



**Request for Applications (RFA)
To Provide Breast and Cervical Cancer
Screening Services to Eligible Women through
the NC Breast and Cervical Cancer Control
Program (NCBCCCP), and/or
Cardiovascular Disease Screening Services
through the WISEWOMAN Project**



RFA # A-280

FUNDING AGENCY: North Carolina Department of Health and Human Services,
Division of Public Health
Chronic Disease and Injury Section
Cancer Prevention and Control Branch
NC Breast and Cervical Cancer Control Program
1922 Mail Service Center
Raleigh, NC 27699-1922

ISSUE DATE: March 25, 2013
DEADLINE DATE: April 25, 2013

IMPORTANT NOTE: Indicate agency or organization name and RFA number on the front of each application envelope or package, along with the date for receipt of applications specified below.

Applications shall be received until 5:00 pm on April 25, 2013.

Electronic copies of the application are available by request.

Send all applications directly to the funding agency address shown below.

Direct all inquiries concerning this RFA to: Joseph Scott (919) 707-5326

Mailing Address: *Joseph Scott, BCCCP/WISEWOMAN Finance Supervisor
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I. INTRODUCTION

PURPOSE

The purpose of this Request for Applications (RFA) is to solicit applications to contract with the NC Breast and Cervical Cancer Control Program (NC BCCCP) to provide breast and cervical cancer screening services to **eligible** women, ages 21 to 64. In addition, applicants may also apply to the NC WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Project (NC WW Project) to provide cardiovascular disease screening services to NC BCCCP enrolled women. NC BCCCP Contract applicants are not required to contract with the NC WW Project, but NC WW Project Contract applicants must be NC BCCCP Service applicants.

FUNDING AVAILABLE

The Cancer Prevention and Control Branch receive federal funding from the Centers for Disease Control and Prevention (CDC) to carry out program activities for the NC BCCCP and the NC WW Project. Funding shall be available in three categories: A) Screening Projects, B) Incubation Screening Projects and Special Population Initiatives, and C) Cardiovascular Disease Screening Programs.

The Branch anticipates federal funding availability of \$503,475 and State funding availability of \$241,000 for continuation of Screening Projects and Incubation (new) Screening Projects and Special Population Initiatives.

In addition, the branch anticipates federal funding availability of \$32,225 for Cardiovascular Disease Screening Projects.

Each shall be funded annually for a thirty-three (33) month period, beginning September 1, 2013 to May 31, 2016.

The total funding available for each fiscal year shall be approximately \$776,700. The Branch anticipates awarding 5 - 12 contracts with each contract averaging between \$55,000 to \$65,000 annually.

Funding shall be available each year, contingent upon program performance and availability of funds. These funds do not include funding amounts allocated to applicants. Also, additional state and/or federal funds may be available based on annual funding allocations from the CDC and/or state legislature or specialty groups.

WHO SHOULD APPLY

1. Public and private non-profit agencies may apply and must be able to provide medical services in a facility capable of performing physical examinations, clinical breast exams (CBEs) and cervical cancer screenings.
2. Applicants must have a referral resource for mammograms and follow-up diagnostic services. Applicants must demonstrate ability to reach women ages 50 and older for NC BCCCP breast services and financially eligible women from 21 years to 64 years for cervical cancer screening services.

3. NC BCCCP enrolled women of 40-64 years of age are eligible for NC WW Project services, if the agency chooses to participate in the NC WW Project.
4. Applicants must demonstrate ability to document patient records, enter patient data into the State's integrated database and attend trainings as required.
5. Applicants must provide, by stated timeline guidance, intense patient tracking, case management and follow-up of abnormal clinical breast examination, mammogram, abnormal cervical cancer screening tests and abnormal cardiovascular disease screening results.
6. Applicants must designate a representative to oversee the clinical operations and serve as liaison (coordinator) with the NC BCCCP and NC WW Project staff.
7. Applicants must be a licensed facility under Clinical Laboratory Improvement Amendments of 2007 (CLIA) and Mammography Quality Standards Act (MQSA) regulations or contract with a licensed facility.

This RFA is targeting public and private non-profit agencies who shall offer the service to special populations (African Americans, Native Americans, Latinos) and the general public in accordance with CDC recommendations.

Local Health Departments are not eligible for this pool of funding.

PROGRAM GOALS AND OBJECTIVES

The North Carolina Breast and Cervical Cancer Control Program

A. Breast and Cervical Cancer Screening Projects

Goal

- Reduce mortality and morbidity due to breast and cervical cancers in North Carolina (NC) women.
- Increase early detection of breast and cervical cancer among high-risk, under-served women.
- Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically under-served women.
- Ensure access to medically appropriate services for women diagnosed with cancer or pre-cancer.

Objectives

- Increase the number of screening tests and follow-up of abnormal findings of breast and cervical cancers.
- Improve the screening knowledge, attitudes and practices regarding breast and cervical cancers among the general population in NC.
- Improve the clinical screening detection practices for breast and cervical cancers.
- Ensure optimal screening and diagnostic follow-up procedures.
- Ensure appropriate medical treatment referral and support services.
- Monitor the distribution and determinants of the incidence and mortality of breast and cervical cancers.

BCCCP Program Eligibility

Women who are at or below 250% of the Federal Poverty Guidelines, are uninsured or underinsured, and do not have Medicare Part B or Medicaid.

- **Special emphasis is placed on recruitment of women ages 50-64 and ethnic minorities, the area which has the highest morbidity.**

Program Components and Activities

Screening and Follow-up Services: Eligible NC BCCCP patients may receive a screening mammogram, clinical breast exam, pelvic exam, cervical cancer screening test, and/or diagnostic mammogram, fine needle aspiration, breast ultrasound, needle core biopsy, colposcopy, colposcopy-directed biopsy and follow-up referral as needed.

Patient Navigation/Case Management: Consists of local NC BCCCP contractor coordinators ensuring appropriate referrals for medical treatment and providing follow-up and support services for NC BCCCP enrolled patients.

Professional Development: Includes clinical education and program updates for health care Contractors and health care professionals. Additionally, includes education for patients and potentially eligible populations by professional staff.

Recruitment/Public Education/Communications: Consists of education to increase public awareness and local community outreach strategies via community partner-building, multi-channel marketing and media campaigns, lay health advisors, cancer survivors and printed materials.

Quality Assurance: Includes consultation and technical assistance in the field, review and update of clinical protocols, and monitoring of adherence to accreditation, certification and patient care standards.

Surveillance and Evaluation: Epidemiological surveillance includes monitoring of data, patient tracking and evaluation of program operations and procedures.

Breast and Cervical Cancer Medicaid (BCCM): Women who are enrolled in NC BCCCP and have a breast or cervical cancer diagnosis or an eligible precancerous diagnosis are eligible to apply for Breast and Cervical Cancer Medicaid for aggressive cancer treatment and reconstruction costs.

B. Incubation Screening Projects and Special Population Initiatives

The Centers for Disease Control and Prevention has identified screening minority populations as a targeted performance indicator for all National Breast and Cervical Cancer Early Detection Programs (NBCCEDP). Special funding has been designated for reaching women in the targeted age groups for breast and cervical cancer screening. North Carolina is offering funds for new “Incubation/Screening Projects” to formulate culturally appropriate screening efforts aimed at reaching African American, Latino, and/or Native American populations. Applications shall be accepted in this category as Special Population Initiatives.

Staff shall work closely with selected agencies and/or community-based organizations to implement the required Breast and Cervical Cancer Screening components, which include standard sub-contractor reporting requirements.

Many cultural, socioeconomic, and environmental factors have an impact on health disparities for racial and ethnic minorities. The Branch recognizes that cultural competency is imperative to respond to current demographic trends and promote positive health and behavioral outcomes. Minority and culturally competent service applicants are encouraged to apply.

Applicants shall note the category of their application and a narrative with supporting documentation of their agency's capacity for reaching the identified targeted population(s). Targeted number of women to screen at a minimum is 50 - 100 per project.

Targeted Ethnic Groups:

- African American Women
- Latino Women
- Native American Women

Applications which meet the following conditions shall be given preferred consideration:

- Applications that shall utilize non-traditional venues as well as extended hours of operation for breast and cervical cancer screening.
- Applications from areas with high prevalence, incidence, and mortality rates of breast and cervical cancer as well as areas that have limited access to resources.
- Applications reflecting services to a significant number of minority women, (African Americans, Hispanics/Latinas, Native Americans).
- Minority-owned and minority-operated establishments that meet all other application requirements.
- Applications demonstrating collaborations and partnerships with other community-based organizations which focus on the same or similar issues of cancer and outreach to special populations in the State.

C. The NC WISEWOMAN Project (Cardiovascular Disease Screening Program)

Goal: Provide expanded cardiovascular disease (CVD) screening, intervention, and counseling and referral services to NC BCCCP eligible women.

Objectives:

- Provide cardiovascular screening and follow-up services through local contractors
- Provide women who have abnormal CVD screening results with nutrition, physical activity, smoking cessation, other healthy lifestyle interventions, and referrals for medical evaluation
- Evaluate the results of the project including the effects of specialized counseling and interventions

WISEWOMAN Project Eligibility: Women of ages 40 and older who are at or below 250% of the Federal Poverty Guidelines, are uninsured or under insured, and enrolled in the NC BCCCP.

Special emphasis is placed on the population of women 50-64 years of age, especially minorities.

Program Components and Activities:

Screening and Follow-up Services - Screening tests include blood pressure, serum cholesterol/HDL and blood glucose or hemoglobin A1C. Patient information is collected on height, weight, family history, health behaviors, dietary habits, and physical activity. Patient education and counseling to facilitate lifestyle behavior changes and reduce risk to cardiovascular disease is provided to all patients.

Professional Development - Support ongoing clinical education and provide information on cardiovascular disease for community health care Contractors.

Community Based Interventions and Public Education - Promote activities to raise awareness of the public about cardiovascular disease and support for women enrolled in the project. Intervention resources vary and may include, but are not limited to: Starting the Conversation, NC's New Leaf Program, American Heart Association educational literature, Power to End Stroke, NC Eat Smart Move training aids, Diabetes information and Stroke and Heart Disease interventions. All interventions must be approved by NC WW Project staff before implementation and must incorporate New Leaf materials.

Quality Assurance - Provide consultation and technical assistance on quality assurance issues to local Contractors, review and update clinical protocols pertaining to the project and monitor adherence of health care Contractors to accepted project requirements.

Surveillance and Evaluation - Maintain a system to collect, monitor and manage project data for epidemiological analysis of screening results and evaluation and reporting of program operations and procedures. This system is administered through the State's Cancer Branch. Contractors are required to collect data for the project for federal reporting.

II. BACKGROUND

North Carolina Breast and Cervical Cancer Program

The goal of the NC BCCCP is to reduce the morbidity and mortality of breast and cervical cancers in North Carolina women by providing breast and cervical cancer screening services.

The NC BCCCP funds Contractors and community health agencies to establish and maintain a breast and cervical cancer screening program in their locales.

The NC BCCCP is a screening program and does not provide funds for treatment. However, women enrolled in NC BCCCP **prior to diagnosis** may be eligible to receive Breast and Cervical Cancer Medicaid (BCCM) to cover acute treatment services for breast and cervical cancers and eligible precancerous breast and cervical findings and for reconstruction surgeries.

In the U.S. breast cancer is the most common form of cancer in women aside from non-melanoma skin cancer. It is the number one cause of death in Hispanic women and the second most common cause of cancer death in white, black, and Asian/Pacific Islander and American Indian/Alaska Native women. In 2009, the US incidence rate from breast cancer was 122.8 and the mortality rate was 22.2. Therefore approximately 206,447 women were diagnosed and 40,676 women died making breast cancer the sixth leading cause of death in women in the United States. In 2010, 8,526 women in NC were diagnosed with breast cancer and in 2011, 1,284 women died from the disease.

At one time cervical cancer was the leading cause of cancer death for women in the U.S. However, since 1948, when the Pap test was introduced, the incidence and mortality of cervical cancer has decreased significantly. The 2009 incidence rate from cervical cancer was 7.9 and the mortality rate was 2.3 in the U.S. Even though cervical cancer incidence and mortality continue to decrease significantly overall, the rates are considerably higher among Hispanic and African-American women. In North Carolina 331 cervical cancer cases were diagnosed in 2010 resulting in 106 deaths in 2011.

The most recent available data (2011) shows 167,280 women eligible for breast cancer screening and diagnostic follow-up and 424,789 women eligible for cervical cancer screening and diagnostic follow-up in North Carolina.

NC WISEWOMAN Project

The NC WW Project is an expansion of services offered through the NC BCCCP to include screenings and interventions for cardiovascular disease risk factors. The only project of its kind, money is received through a competitive grant from the Centers for Disease Control and Prevention (CDC). This project was one of the first cardiovascular disease screening programs funded in the United States. Those providing services through the program must adhere to strict project and clinical guidelines. Nationwide, there are approximately 43 million (2008) women with cardiovascular disease. In 2009, the mortality rate from cardiovascular disease was 197.0 per 100,000 and the death rate from strokes was 37.8 per 100,000. In 2011 in North Carolina, 29% of all deaths for women were caused by cardiovascular disease (CVD) and in 2010, 48% of all CVD related hospitalizations were women. The highest CVD hospitalization rates were clustered primarily in eastern NC, a pattern similar to that of CVD death rates. Heart Disease is the second leading cause of death for women in North Carolina, and strokes are the fourth leading cause of death. Those living with heart disease, or surviving a stroke, often suffer disability and a reduced quality of life.

III. SCOPE OF SERVICES: NC BCCCP and NC WISEWOMAN Project

The Contractor shall have an annual contract with the NC Cancer Prevention and Control Branch to provide breast and cervical screening services and possibly cardiovascular screening services to NC BCCCP eligible women for up to 33 months, from September 1, 2013 through May 31, 2016 (contingent upon successful completion of performance indicators and based on funding availability). NC BCCCP Contractors are not required to contract with the NC WW Project, but NC WW Project Contractors must be NC BCCCP Contractors.

Individual screening goals are set with each Contractor based on prior screening targets, successful outcome results in compliance with CDC performance indicators and continued NC BCCCP and/or NC WW Project funding.

Contractors may provide services in their own location, satellite sites or through sub-contract agreements with other Contractors. All sub-contractors must follow the same guidance for quality of services and follow-up as the original Contractor.

All Contractors of the NC BCCCP or NC WW Project shall use evidenced-based program guidance to meet contract requirements. All Contractors shall be held to standards for accomplishment of performance indicators and number of women contracted to be served. Inability to meet set program performance targets or adherence to procedures/protocols could result in the Contractor being subject to loss of NC BCCCP and/or NC WW Project funds. The performance indicators to be met are announced in this contract to assure that the minimum goals to be attained for the year are outlined.

Precise deliverables of this contract are covered in the Performance Indicators and Benchmarks section under the scope of work for both NC BCCCP and NC WW Project. The target number is the minimum number of screenings required. Exceeding this number is encouraged based on funding resources. The women screened in NC BCCCP may receive either breast or cervical services or both.

Scope of Work (NC BCCCP)

A. Priority Population

1. The priority population for **federally-funded NC BCCCP** mammography services is women between the ages of 50 and 64 who are low-income (250% of federal poverty level or less), who have not been screened in the past year. The priority population for **state-funded NC BCCCP** mammography services is women between the ages of 40 and 64 who are low-income (250% of federal poverty or less), who have not been screened in the past year.
2. The priority population for **federally-funded NC BCCCP cervical cancer screening** services is women between the ages of 40 and 64 who have low-incomes (250% of federal poverty level or less), who have never been screened or not been screened in the past five years. The priority population for **state-funded NC BCCCP cervical cancer screening** services is women between the ages of 21 and 64 who are low-income (250% of federal poverty or less), who have never been screened or not been screened in the past five years.
3. Another priority population is women of ethnic minorities, those who are uninsured or underinsured.

B. Eligible Population

1. Women 21-75 years of age with gross incomes that are \leq 250% of the federal poverty level, according to the Federal Poverty Guidelines, and who are uninsured

or underinsured, may be eligible for breast and cervical services, subject to the limitations and exceptions listed below.

- a. Women enrolled in Medicare (Part B) and/or Medicaid programs are not eligible for program-funded services.
- b. Women receiving Family Planning (Title X) services are not eligible for NC BCCCP-funded services that are available through Title X funding.
2. Eligible women ages 21-39 with an undiagnosed breast or cervical abnormalities may receive NC BCCCP funded diagnostic **services if no other source of healthcare reimbursement is available.**
3. Breast Services - **At least 75% of all initial mammograms** provided through BCCCP using **federal funds must be for women ages 50-64**; no more than 25% may be provided for symptomatic women under the age of 50.
 - a. Symptomatic women under the age of 50 - NC BCCCP funds can be used to reimburse for Clinical Breast Exams (CBE) for symptomatic women under the age of 50. If the findings of the CBE are considered to be abnormal, including a discrete mass, nipple discharge, and skin or nipple changes, a woman can be provided a diagnostic mammogram or referred for a surgical consult.
 - b. Screening women ages 40 to 49 - NC BCCCP funds may be used to provide a clinical breast exam. If the CBE is abnormal follow-up may be provided as addressed in C. Protocols 1, pg. 11. If the CBE is normal, the woman is not eligible for a screening mammogram through NC BCCCP using federal funds until she is age 50. Programs receiving NC BCCCP state funds may use those funds to provide screening mammograms for women age 40-49 and 65-75.
 - c. Asymptomatic women under the age of 40 - NC BCCCP funds cannot be used to screen asymptomatic women under the age of 40, even if they are considered to be at high risk (e.g., women who have a personal history of breast cancer or first degree relative with pre-menopausal breast cancer) for breast cancer.
4. Cervical Services - At least 20% of all enrolled women screened for cervical cancer shall meet the definition of never or rarely screened (>5 years).
5. At least 75% of the initial Pap tests using federal funds must be provided to women between the ages of 40 and 64.
6. No more than 25% of the Pap tests using federal funds may be provided to women less than 40 years of age.
7. Documented citizenship is not required for screening through NC BCCCP.

C. Protocols

Clinical

1. Breast Screening

- a. Protocols for breast screening and follow-up shall be in accordance with the *Breast and Cervical Screening Manual: A Guide for Health Departments and Contractors* (DHHS, June 2006).
- b. All eligible women shall receive breast cancer screening services (Clinical Breast Exam and age-appropriate Mammogram) based on the guidelines under Section III., B. The vertical strip method is endorsed.

2. Cervical Screening

- a. Protocols for cervical screening and follow-up shall be in accordance with *Pap Screening Manual: A Guide for Health Departments and Contractor* (DHHS, June 2008), a component of the *Breast and Cervical Screening Manual: A Guide for Health Departments and Contractors* (June 2006).
- b. For patients with no abnormal findings, the screening interval when using liquid-based or conventional Pap testing is every three years, or every five years if patient opts for co-testing with Pap test and HPV test.
- c. NC BCCCP funds cannot be used for cervical cancer screening in women with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia or invasive cervical cancer, or if it was not possible to document the absence of neoplasia or reason for the hysterectomy. (A one-time pelvic exam is permitted to determine if a cervix is present in women who do not know.)
- d. Women who have had a total hysterectomy for CIN disease should undergo cervical cancer screening for 20 years even if it goes past the age of 65.
- e. Women who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health.
- f. Women who had a supracervical hysterectomy remain eligible for Pap tests.
- g. With the exception of (c) above, a pelvic exam should not be provided using NC BCCCP funds in the absence of a pap test.

3. Tobacco Screening and Cessation

- a. The Contractor is required to assess the smoking status of every woman screened by NC BCCCP and refer those who smoke to tobacco quit lines.

4. Follow-up Services and Patient Navigation for Abnormal Findings

- a. When follow-up services are required, NC BCCCP funds are to be used to pay for or provide the diagnostic services listed on the FY 13-14 NC BCCCP Fee Schedule. (See FY 13-14 NC BCCCP Fee Schedule at <http://bcccp.ncdhhs.gov/linksandresources/ProviderForms/BCCCPWW%20FeeSchedule.pdf>)
- b. The Contractor shall assure that a referral system for the diagnosis and treatment of all abnormal findings is in place. The Contractor shall designate

a person who shall be responsible for implementing a protocol that ensures all patients receive follow-up services or medical treatment when required. Follow-up of an abnormal screening test must be completed within 60 days of the patient's screening visit for breast screening and within 90 days for cervical screening.

- c. Women having an abnormal breast or cervical screening result shall be referred for patient navigation.
- d. Patient navigation/case management assessment is required for the following abnormal findings:
 - i. Clinical breast exam result of discrete palpable mass, serous or bloody nipple discharge, nipple areolar scaliness, or skin dimpling or retraction;
 - ii. Mammogram result of Category IV (suspicious abnormality, biopsy should be considered) or Category V (highly suggestive of malignancy); and
 - iii. Pap result of LSIL, ASC-US with positive HPV, ASC-H, HSIL, squamous cell carcinoma, abnormal glandular cells (AGC) including AGUS or adenocarcinoma.
- e. At least three attempts must be made to locate and inform the patient of **abnormal screening results**. The last attempt must be by certified letter. Written documentation of all attempts must be included in the medical record.
- f. For all abnormal mammograms, clinical breast examinations, and Pap test results, the following information shall be documented in the patient's medical record:
 - i. Follow-up appointment information (date and follow-up location);
 - ii. Patient contact information (number and date of attempts made to follow-up);
 - iii. Referral information (date and referral source); and
 - iv. Results of all referrals.

D. Recruitment, Outreach and Professional Education

1. Recruitment and Outreach

- a. To enhance internal Contractor referrals to NC BCCCP, the Contractor shall provide in-reach activities to ensure that Contractor clinics/personnel are aware of NC BCCCP eligibility guidelines and the appropriate contact person.
- b. The Contractor shall conduct appropriate Recruitment and Outreach strategies to reach women who are rarely or never screened for breast and cervical cancer as well as populations who are most at risk.
- c. The Contractor shall return all recruitment data and surveys as requested by the NC BCCCP by the required deadline to include the Patient Recruitment Survey as well as the Quarterly Recruitment Campaign Reporting form.

2. Professional Development

- a. The Contractor shall participate in educational opportunities provided or recommended by the NC BCCCP as appropriate.
- b. The Local Department's NC BCCCP consultant staff must attend:
 - 1. NC BCCCP Biennial Update;
 - 2. Scheduled statewide conference calls are required;
 - 3. One of the quarterly NC BCCCP Orientation trainings offered annually;
and
 - 4. The first quarterly NC BCCCP Orientation training following their date of hire.
- c. All registered nurses without advanced practice certification who perform clinical examinations for the BCCCP must enroll in and complete the Physical Assessment of Adults Course. This course is conducted by the University of North Carolina School of Public Health and co-sponsored by the NC Division of Public Health. Evidence of the satisfactory completion of a comparable course of study may be substituted for this requirement with the approval of the Office of Public Health Nursing and Professional Development (OPHNPD). Proof of this certification must be on file with the contracting agency.
- d. Policies and procedures must be in place for assuring the competency of nurses and the documentation of competency for each nurse performing the clinical examinations. (See *North Carolina Nurse Practice Act* at www.ncbon.com/WorkArea/showcontent.aspx?id=2134.)
- e. All staff teaching breast self-examinations (BSE) must be trained in the vertical strip method through training approved by Mammocare.com.

Performance Monitoring and Quality Assurance

A. Performance Indicators and Benchmarks

1. Funding for NC BCCCP Contractors in FY 13/14 shall be based on FY 12/13 performance in all areas listed in the following table. Failure to comply with these indicators in FY 13/14 may result in loss of funding in FY 14/15. Individual program performance indicators are being assigned a weighted value. The total weighted value of indicators met in FY 13/14 must be >80%, or Contractors risk reduced or loss of funding.

Indicator Type	Program Performance Indicator	CDC Minimum Standard	Weighted Value
Screening Goal	Total number of women screened for FY 13/14.	≥ 75%	25%
Budget Expenditures	Allocated BCCCP funds expended	≥ 85%	25%
Breast Cancer Performance Indicators	Initial screening mammograms provided to women ≥ 50 years of age (applies to federal funds only)	≥ 75%	25%
	Abnormal screening results with complete follow-up	≥ 90%	2.5%
	Abnormal screening results; Time from screening to diagnosis > 60 days	≤ 25%	1.5%
	Treatment started for breast cancer	≥ 90%	2%
	Breast cancer; Time from diagnosis to treatment > 60 days	≤ 20%	1.5%
Cervical Cancer Performance Indicators	Initial program Pap test; rarely or never screened	≥ 20%	10%
	Abnormal screening results with complete follow-up	≥ 90%	2.5%
	Abnormal screening results - time from screening to diagnosis > 90 days	≤ 25%	1%
	Treatment started for diagnosis of HSIL, CIN II, CIN III, CIS, Invasive Carcinoma	≥ 90%	1.5%
	HSIL, CIN II, CIN III, CIS; Time from diagnosis to treatment < 90 days	≥ 80%	1.0%
	Invasive carcinoma; Time from diagnosis to treatment < 60 days	≥ 80%	1.5%
Total Weighted Value of Performance			100%

B. Quality Assurance

1. Cervical Screening and Follow-up

Laboratories must be certified under the Clinical Laboratory Improvement Amendments of 2007 (CLIA '07). The Bethesda 2001 System is required for reporting the results of Pap tests. (See *Pap Screening Manual: A Guide for*

Health Departments and Contractors, a component of the Breast and Cervical Screening Manual: A Guide for Health Departments and Contractors at <http://bccccp.ncdhhs.gov>).

2. Breast Screening and Follow-up

Federal Food and Drug Administration (FDA) certification is required for all mammography facilities. When contracting with any mammography facility, the Contractor shall assure that the facility is accredited under the Mammography Quality Standards Act (MQSA) regulations. (Refer to *Breast and Cervical Screening Manual: A Guide for Health Departments and Contractors at <http://bccccp.ncdhhs.gov>*)

3. NC BCCCP Monitoring

The Contractor shall provide or assure the provision of high quality services for all the Program components. NC BCCCP staff shall conduct routine monitoring to evaluate the program components as specified in this *Request for Application*. Prior notification shall be given as to the date and time of the monitoring. The Contractor is required to monitor a random sample of NC BCCCP patient records yearly.

Reporting Requirements:

A. Reporting Requirements

1. Specify Frequency and Due Dates: All data including initial screening, abnormal follow-up results and treatment disposition must be recorded by the Contractor in the Health Information System (HIS) data system (or compatible vendor system) in a timely manner as follows:
 - a. Patient data must be entered into the HIS data system no later than the 10th of each month for the previous month's screenings. Contractors using third-party vendor software must have patient data entered by the 5th of the month to be included in the data update.
 - b. No Contractor should withhold data input on any patient pending the completion of follow-up. Even if there are abnormal findings requiring follow-up, the screening data should be entered by the 10th or the 5th of the month as noted above (A.1.a.). This shall be especially important for the batch counties (counties that do not enter data into HIS) as the data runs a month behind for those counties.
 - c. All test results including follow-up, diagnosis, and treatment shall be updated as soon as received and according to NC BCCCP timelines. Diagnostic disposition must be entered within 60 days of the breast screening date and within 90 days of the cervical screening date. Treatment disposition must be entered within 60 days of the diagnostic disposition date for breast or cervical cancer and within 90 days of the diagnosis date for HSIL, CIN II, CIN III, or CIS of the cervix.

- d. When new NC BCCCP Staff are assigned to the local NC BCCCP or vacated from the role (including Health Director, Nursing Director/Supervisor, NC BCCCP Coordinator, Health Educator, Data Entry, etc.), the State's NC BCCCP is to be advised of the name and contact information of that person within one month using the *Staff Change Notification Form*.

B. Specify Format

1. Breast and Cervical data screens should be completed and sent to the NC BCCCP electronically for every woman who receives screening and follow-up services, using the State HIS or through a compatible system.
2. Program data received by NC BCCCP shall determine whether the Contractor is meeting contract targets and performance measures.

C. Identify Data Source

1. Minimum Data Elements (MDEs) are inclusive in the data entered into HIS or downloaded into HIS by a vendor county.
2. Monthly progress reports are provided to each Contractor to report performance and identify individual cases requiring follow-up or correction by the Contractor. All patients with abnormal findings remain on the monthly data exception reports until all follow-ups are completed and the cycle is closed.

D. Consequences of Inadequate Performance

1. Failure to meet minimum expectations may result in reduction or loss of funding.
2. Failure to comply with Corrective Action Plan implementation related to the most recent monitoring site visit may result in reduction or loss of funding.
3. Failure to comply with Corrective Action Plan related to "high risk status" may result in reduction or loss of funds.
4. A midyear assessment of the Contractor shall be done. As Contractors are self-eliminated due to not meeting program expectations, their funding shall be reduced and shifted to other Contractors in good standing.
5. As funds are changed from one Contractor to another, projected screening numbers for services shall also be adjusted.
6. Contractors that lose NC BCCCP funding should identify resources for follow up of women with abnormal findings in their communities within 30 days from the date of agreement termination.

Scope of Work (NC WISEWOMAN Project)

Priority Population

- The priority population is defined as women ages 40 to 64, who are of ethnic minorities, who are uninsured or underinsured, or without a usual source of health care whose income is equal to or less than 250% of the federal poverty level. Special emphasis should be given to the priority population. All women served must meet the following eligible population requirements.

Eligible Population

- Enrollment into the NC WW Project is limited to women between the ages of 40 to 64 who are eligible and enrolled in the federally funded NC BCCCP.
- All women provided services through this program must be enrolled in NC BCCCP with gross incomes that are less than or equal to 250% of the federal poverty level according to schedules in effect at the beginning of the agreement term.
- NC WW Project patients must have at least \$1.00 of federal NC BCCCP funds used to pay for their NC BCCCP procedure(s) to be eligible for NC WW Project.
- Women aged 65 and older, previously enrolled in NC WW Project who remain eligible for federally funded NC BCCCP, may return for their one-time rescreening 12 - 18 months after their initial NC WW Project visit.
- Women enrolled in Medicare (Part B) and/or Medicaid are not eligible for NC WW Project enrollment or program funded services.

Services Provided

1. NC WW Project participants shall receive a consent form to be signed and maintained within the patient medical record.
2. NC BCCCP and the NC WW Project screening services must be conducted at the same office visit. The NC WW Project baseline screening must be conducted as a part of the NC BCCCP office visit. Exceptions to conducting integrated office visits must be approved by the NC WW Project staff.
 - a. Initial screening (enrollment) and annual screening (rescreening) requirements include:
 - demographic profile
 - personal & family medical history
 - behavior risk factor profile
 - two blood pressure measurements
 - fasting or non-fasting serum cholesterol/HDL
 - fasting or non-fasting glucose and/or hemoglobin A1C
 - height & weight
 - patient lifestyle intervention(s)
 - risk reduction counseling
 - Calculation of BMI
 - b. Risk reduction counseling and initiation of lifestyle intervention shall be part of the initial office visit.
3. Screening services and educational interventions may be subcontracted to physicians or other Contractors.
4. NC WW Project coordinators must ensure that participants receive all required lifestyle interventions according to the clinical and behavioral risk factors.

New Leaf... Choices for Healthy Living and limited amount of other educational materials shall be provided by the NC WW Project. A system for tracking education

follow-up shall be the responsibility of the local contractor.

- a. Women with normal findings at initial enrollment must receive risk reduction counseling, interventions are optional.
 - b. Women with abnormal findings must receive a minimum of one (1) lifestyle intervention.
 - c. Women with Alert Values must receive a minimum of two (2) lifestyle interventions.
 - d. All participants shall receive risk reduction counseling during initial clinical screening visit.
 - e. All participants should be linked with community-based resources as appropriate and available based on the assessed heart disease and stroke risk, motivation to make lifestyle behavior changes, and behavior change goals. Referral and attendance to community-based resources do not count as a lifestyle intervention.
 - f. All participants that self-report as a smoker must be referred to smoking cessation services. All women who smoke and desire to quit within the next 30 days must be referred to the NC QUITLINE.
5. Referral, tracking and follow-up services must be provided for all women with abnormal and alert screening results. The current recommendations by the following National Programs shall be followed as guidelines for screening, referral, and follow-up:
- a. National Cholesterol Education Program (NCEP): Adult Treatment Panel Report (ATP) III
 - b. The Seventh Report of the Joint National Committee on the Detection, Evaluation and Treatment of High Blood Pressure (JNC VIII)
 - c. The American Diabetic Association Clinical Practice Guidelines 2012
6. All medical referrals, recalls for rechecks, and annual rescreenings shall be initiated and tracked by the Contractor.
7. At least thirty-five percent of NC WW Project participants should be rescreened 12 to 18 months following the initial or a previous NC WW Project screening.
8. For all patients requiring a medical referral, the following information must be documented in the patient's medical record:
- a. Date and source of medical referral
 - b. Follow-up documentation (date the patient was seen by a physician and the results of the visit, e.g. status of medications or changes in medications)
 - c. If patient could not be reached, dates and number of attempts made to follow-up must be documented.
9. Women with abnormal screening results shall:

- a. Be allowed one reimbursable diagnostic visit to a private physician per screening cycle for follow-up
 - b. Receive at least one lifestyle intervention session.
10. Alert Values: Case Management must be initiated for all women with alert values.
- a. Medical evaluation or documentation of why the evaluation was not done must be provided and placed in the patient chart and the HIS data system within one week of the date of screening. Women with the following alert values (abnormal results) must receive an immediate referral for medical evaluation:
 - Systolic blood pressure > 180 mm/hg;
 - Diastolic blood pressure > 110 mm/hg;
 - Fasting or non-fasting Total cholesterol > 400 mg/dl;
 - Fasting or non-fasting Blood glucose \leq 50 mg/dL or \geq 275 mg/dl
 - b. All women with Alert Values are required to receive a minimum of two lifestyle interventions.
11. Local contractors are required to ensure access linking available resources to all women requiring follow-up of alert values and medication therapy.

Special Services

1. Diabetes services must be conducted in accordance with the North Carolina Diabetes Control Program, Diabetes Self-Management Curriculum, and the current American Diabetes Association Clinical Practice Recommendations. Blood glucose or glycosylated hemoglobin (A1C) testing is a required service. Contractors without access to diabetes education resources must contact Diabetes Today Regional Coordinators for assistance or identify other resources available to the community. Exceptions to diabetes screening policy must be approved by NC WW Project staff.
2. NC WW Project funds may be used to enhance or augment current community-based interventions focused on cardiovascular disease risk reduction. Discussion with NC WW Project regarding this use of funds is encouraged.
3. Public and Professional Education
 - a. The Contractor shall provide education on the NC WW Project to the target population as appropriate. The NC WW Project will provide limited educational materials to each contractor.
 - b. Mandatory attendance by the Contractor at the NC BCCCP/NC WW Project Biennial Update and scheduled statewide conference calls.
 - c. Mandatory attendance at one of the quarterly NC BCCCP/NC WW Project Orientation trainings offered annually by NC BCCCP/NC WW Project staff.
 - d. New Coordinators are required to attend the first NC BCCCP/NC WW Project Orientation session following their date of hire. This session will incorporate:

- Project Orientation
 - Data Entry
 - Lifestyle Intervention(s) including New Leaf Intervention training
- e. The Contractor must complete Blood Pressure Measurement continuing education via self-paced modules or as offered by the State (Blood Pressure Measurement Training Mini-Course)

Performance Measures/Reporting Requirements

A. Performance Indicators and Benchmarks

Funding for NC WW Project Contractors will be based on performance in all areas listed in the table below:

Program Performance Indicator	Minimum Standard	Weighted Value
Percentage of target number of NC WW Project participants who receive a baseline screening.	≥95%	30%
Allocated NC WW Project funds expended.	≥90%	15%
Percentage of NC WW Project participants rescreened 12 to 18 months following a previous NC WW Project screening.	≥35%	15%
Percentage of NC WW Project participants screened with at least one modifiable risk factor who have attended at least one lifestyle intervention session.	≥75%	10%
Percentage of women screened who have completed required lifestyle intervention sessions according to NC WW Project policy.	≥60%	15%
Percentage of women who have an alert screening value who are seen by a healthcare Contractor within one week of screening or documentation reflects why this did not occur.	100%	15%
Total Weighted Value of Performance		100%

B. Reporting Requirements

1. Specify Frequency and Due Dates: All data including initial screening, referrals, follow-up results and intervention data will be recorded on the NC WW Project electronic data reporting screens in a timely manner as follows:
 - a. The Contractor must submit data to the HIS data system from the NC WW Project Enrollment Forms and NC WW Project Follow-up Forms, DHHS 4049 and 4050, no later than the tenth of each month for the previous month. Contractors using third-party vendor software must have patient data entered by the fifth of each month for the previous month to be included in the data update.

- b. No Contractor should withhold data input on any patient pending the completion of follow-up. Even if there are abnormal findings requiring follow-up, the screening data should be entered by the tenth or the fifth of the month as noted on page 20, B.1.a. This will be especially important for batch counties (counties that do not enter data into HIS) as the data runs a month behind for those counties.
- c. NC WW Project patient data are to be reported for NC WW Project use to assure quality services and continued Project funding.

C. Consequences of Inadequate Performance

- 1. Failure to meet program performance indicators may result in reduction or loss of funding.
- 2. Failure to comply with Corrective Action Plan implementation related to the most recent monitoring site visit may result in reduction or loss of funding.
- 3. Failure to comply with Corrective Action Plan related to “high risk status” may result in reduction or loss of funds.
- 4. A midyear assessment of the Contractor will be done. As agencies are self-eliminated due to not meeting program expectations, funding will be reduced and shifted to other agencies in good standing.
- 5. As funds are changed from one Contractor to another, projected screening numbers for services will also be adjusted.
- 6. Contractors that forfeit NC WW Project funding should identify resources for follow-up of women with abnormal findings in their community within 30 days from the date of Agreement Addendum termination.

Performance Monitoring and Quality Assurance:

- A. WISEWOMAN Project clinical protocols are based on:
 - 1. The Seventh Report of the Joint National Committee on the Detection, Evaluation and Treatment of High Blood Pressure (JNC VIII), published by the National Institutes of Health, National Heart, Lung, and Blood Institute (NHLBI)
 - 2. *Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III or ATP III)* of the National Cholesterol Education Program of the NHLBI
 - 3. *American Diabetes Association Clinical Practice Recommendations*, North Carolina Diabetes Control Program, Diabetes Self-Management Curriculum
- B. Contractors are required to use laboratories certified under the most recent Clinical Laboratory Improvement Amendments (CLIA) for laboratory services including serum total cholesterol, HDL, blood glucose, and/or glycosylated hemoglobin A1C testing.
- C. Clinical records will be maintained by the Contractor on each woman receiving WISEWOMAN services as a part of the patient's individual medical record.
- D. The Contractor will participate in a formal monitoring process conducted through random onsite chart review a minimum of every three years to ensure:
 - 1. Compliance with NC WISEWOMAN Project performance indicators.

2. All NC WISEWOMAN participants with abnormal screening results will receive timely referral, tracking, and follow-up.

Funding Guidelines or Restrictions: NC BCCCP or NC WISEWOMAN Project (if applicable)

A. Financial

1. The total funds awarded from the NC BCCCP and NC WW Project must be maintained by the Contractor in a separate budget cost center to assure proper auditing of expenditures. Funding allocations are based on performance measures as stated in Performance Measures/Reporting Requirements.
2. A portion of NC BCCCP and NC WW Project funds may be used to cover staff providing indirect services or expenses such as salaries and fringes (e.g., a data entry clerk or indirect personnel involved with screening services), travel, office supplies, medical supplies, postage, mailings, and fliers. These listed items are not inclusive of every indirect cost a Contractor may incur. NC WISEWOMAN strongly recommends Contractors seek outside funding for these indirect costs.
3. Monies must be allocated to ensure achievement of contracted target numbers and payment for NC BCCCP and NC WW Project approved services rendered by outside medical Contractors through subcontracts. These may include medical evaluation for abnormal results. (Refer to FY 13-14 NC BCCCP/NC WW Project Fee Schedule.) (See FY 13-14 NC BCCCP/NC WW Project Fee Schedule at <http://bcccp.ncdhhs.gov/linksandresources/ProviderForms/BCCCPWW%20FeeSchedule.pdf>
 1. Only services listed on the NC BCCCP and NC WW Project Fee Schedule are reimbursable with Program funds.
 2. The Contractor must submit for request for reimbursement by the 10th of each month for services rendered in the preceding month. (Example: Request reimbursement for services rendered in October 2013 by November 10, 2013.
 3. As applicable, state and federal funds must be expended by June 30th of each fiscal year.
 4. NC BCCCP and NC WW Project funds may not be used to reimburse for treatment services. Payment to a subcontractor using NC BCCCP and NC WW Project funds is limited to those screening and diagnostic follow-up services listed in the current NC BCCCP and NC WW Project Services Fee Schedule.
 5. NC BCCCP funds will only be made available to Contractors who commit to serve at least 25 women per year. NC WW Project funds will only be made available to Contractors who commit to serve at least 20 women per year.

B. Payment for Services

1. The payment to subcontractors for any service described in Section III, Scope of Services may not exceed the prevailing Medicare allowable fee for the service. Fee schedules will be provided to the participating contractor by the NC BCCCP and NC WW Project.
2. NC BCCCP and NC WW Project funds may only be used for payment after all other third-party payment sources (including private insurance) provide evidence of partial or

non-payment of eligible services provided by NC BCCCP. NC BCCCP and NC WW Project is the payer of last resort.

3. Women whose gross incomes are less than or equal to 100% of the federal poverty level cannot be charged for any services covered through the NC BCCCP and NC WW Project. Participants should be notified of any possible charges prior to committing to the procedure.
4. A flat fee cannot be charged for NC BCCCP and NC WW Project. Services to any woman enrolled in the NC BCCCP and NC WW Project Sliding Fee Scales may be used for women whose gross incomes are between 101% and 250% of the federal poverty level.

C. Contract Budget Adjustments

1. The number of women screened in compliance with performance indicators shall be determined by the number of women that have a breast and/or cervical screening paid partially or in full with NC BCCCP and NC WW Project funds.
2. To retain the baseline budget for the following fiscal year, a NC BCCCP Contractor must screen a minimum of 75% of their allocated number of women and expend a minimum of 85% of the funds awarded each year. For a NC WW Project, a Contractor must screen a minimum of 95% of their allocated number of women and expend a minimum of 90% of the funds awarded each year.
3. NC BCCCP and NC WW Project staff shall evaluate Contractor performance at the mid-point of each fiscal year. Those Contractors who are not meeting performance indicators shall be notified and evaluated for placement on “high risk status”. If a Corrective Action Plan (CAP) is recommended, the Contractor shall have 30 days to submit and implement the plan. A program staff performance review in January shall determine if budget adjustments are necessary.
 - a. A pattern of expenditures that may lead to a surplus of funds in the contract year may result in a one-time budget increase or decrease.
 - b. Contractors exceeding their targeted numbers and complying with performance indicators may receive additional funds (if available).
 - c. Contractors who do not meet their screening targets shall be assessed for budget and patient target realignments.
4. Funding adjustments may be made in the baseline budget of Contractors. State accessible data shall be reviewed in November to determine if budget adjustments are indicated based on compliance with performance indicators and patient targets.
5. Contractors that are unable to meet realistic targets shall receive technical assistance.
6. A contract between the State and Contractor will be monitored for performance on a monthly basis, and revised if necessary.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves

the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants shall be notified by May 15, 2013.

2. Decline to Offer: Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.
3. Cost of Application Preparation: Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.
4. Elaborate Applications: Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.
5. Oral Explanations: The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.
6. Reference to Other Data: Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.
7. Titles: Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.
8. Form of Application: Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Performance Agreement (contract).
9. Exceptions: All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).
10. Advertising: In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.
11. Right to Submitted Material: All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

12. **Competitive Offer:** Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.
13. **Agency and Organization's Representative:** Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.
14. **Subcontracting:** Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.
15. **Proprietary Information:** Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.
16. **Participation Encouraged:** Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.
17. **Contract:** The Division shall issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. Announcement of the Request for Applications (RFA)

The announcement of the RFA and instructions for receiving the RFA are being sent to prospective agencies and organizations via direct mail, email, and/or Program website and will be posted at the following DHHS website on March 25, 2013:

<http://www.ncdhhs.gov/grantopportunities/currentopportunities.htm>.

2. Distribution of the RFA

RFAs will be sent via email to interested agencies and organizations beginning March 25, 2013.

3. Bidder's Conference / Teleconference / Question & Answer Period

All prospective applicants are encouraged to attend a Bidder's Conference on **Friday, April 5, 2013 from 10:00 am – 12:00 pm**. The number that connects you to the call is **1-(877)-873-8018**. The access code is **2650829** and the host password is **8354**. Please call in **10** minutes prior to the beginning of the call so that we can compile a list of participants.

Written questions concerning the specifications in this Request for Applications will be received until close of business on **April 12, 2013 by 5PM**. As an addendum to this RFA, a summary of all questions and answers will be mailed, by **April 17, 2013** to agencies and organizations sent a copy of this Request for Applications, or will be placed on The North Carolina Cancer Prevention and Control Program website at <http://bcccp.ncdhhs.gov/>.

4. Notice of Intent

Agencies are not required to submit a Notice of Intent.

5. Applications

Applicants shall submit an original and five (5) copies of the application. All copies shall include the required attachments. Electronic submission will not be accepted in lieu of an original. Faxed applications will not be accepted.

6. Original Application

The original application must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the application face sheet.

7. Copies of Application

Along with the original application, submit 5 photocopies of the application in its entirety. Copies of the application should be clearly marked "copy" on the application face sheet.

8. Format

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

9. Space Allowance

Page limits are clearly marked in each section of the application. Refer to *VII.3 Applicant's Response* (pg. 37) for specifics.

10. Application Deadline

All applications must be received by the date and time on the cover sheet of this RFA. Faxed or emailed applications ***will not*** be accepted in lieu of the original and required number of hard copies. Original signatures are required. Note: If the US Postal Service is used, allow sufficient time for delivery to the funding agency by 5:00 PM, close of business, on April 25, 2013.

11. Receipt of Applications

Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet.

12. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

13. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

14. Audit

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used online at www.NCGrants.gov.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

15. Assurances

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

16. Additional Documentation to Include with Application

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed, signed, and notarized page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VII.6 Verification of 501(c)(3) Status*.)

17. Federal Certifications

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

18. Additional Documentation Prior to Contract Execution

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix B.)
- b. A completed and signed letter from the agency's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix C.)
- c. Applicants must submit documentation of the agency's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B) which indicates the agency or organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the agency or organization's CCR record is acceptable. If your agency does not have a DUNS number, please use the D&B online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed, signed, and notarized statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix D.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix E.)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix F). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

19. Registration with Secretary of State

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents. (See www.secretary.state.nc.us/corporations.)

20. Application Process Summary Dates

03/25/2013: Request for Applications released to eligible applicants.

04/05/2013: Bidder's Conference / Teleconference.

04/12/2013: End of Q&A period. All questions due in writing by 5pm.

04/17/2013: Answers to Questions released to all applicants, as an addendum to the RFA.

04/25/2013: Applications due by 5pm.

05/15/2013: Successful applicants will be notified.

09/01/2013: Contract begins.

VI. EVALUATION CRITERIA

The Application shall be evaluated on how well it responds to the program objectives. Applications which meet the following conditions shall be given preferred consideration:

- Applications that shall utilize non-traditional venues as well as extended hours of operation for breast and cervical cancer and cardiovascular screenings.
- Applications from areas with high prevalence, incidence, and morbidity rates of Breast Cancer as well as areas that have limited access to available resources.
- Applications reflecting services to a significant number of minority women (African Americans, Hispanics/Latinas, Native Americans).
- Minority-owned and minority-operated establishments that meet all other application requirements.
- Applications demonstrating collaborations and partnerships with other community-based organizations that focuses on the same or similar issues of Cancer/cardiovascular screening and outreach to Special Populations in the state.

Scoring:

- A scale of 1 to 4 shall be used to evaluate 3 categories of agency capacity on the RFA
 - A. Agency Capacity
 - B. Proposed Program Activities
 - C. Budget

- 4 are the maximum number of points awarded in any category.
- 12 is the maximum number of points allowed for any application:

The scoring scale and definitions for each value are listed below.

0	No value	Applicant did not address the application area.
1	Poor	Applicant only marginally addressed the application area.
2	Average	Applicant adequately addressed the application area
3	Good	Applicant did a thorough job of addressing the application area.
4	Excellent	Application demonstrates that this agency has a strong capacity to excel in the application areas.

BCCCP RFA Application Review
RFA Scoring Tool

Agency: _____ Reviewer: _____

Total Score (All Sections)

--

I. Agency Capacity
Total Points Possible: 4 Points
<ul style="list-style-type: none">• Existing facility?• Physical facilities to deliver services?• Administrative staff to manage the number of women screened?• Medical staff to manage the number of women screened?• Community resources for referral and follow-up?• Outreach program?

<u>Section Score</u>

Strengths
Weaknesses
Comments

Agency: _____ Reviewer: _____

II. Proposed Program Activities
Total Points Possible: 4
<ul style="list-style-type: none">• Excessive level of poverty based on Federal Poverty Guidelines?• Recruitment of minority populations?• Personnel to manage data?• Willingness to manage and comply with CDC data requirements?• Follow CDC surveillance protocols?

<u>Section Score</u>

Strengths
Weaknesses
Comments

III. Budget	<u>Section Score</u>
Total Points Possible: 4	
<ul style="list-style-type: none"> • A minimum of 90% of funds is for direct services? • Funds from community and grants? • Is there cost sharing (office covers breast self-examinations and office visits)? 	
Comments	

Strengths of Project Plan
Weaknesses of Project Plan
Overall Impressions of Project Plan

TOTAL ALL SECTIONS ON FIRST PAGE

VII. APPLICATION:

Application Checklist

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

___ **Cover Letter** (item 1)

___ **Application Face Sheet** (item 2)

___ **Applicant's Response/Form** (item 3)

___ **Project Budget** (item 4)

Include a budget in the format provided.

Indirect costs are not allowed.

___ *IRS Documentation:*

- **IRS Letter Documenting Your Organization's Tax Identification Number** (item 5) (public agencies)

or

- **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (item 5)
(private non-profits)

and

- **Verification of 501(c)(3) Status Form** (item 6) (private non-profits)

1. Cover Letter

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number
- the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with The North Carolina Breast and Cervical Cancer Control Program, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA A-280 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #12) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response/Form

- a. Select the program (NC BCCCP and/or NC WISEWOMAN) and the category you are applying for: A) Screening Projects, B) Incubation Screening Projects and Special Population Initiatives, and/or C) Cardiovascular Disease Screening Programs.
- b. The application must be typed or printed on 8.5 X 11 inch, single sided paper with margins of 1", with a computer printer or a typewriter. Handwritten applications and applications with responses taped or otherwise affixed onto forms shall not be accepted.
- c. Applications should be in a 12-point font. All applications should be binder clipped together.
- d. Responses should fit within the 25 maximum page limit and the forms provided as attachments.
- e. Applicants must include a current tax identification number and the agency's DUNS number.
- f. A cover letter on agency letterhead should accompany each application. The letter should be signed and dated by the agency's Executive Director or by an individual authorized to legally bind the Applicant.
- g. Elaborate applications that provide information that is beyond the minimum necessary to present a complete application are strongly discouraged.
- h. Applicants should submit an original and five (5) copies of the application. All six (6) documents should include the required Sections.
- i. All signatures on the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked "original" on the binder cover.

4. Project Budget

(On the following pages is a sample budget to use as a guide)

**NC Breast and Cervical Cancer Control Program (NC BCCCP) and NC
WISEWOMAN (NC WW Project)**

Contract Budget

September 1, 2013 through May 31, 2014

Detailed line item budgets and budget narratives are required for all RFAs. Please see Page 40 for Budget Narrative Requirements. BCCCP and WISEWOMAN have a capitated rate per woman screened. **The NC BCCCP rate is \$255, while the rate for the NC WW Project is \$235.**

ADMINISTRATION:

Salary and Fringe:

Salaries and Fringe Benefits

Coordinator \$ _____

Operating Expenses:

Travel

Travel to Meetings \$ _____

Supplies

Office Supplies \$ _____

Medical Supplies \$ _____

Printing

Flyers, brochures, form, etc. \$ _____

Postage

Mailings \$ _____

Total Operating Expenses \$ _____

PATIENT SERVICES:

Clinical Staff Salary and Fringe: \$ _____

Breast Services \$ _____

Cervical Services \$ _____

Total NC BCCCP Client Services \$ _____

NC WW Project Services \$ _____

Total Budget \$ _____

Total NC BCCCP Screenings _____

Total NC WW Project Screenings _____

Total Screenings

Budget Narrative Requirements

Budget narratives shall show calculations for all budget line items and shall clearly justify the need for these items. Budget costs shall be in accordance with State rates, reasonable and justifiable. Budget must support the scope of work activities and objectives.

Personnel

Salary and fringe for program staff should be calculated in the budget section of the application. Provide a justification, personnel/staff names (if known), position title, description of any positions that shall be funded with grant funds and annual salary, prorated salary and FTE. Include specifics such as \$ ___ x months = ___.

Sub-contracts

Provide justification for all sub-contracted services. The justification should include the name of the contractor if known, the scope of work, the period of performance and expected outcomes or products. Explain how cost is deemed reasonable.

Supplies

You need provide only a reasonable dollar amount for general office supplies like pens, paper, etc. Provide justification for supply items other than general office supplies. Show calculation of cost.

Travel

Identify titles of staff whose travel is supported, briefly explain the purpose of the travel and how it relates to the action plan, and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (note: travel must be computed at rates up to the current State regulations).

Mileage should be based on rates located on the North Carolina Office of State Budget and Management's (OSBM) web page under the "Memorandums" link. Mileage rates fluctuate with the price of fuel, thus the OSBM shall release a memorandum entitled "IRS Mileage Rate Change" when there is a change in this rate. This memorandum can be found at http://data.osbm.state.nc.us/pls/pbis/dyn_osbmweb_libmemos.show?p_arg_names=context&p_arg_value_s=res. Effective January 1, 2013, the business standard mileage rate is .565 cents per mile.

For other travel related expenses, please refer to the OSBM's North Carolina Budget Manual, Section 5.0, Travel Policies and Regulations pages 123 – 146. This manual can be found at the following address: http://www.osbm.state.nc.us/files/pdf_files/BudgetManual.pdf. Current rates for travel and lodging may be found in the chart below. However, it is recommended that the applicant visit the North Carolina Budget Manual to verify rates prior to submission of the application.

Current rates for travel and lodging:

Meals		In-State	Out of State
	Breakfast	\$8.00	\$8.00
	Lunch	\$10.45	\$10.45
	Dinner	\$17.90	\$20.30
		\$36.35	\$38.75
Lodging	(Maximum)	\$63.90	\$75.60
Total			
Mileage		\$ up to .565 per mile	

5. IRS Letter

Public Agencies:

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

Private Non-profits:

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

6. Verification of 501 (C)(3) Status

We, the undersigned entity, hereby testify that the undersigned entity's 501 (c)(3) status, on file with the North Carolina Department of Health and Human Services, Division of Public Health, is still in effect.

Name of Agency

Signature of Chairman, Executive Director, or other authorized official

Title of above signed authorized official

Sworn to and subscribed before me this _____ day of _____, 2013.

Notary Signature and Seal

Notary's commission expires _____, 20 ____.

The Appendices are provided as a reference only.

Applicants are **not to complete** these documents at this time **nor return them** with the RFA response.

Appendix A: FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work shall be performed;
4. [Check the applicable statement]
 He or she **has completed** the attached **Disclosure Of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

OR
 He or she **has not completed** the attached **Disclosure Of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Reference only — Not for signature

Signature

Title

[This Certification must be signed by the same individual who signed the Contract.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it shall comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

- 1. The Contractor certifies that it shall provide a drug-free workplace by:
 - A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that shall be taken against employees for violation of such prohibition;
 - B. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - C. Making it a requirement that each employee be engaged in the performance of the

agreement be given a copy of the statement required by paragraph A;

D. Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the agreement, the employee shall:

(5) Abide by the terms of the statement; and

(6) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

E. Notifying the Department within ten days after receiving notice under subparagraph D(2) from an employee or otherwise receiving actual notice of such conviction;

F. Taking one of the following actions, within 30 days of receiving notice under subparagraph D(2), with respect to any employee who is so convicted:

(7) taking appropriate personnel action against such an employee, up to and including termination; or

(8) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs A, B, C, D, E and F.

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No. 1:

City, State, Zip Code:

Street Address No. 2:

City, State, Zip Code:

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.

4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children

Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it shall comply with the requirements of the Act. The Contractor further agrees that it shall require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this

proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it shall include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation

to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Standard Form SF-LLL and its instructions are located at the following URL: <http://www.whitehouse.gov/omb/assets/omb/grants/sflllin.pdf>
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

Appendix B: LETTER TO IDENTIFY INDIVIDUALS TO SIGN CONTRACTS

[Print on Agency Letterhead]

**Letter from Board President/Chairperson Identifying
Individuals as Authorized to Sign Contracts**

I, _____, Board President/Chairperson of
_____ [Agency/Organization's legal
name] hereby identify the following individual(s) who is (are) authorized to sign Contracts for
the organization/agency named above:

<u>Printed Name</u>	<u>Title</u>
<u>1.</u> _____	_____
<u>2.</u> _____	_____
<u>3.</u> _____	_____
<u>4.</u> _____	_____

<u>Signature</u>	<u>* Title</u>	<u>Date</u>
	<u><i>* Indicate if you are the Board President or Chairperson</i></u>	

The fiscal year of the above named agency runs from months _____ to _____ .

APPENDIX C: LETTER TO IDENTIFY INDIVIDUALS TO SIGN EXPENDITURE REPORTS

**Letter from Board President/Chairperson
Identifying Individuals as Authorized to Sign
Contract Expenditure Reports**

I, _____, Board President/Chairperson of
 _____ [Agency/Organization’s legal
 name] hereby identify the following individual(s) who is (are) authorized to sign Contract
 Expenditure Reports for the organization/agency named above:

<u>Printed Name</u>	<u>Title</u>	<u>Signature</u>
<u>1.</u> _____	_____	_____
<u>2.</u> _____	_____	_____
<u>3.</u> _____	_____	_____
<u>4.</u> _____	_____	_____

<u>Signature</u>	<u>* Title</u>	<u>Date</u>
	<u>* Indicate if you are the Board President or Chairperson</u>	

DPH 12-1-08

Appendix D: NOTARIZED STATEMENT AND CONFLICT OF INTEREST POLICY

Notarization of Conflict of Interest Policy

State of North Carolina, County of _____

I, _____, Notary Public for said County and State, certify that
_____ [Name of Board Chair or Authorized Official] personally appeared before
me this day and acknowledged that he/she is _____
[Title] of _____ [Agency/Organization’s full
legal name] and by that authority duly given and as the act of the Organization, affirmed that the foregoing
Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting
held on the _____ day of _____, _____.

Sworn to and subscribed before me this _____ day of _____, 2013

Notary Signature and Seal

Notary’s commission expires _____, 20 ____.

Instruction for Organization:

- Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body,
or
- replace the following with the current adopted Conflict of Interest Policy.

Legal Name of Organization

Signature of Organization OfficialDHHS

Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

- A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.
- B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.
- C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:
 - 1. The Board member or other governing person, officer, employee, or agent;
 - 2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
 - 3. An organization in which any of the above is an officer, director, or employee;
 - 4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.
- D. **Duty to Disclosure** — Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.
- E. **Board Action** — When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

- F. **Violations of the Conflicts of Interest Policy** — If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.
- G. **Record of Conflict** — The minutes of the governing board and all committees with board delegated powers shall contain:
 1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
 2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Reference only — Not for signature

Legal Name of Organization

Signature of Organization Official

Title of Organization Official

Date

Appendix E: NO OVERDUE TAX DEBTS CERTIFICATION

[Print on Agency Letterhead]

State Grant Certification – No Overdue Tax Debts¹

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the _____ [Organization’s full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143-34(b)**.

Sworn Statement:

_____ [Name of Board Chair] and
_____ [Name of Second Authorizing Official] being duly sworn,
say that we are the Board Chair and _____ [Title of Second
Authorizing Official], respectively, of

_____ [Agency/Organization’s full legal name] of _____ [City] in the State of _____ [State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Reference only — Not for signature

_____ **Board Chair** _____

Reference only — Not for signature Title Date

Signature _____ Title of Second Authorizing Official Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Reference only — Not for signature

Notary Signature and Seal

Notary’s commission expires _____, 20__.

¹ G.S. 105-243.1 defines: “Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

APPENDIX F: CONTRACTOR CERTIFICATIONS REQUIRED BY NORTH CAROLINA LAW

Instructions

The person who signs this document should read the text of the statutes cited herein and consult with counsel and other knowledgeable persons before signing. The text of G.S. 143-59.1 can be found online at:

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf

The text of G.S. 143-59.2 can be found online at:

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf

The text of G.S. 105-164.8(b) can be found online at:

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf

Certifications

- (1) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - The Contractor or one of its affiliates **has** incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (2) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor’s officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (3) The Contractor shall require its subcontractors, if any, to make the same certifications before they perform any work under the contract.
- (4) The undersigned hereby certifies further that:
 6. He or she is a duly authorized representative of the Contractor named below;
 7. He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 8. He or she understands that any person who knowingly submits a false certification shall be guilty of a Class I felony.

Contractor’s Name

Signature of Contractor’s Authorized Agent

Date

Printed Name of Contractor’s Authorized Agent

Title

Signature of Witness

Date

Printed Name of Witness

Title

The witness should be present when the Contractor’s Authorized Agent signs this certification and should sign and date this document immediately thereafter.

Attachment A: 2013-2014 NC BCCCP & WISEWOMAN Fee Schedules

North Carolina Breast and Cervical Cancer Control Program
2013-2014 Services Fee Schedule (1)
For the Period 7/1/13 through 6/30/14
Revised 1/25/2013

Breast Procedures Screening	Code	13-14 Fee	Office Fee Allowed
Clinical Breast Examination	N/A		Yes
Screening Mammogram	77057	\$ 77.04	No
	77057TC	\$ 44.08	
	77057-26	\$ 32.96	
Follow-Up			
Diagnostic Mammogram - Unilateral	77055	\$ 83.98	No
	77055TC	\$ 51.33	
	77055-26	\$ 32.65	
Diagnostic Mammogram - Bilateral	77056	\$ 107.97	No
	77056TC	\$ 67.10	
	77056-26	\$ 40.87	
Sterotactic, localization guidance for breast biopsy or needle placement, each lesion,	77031	\$ 123.40	No
	77031TC	\$ 48.18	
	77031-26	\$ 75.23	
Mammographic guidance for needle placement, breast, each lesion	77032	\$ 49.65	No
	77032TC	\$ 23.58	
	77032-26	\$ 36.07	
Radiological examination, surgical specimen	76098	\$ 17.90	No
	76098TC	\$ 10.33	
	76098-26	\$ 7.57	
Screening Mammogram, Digital, Bilateral	G0202	\$ 77.04	No
	G0202TC	\$ 44.08	
	G0202-26	\$ 32.96	
Diagnostic Mammogram, Digital, Bilateral	G0204	\$ 107.97	No
	G0204TC	\$ 67.10	
	G0204-26	\$ 40.87	
Diagnostic Mammogram, Digital, Unilateral	G0206	\$ 83.98	No
	G0206TC	\$ 51.33	
	G0206-26	\$ 32.65	

**North Carolina Breast and Cervical Cancer Control Program
2013-2014 Services Fee Schedule (1)
Breast Procedures Continued**

	C ode	13-14 Fee	Office Fee Allowed
Ultrasound	76645	\$ 85.47	No
	76645TC	\$ 59.85	
	76645-26	\$ 25.63	
Surgical Evaluation/Consultation	N/A	(2)	Yes
Fine Needle Aspiration	<u>10021</u>	\$ 144.29	Yes
Fine Needle Aspiration (with imaging guidance)	10022	\$ 132.94	Yes
Ultrasonic guidance for needle placement, imaging supervision and interpretation	76942	\$ 194.61	No
(performed in conjunction with 10022)	76942-TC	\$ 162.98	
	76942-26	\$ 31.63	
Cytopathology, evaluation of fine needle aspirate	88172	\$ 52.33	No
	88172TC	\$ 17.90	
	88172-26	\$ 34.44	
Cytopathology, evaluation of fine needle aspirate	88173	\$ 142.15	No
> Interpretation and Report	88173TC	\$ 74.04	
	88173-26	\$ 68.11	
Needle Core Biopsy	19100	\$ 145.24	Yes
Puncture Aspiration	19000	\$ 106.87	Yes
- each additional procedure, use in addition to 19000	19001	\$ 25.25	Yes
Needle Core Biopsy (open, Incisional)	19101	\$ 328.53	Yes
Needle Core Biopsy (with imaging guidance)	19102	\$ 204.77	Yes
Needle Core Biopsy, percutaneous, automated vacuum assist or rotating - biopsy device, using image guidance	19103	\$ 529.56	Yes

**North Carolina Breast and Cervical Cancer Control Program
2013-2014 Services Fee Schedule (1)
Breast Procedures Continued**

	Code	13-14 Fee	Office Fee Allowed
Excision of cyst, fibroadenoma, or other tumor, aberrant breast tissue - duct lesion, nipple or areolar lesion, open, - 1 or more lesions.	19120	\$ 469.73	Yes
Excision of breast lesion identified by preop placement - of radiological marker, open, single lesion.	19125	\$ 521.39	Yes
- each additional lesion separately identified by a preop radiological marker (list separately)	19126	\$ 151.17	Yes
Preoperative placement of needle localization wire, breast	19290	\$ 150.44	Yes
- each additional lesion (list separately)	19291	\$ 64.56	Yes
- use with 19290			
Image guided placement, metallic localized clip (add on code to 19102)	19295	\$ 88.55	Yes
Ultrasonic guidance for needle placement, imaging supervision and interpretation (performed in conjunction with 19102)	76942	\$ 194.61	No
	76942-TC	\$ 162.98	
	76942-26	\$ 31.63	
Surgical Pathology - Level IV	88305	\$ 66.68	No
	88305TC	\$ 30.83	
	88305-26	\$ 35.85	
Surgical Pathology - Level V	88307	\$ 279.21	No
	88307TC	\$ 199.56	
	88307-26	\$ 79.64	

**North Carolina Breast and Cervical Cancer Control Program
2013-2014 Services Fee Schedule (1)**

	Code	13-14 Fee	Office Fee Allowed
Cervical Procedures			
Screening			
Pelvic Examination - Bimanual	N/A		Yes
Pap Smear			Yes
	88142	\$ 27.85	
	88141	\$ 30.14	
	88164	\$ 14.53	
	88174*	\$ 27.85	
	88175*	\$ 27.85	
HPV DNA High Risk Typing (3)	87621	\$ 33.71	No
Follow-Up ** (4)			
Colposcopy	57452	\$ 104.65	Yes
Colposcopy with Biopsy and endocervical curettage	57454	\$ 147.55	Yes
Colposcopy with Biopsy	57455	\$ 137.64	Yes
Colposcopy with endocervical curettage	57456	\$ 129.88	Yes
Surgical Pathology - Level IV	88305	\$ 66.68	No
	88305TC	\$ 30.83	No
	88305-26	\$ 35.85	No

* These procedures (88174, 88175) must be reimbursed at the applicable 88142 Medicare reimbursement rate (or less)

** Allowable fees for Colposcopy are for the procedure performed in a physician's office or a similar facility.

If Colposcopy is done in a hospital as an outpatient procedure or in an ambulatory surgery center, the following fees apply and no additional fee is allowed:

Colposcopy	57452	\$ 88.56	No
Colposcopy with Biopsy and endocervical curettage	57454	\$ 131.15	No
Colposcopy with Biopsy	57455	\$ 106.73	No
Colposcopy with endocervical curettage	57456	\$ 99.60	No

Effective January 1, 2010, Consultation Visit codes 99241 through 99255 has been eliminated. Codes 99201, 99202, and 99203 are to be used in their place.

North Carolina Comprehensive Breast and Cervical Cancer Control Program
Maximum Allowable Fees - WISEWOMAN Project
July 1, 2013 - June 30, 2014

<u>Procedures</u>	<u>CPT Code</u>	<u>Fee</u>
Automated Lipid Panel *	80061	\$ 18.42
Lipid Panel (CLIA waived) ¹	80061QW	\$ 18.42
Cholesterol, Total Serum	82465	\$ 5.98
Cholesterol, Total Serum (CLIA waived)	82465QW	\$ 5.98
Lipoprotein (HDL)	83718	\$ 11.26
Lipoprotein (HDL) (CLIA waived)	83718QW	\$ 11.26
Glucose, blood, quantitative	82947	\$ 5.39
Glucose, blood, quantitative (CLIA waived)	82947QW	\$ 5.39
Glucose, blood, reagent strip	82948	\$ 4.35
Glucose, tolerance test, three specimens	82951	\$ 17.69
Glucose, tolerance test, three specimens (CLIA waived)	82951QW	\$ 17.69
Hemoglobin A1C	83036	\$ 13.34
Hemoglobin A1C (CLIA waived)	83036QW	\$ 13.34
Basic Metabolic Profile **	80048	\$ 11.02
Comprehensive Metabolic Profile	80053	\$ 11.62
Other		
Routine venipuncture	36415	\$ 3.00
Office Visits ²		
New Patient, Brief	99201	\$ 41.56
New Patient, Limited	99202	\$ 70.83
New Patient, Intermediate	99203	\$ 102.72
New Patient, Limited (Comprehensive)	99204	\$ 156.87
New Patient, Intermediate (Comprehensive)	99205	\$ 194.66
Established Patient, Brief	99211	\$ 19.29
Established Patient, Limited	99212	\$ 41.56
Established Patient, Intermediate	99213	\$ 69.35

Note: Office Visits or Consultation Visits listed above may be used to reimburse for consultations associated with WISEWOMAN referrals, when applicable.

*Lipid Panel tests are: Total Serum Cholesterol, Lipoprotein (HDL) and Triglycerides.

**Basic Metabolic Profile

Collection Container: 1 mL Serum / One SST
Remarks: Includes NA, K, CL, CO2, GLUC, BUN, CREA, CA

¹The Clinical Laboratory Improvement Amendments of 1988 (CLIA) law specifies that laboratory requirements be based on the complexity of the test performed and established provisions for categorizing a test as waived. Tests may be waived from regulatory oversight if they meet certain requirements established by the statute. CLIA waived tests employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible; pose no reasonable risk of harm to the patient if the test is performed incorrectly; and/or are cleared by the Food and Drug Administration for home use.

²Effective January 1, 2010, Consultation Visit codes 99241 through 99255 have been eliminated. Codes 99201, 99202, and 99203 are to be used in their place.