



Patient Navigation Kit
June 2023

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NC BREAST AND CERVICAL CANCER CONTROL PROGRAM (NC BCCCP) PATIENT NAVIGATION OVERVIEW

INTRODUCTION

In 1998, the Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program (NBCCEDP) added a case management component to the Breast and Cervical Cancer Control Program. In recent years, CDC has expanded the concept to patient navigation. Patient navigation moves patients from recruitment into screening, and if needed, through diagnosis and treatment. Patient navigation helps patients overcome barriers to care and is the focus of this kit.

NC BCCCP PHILOSOPHY

NC BCCCP providers have always had a role in patient navigation. The approach to patient navigation presented here addresses opportunities for improvement in process variation, continuity of care, service coordination, system access and documentation standardization.

Our goal with this toolkit is to develop a system to document efforts to address non-medical barriers to care, while reducing paperwork to enhance patient interaction. If you currently document some of this information elsewhere in your chart, your NC BCCCP nurse consultant can help determine if a modified version of the form can be used to reduce duplication while meeting CDC documentation requirements.

NC BCCCP & NC WISEWOMAN PROGRAM PATIENT NAVIGATION POLICY

The NC BCCCP and NC WISEWOMAN Program follow recommendations of the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and National **Well-Integrated Screening and Evaluation for WOMen Across the Nation** (WISEWOMAN) Program. It includes those recommendations based on the Screening and Diagnostic Services Chapter of the NBCCEDP Program Guidance Manual and the WISEWOMAN Program Performance Measure Guidance Document.

The NC BCCCP & NC WISEWOMAN Program patient navigation policy outlines key elements of patient navigation that represent a cooperative process between the BCCCP or WISEWOMAN provider, the patient, and medical providers to ensure timely and appropriate screening, diagnostic and/or treatment services. Patient navigation is defined as assisting NC BCCCP or NC WISEWOMAN Program eligible women to identify and overcome barriers to screening, diagnosis, and/or treatment. Patient navigation services conclude when a client initiates treatment, refuses treatment, or is no longer eligible for NC BCCCP or NC WISEWOMAN Program services.

Patient navigation involves, assessing, planning, coordinating, monitoring, developing resources, and evaluating. All women who receive NC BCCCP or NC WISEWOMAN Program clinical services must be assessed for patient navigation needs and such services provided accordingly.

Assessing – is a cooperative effort between the BCCCP or WISEWOMAN Program provider and their patient, to determine the need for essential support to complete the recommended screening or follow-up. BCCCP and WISEWOMAN Program providers must document consent to services and ensure confidentiality to comply with the patient privacy protection policy. Providers should use the top half of the NC Department of Health and Human Services (DHHS) Form 4091 (NC BCCCP & WISEWOMAN Patient Navigation Client Needs Assessment and Care Plan) or another approved method to document patient navigation needs assessment.

Planning – includes the development of a written plan for an individual patient. The plan should meet the immediate, short-term, and long-term needs identified in the assessment. BCCCP and WISEWOMAN Program providers will collaborate with the patient to set goals and related activities with timeframes and delineate who is responsible for meeting the goals. Providers should use the bottom half of the DHHS Form 4091 or another approved method to document the patient navigation care plan when a need has been identified by the assessment. Patient navigation needs assessment and/or care plan will be documented in the patient’s medical record to assure continuity of care.

Coordinating – refers to referral to needed services. BCCCP and WISEWOMAN Program providers will document steps taken in the patient plan. Maintaining close communication between BCCCP and WISEWOMAN Program providers, the patient, and other medical providers will ensure that services — both medical and supportive — are coordinated for optimal outcomes.

Monitoring – involves ongoing reassessment of patient needs through regular communication. BCCCP and WISEWOMAN Program providers will update patient plans based on routine re-assessments.

Developing Resources – includes establishing formal and informal agreements to maximize availability of, and access to essential screening support services and diagnostic and treatment resources. It also includes the promotion of self-sufficiency and self-determination among patients by ensuring that women gain the knowledge, skills, and support needed to obtain necessary services. Patient education regarding the purpose and expected outcomes of diagnostic testing will be promoted and tailored for each individual woman.

Evaluating – involves assessing patient satisfaction, access, and timeliness of referral services, as well as the quality of individual patient navigation plans. BCCCP and WISEWOMAN Program providers will ask and answer questions such as “Were barriers to diagnosis and treatment overcome in a timely fashion?”

NBCCEDP/CDC PATIENT NAVIGATION GUIDANCE

NBCCEDP grant recipients are required to provide patient navigation as a strategy aimed to reduce disparities by helping women overcome those barriers, when needed. NC BCCCP is required to ensure sub-grantees follow the same requirements. Sub-grantees are defined as local BCCCP and WISEWOMAN Program providers.

Sub-grantees are **required** to provide patient navigation services:

All women enrolled in the NC BCCCP services must be assessed for need for patient navigation services to remove barriers to screening, diagnostic services and treatment initiation. When needed, women should be provided any necessary services to help overcome barriers.

Sub-grantees also have the **option** to provide “navigation-only” services:

Low-income women from priority populations who receive screening services and have other payment sources (e.g., state funds, Medicaid) for screening and/or diagnostic services, can be offered “navigation-only” assistance.

Required Patient Navigation Activities

At a minimum, patient navigation activities must include:

1. Assessment of individual patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment.
2. Patient education and support.
3. Resolution of patient barriers (e.g., transportation, translation services).
4. Patient tracking and follow-up to monitor patient progress in completing screening, diagnostic testing, and initiating cancer treatment.
5. A minimum of two, but preferably more, contacts with the patient, due to the centrality of the patient-navigator relationship.
6. Collection of data to evaluate the primary outcomes of patient navigation – cancer screening and/or diagnostic testing, final diagnosis, and treatment initiation if needed.
7. Linking women to other needed health, community, and social services.

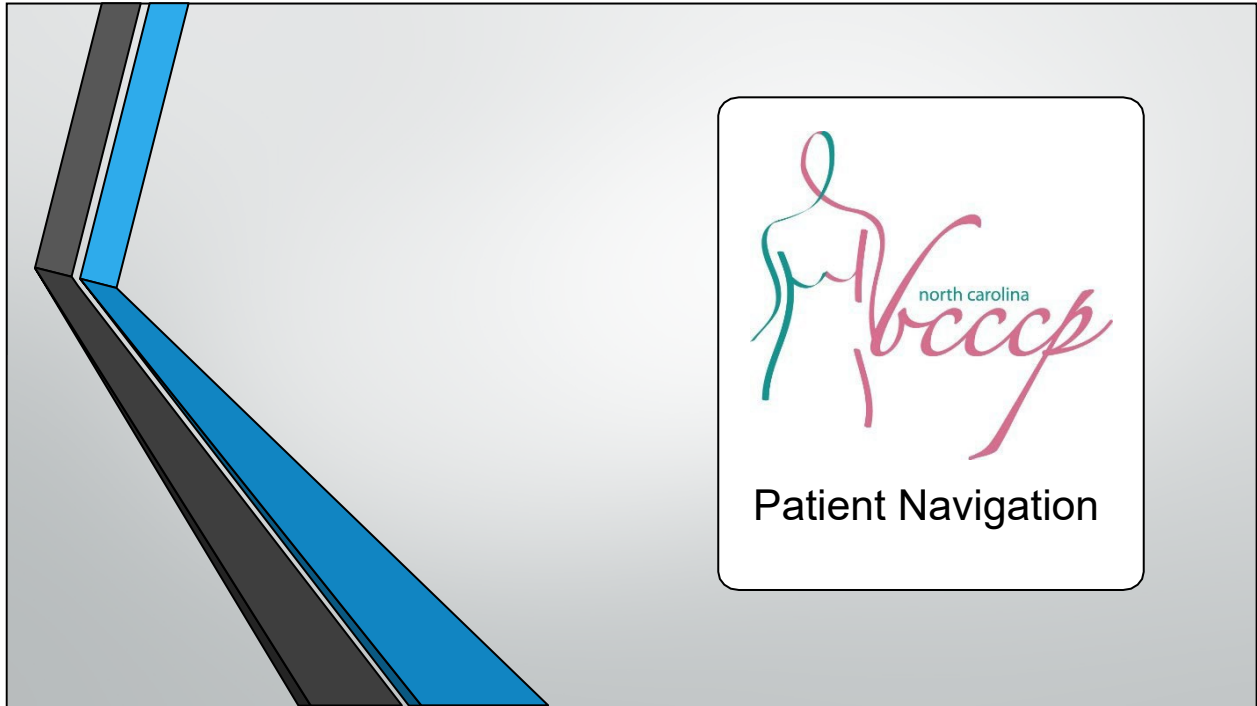
Beginning Patient Navigation

Patient navigation begins at enrollment.

Terminating Patient Navigation

Depending on screening and diagnostic outcomes, patient navigation services are terminated when a client (1) completes screening and has a normal result; (2) completes diagnostic testing and has normal results; (3) initiates cancer treatment; or (4) refuses treatment.

PATIENT NAVIGATION POWERPOINT



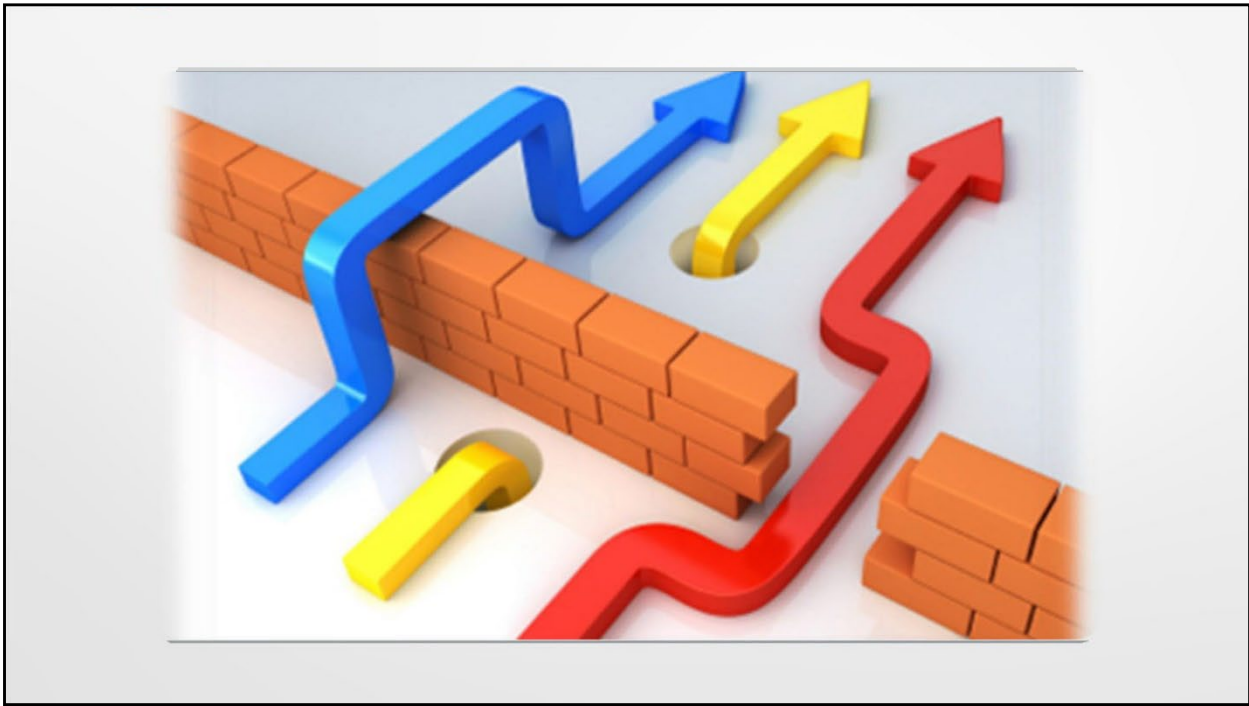
North Carolina's Breast and Cervical Cancer Control Program (NC BCCCP) providers have been assisting women to overcome barriers to care for many years. "Patient Navigation" (PN) is the term CDC uses to describe this process.

Objectives

- Awareness of PN definition.
- Awareness of when PN should begin.
- Awareness of when PN may end.

Upon successful completion of this presentation, participants will be aware of:

- CDC's definition of PN.
- When PN should begin.
- When PN for a patient may end.



CDC's National Breast and Cervical Cancer Early Detection Program provides grant funding to the NC BCCCP. NBCCEDP defines "Patient Navigation" as, "Individualized assistance offered to clients to help overcome health care system barriers and facilitate timely access to high-quality screening and diagnostic services, as well as initiation of treatment services for women who are diagnosed with cancer." The NBCCEDP wants to ensure that all women receive appropriate breast and cervical cancer screening and diagnostic services, and timely referral to treatment. NC BCCCP plays an essential role in making sure these requirements are being met by all local providers. Since June 1, 2022, the NBCCEDP requires all patients enrolled in NC BCCCP to be assessed for the need of patient navigation. Additionally, effective October 1, 2020, BCCCP providers began to offer PN-only services to patients diagnosed outside NC BCCCP (and who meet all other NC BCCCP eligibility criteria) to assist with NC Breast & Cervical Cancer Medicaid (BCCM) application. Please see the "NC BCCCP PN-Only for BCCM Application" Module at <https://bcccp.dph.ncdhhs.gov/enduringmaterial.htm> for more details.

CDC's Six Elements of PN



ASSESSMENT



PLANNING



COORDINATION



MONITORING



RESOURCES




EVALUATION

The CDC has identified six key elements of successful patient navigation through literature and standard reviews. Be sure your program is addressing these elements:

1. Patient's barriers are being assessed.
2. Plans are developed to overcome patient's identified barriers.
3. Care is coordinated with your contracted providers.
4. Patient's progress is monitored until PN ends.
5. Awareness of local resources and maintenance of contracts.
6. Evaluation of your PN processes through internal QI reviews.

Per the NC BCCCP/NCWISEWOMAN Program Patient Navigation Policy, these elements represent a cooperative process involving the BCCCP/ WISEWOMAN providers, patients, and medical providers to ensure timely and appropriate diagnostic and treatment services.



Begin Patient Navigation

at Enrollment

For every patient

All NC BCCCP patients require patient navigation. Patient navigation begins at enrollment for every patient.

End

Completes screening

- With normal results

Completes diagnostic testing

- With normal results

Initiates cancer treatment

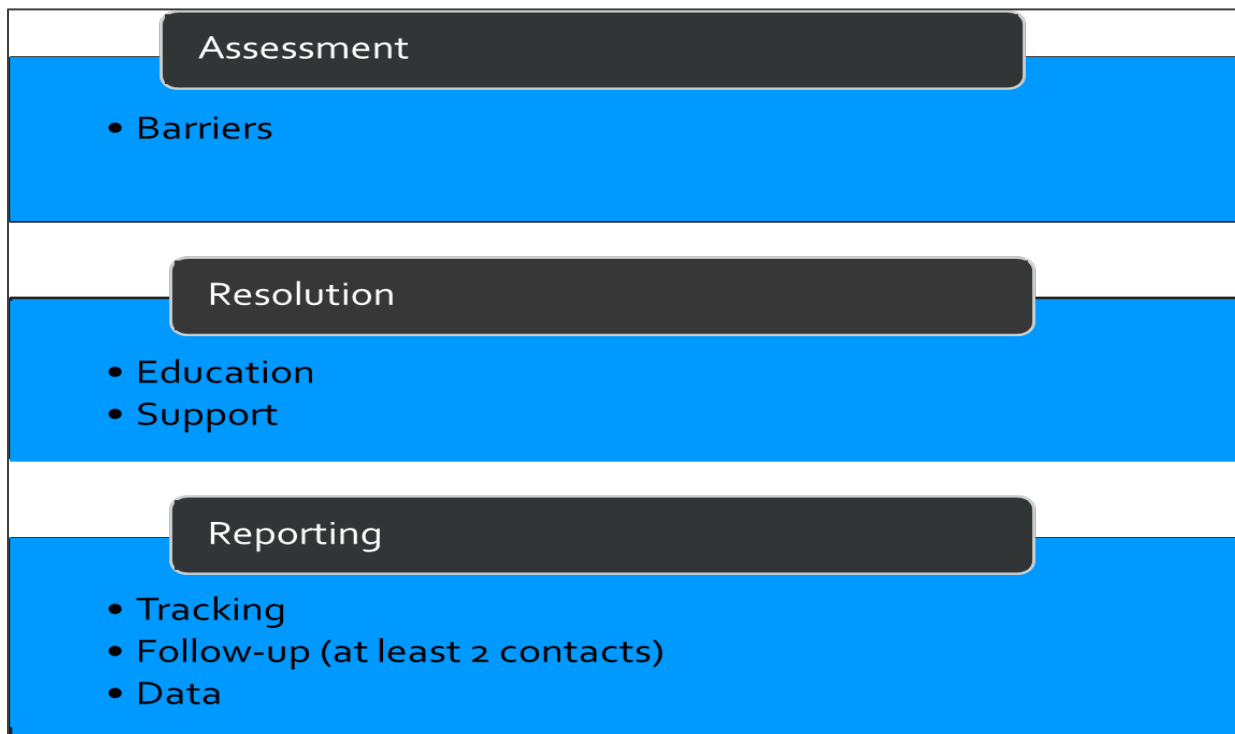
- Or refuses treatment

No longer qualifies

The CDC also defines when PN can end for a patient. Depending on screening and diagnostic outcomes, PN services are terminated when:

- 1) A participant completes screening and has normal results.
- 2) A participant completes diagnostic testing and has normal results.
- 3) A participant initiates cancer treatment or refuses treatment.
- 4) A patient no longer qualifies for NC BCCCP or WISEWOMAN.

Please note that when a patient no longer qualifies for NC BCCCP or NC WISEWOMAN Program, **you have an ethical responsibility** to refer the patient for primary care elsewhere or through another program your agency may offer.



The first step in the Patient Navigation process is assessment of any barriers the patient may face that would limit her access to cancer screening, to diagnostic services, or to beginning treatment for cancer (if she is diagnosed).

When a patient is enrolled in BCCCP and receives screening or diagnostic services, she has received benefit from patient navigation. You have helped that patient overcome the barrier of “no insurance” or “limited resources.” For any other barriers identified, you will want to provide assistance to help overcome those barriers when possible. For instance, your agency may provide assistance with transportation (if you have that capacity) or you may need to provide translation services. A patient may not understand what is involved with a screening or she may not understand her diagnosis – you may need to provide education to explain the screening process or her diagnostic results.

Finally, you will need to report data back to NC BCCCP about the patient navigation services you have provided. We encourage the use of a tracking system such as a tickler file or Excel spreadsheet to follow the patient through her BCCCP journey, beginning to end. CDC advises a minimum of two contacts during the patient navigation process.

NC BCCCP/WISEWOMAN Patient Navigation Client Needs Assessment & Care Plan

Patient's Name: [Redacted] Patient's Date of Birth: [Redacted]

Patient's ID Number: [Redacted]

Patient's Enrollment/Visit Date: [Redacted]

Needs Assessment	
Does patient need additional social support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient lack access to services needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient need help understanding the services / follow-up needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other barriers to this patient obtaining the services / follow-up needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain: [Redacted]

Positive needs assessment findings require a plan to assist the patient to overcome barriers to care.

All women enrolled in NC BCCCP must be provided a PN Needs Assessment, including those receiving PN-only services to apply for NC Breast and Cervical Cancer Medicaid (BCCM). Barriers identified during the assessment should trigger care plan development. As for our WISEWOMAN Program providers, alert values also require a needs assessment. The "Needs Assessment and Care Plan" form has been updated to include space for a signature and date, as well as providing PN-only to assist women diagnosed outside NC BCCCP with BCCM application. The updated form is available online in the [NC BCCCP Program Manual](#), Section 10 – Forms.

The top half of the form is designed to identify barriers to completion of screening, diagnostic work-up, or treatment. The bottom portion of is used for care plan development when barriers are identified.

With electronic medical records (EMR), you may not be using this exact form, but all form elements should be embedded into your EMR. Some providers simply scan the form into their patient's medical record.

Positive needs assessment findings require a plan to assist the patient to overcome barriers to care.

Complete Care Plan below:

Care Plan				
Problem		Plan	Expectation	Outcome
<input type="checkbox"/>	Needs additional social support			
<input type="checkbox"/>	Lacks access to services			
<input type="checkbox"/>	Needs help understanding services / follow-up needed			
<input type="checkbox"/>	Other barriers identified			

Person Completing PN Needs Assessment/Care Plan: _____

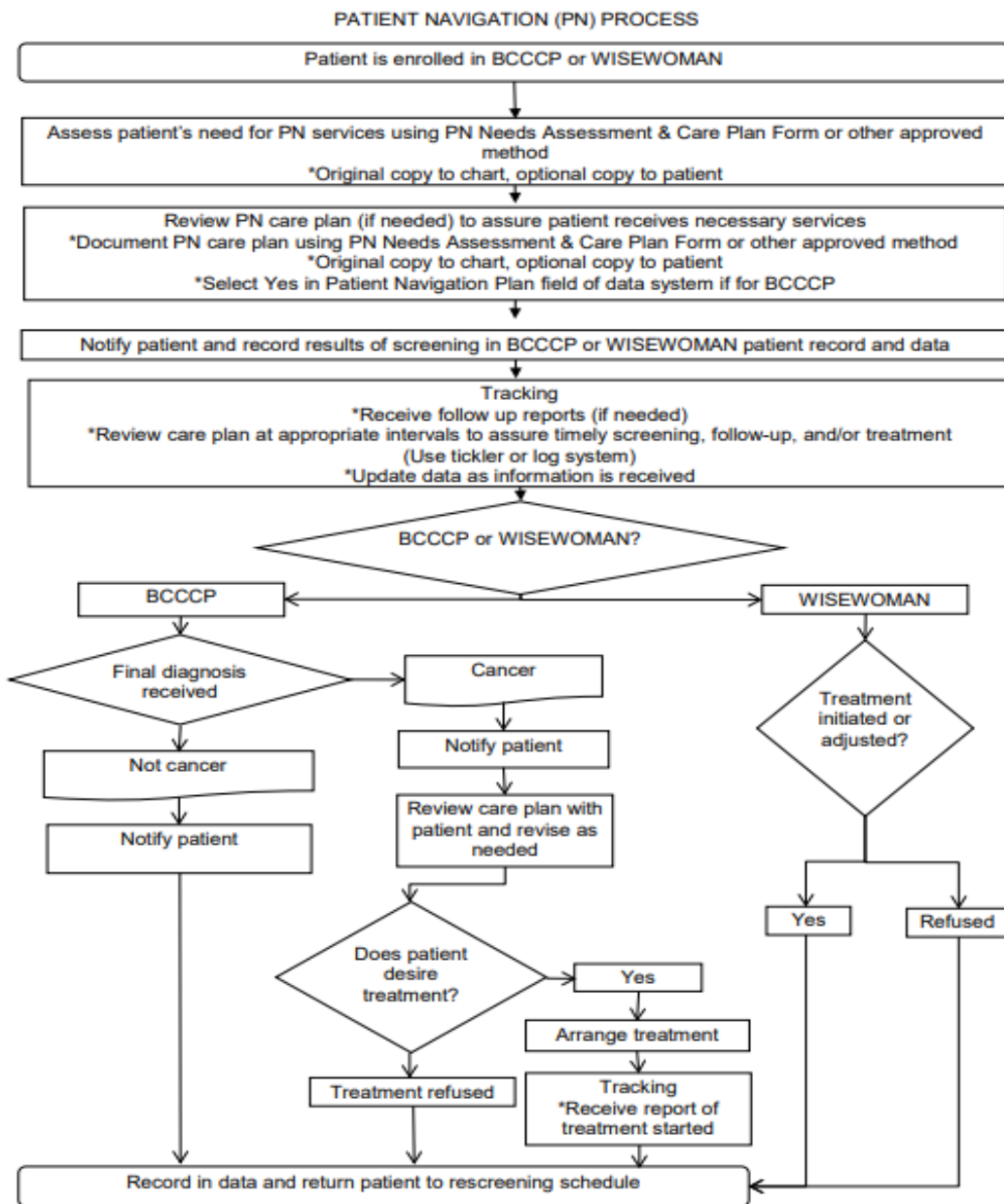
Date: _____

Revised 07/14/2022

Use this part of the form to record the care plan you and your patient develop to overcome identified barriers.

Remember to sign and date the form if you are using the hard copy and scan it into the patient's record.

PATIENT NAVIGATION PROCESS ALGORITHM



*The needs assessment and care plan must ultimately become part of the patient's chart. However, depending on how the staff in your facility use charts, it may be more convenient and efficient to retain this in your tickler system until the case has been resolved. The choice is up to you and your facility, as long as continuity is maintained for women receiving more than one agency service.
Revised 4/19/2023

Remember that all women enrolled in NC BCCCP must be assessed for the need of patient navigation services. The Patient Navigation Process Algorithm can assist providers with the case management portion of patient navigation.

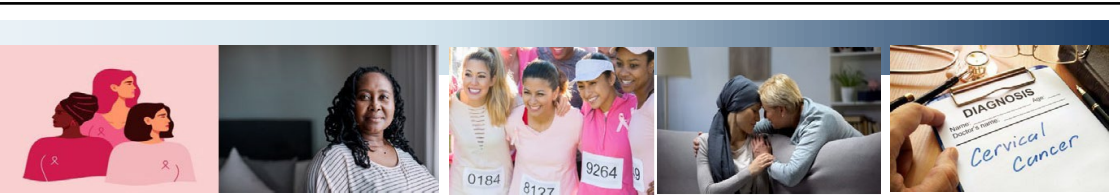
**PATIENT NAVIGATION ONLY
FOR APPLYING FOR BCCM POWERPOINT**



**North Carolina Breast & Cervical Cancer
Control Program
(NC BCCCP)**

Patient Navigation Only for Application for BCCM

Previously, women diagnosed with breast and cervical cancer outside BCCCP were not eligible to apply for BCCM to cover treatment costs. Beginning October 1, 2020, the NC Division of Health Benefits (DHB) broadened its definition of “provider” such that women diagnosed with breast or cervical cancer outside NC BCCCP who meet all other NC BCCCP eligibility criteria could be referred to a BCCCP provider and receive patient navigation-only services to apply for NC Breast & Cervical Cancer Medicaid to cover treatment costs. This module describes the PN-only process to apply for BCCM for women diagnosed outside NC BCCCP.

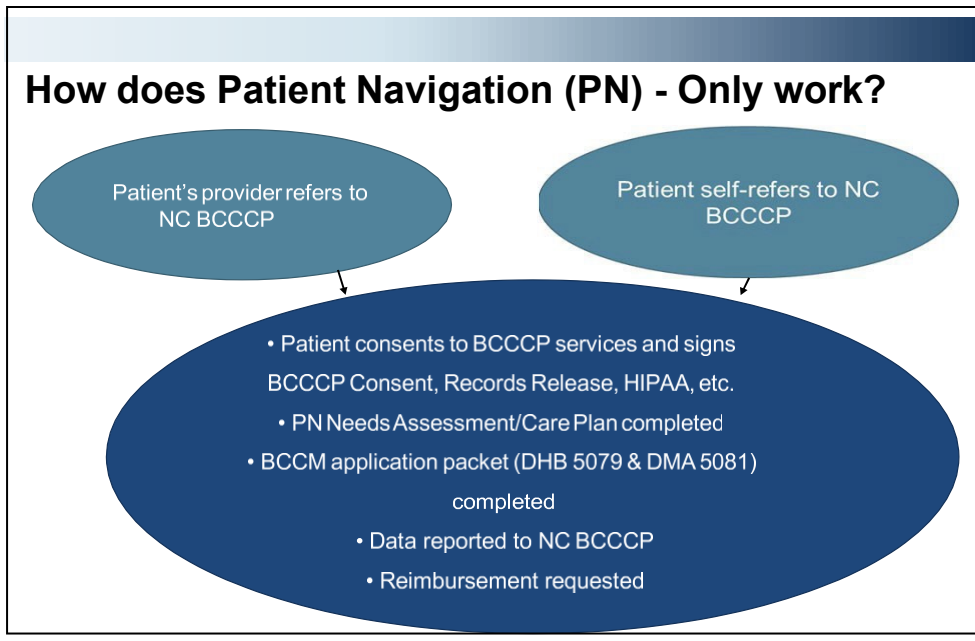


Objectives

- Awareness of availability of PN-only services to apply for BCCM.
- Awareness of process for providing PN-only services.
- Awareness of reporting procedures for PN-only services.

Upon successful completion of this presentation, participants will be aware of the:

- PN-only process to assist women diagnosed outside of NC BCCCP with breast or cervical cancer (or a breast or cervical precancerous lesion for which treatment is planned), and who meet all other NC BCCCP eligibility criteria to apply for BCCM to cover treatment costs,
- process of providing PN-only services, and
- reporting requirements for providing PN-only services.



NCDHHS, Division of Public Health | BCCM Change | March 2021

A provider may refer a patient diagnosed outside BCCCP (who meets all other NC BCCCP eligibility criteria) to receive PN-only services to apply for BCCM or a patient may self-refer.

You will need to have records that confirm the patient’s diagnosis.

The patient must consent to receive BCCCP services through your agency and sign the following documents:

- BCCCP consent,
- records release form,
- HIPAA form, and
- any other forms required by your agency.

Provider will complete the following enrollment forms for PN-only services and maintain a copy in the patient record

- PN Needs Assessment/Care Plan form
- Assist the patient in completing the BCCM Application (DHB-5079).
- Coordinate the completion of the “Verification of Screening, Diagnosis, and Treatment” form (DMA-5081).

The provider should submit these forms to the Department of Social Services (DSS) in the county of the patient’s residence.

Data is reported to NC BCCCP by faxing the PN-only Data Collection form to (919) 870-4812. See page 26 for additional information on this form.

Fifty dollars per capita reimbursement is requested via the Local Health Department Monthly Expenditure Report (LHD MER) or for our contracted providers, using the monthly Contract Expenditure Report (CER). See pages 28-29 for additional information on these forms.

NC BCCCP CONSENT FORM

Required Forms – NC BCCCP Consent

(Insert Agency Name Above or Place on Letterhead)

**NC Breast and Cervical Cancer Control Program
Consent for Services/Release of Medical Information**

The NC Breast and Cervical Cancer Control Program (NC BCCCP) provides screening tests and/or limited diagnostic testing for breast and cervical cancer to eligible women ages 21-64. NC BCCCP may also provide screening and/or limited diagnostic testing in special circumstances to women who present with symptoms under the age of 40 who meet eligibility criteria and whose diagnostic services are not otherwise covered through another program (for example, Title X Family Planning). In addition, NC BCCCP provides Patient Navigation-Only services for women who are diagnosed with breast or cervical cancer or breast or cervical pre-cancer outside of NC BCCCP. Patient Navigation-Only services are provided to assist with the application for Breast and Cervical Cancer Medicaid (BCCM).

_____ I consent for NC BCCCP Screening/ Diagnostic Services
(Patient initials)

_____ I consent for Patient Navigation-Only Services
(Patient initials)

I understand the screening will include one or more of these tests:

- clinical breast exam.
- pelvic exam with cervical cytology (ages 21-64 every three (3) years; of note, women ages 30 years and above may be screened every three (3) years with cervical cytology alone, every five (5) years with hrHPV testing alone, or every five (5) years with cervical cytology/hrHPV co-testing).
- screening mammogram every 1-2 years after age 50 (or after age 40 if state funds are available).

I understand the program can only provide and pay for tests that are approved by the program. I understand that all results of the screening tests will be explained to me. If any test results are abnormal, I will be referred to another provider for more testing or treatment. All information will be kept private. Only my doctor or nurse and the NC BCCCP staff can see it.

If further tests or surgeries are needed which are not covered by NC BCCCP, I understand I am responsible to work out a payment plan with my medical provider. I am responsible for keeping any appointments made for me. If I choose not to follow the program recommendations, treatment plan, or referrals to other providers, I accept full responsibility for the consequences of my decision.

I consent to planning of services to diagnose and treat problems found through NC BCCCP screening.

I authorize _____ (your agency's name) to send NC BCCCP test results to the provider of my choice and to the NC BCCCP. I also authorize my physician or medical facility to release the diagnosis or findings pertaining to any breast and /or cervical cancer screening and /or diagnostic procedures to the _____ (your agency's name). The purpose of sending and receiving this information is to coordinate my care and provide information for statistical purposes.

DATE _____ SIGNATURE _____
WITNESS _____

NCDHHS, Division of Public Health | BCCM Change | March 2021

Above is an example of the NC BCCCP Consent Form. The patient will need to consent to BCCCP services to enroll in your program. The NC BCCCP Consent Form can be found in the NC BCCCP Program Manual at <https://bcccp.dph.ncdhhs.gov/linksandresources/Manuals/Section10-Forms/1002-BCCCP-Consent-English.pdf>. This form is also available in Spanish at <https://bcccp.dph.ncdhhs.gov/linksandresources/Manuals/Section10-Forms/1003-BCCCP-Consent-Spanish.pdf>.

Note: If patient signature is not readily available, verbal consent is allowed until signature can be obtained.

BREAST AND CERVICAL CANCER MEDICAID APPLICATION FORM

Required Forms – DHB- 5079

**N.C. Department of Health and Human Services Division of Health Benefits
Breast and Cervical Cancer Medicaid Application**

*Do not send application to the patient or to Department of Social Services. Contact the BCCCP provider/navigator in the county of the patient's residence to complete this application. <https://bcccp.ncdhhs.gov/BCCM.htm>

SECTION I. Answer the questions in Section I to determine if application needs to be completed for person needing help with medical bills.

1. Person has been enrolled in the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) OR has been newly diagnosed outside of NC BCCCP and has received screening and/or diagnostic testing per the guidelines, and needs treatment for breast or cervical cancer including pre-cancerous conditions and early stage cancer.
(Definition of pre-cancerous condition for cervical cancer: High Grade Squamous Intraepithelial Lesion (HSIL).)
 Yes - Diagnosed in NC BCCCP OR Yes - Diagnosed outside NC BCCCP and meets all other NC BCCCP eligibility criteria
 No - The woman is ineligible for Breast and Cervical Cancer Medicaid. **STOP! Go no further.**

2. Person has not attained age 65.
 Yes - Continue to question 3.
 No - The woman is ineligible for Breast and Cervical Cancer Medicaid. **STOP! Go no further.**

3. Is this person a U.S. citizen, lawful permanent resident (admitted to the U.S. more than 5 years ago) or a refugee from another country?
 Yes - Make copies of INS documentation and attach with application if person is LPR or refugee. Continue to question 4.
 No - The woman is ineligible for Breast and Cervical Cancer Medicaid. **STOP! Go no further.**

4. Person has major medical insurance, which is defined as current coverage under a group health plan, including authorized for Medicaid and/or Medicare Part A or B, health insurance coverage (either individual or group), a military-sponsored health care program, a state health risk pool. Check Yes (she has insurance) or No (she does not have insurance).
 Yes - The woman is ineligible for Breast and Cervical Cancer Medicaid, UNLESS coverage consists solely of limited benefits such as accidents or limited-scope dental, vision, or long-term care insurance. There may also be limited circumstances where a woman has major medical insurance, but she is not actually covered for treatment of breast or cervical cancer. If you have a question about an insurance policy, call the State Medicaid Eligibility Unit at (919) 855-4000.
 ♦ If the woman has limited medical insurance coverage, make a copy of the Insurance Card (front and back). Attach the copy to this application. Continue to question 5.
 ♦ If coverage is not limited, **STOP! Go no further. This person is ineligible.**
 No - Continue to question 5.

5. Is this person any of the following: (Check Yes or No)
 A.) Pregnant Yes No
 B.) Blind Yes No
 C.) Disabled (determined by Social Security) Yes No
 D.) Under age 21 Yes No
 E.) Former NC Foster Care Child receiving Medicaid at age 18 Yes No
 F.) A caretaker relative of a child(ren) in the home under age 18? Yes No

The patient's BCCM application packet consists of two required forms:

- 1) the "Breast and Cervical Cancer Medicaid Application" (Form DHB-5079) and
- 2) the "Verification of Screening, Diagnosis, and Treatment" (Form DMA-5081).

Both forms are available in English and Spanish and can be found on the [NC BCCCP website in the NC Program Manual](#). Please be sure you are using the latest version of the DHB-5079 (12/2020).

The first page of the BCCM application has questions that guide the provider to next steps. NC DHB is aware that this form has some errors and once the corrected form is released, it will be posted to our NC BCCCP website.

Question 3 on the application pertains to citizenship/legal residency.

- If the response is "Yes", directions instruct you to proceed to "Question 4".
- If the response is "No" the directions instruct you to "STOP! Go No Further because the client is ineligible for Breast and Cervical Cancer Medicaid".

Applicants who do not meet legal residency requirements may be eligible for Emergency Services

Medicaid. DHB advises providers to complete the DHB-5079 and submit it to the DSS office in the county of the patient's residence.

Question 5C on Page 1, if a patient discloses a disability and wishes to be assessed for Disability Medicaid, an "Authorization to Disclose Information" form (DHB-5028). See the next page for additional instructions on this form.

Please note that the DHB currently requires a patient's signature for BCCM application. Section III only needs to be completed up to the "Resources" section for any "yes" answers in question 5. The "Resources" section in Section III only needs to be completed if the applicant alleges a disability.

The provider should keep a copy of the completed application in the patient's record. The completed DHB-5079 form is submitted to the DSS in the county of the patient's residence. DHB also advises that the DHB-5079 be submitted upon completion so as not to slow processing time. The DMA-5081 form can be submitted upon its completion.

AUTHORIZATION TO DISCLOSE INFORMATION FORM

Supporting Form – DHB-5028

DHB- 5028 (02/2020)

NORTH CAROLINA
DIVISION OF HEALTH BENEFITS

..... COUNTY
DEPARTMENT OF SOCIAL
SERVICES

WHOSE Records to be Disclosed:		
NAME: First	Middle	Last
SSN:	Birthday (mm/yyyy)	
ADDRESS:		

AUTHORIZATION TO DISCLOSE INFORMATION

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange) **OF WHAT:** All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV) or sexually transmitted diseases
 - Gene-related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM:

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA/DDG
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

TO WHOM: The State agency authorized to process my case (usually called "Disability Determination Services"), including contract copy services, and doctors or other professionals consulted during the process; or the county department of Social Services that may review my application.

PURPOSE: Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability.

EXPIRES WHEN: This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties
- I may revoke in writing this authorization at any time
- I can get a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure:

<i>Sign</i>	If not signed by subject of disclosure, specify basis for authority to sign (parent/guardian sign here if two signatures required by State law):
Date Signed	<input type="checkbox"/> Parent of minor <input type="checkbox"/> Guardian
Street Address	<input type="checkbox"/> Other personal representative (explain)
Phone Number (with area code)	City
State	ZIP

WITNESS: I know the person signing this form or am satisfied of this person's identity.

<i>Sign</i>	If needed, second witness sign here (e.g., if signed with "X" above):
Phone Number (or Address)	Phone Number (or Address)

NCDHHS, Division of Public Health | BCM Change | March 2021

In most cases, the provider only needs to complete Sections I and II of the application. However, the "Authorization to Disclose Information" form (DHB-5028) will be completed if the patient alleges a disability and wishes to be considered for disability Medicaid coverage. You should only complete this form if the patient answers "yes" to question 5C on [DHB-5079 form](#) found on the NC DHHS website. DHB-5028 should be signed by the applicant and submitted along with DHB-5079 form.

VERIFICATION OF SCREENING, DIAGNOSIS, AND TREATMENT FORM

Required Forms

– DMA-5081

VERIFICATION OF SCREENING, DIAGNOSIS, AND TREATMENT		
BCCCP Coordinator: By checking (✓) YES you are verifying patient eligibility for BCCM		
Yes <input type="checkbox"/>	This patient meets eligibility requirements for the NC Breast and Cervical Cancer Control Program (BCCCP). The patient has received screening and/or diagnostic testing per the NC BCCCP guidelines. <input type="checkbox"/> Diagnosed in NC BCCCP OR <input type="checkbox"/> Diagnosed outside NC BCCCP	
Additional certification is required for BCCM coverage to extend beyond the original certification period or beyond 12 months.		
Name of Medical Clinic responsible for diagnosis and treatment plan: _____ Phone: (____) _____		
Patient Name: _____	DOB: ____/____/____ SSN: _____	
Patient Address: _____	CNDS/MID#: _____	
Diagnosis: _____	Stage: (if known) _____ Diagnosis Date: ____/____/____	
Diagnosis Confirmed by: (Pending or unconfirmed diagnoses will result in BCCM denial) <input type="checkbox"/> Colposcopy <input type="checkbox"/> Biopsy <input type="checkbox"/> Other: _____		
Treatment (describe): _____		
Treatment to begin (date) _____ and continue for: _____ (# of weeks or months of anticipated treatment)		
Physician Signature _____ Date _____		
Patient County of Residence: _____	BCCCP Provider: _____	
BCCCP Coordinator: _____	Phone: _____	
DSS Representative: _____	Date: _____	
DSS Phone: _____	DSS FAX: _____	
Determination	Date of Determination	Nurse Consultant Signature
<input type="checkbox"/> Approved for _____ months		
<input type="checkbox"/> Denied - Reason: _____		
THIS IS A REQUIRED ATTACHMENT TO THE APPLICATION FOR BREAST & CERVICAL CANCER MEDICAID (BCCM)		
DMA-5081		Revised 7/2020

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The “Verification of Screening, Diagnosis, and Treatment” form [DMA-5081](#) (in English), [DMA-5081-SP](#) (in Spanish), is the second required form in the BCCM Application Packet.

Begin by completing the top portion (eligible for BCCM, diagnosed inside or outside NC BCCCP), name of diagnosing or treating clinic, clinic’s phone number; patient’s name, DOB, SSN, address, patient’s county of residence, BCCCP provider, BCCCP coordinator, BCCCP coordinator’s phone number, date the form is completed by the BCCCP Coordinator, and the DSS contact info (if known) in the county of the patient’s residence.

Send completed form to the patient’s diagnosing or treating physician for completion of the diagnosis, stage, diagnosis date, diagnosis confirmed by, treatment plan, when treatment is to begin, and how long the provider anticipates the treatment lasting sections. A physician’s signature is required on this form. The completed DMA-5081 form is sent back to the BCCCP provider, who will confirm all fields are complete before then forwarding to the county DSS office where the patient resides. DSS will complete the patient’s BCCM application packet. A copy of the completed DMA-5081 form should be kept in the patient’s record for documentation purposes.

PATIENT NAVIGATION - ONLY DATA FORM

Required
Reporting
– Data

(919)
870-4812
fax

NC BREAST AND CERVICAL CANCER CONTROL PROGRAM (NC BCCCP) PATIENT NAVIGATION-ONLY FORM		
Patient ID: _____		NC BCCCP Provider Code: _____
First Contact Date: (MM DD YYYY) / /	Type of Contact: <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Voicemail <input type="checkbox"/> Text <input type="checkbox"/> Other	
Client Demographics		
Name: _____		
Date of Birth: / /	Phone Number: () - -	Alternative Number: () - -
Street Address	Apt. #	
City:	Zip:	County of Residence:
Mailing Address: <input type="checkbox"/> Same as Home Address		
City:	Zip:	Email:
Race (check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Unknown/Prefer not to Answer	
Ethnicity	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Answer	
Barriers Identified (At Least ONE Must Be Checked)		
<input type="checkbox"/> Trouble scheduling appointment <input type="checkbox"/> No healthcare provider <input type="checkbox"/> Difficulty getting time off work <input type="checkbox"/> Insurance issues <input type="checkbox"/> Transportation <input type="checkbox"/> Family care issues <input type="checkbox"/> Needs education on screening and/or diagnostic procedures <input type="checkbox"/> Other _____		
SECOND Patient Contact		
Second Contact Date: (MM DD YYYY) / /	Type of Contact: <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Voicemail <input type="checkbox"/> Text <input type="checkbox"/> Other	
Clinical Services Completed (*All screening results with an asterisk (*) require diagnostic work-up)		
Mammogram Date: / /	HPV Test Date: / /	
<input type="checkbox"/> Screening <input type="checkbox"/> Diagnostics	HPV Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive w/Type 16 or 18 <input type="checkbox"/> Positive w/ Negative genotyping <input type="checkbox"/> Unknown	
Results: <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign; short term follow suggested (BI-RADS 3) <input type="checkbox"/> * Suspicious Abnormality, consider biopsy (BI-RADS 4) <input type="checkbox"/> * Highly Suggestive of Malignancy (BI-RADS 5) <input type="checkbox"/> * Assessment incomplete; additional imaging req'd. (BI-RADS 0)	Cervical Cytology Test Date: / /	
	Cervical Cytology Results: <input type="checkbox"/> Negative for Intraepithelial Lesion or Malignancy <input type="checkbox"/> * Squamous Cell Carcinoma <input type="checkbox"/> Infection/Inflammation/Reactive Changes <input type="checkbox"/> * Atypical Glandular Cells <input type="checkbox"/> Atypical Squamous Cells of Undetermined Significance (ASC-US) <input type="checkbox"/> * Adenocarcinoma in Situ (AIS) <input type="checkbox"/> Low Grade SIL (including HPV changes) <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> * Atypical Squamous Cells Cannot Exclude HSIL (ASC-H) <input type="checkbox"/> * High Grade SIL <input type="checkbox"/> Unsatisfactory - Need Re-Pap	
Diagnostic Services Completed:	Final Diagnosis:	
<input type="checkbox"/> Yes - Breast (Dx Results Date: / /)	<input type="checkbox"/> No Cancer	Cervical Cancer Diagnosis: <input type="checkbox"/> No Cancer
<input type="checkbox"/> Yes - Cervical (Dx Results Date: / /)	<input type="checkbox"/> Invasive <input type="checkbox"/> DCIS <input type="checkbox"/> LCIS	<input type="checkbox"/> Invasive <input type="checkbox"/> CIN 3/ CIS <input type="checkbox"/> CIN 2 <input type="checkbox"/> CIN 1
<input type="checkbox"/> No Work-Up Needed	Diagnosis Date: / /	Diagnosis Date: / /
<input type="checkbox"/> Lost to Follow-Up	Treatment Date: / /	Treatment Date: / /
<input type="checkbox"/> Patient Refused		
Patient Navigation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed: / /	Provider: _____

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Report any PN-only services data by faxing a completed “PN-only Form” to our NC BCCCP office at (919) 870-4812. This form can be found on the NC BCCCP website in the NC BCCCP Program Manual at <https://bcccp.dph.ncdhhs.gov/linksandresources/Manuals/Section04-PatientNavigation/402D-PN-OnlyDataReportingForm.pdf>. Currently, PN-only service data is not reported through the LHD-HSA platform or via Access.

Data Questions/Concerns?

Zaniyah Upchurch

NC BCCCP Data Manager

zaniyah.upchurch@dhhs.nc.gov (919) 707-5327

FAX: (919) 870-4812

Please contact Zaniyah Upchurch, BCCCP Data Manager, for questions related to submitting data for PN-only services via fax.

FUNDING - REQUIRED REPORTING

Local Health Department Monthly Expenditure Report

N.C. Department of Health and Human Services
 Division of Public Health
 Chronic Disease & Injury/Cancer Prevention: BCCCP

Local Health Department Monthly Expenditure Report

Month and Year of Expenditure	
LHD Legal Name	
NC BCCCP Navigator	\$0.00
Breast and cervical cancer screening, diagnostic, follow-up, and patient navigation-only (PN-only) services for BCCCP-eligible women.	Total Expenditure
Purpose	

Item Description	# of Women Served	Rate	Totals
Client Services			
Breast and Cervical Cancer Screening and Diagnostics Services (June Only State Funds)		\$325.00	\$0.00
Breast and Cervical Screening and Diagnostic Services (Dual Funding)		\$325.00	\$0.00
Breast and Cervical - PN Only to Assist with BCCM Application (state funds)		\$50.00	\$0.00
Subtotal			\$0.00
	Federal (D7 3100)	\$ -	
	State (5599)	\$ -	
	PN-Only (2nd 5599)	\$ -	

I hereby certify that the funds requested on the above expenditure report were to the best of my knowledge for women served according to the provisions in the current fiscal year Agreement Addendum. It is also my understanding that this form be completed and uploaded to Smartsheet before funding is requested in Aid to County. Data to support services provided and reimbursement requested will be entered and transmitted to NC BCCCP via the state-appointed data collection system.

 Printed Name & Title NC BCCCP Navigator

 Signature

 Date

Local health department providers will report the number of women who receive PN-only services via the Local Health Department Monthly Expenditure Report (LHD MER). The LHD MER should be downloaded from Smartsheet platform [here](#).

Providers will receive \$50.00 per capita reimbursement for providing this service for women diagnosed outside NC BCCCP. Please note that women diagnosed while enrolled in NC BCCCP do not qualify for this \$50.00 reimbursement.

Required Reporting – Reimbursement Requests

SAMPLE

N.C. Department of Health and Human Services			
Division of Public Health			
Chronic Disease & Injury/Cancer Prevention: BCCCP			
Section/Branch			
Contract Expenditure Report			
06/20			40450
mo/yr of expenditure			Contract ID #:
XYZ Medical Center			
Contractor			NCAS #:
Contract Administrator			\$0.00
Project Director			Total Expenditure
Screening, diagnostic, and follow up services for breast and cervical cancer on the behalf of BCCCP eligible women			
Purpose			
Contractor match is REQUIRED by this contract:			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>(Place an "X" in the appropriate box.)</i>			
	YES	NO	
Item Description	Number of Screenings	Contractor Amount	DHHS Amount
Client Services		Do not use this column.	
Breast and Cervical Services-Federal			\$0.00
Breast and Cervical Services-State			\$0.00
Patient Navigation-Only Services for BCCM Application			

Contract providers will report the number of women who receive PN-Only services via the Contract Expenditure Report (CER) process. An updated CER will be sent to providers upon completion. The CER can be found on the NC BCCCP website in the NC BCCCP Program Manual [here](#).

Providers will receive \$50.00 per capita reimbursement for providing this service. Please note that women diagnosed while enrolled in NC BCCCP do not qualify for this \$50.00 reimbursement.

Finance Questions/Concerns?

Lisa M. Brown

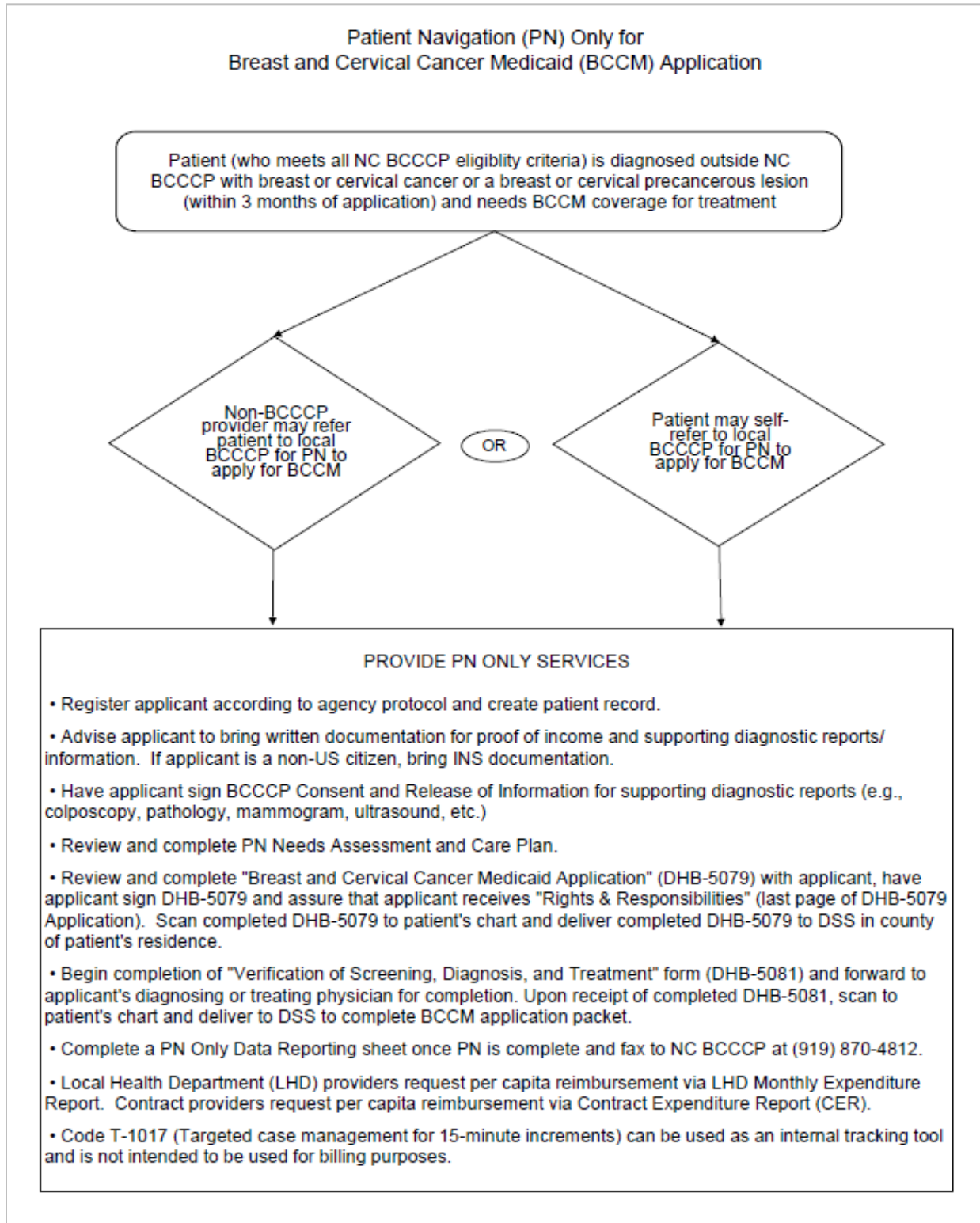
NC BCCCP Operations Manager

Lisa.M.Brown@dhhs.nc.gov (919) 707-5481

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Contact Lisa M. Brown, NC BCCCP Operations Manager, for financial questions related to providing PN-only services.

PATIENT NAVIGATION-ONLY FOR BCCM APPLICATION PROCESS ALGORITHM



Additional Questions/Concerns?

Linda Buehler, BSN, RN

linda.buehler@dhhs.nc.gov (919) 218-4270

Sherry Wright, BSN, RN

sherry.wright@dhhs.nc.gov (919) 218-0183

Maria Dame, BSN, RN

maria.dame@dhhs.nc.gov (919) 218-4957

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NC BCCCP nurse consultants are available for assistance please feel free to contact them any time!

**PATIENT NAVIGATION STRATEGIES TO
ADDRESS SPECIFIC BARRIERS**

<i>If the barrier is this:</i>	<i>Try this:</i>
Anxiety and/or lack of social support	Offer emotional support Connect with a social worker Connect with a local support group Connect with a psychiatrist/psychologist Educate healthcare team about patient's distress Connect with a religious or spiritual counselor/advisor Facilitate communication with patient and healthcare team Contact CancerCare at https://www.cancercare.org/support_groups/
Care coordination needs	Provide verbal information Provide written information Educate patient on scheduling process Remind patient to attend appointments Schedule appointments on behalf of patient Contact Patient Advocate Foundation (PAF) at https://www.patientadvocate.org/ to coordinate with insurance
Deductible/ Copays Assistance	Provide verbal information Provide written information Assist with insurance application Refer for co-pay assistance program Contact CancerCare for financial assistance at https://www.cancercare.org
Information needs/ questions/ understanding	Provide written information Educate patient about wellness Educate patient about treatment Refer to other appropriate resources Educate patient about medical condition Explain medical terminology in lay terms Assist patient to develop a list of questions Educate patient about emergencies/warning signs Refer to appropriate medical professional for education Attend appointments or ask someone to attend appointments

<i>If the barrier is this</i>	<i>Try this</i>
Lack of Transportation	Offer or refer for a gas card if available Offer or refer for a bus token if available Offer assistance to access public transportation Refer to non-profit transportation program if available Offer assistance to access cab/ Uber / other ride-share service Contact CancerCare for assistance at www.cancercare.org/financial Schedule appointments when someone is available to provide transportation
Limited English proficiency	Schedule appointment when interpreter is available Provide written materials in the patient's preferred language Schedule with a provider who speaks the patient's preferred language
Literacy/Health Literacy	<p><i>Serve as liaison between patient and healthcare team</i> <i>Provide verbal information at appropriate literacy level</i> <i>Provide written information at appropriate literacy level</i> <i>Inform healthcare team about low literacy/health literacy needs</i> <i>Serve as liaison between patient and family member/loved one/caregiver</i></p> <p><i>Utilize tools on the following sites:</i></p> <ul style="list-style-type: none"> • Health Literacy Basics Health Literacy CDC (https://www.cdc.gov/healthliteracy/basics.html), • Communication in Cancer Care - NCI (https://www.cancer.gov/about-cancer/coping/adjusting-to-cancer/communication-pdq), • Health Literacy National Institutes of Health (NIH) (https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/health-literacy), and • Health Literacy HRSA (https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy)

<i>If the barrier is this</i>	<i>Try this</i>
Medical and/or medication-related financial barriers Treatment Costs	Provide verbal information Provide written information Assist with referral to medication program Provide financial literacy information and/or services Refer to financial counselor, financial navigator, or billing specialist Contact Pretty in Pink Foundation at https://www.prettyinpinkfoundation.org/get-help/ Refer for financial assistance for medical or medication-related barriers Identify financial assistance program(s) and assist patient with application(s) Contact CancerCare for financial assistance at https://www.cancercare.org/financial
Safety/ domestic violence	Offer emotional support Connect a with social worker Provide verbal information Connect with support group Provide written information Connect with a psychiatrist/psychologist Connect with domestic violence organization Educate healthcare team about patient's distress Connect with religious or spiritual counselor/advisor Facilitate communication with patient and healthcare team
Tobacco cessation needs	Provide verbal information Provide written information Refer to free or low-cost nicotine replacement therapy Refer to QuitlineNC at (https://quitlinenc.dph.ncdhhs.gov/) or <ul style="list-style-type: none"> • English - 1-800-784-8669, • Spanish – 1-855-335-3569, • Native American – 1-888-724-7848), or • Another smoking cessation program
Uninsured/Underinsured	Refer to https://www.healthcare.gov Refer to a financial counselor Navigate to insurance options Refer to a health exchange navigator Provide verbal information on insurance options Provide written information on insurance options Assist patient to contact and apply for co-pay assistance Enroll in BCCCP to provide screening/diagnostic services

COMMUNITY CLINICAL LINKAGES AND RESOURCES

21st Century Care

<https://canceralliancemc.org/21-century-cares-financial-assistance-program/>

American Cancer Society

<https://www.cancer.org/>

Aunt Bertha (Find Help) (several resources)

<https://www.findhelp.org/>

Cancer Care

<https://www.cancercare.org/>

Cancer Support Community

<https://www.cancersupportcommunity.org/>

Centers for Disease Control and Prevention

https://www.cdc.gov/cancer/risk_factors.htm

Family Reach-Financial Support for Families Facing Cancer

<https://familyreach.org/>

Good Rx

<https://www.goodrx.com/>

Helene Foundation

<https://www.helenefoundation.org/referrals>

Hope Abounds Cancer Network

<https://www.hopeabounds.org/get-help>

Jobs at Temporary Solutions

<https://oshr.nc.gov/work-nc/temporary-solutions/applying-job-temporary-solutions>

Living with Cancer

<https://www.thisislivingwithcancer.com/>

Lump to Laughter

<https://lumptolaughter.org/>

National Domestic Violence Hotline

<https://www.thehotline.org/>

National Women's Health Information Center

<https://www.womenshealth.gov/>

NC 211

<https://nc211.org/>

NC BCCCP

<https://bcccp.ncdhhs.gov/>

NCCARE360

<https://nccare360.org/>

NC Division of Public Health

<https://www.dph.ncdhhs.gov/>

NC Health Information

<https://www.nchealthinfo.org/free-and-discounted-services/>

NC Immunization Branch

<https://www.immunize.nc.gov/>

NC Medicaid

<https://medicaid.ncdhhs.gov/providers/>

One Up On Cancer

<https://www.1uponcancer.org/help/>

Patient Advocate Foundation

<https://www.patientadvocate.org/>

Pretty in Pink

<https://www.prettyinpinkfoundation.org/get-help/>

Quitline NC

<https://www.quitlinenc.com/>

Salvation Army

<https://www.salvationarmy.org/>

State Health Plan Resources

<https://www.shpnc.org/wellness/your-health-wellness-resources>

Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

Susan G. Komen Treatment Assistance Program

<https://ww5.komen.org/treatment-assistance-program/>

Susan G. Komen Triangle to the Coast

<https://komennctc.org/>