporary non-profit reinsurance entity for 2014-2016 to collect payments from all insurers in the individual and group markets and make payments to insurers in the individual market that cover high-risk individuals. Non-grandfathered individual market plans covering high-risk individuals will receive payments from the reinsurance entity. <b>(Section 1341)</b>	Federal assessments of \$25 billion over the period of 2014 through 2016 for insurers. States may collect additional amounts from insurers, including for administrative expenses to operate the program.	Entities must be established no later than January 1, 2014.
6	<u>Enrollment Health Information Technology for health and human services programs</u> – HHS will provide grants to eligible entities, including states, to develop new and adapt existing technology systems to implement HIT enrollment standards and protocols. HIT systems will be used to enroll individuals in federal and states health and human services programs. <b>(Section 1561)</b>	Grant amounts not specified, at the discretion of HHS.	
7	<u>Adult Protective Services Grant Program</u> – HHS will award grants to states to enhance Adult Protective Services (APS) programs. <b>(Section 2042)</b>	Authorizes \$100 million appropriation for each of fiscal years 2011 through 2014.	Funds appropriated FFY 2011 through 2014
8	<u>Elder Abuse</u> – HHS may grant funds for state and local government units to conduct demonstration programs for the purpose of detecting or preventing elder abuse. <b>(Section 2042)</b>	Authorizes \$25 million appropriation for each of fiscal years 2011 through 2014.	Funds appropriated FFY 2011 through 2014
9	<u>Medicaid Community First Choice Option</u> – Establishes the Community First Choice Program. Provides enhanced federal match for states to offer Medicaid home and community-based services to disabled individuals rather than institutional with maintenance of effort requirements for state support of programs for people with disabilities. <b>(Section 2401, Amended by Section 1205 of the Reconciliation Act)</b>	States that take up the option will receive a 6 percentage point increase in FMAP for providing HCBS services for people with disabilities who require an institutional level of care.	States may take up the option as of October 1, 2011.
10	<u>Medicaid Money Follows the Person Demonstration Program</u> – Extends existing demonstration authority to award grants to states for the Medicaid Money Follows the Person program. <b>(Section 2403)</b>	Direct appropriation to HHS for \$2.25 billion to extend the program.  Reduces the length of stay requirement to 90 days from 6 months.	Application deadline is July 30 <sup>th</sup> , 2010. Grants awarded Sep. 2010. Funding available for FFYs 2011 through 2016.
11	<u>Aging and Disability Resource Centers</u> – The ADRC program provides states with funding to streamline access to long-term	Direct appropriation to HHS-AoA (Assistant Secretary for Aging) of \$10 million annually; also	Application deadline is July 30 <sup>th</sup> , 2010. Grants

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	care supports and services. <b>(Section 2405)</b>	a \$2.5 million solicitation for Hosp Care Transition Models	awarded Sep. 2010. Funding available for FFY 2010 through 2014.
12	<u>Medicaid Health Home for Enrollees with Chronic Conditions</u> – New Medicaid state option to provide coordinated care with chronic conditions. HHS will establish minimum standards for health homes. HHS will award planning grants to develop a state plan amendment. <b>(Section 2703)</b>	\$25 million for planning grants.  States will receive a 90% FMAP for health home services during the first eight fiscal year quarters that the state plan amendment is in effect.	HHS may make planning grants awards to states beginning January 1, 2011.  Planning grant funding available until expended.
13	<u>Medicaid Integrated Care Hospitalization Demonstration Program</u> – Establishes a demonstration program to allow states to use bundled payments to promote integration of care around hospitalization. HHS may select up to 8 states to participate. <b>(Section 2704)</b>	No specific funding authorization included in section.	January 1, 2012 through December 31, 2016.
14	<u>Medicaid Global Payment System Demonstration Project</u> – Establishes the Medicaid Global Payment System demonstration program to allow states to test paying a safety net hospital system or network using a global capitated payment model. Budget neutrality requirements under Section 1115A will not apply during the testing and evaluation period for the demonstration project. HHS may select up to five states to participate. <b>(Section 2705)</b>	Authorization for an appropriation of such sums as necessary.	FFYs 2010 through 2012.
15	<u>Pediatric Accountable Care Organization Demonstration Project</u> – Establishes the Pediatric Accountable Care Organization Demonstration Project which authorizes a participating state to allow pediatric medical providers that meet certain requirements to be recognized as an accountable care organization for purposes of receiving incentive payments. They would share in federal and state cost savings generated under Medicaid. <b>(Section 2706)</b>	Authorization for such sums as necessary.  Budget savings requirement.	Authorizes program from January 1, 2012 through December 31, 2016.
16	<u>Medicaid Emergency Psychiatric Demonstration</u> – Medicaid payments to psychiatric institutions for adult enrollees who require stabilization of an emergency condition. Up to 8 states. HHS establishes method to allocate funds. <b>(Section 2707)</b>	Appropriates \$75 million for fiscal year 2011.	Funds allocated beginning FFY 2011. Three year period for demonstration project. Funds available for obligation through December 31, 2015.

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17	<p><u>Maternal, Infant, and Early Childhood Home Visitation Grant</u> – The home visitation program would provide grants to states and other eligible entities to implement evidenced-based models to improve services for families in at-risk communities.</p> <p>State grant recipients must conduct a statewide needs assessment. Grant funds must supplement, not replace state funds.</p> <p>HHS determines the time period for the grant. Grants made in a fiscal year will be available through the end of the second succeeding fiscal year after the award. <b>(Section 2951)</b></p>	<p>Direct appropriation to HHS totaling \$1.5 billion over 5 years. FFY 10: \$100M FFY 11: \$250M FFY 12: \$350M FFY 13: \$400M FFY 14: \$400M</p>	<p>Closing Date for Applications: July 9, 2010.</p> <p>Specific allocation provided for FFYs 2010 through 2014.</p>
18	<p><u>Personal Responsibility Education Grant Program</u> – Personal responsibility education grant program focused on educating adolescents about abstinence and contraception.</p> <p>Grant funding must be used to supplement, not replace, state funding for similar programs/initiatives for fiscal year 2009.</p> <p>If a state does not submit an application for fiscal year 2010 or 2011, the state will not be eligible to submit an application to receive funds from the allotted amount for the state for fiscal years 2012 through 2014. Instead, HHS could use these funds to award three-year grants to eligible local entities (in states that do not submit applications) for fiscal years 2012 through 2014. HHS also will use unexpended amounts from state allotments that would otherwise expire to award a three-year grant to eligible entities for fiscal years 2012 through 2014. <b>(Section 2953)</b></p>	<p>\$75 million per year. State allotments with minimum grant amount to states would be \$250,000. State allotments will be determined by the formula specified in the law.</p>	<p>FFYs 2010 through 2014. Allotments for fiscal year remain available through the end of the second succeeding fiscal year.</p>
19	<p><u>Regional Emergency Care and Trauma Systems</u> – HHS will provide grants for the design and implementation of regionalized systems for emergency care. At least 4 states will be selected for the award. <b>(Section 3504)</b></p>	<p>\$24 million appropriated for each of fiscal years 2010 through 2014.</p>	<p>Funds appropriated FFYs 2010 through 2014</p>
20	<p><u>Trauma Service Availability</u>– Grant program to promote universal access to trauma care services provided by trauma centers and trauma-related physician specialties. States would apply for grant and in turn award grants to eligible entities. States must award at least 40% of their grant funding to safety net trauma centers.</p>	<p>Authorization for \$100 million for each fiscal year 2010 through 2015. Specific distribution method based on approved appropriation for any fiscal year.</p>	<p>Authorizes funding for FFYs 2010 through 2015.</p>

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	<p>A state may not use more than 20% of its grant for administrative expenses.</p> <p>The state must supplement, not replace, state funding otherwise available for similar purposes (Section 3505)</p>		
21	<p><u>Extension of the Rural Community Hospital Demonstration Program</u> – Extends Section 401A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (P.L. 108-173) for an additional 1 year period, to immediately follow the last day of the initial 5 year demonstration period. Expands the demonstration states with low population densities determined by the Secretary to 20 and the number of rural hospitals within such state to 30. (Section 3123)</p>	Not specified.	Effective on the last day of existing 5 year demonstration program.
22	<p><u>Medicaid Preventive Services</u> – Provides FMAP incentive payment to states that eliminate cost-sharing requirements for Medicaid clinical preventive services that have been recommended by the U.S. Preventive Services Task Force (USPSTF) and for vaccines for adults. (Section 4106)</p>	1 percentage point increase in FMAP for states that eliminate cost sharing for preventive services and vaccines for adults.	Enhanced match available beginning January 1, 2013.
23	<p><u>Medicaid Chronic Disease Incentive Payment Program</u> – HHS-Centers for Disease Control and Prevention (CDC) to award grants to states to test approaches that may encourage behavior modification for healthy lifestyles among Medicaid enrollees and to determine scalable solutions.</p> <p>HHS will conduct education/outreach campaign to make states aware of grant program.</p> <p>Grants to states will be for 5 year period, beginning January 1, 2011. State initiatives will be carried out for at least a 3 year period. (Section 4108)</p>	<p>Appropriates \$100 million for the 5 year period beginning by January 1, 2011.</p> <p>Amounts appropriated remain available until expended.</p>	Grants to states awarded after HHS develops program criteria, <u>but no later than January 1, 2011.</u>
24	<p><u>Community Transformation Grants</u> – Establishes competitive grant program for states and local governmental agencies and community-based organizations to promote evidence-based community preventive health activities intended to reduce chronic disease rates, address health disparities, etc. (Section 4201)</p>	Authorization for such sums as necessary for each fiscal year 2010 through 2014.	Authorization of funding FFYs 2010 through 2014.

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24.5	<p><u>Health Aging, Living Well Public Health Grant Program</u> – CDC to award grants to states or local health departments and Indian tribes for pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64. (Section 4202)</p>	Authorizes such sums as necessary.	Authorization for funding for 5-year pilot programs, FFYs 2010 through 2014.
25	<p><u>Immunization Coverage Improvement Program</u> – CDC demonstration program to award grants to states to improve immunization coverage for children, adolescents, and adults.  Grants for implementing interventions recommended by the Task Force on Community Preventive Services. (Section 4204)</p>	Authorizes such sums as necessary.	Authorization for funding for FFYs 2010 through 2014.
26	<p><u>CHIP Obesity Demonstration Program</u> – Extends funding for the childhood obesity demonstration program under CHIPRA). (Section 4306)</p>	Direct appropriation to HHS-CMS totaling \$25 million.	FFYs 2010 through 2014.
27	<p><u>State Workforce Development Grants</u> – Health care workforce development grant program for states to develop and implement workforce strategies at the state and local level.  Planning grants require a minimum 15% match (in cash or in kind). Match sources may be from other federal, state, local, or private sources.  Implementation grants require a minimum 25% match (in cash or kind). Match sources may be from other federal, state, local, or private sources.  At least 60% of implementation grant funds must be used to make grants to address health care workforce development needs. (Section 5102)</p>	<p>Planning grants: authorization for \$8 million for fiscal year 2010 and such sums as necessary thereafter. Up to \$150,000 per state partnership.</p> <p>Implementation grants: authorization for \$150 million for fiscal year 2010. Competitive grant award process.</p>	<p>Closing date for Implementation AND Planning Grants are July 19, 2010</p> <p>Planning grants: Starting federal fiscal year 2010. Grants award for activities for up to one year.</p> <p>Implementation grants: grants may be used for up to 2 years. HRSA may extend grant funding for one year for high performing grantees for eligible activities.</p>
28	<p><u>State and Regional Centers for Health Workforce Analysis</u> – HHS to award grants to states and eligible entities to support data collection and analysis and provide technical assistance to local entities for such activities. Data will be used by the National Center for Health Care Workforce Analysis.</p>	<p>Authorization for \$4.5 million per year for each fiscal year 2010 through 2014.</p> <p>Authorization for such sums as necessary for longitudinal analysis for fiscal years 2010 through</p>	Authorizes funding for FFYs 2010 through 2014.

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	<p>Eligible entities may also be selected to conduct longitudinal evaluation of individuals who have received education, training, or financial assistance from certain workforce programs.</p> <p>State/regional center must coordinate with national center. <b>(Section 5103)</b></p>	2014.	
29	<p><u>Grants to Promote the Community Health Workforce</u> – CDC to award grants to states and eligible state agencies to use of community health workers to promote positive health behaviors and outcomes in medically underserved communities. <b>(Section 5313)</b></p>	Authorization for such sums as necessary	Authorizes funding for FFYs 2010 through 2014.
30	<p><u>Primary Care Extension Program</u> – AHRQ to administer a Primary Care Extension Program to provide support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services (including substance abuse prevention and treatment services), and evidence-based and evidence-formed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connectors (Health Extension Agents).</p> <p>HHS will competitively award grants to states to establish state or multistate-level Primary Care Extension Program State Hubs. States must develop a six year plan.</p> <p>States may not use more than 10% of grant for administrative expenses.</p> <p>Grant funds cannot be used for funding direct patient care. <b>(Section 5405)</b></p>	Authorization for \$120 million for each of fiscal years 2011 and 2012, and such sums as necessary for fiscal years 2013 and 2014.	<p>FFYs 2011-2014 Program grants would be award to state or multistate entities that submit fully-developed plans for the implementation of a Hub for a period of six years.</p> <p>Two-year planning grants are awarded to state or multistate entities goal developing a plan for a Hub.</p> <p>States may receive additional assistance after the six year of support if they receive satisfactory evaluations.</p>
31	<p><u>Demonstration Projects to Address Health Professions Workforce Needs</u> – Creates two demonstration projects 1). Provides low-income individuals with education and training to address health workforce needs (providing financial aid, child care, case management, and other supportive needs).</p>	\$5 million annually for FFY 2010 to 2012.	Closing Date for Applications for Training/Certification Programs of Personal and Home Care Aids is

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	2). Training and Certification programs for personal or home care aids (Section 5507)		July 19, 2010.  No later than September 23, 2011
32	<u>Elder Justice Services</u> – Expands the permissible uses for grants under the Social Service Block Grants (SSBG) program to include elder justice related activities.  Creates Elder Justice Coordinating Council and Advisory Board on Elder Abuse, Neglect, and Exploitation.  Provides federal grants to establish stationary and mobile elder abuse forensic centers, support long-term care staffing, state adult protective service functions, and long-term care ombudsman training. (Section 6701)	Authorizes such sums as necessary for the Coordinating Council provisions	Not specified.
33	<u>Adult Protective Services (APS) Grant Program</u> – Establishes program for HHS to award grants to states to enhance provision of APS. Grants may not replace other federal, state, and local resource for such purposes. (Section 6701)	Authorizes \$100 million for each of fiscal years 2011 through 2014 for adult protective services grants. Grant amount is based on appropriated funds multiplied by percentage of total number of elders in that state. Establishes a minimum grant amount for states and territories.	Authorizes funding for FFYs 2011 through 2014.
34	<u>State Demonstration Program Concerning Elder Abuse</u> – Establishes grant program for states to conduct demonstration programs to test methods of elder abuse detection or prevention. (Section 6703)	Authorizes \$25 million for each of fiscal years 2011 through 2014.	Authorizes funding for FFYs 2011 through 2014.
35	<u>Long-Term Care Balancing Incentives</u> – Creates the State Balancing Incentives Program to provide a temporary FMAP increase for HCBS states that undertake structural reforms to increase diversion from institutions and expand the number of people receiving home and community-based services (HCBS).  States spending less than 25% of total LTC services and supports expenditures on HCBS will be eligible to receive a 5% increase, and states with 25-50% will receive a 2% increase. (Section 10202)	FMAP increase of 5 percentage points for states spending less than 25% of total LTC services on HCBS, and a 2 percentage point increase for states with 25-50% of total LTC services on HCBS.  Aggregate payments over the course period not to exceed \$3 billion.	For FFYs 2012 through 2015
36	<u>CHIP Outreach Grants</u> – Extends the program to award grants to states and other entities to improve outreach and enrollment established under CHIPRA.	Direct appropriation for \$140 million for fiscal years 2009 through 2015. CHIPRA originally appropriated \$100 million for fiscal years 2009 through 2013.	Funding is extended for an additional two years, FFYs 2014 and 2015.

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Grant #	Description	Funding	Date
	Maintenance of effort on state funding for outreach and enrollment activities, based on state-based spending in the first fiscal year preceding the final fiscal year of the grant award. <b>(Section 10203)</b>		
37	<p><u>Pregnancy Assistance Fund</u> – HHS, in collaboration and coordination with the Secretary of Education (as appropriate), will establish a Pregnancy Assistance Fund to be administered by the Secretary, for the purpose of awarding competitive grants to States to assist pregnant and parenting teens and women.</p> <p>The state can funding available to:</p> <p>(a) eligible institutions of higher education to enable, maintain, or operate pregnant and parenting student services;</p> <p>(b) eligible high schools and community service centers to establish, maintain or operate pregnant and parenting services in the same general manner;</p> <p>(c) its State Attorney General to assist Statewide offices in providing intervention services, accompaniment, and supportive social services for eligible pregnant women who are victims of domestic violence, sexual violence, sexual assault, or stalking;</p> <p>(d) increase public awareness and education concerning any services available to pregnant and parenting teens and women under this part, or any other resources available to pregnant and parenting women in keeping with the intent and purposes of this part.</p> <p>The State shall be responsible for setting guidelines or limits as to how much of funding may be utilized for public awareness and education in any funding award. <b>(Section 10212 &amp; 10213)</b></p>	\$25 million appropriated for each of fiscal years 2010 through 2019	FFYs 2010 through 2019; August 2 deadline
38	<p><u>Program for Early Detection of Certain Medical Conditions Related to Environmental Health Hazards</u> – HHS will award competitive grants to eligibility entities (including state agencies) for programs that screen at-risk individuals (asbestosis, pleural thickening, or pleural plaques, mesothelioma, or malignancies of the lung, colon, rectum, larynx, stomach, esophagus, pharynx, or ovary any other medical condition) which the Secretary determines is caused by exposure to a hazardous substance or pollutant or contaminant at a Superfund site to which an</p>	<p>Appropriated \$23 million for fiscal years 2010 through 2014.</p> <p>There is an appropriation of \$20 million for each 5 year period thereafter.</p> <p>Funds appropriated shall remain available until expended.</p>	FFYs 2010 through 2014

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	emergency declaration applies. <b>(Section 10323)</b>		
39	<u>National Diabetes Prevention Program</u> – As part of the program, there will be a grant program for community-based diabetes prevention model sites. <b>(Section 10501)</b>	Authorization to appropriate such sums as necessary	FFY 2010 through 2014.
40	<u>Preventive Medicine and Public Health Training Grant Program</u> – HHS will award grants to eligible entities (including states) to provide training to graduate medical residents in preventive medicine specialties. <b>(Section 10501)</b>	Authorization to appropriate \$43 million for fiscal year 2011, and such sums as necessary for fiscal years 2012 through 2015.	FFY 2011 through 2015
41	<u>Infrastructure to Expand Access to Care</u> – HHS will provide grants for fiscal year 2010 to be used for debt service on, or direct construction or renovation of, a health care facility that provides research, inpatient tertiary care, or outpatient clinical services. Such facility shall be affiliated with an academic health center at a public research university in the United States that contains a State’s sole public academic medical and dental school. <b>(Section 10502)</b>	Authorization to appropriate \$100 million for fiscal year 2010	<u>Funds available until September 30, 2011.</u>
42	<u>Demonstration Project to Provide Access to Affordable Care</u> - Not later than 6 months after the date of enactment of this Act, HHS will establish a 3 year demonstration project in up to 10 States to provide access to comprehensive health care services to the uninsured at reduced fees. <b>(Section 10504)</b>	Authorization to appropriate \$2 million to establish and carry out the project for the 3 year demonstration period.  Authorization to appropriate such sums as necessary to provide access at reduced fees.	Begins July 1, 2010.
43	<u>State Demonstration Programs to Evaluate Alternatives to Current Medical Tort Litigation</u> – HHS will award demonstration grants to states to develop alternatives to current tort litigation for resolving disputes over injuries allegedly caused by health care providers or health care organizations. <b>(Section 10607)</b>	Authorizes \$50 million for the five fiscal years beginning with 2011 for the demonstration projects and related provisions in this section.  HHS may use part of the appropriated funds to provide initial planning grants to states, up to \$500,000 per state.	Authorizes grant funding to be awarded for up to 5 years, beginning FFY 2011 through 2015.
44	<u>Wellness Program Demonstration</u> — 10-state demo for health promotion programs in the individual market. If successful, may be expanded to additional states starting July 1, 2017. (from FFIS Special Analysis 10-02)		Established no later than July 1, 2014.
45	<u>Services to Individuals with a Postpartum Condition</u> (from FFIS Special Analysis 10-02)	Authorizes \$3 million in FFY 2010 and such sums as necessary for FFYs 2011 and 2012.	FFY 2010 through 2012

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46	<u>Abstinence Education</u> —Restoration of funding for existing program. (from FFIS Special Analysis 10-02)	\$50 million annually for FFYs 2010 through 2014.	FFY 2010 through 2014
47	<u>Medicare Rural Hospital Flexibility Program (extension)</u> (from FFIS Special Analysis 10-02)	Authorizes such sums as necessary for FFYs 2011 and 2012 to be appropriated from the Federal Hospital Insurance Fund.	FFYs 2011 and 2012.
48	<u>Medicare Prescription Drug Program—Additional Funding for Outreach and Assistance for Low-Income Programs (existing program)</u> (from FFIS Special Analysis 10-02)	Health insurance and Agencies on Aging-- FFY 2009: \$7.5 M FFY 2010: \$15 M  Resource centers— FFY 2009: \$5 M FFY 2010: \$10 M	Application deadline is July 30 <sup>th</sup> , 2010. Grants awarded Sep. 2010.
49	<u>Community Health Teams</u> (from FFIS Special Analysis 10-02)		
50	<u>Education and Outreach Campaign Regarding Preventive Benefits</u> (from FFIS Special Analysis 10-02)	Authorizes such sums as necessary	
51	<u>Research-Based Dental Disease Management</u> (from FFIS Special Analysis 10-02)	Authorizes such sums as necessary	
52	<u>Oral Health Infrastructure</u> —CDC to enter into cooperatives with states to establish oral health leadership and program guidance, oral health data collection and interpretation, (including determinants of poor oral health among vulnerable populations), a multi-dimensional delivery system for oral health, and to implement science-based programs (including dental sealants and community water fluoridation) to improve oral health. (from FFIS Special Analysis 10-02)	Authorizes such sums as necessary for FFYs 2010 through 2014	FFYS 2010 through 2014
53	<u>Pregnancy Risk Assessment Monitoring System</u> —New oral health measures added to PRAMS. States must report every five years. (from FFIS Special Analysis 10-02)	Authorizes such sums as necessary	Starts five years after enactment.
54	<u>National Oral Health Surveillance System</u> —Funding to increase participation among states in the National Oral Health Surveillance System. Must include measurement of early childhood caries. (from FFIS Special Analysis 10-02)	Authorizes such sums as necessary for FFYs 2010 through 2014	FFYs 2010 through 2014
55	<u>Epidemiology-Laboratory Capacity Grants</u> (from FFIS Special Analysis 10-02)	Authorizes \$190 million annually from FFYs 2010 through 2013	FFYs 2010 through 2013

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56	<u>Demonstration Project to Provide Low-Income Individuals with Opportunities to Address Health Professions Workforce Needs</u> (from FFIS Special Analysis 10-02)	\$80 million annually for FFYs 2010 through 2012; \$85 million annually for FFYs 2013 and 2014	FFYs 2010 through 2014; grant posted. Applications due Aug. 5
57	<u>Demonstration Project to Develop Training and Certification Programs for Personal or Home Aides</u> (from FFIS Special Analysis 10-02)	\$5 million annually for FFYs 2010 through 2012.	Starts no later than September 23, 2011.
58	<u>Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long-Term Care Facilities</u> (from FFIS Special Analysis 10-02)	Not to exceed \$160 million for FFYs 2010 through 2012.	Closing Date for Applications is August 9, 2010  Letter of intent due June 25, 2010.
59	<u>Grants to State Survey Agencies</u>	Authorizes \$5 million annually for FFYs 2011 through 2014.	FFYs 2011 through 2014.
60	<u>Early Retiree Health Care; Federal Reinsurance; Sec. 1102 of PPACA and 45 CFR Pt. 149</u>	Only \$5 billion allocated, program ends when out of money.	Reg.s issued, awaiting application (feds will reimburse med and drug costs incurred by state between \$15,000-\$90,000 per retiree).
61	<b><u>Medicare shared savings program.</u></b> Rewards Accountable Care Organizations (ACOs) that take responsibility for the costs and quality of care received by their patient panel over time. ACOs can include groups of health care providers (including physician groups, hospitals, nurse practitioners and physician assistants, and others). ACOs that meet quality-of-care targets and reduce the costs of their patients relative to a spending benchmark are rewarded with a share of the savings they achieve for the Medicare program. <b><u>Section 10307</u></b> provides additional flexibility to the Secretary of HHS to implement innovative payment models for participating Accountable Care Organizations, including models currently used in the private sector. <b><u>(Section 3022)</u></b>		
62	<b><u>School-based health centers.</u></b> Authorizes a grant program for the operation and development of School-Based Health Clinics, which will provide comprehensive and accessible preventive and primary health care services to medically underserved children and families. Appropriates \$50 million each year for fiscal years 2010 through 2013 for expenditures for facilities and equipment.		

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	Section 10402 adds vision services to the list of health services for which a School Based Health Center should provide referrals. <b>(Section 4101)</b>		
63	<b><u>Oral healthcare prevention activities.</u></b> Establishes an oral healthcare prevention education campaign at CDC focusing on preventive measures and targeted towards key populations including children and pregnant women. Creates demonstration programs on oral health delivery and strengthens surveillance capacity. <b>(Section 4102)</b>		
64	<b><u>Training in family medicine, general internal medicine, general pediatrics, and physician assistantship.</u></b> Provides grants to develop and operate training programs, provide financial assistance to trainees and faculty, enhance faculty development in primary care and physician assistant programs, and to establish, maintain, and improve academic units in primary care. Priority is given to programs that educate students in team-based approaches to care, including the patient-centered medical home. <b>(Section 5301)</b>		
65	<b><u>Alternative dental health care provider demonstration project.</u></b> Authorizes the Secretary to award grants to establish training programs for alternative dental health care providers to increase access to dental health care services in rural, tribal, and underserved communities. <b>(Section 5304)</b>		
66	<b><u>Interdisciplinary, community-based linkages.</u></b> Authorizes funding to establish community-based training and education grants for Area Health Education Centers (AHECs) and Programs. Two programs are supported - Infrastructure Development Awards and Points of Service Enhancement and Maintenance Awards - targeting individuals seeking careers in the health professions from urban and rural medically underserved communities. <b>(Section 5403)</b>		
67	<b><u>Reauthorization of Wakefield Emergency Medical Services for Children Program.</u></b> Reauthorizes program to award grants to States and medical schools to support the improvement and expansion of emergency medical services for children needing trauma or critical care treatment. <b>(Section 5603)</b>		

## Appendix G. Potential Grants and Funding Opportunities

Grant #	Description	Funding	Date
68	<p><u>State grants to health care providers who provide services to a high percentage of medically underserved populations or other special populations. As added by section 10501</u>, creates a grant program to support health care providers who treat a high percentage of medically underserved populations.</p> <p><u>(Section 5606)</u></p>		