

# Connecticut Department of Public Health

## Request for Proposal October 2008

### RFP # 2009 - 4548

The Connecticut Department of Public Health's (DPH) Comprehensive Cancer Program is pleased to announce the availability of funds to request proposals from public, private, profit, and non-profit health care providers in Connecticut to participate in **one** of two health care screening program options. Providers may deliver these services directly and/or via satellite sites and/or providers in a subcontractor capacity. Eligible women for both Option 1 and Option 2 include women ages 19-64 who are at or below 200% of the Federal Poverty Level (FPL), and are underinsured or uninsured. Option 1 includes implementation of the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP), and Option 2 includes implementation of the CBCCEDP/WISEWOMAN Integrated Program (Well-Integrated Screening and Evaluation for Women Across the Nation). Note: Eligibility for WISEWOMAN Program services is restricted to women age 40-64.

#### **Option 1: CBCCEDP only**

The provider must identify, educate and recruit eligible woman 19 – 64 years into the CBCCED Program which will provide clinical breast examinations, mammograms, Papanicolaou (Pap) tests, diagnostic follow-up of abnormal breast and cervical cancer screenings, and treatment referral services for cancers diagnosed. The services covered under this program utilize state and federal Centers for Disease Control and Prevention (CDC) funds.

#### **Option 2: CBCCEDP/WISEWOMAN Integrated Program**

The provider must identify, educate, and recruit eligible women age 19-64 into the CBCCEDP and will provide clinical breast examinations, mammograms, Pap tests, diagnostic follow-up of abnormal breast and cervical cancer screenings, and treatment referral services for cancers diagnosed. The services covered under this program utilize state and federal funds from the Centers for Disease Control and Prevention. In addition, through integrated delivery of both the CBCCEDP and WISEWOMAN Programs, women enrolled in the CBCCEDP age 40-64 must also be provided cardiovascular risk reduction services consisting of weight, blood pressure, cholesterol and glucose testing and smoking. Women found at risk for cardiovascular disease will be assessed for stage of readiness to change and, if appropriate, provided a healthy lifestyle intervention. Services offered by the WISEWOMAN Program are covered with federal CDC funds.

Health care providers selected for participation in Option 1 or 2, will work closely with the Connecticut Department of Public Health's CBCCEDP and WISEWOMAN Program staff to deliver quality and timely health care, and meet all state and federal mandates required for implementation and operations of these programs, including sub-contractors.

All previously funded CBCCEDP and WISEWOMAN Program providers must submit a response to this RFP in order to be considered for continued funding. Training for CBCCEDP and for the

CBCCEDP/WISEWOMEN Integrated Program providers funded under this RFP will begin on or after April 1, 2009. All funded providers will initiate screening services on July 1, 2009.

A description of the CBCCEDP Program and Staff Requirements can be found in Attachments 1 and 2 and a description of the WISEWOMAN Program can be found in Attachment 3. Reading the program descriptions before completing the application will support the applicant in understanding the purpose and scope of the programs and the services they provide.

## **Funding**

A total of up to approximately \$7,000,000 of state and federal CDC funds is available to support this project. Funding will be for a two year and 3 month period beginning approximately April 1, 2009 through June 30, 2011 subject to the availability of state and federal funds and satisfactory performance.

## **Eligibility**

Applications will be accepted from public, private, profit, and non-profit health care providers in Connecticut. This includes federally qualified health centers, clinics, hospitals, private providers, etc. Applicants need to ensure in their application that they have the capacity to successfully provide for the comprehensive package of services that constitute Option 1, the CBCCEDP or Option 2, the CBCCEDP/WISEWOMAN Integrated Program.

## **Closing Date**

An original and **five** copies of the completed proposal must be postmarked by 4:30 p.m. on Friday, November 14, 2008.

## **Place Due**

Department of Public Health  
Public Health Initiatives Branch  
410 Capitol Avenue, MS#11CCS  
P.O. Box 340308  
Hartford, CT 06134-0308  
Attention: Carol Anderson, CBCCEDP Program Coordinator  
Health Education, Management, and Surveillance Section  
Comprehensive Cancer Program  
Carol.Anderson@ct.gov

## **Further Information**

Applicants who download the RFP from the DPH web site are encouraged to send written notice of their intent to apply to the DPH. This notice can be sent using either the postal address or the E-mail address provided under "Place Due" above.

To avoid giving one applicant advantage over others, all questions regarding the preparation of proposals in response to this RFP must be submitted in writing or via e-mail by 4:30 p.m. on Monday, November 3, 2008, to Carol Anderson. A copy of all written questions and responses will

be provided to all applicants who request the RFP or who send a written request for such information to Carol Anderson. Responses to questions will be sent via e-mail to applicants who provide their e-mail address to the contact person listed above.

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## **I. Statement of Purpose**

This Request for Proposal (RFP) is an effort of the Connecticut Department of Public Health to address the serious public health problems of breast and cervical cancer, and cardiovascular disease in Connecticut women. Contracts will provide funding to health care providers committed to reducing the burden of these conditions on Connecticut women and their families through early detection and treatment of such conditions and/or related risk factors.

These health care screening programs have, and will continue to be implemented statewide to meet health care needs by providing access to high quality, timely screening and diagnostic follow-up services to, underinsured or uninsured women who are at or below 200% of the Federal Poverty Level.

## **II. Background**

Breast cancer is the most frequently diagnosed invasive cancer among Connecticut women. On average, about 2,650 Connecticut women per year are diagnosed with breast cancer. Breast cancer claimed the lives of 2,725 Connecticut women during the years 1999-2003 for an average of 545 deaths per year. According to the National Cancer Institute's Surveillance, Epidemiology, and End Results Program data, Connecticut had the thirty-fourth highest breast cancer death rate of 23.6 per 100,000 in 2003. In Connecticut, death rates for African Americans tend to be higher than those for white or Hispanic females, due to the greater likelihood of a cancer diagnosis at later stages.

The death rate from cervical cancer is low, but increases gradually throughout a woman's life. Deaths from cervical cancer account for one percent of Connecticut female cancer deaths. Although deaths from this form of cancer are relatively few (average annual from 1999-2003 was 37 deaths), almost all are preventable with early detection.

Women screened through the CBCCEDP and found to have a precancerous condition or cancer of the breast or cervix and who have no means of payment for treatment services are provided Medicaid coverage for treatment through legislation enacted by the Connecticut Breast and Cervical Cancer Prevention and Treatment Act (CBCCTPA) of 2001.

Early detection and treatment can save lives, reduce the extent of treatment, and improve the quality of life of many of the women affected by breast and cervical cancer. In fact, deaths due to cervical cancer can virtually be prevented with early detection and treatment. Appropriate and timely screenings are essential in early diagnosis and treatment.

Heart disease and stroke are, respectively, the number one and three causes of death in Connecticut and the nation. In 2006, it was estimated that heart disease and stroke would cost the residents of Connecticut \$4.7 billion dollars in medical expenses and lost productivity.

Risk factors for heart disease include high blood pressure, high cholesterol, smoking, diabetes, obesity, physical inactivity and a lower socioeconomic position (SEP). Behavioral risk factors such as smoking, hypertension and obesity are more prevalent in lower SEP persons. Lower income persons also tend to have less access to, and/or less effective use

of preventative health services important to the early detection and treatment of hypertension.

The CDC estimates that more than 80% of people with high blood cholesterol do not have it under control. Although Connecticut adults compare favorably to adults nationwide, in terms of cholesterol screening and blood cholesterol levels, lower-income Connecticut residents are more likely to report that they have never had their blood cholesterol checked.

People who stop smoking decrease their risk for coronary heart disease and stroke. Connecticut adult smokers are more likely to be younger, with lower incomes, and with less education than smoking adults nationwide.

Diabetic persons are 2 to 4 times more likely to develop coronary heart disease than the rest of the population and are at much greater risk for having a stroke. Fourteen percent (14%) of Connecticut adults with household incomes under \$15,000 report having diabetes, compared with 4% of Connecticut adults with household incomes over \$50,000. Of particular concern is that 52% of Connecticut adults with diabetes reported they had never taken a course to manage the disease.

High calorie diets, along with less physical activity have contributed to the increasing prevalence of obesity. An estimated 20% of Connecticut adults are obese and approximately 38% of Connecticut adults are overweight.

### **III Proposal Content Requirements**

1. Proposals must be submitted on the DPH Application Forms included in Attachment A. All requirements of this RFP must be met. Content requirements not addressed by the DPH Application Forms must be submitted in narrative form with numbered pages.

#### **A. Applicant Information**

1. The application must contain the official name, address and phone number of the applicant, the principal contact person for the application, and the name and signature of the person (or persons) authorized to execute the contract.

#### **B. Provider Information**

*In order for the Branch to communicate effectively with the provider, it is necessary to have accurate information about provider staff that is responsible for certain functions.*

Please provide the name, title, address, telephone and FAX number of staff persons responsible for the completion and submittal of:

1. Contract and legal documents/forms
2. Program progress reports
3. Financial expenditure reports

*Accurate information is needed by the Branch concerning the applicant's legal status.*

Please indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number, the applicant's Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

### **C. Services to be provided for Option 1: CBCCEDP Only**

Option 1 addresses the CBCCEDP services for eligible women to receive breast and cervical cancer screening, diagnostic follow-up and treatment referral. The program's goal is to reduce the number of deaths associated with breast and cervical cancer through early detection and improving the effectiveness of treatments at the earliest stage of intervention.

#### *Background and Introduction*

The mission of the State of Connecticut Department of Public Health (DPH)'s Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) is to provide breast and cervical cancer screening and diagnostic services to underserved women in the State of Connecticut. It has been well established the pivotal role early detection has taken in improving outcomes. The Program's goal is to reduce the number of deaths associated with breast and cervical cancer through early detection, in addition to improving the effectiveness of treatments through initiation at earlier stages. The CBCCEDP accomplishes its work by developing partnerships and coalitions with hospital based programs, health care agencies, medical providers, state and federal agencies and community based programs.

Activities supported under this program include comprehensive breast and cervical cancer screening and diagnostic services, case management, tracking and follow-up of clients and referral for treatment. The CBCCEDP provides statewide professional education, community outreach, quality assurance, public education, and promotional activities to increase awareness of benefits of early detection.

Currently, eighteen primary health care facilities and over 120 satellite facilities participate in the CBCCEDP providing breast and cervical cancer screening and diagnostic services throughout the state. The majority of these providers are either hospital or health center based, with the remainder being private physician offices. The Program has conducted extensive public education campaigns across the state including educational videos, posters and brochures. In addition, intensive statewide outreach efforts have been carried out to make women in target populations aware of the benefits of enrolling in the Program. To ensure high quality breast and cervical cancer care in Connecticut, on-going emphasis is being placed on developing professional education programs for physicians, physician assistants, nurses, nurse practitioners, radiology technologists and cytotechnologists.

Through the development of a strong infrastructure for the delivery of program services and expansion of services statewide, the CBCCEDP has provided screenings to more than 45,000 women in Connecticut since 1995.

#### *Eligibility/Recruitment/Enrollment*

Providers shall identify, recruit and enroll participants in the CBCCEDP who meet the following eligibility criteria for both mammograms and Pap tests. These services are available to women age 19 to 64 who have no health insurance or have health insurance that excludes coverage of routine Pap tests and mammograms.

Medicare recipients, who cannot afford Medicare Part B coverage, are also eligible for CBCCEDP Program services. An exception to the age eligibility criteria for mammograms is women who are age 35 –39 who have risk factors and/or have symptoms of breast cancer.

To enroll eligible women, providers must follow the procedure of collecting demographic information and health history data used to describe the population being served in aggregate, and to identify the presence of risk factors associated with breast and cervical cancer.

Once a woman is enrolled she then receives a breast screening examination, a cervical screening examination that includes a pelvic exam and a Pap test. Once these procedures are performed, the participant is then scheduled to receive a mammogram at a later date. A Breast and Cervical Cancer screening form is initiated for every client prior to receiving screening or diagnostic services through the CBCCEDP.

Women who receive an abnormal result are scheduled to receive a diagnostic exam and receive treatment referral, if needed. The data collected is submitted to the CBCCEDP to monitor overall provider performance. In addition, this information will be used to ensure women receive needed diagnostic and treatment referral services in a timely fashion.

### *Screening Services*

Screening procedures for eligible women in the CBCCEDP entails Clinical Breast Examinations (CBE), mammograms, pelvic exams and Pap tests. Programs are expected to develop a realistic projection for the number of women to be served. Providers should develop and maintain a comprehensive service provider network via subcontractors to meet screening goals and ensure timely access to all necessary diagnostic follow-ups.

Providers and their subcontractors shall adhere to the program's quality assurance mandates for breast and cervical cancer screening as established through the CBCCEDP breast and cervical cancer clinical protocols.

For mammography facilities, the CBCCEDP requires that a facility be Mammography Quality Standards Act (MQSA)-accredited and certified by the Food and Drug Administration (FDA), as well as use the American College of Radiology (ACR) BI-RADS Reporting System.

For cytology laboratories, the CBCCEDP requires that facilities hold a Clinical Laboratory Improvement Act (CLIA) license and use the Bethesda 2001 Reporting System for Pap results.

### *Diagnostic Follow-up/Treatment Referral Services*

The provider shall ensure that all program participants are informed, provided, and/or referred for appropriate diagnostic follow-up and treatment. For diagnostic follow-up,



providers must follow the clinical protocols established by the CBCCEDP/WISEWOMAN Integrated Program.

Providers must establish and maintain procedures for the diagnostic follow-up of women with abnormal screening results. Women participating in the screening program who have abnormal screening results should be given priority for diagnostic services. For diagnostic procedures not covered under this program, the providers must develop and implement a referral protocol to cover such procedures.

For treatment referral, providers must follow procedures established by the Department of Social Services (DSS) to require that all women screened through the Program needing treatment for breast and/or cervical cancer, receive presumptive eligibility under the Connecticut Breast and Cervical Cancer Program Treatment Act. Once enrolled with a Medicaid provider for treatment, women have access to a treatment-related network of care providers, including hospitals, social workers, and case managers. Those women not eligible for these Medicaid services shall be referred to a financial counselor and/or social worker to assist in the coordination for treatment coverage.

CBCCEDP/WISEWOMAN Program funding requires case management of all abnormal findings to the point of initial treatment or refusal of treatment.

#### *Data Collection and Submission*

Providers will be required to submit mandated minimum data elements (MDEs), as established by CDC. These MDEs are a set of standardized data variables developed to ensure that consistent and complete information on screening location, participant demographic characteristics, screening results, diagnostic procedures and treatment information are collected for women screened or diagnosed by CBCCEDP. MDEs will be used as core performance indicators to assess provider progress toward meeting CBCCEDP goals.

CBCCEDP providers must implement a plan to maintain confidentiality of the data and which meets Health Insurance Portability and Accountability Act (HIPAA) requirements. Providers are required to use the Connecticut Department of Public Health's web-based McCallie Med-IT On-Line data collection system to collect and report program data from their respective facilities. The Connecticut Department of Public Health will provide consultation, technical assistance, and training on the implementation and use of this system.

#### *Case Management*

Case management are services provided by a Registered Nurse, Nurse Practitioner, or Social Worker to ensure that women with abnormal screening results are able to comply with the recommended clinical follow-up. These services are intended to ensure timely and complete clinical follow-up of abnormal screening results for the participant. After an assessment is completed and case management services are determined, the provider must complete the DPH assessment forms and patient care plans.

#### *Re-screening*

The provider shall implement and adhere to the CBCCEDP’s re-screening policy related to breast and cervical cancer screening. For the purpose of the CBCCEDP, re-screening is defined as the process of returning for a screening test at a predetermined interval of 12 to 18 months since the previous screening test. The majority of women will return annually for breast cancer screening and receive an annual Pap test until she has had three consecutive normal results, and thereafter, receive a Pap test once every three years.

*Reimbursement and Billing*

Providers will utilize the McCallie Med-IT On-Line System. This web-based, data and billing system will track procedures performed and related costs based on the established CPT codes. Providers will be reimbursed according to the charges incurred for office visits, screening tests, and diagnostic tests.

The program provider is directly responsible for fiscal management. Expenses must not exceed the allocated funding awarded under the contract for the designated contract period. During these periods, invoices submitted for reimbursement which exceed the designated allocation(s) as stated above will be returned to the contractor unpaid and this must not result in bills being sent to Program participants.

*Core Performance Indicators*

Providers must meet core performance indicators established and mandated by CDC and the Connecticut Department of Public Health. Core performance indicators are used by CDC to evaluate program performance (see Figure 1).

**Figure 1.**

<b>CORE CBCCEDP PROGRAM PERFORMANCE INDICATORS</b>	
<b>Program Performance Indicator</b>	<b>CDC Standard</b>
Initial Program Pap Tests; Rarely or Never Screened	≥20%
Screening Mammograms Provided to Women ≥50 Years of age	≥ 75%
Abnormal Screening Results with Complete Follow-Up	≥90%
Abnormal Screening Results; Time from Screening to Diagnosis >60 Days	≤25%
Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive	≥90%
HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment >90 Days	≤20%
Invasive Carcinoma; Time from Diagnosis to Treatment >60 Days	≤20%
Abnormal Screening Results with Complete Follow-Up	≥90%
Abnormal Screening Results; Time from Screening to Diagnosis >60 Days	≤25%
Treatment Started for Breast Cancer	≥90%
Breast Cancer; Time from Diagnosis to Treatment >60 Days	≤20%

*Staffing*

Provide a complement of staff to address program functions such as clinical services, coordination of participant flow, case management, data entry and financial management for the CBCCEDP. The complement of staff includes nurse practitioners, physicians, a

program director, case manager/site coordinator, outreach educator, data entry and fiscal management personnel. Designate a specific person (i.e., Program Director) accountable for providing day-to-day management and supervision of the program and staff and who will be the primary contact person with the State of Connecticut Department of Public Health.

Providers awarded funding shall designate a Program Director as an in-kind position to be directly responsible for overseeing all program operations of the CBCCEDP in their facility and serve as a liaison to the State. In addition, the Program Director may provide supervision of all CBCCEDP staff at the provider site.

The provider shall designate a Site Coordinator who will be responsible for the overall day-to-day program operations. The Site Coordinator may be responsible for pre-screening participant eligibility for the program, coordination and scheduling of procedures, and coordination of data collection.

The provider shall designate a Case Manager solely dedicated to the CBCCEDP for the hours assigned. The Case Manager will be directly responsible for assisting women whose results are abnormal.

The provider shall designate an Outreach Educator who will develop and implement an outreach strategic plan to target high-risk populations. The Outreach Educator will promote the importance of early detection, establish and maintain community linkages with applicable agencies and programs serving the target population. The Outreach Educator will disseminate program-related information within the community and participate in program-related activities planned for the community.

## **Proposal Content Requirements**

### **The proposal submitted to the Connecticut DPH must contain the following:**

Describe your organization including: 1) the type of organization (e.g. federally qualified health center, clinic, hospital, etc.); 2) the geographic area (county or counties) your organization proposes to cover; 3) demographic characteristics of the geographic area your organization proposes to cover (include race, ethnicity, education level, income); and 4) the approximate number of CBCCEDP clients your organization would propose to screen annually.

Provide the names and resumes of the persons who will be responsible for the following program functions:

- Overall program direction
- Day-to-day site coordination
- Case management
- Outreach education
- Patient enrollment
- Data entry
- Financial management

Describe how your organization will target and recruit women, with an emphasis on underserved women, to participate in the CBCCEDP.

Describe your organization's experience with recruiting and serving underserved populations.

Describe how you will implement the CBCCEDP in your organization:

- 1). Coordinate CBCCEDP activities;
- 2). Handle the anticipated impact on clinic flow;
- 3). Conduct case management;
- 4). Describe the procedures your organization will use for follow-up and annual re-screens for services.

Provide copies of contracts or letters of agreement with local health care providers who will serve in a subcontractor capacity and provide CBCCEDP services.

Describe your organization's experience in developing community partnerships and collaborations, and active working relationships.

## **Services to be provided for Option 2: CBCCEDP/WISEWOMAN Integrated Program**

Option 2 addresses the provision of services for the CBCCEDP/WISEWOMAN Integrated Program. This means that women receiving CBCCEDP services, if eligible, will receive cardiovascular risk reduction services during the same office visit and will receive cardiovascular risk reduction counseling and lifestyle counseling to promote the reduction of those risk factors. The CBCCEDP provides breast and cervical cancer screening and diagnostic follow-up services, including treatment referral, to low income women who are age 19-64, underinsured, and uninsured. Women age 40-64 are eligible for the WISEWOMAN Program only if they are first enrolled in the CBCCEDP. The underlying concept is to provide optimal health care delivery to a hard-to-reach population in one visit.

### *Background and Introduction*

The mission of the State of Connecticut Department of Public Health (DPH)'s Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP)/WISEWOMAN Integrated Program is to provide breast and cervical cancer screening and cardiovascular risk reduction services to underserved women in the State of Connecticut. The pivotal role early detection has taken in improving outcomes has been well established. The Program's goal is to reduce the number of deaths associated with breast cancer, cervical cancer, and cardiovascular diseases through early detection, in addition to improving the effectiveness of treatments through initiation at earlier stages and improving healthy lifestyles. This Program accomplishes its work by developing partnerships and coalitions.

The CBCCEDP began providing breast and cervical cancer screening services in 1995. Since then, the program has screened more than 45,000 Connecticut women. Activities

supported under this program include comprehensive breast and cervical cancer screening and diagnostic services, case management, tracking and follow-up of clients, and referral for treatment. The CBCCEDP provides statewide professional education, community outreach, quality assurance, public education, and promotional activities to increase awareness of the benefits of early detection.

The WISEWOMAN Program began conducting cardiovascular disease (CVD) and stroke risk factor screening on 2001 as part of the CBCCEDP. Since then, the program has screened over 7,000 women who received both CBCCEDP services and WISEWOMAN Program services. In addition to receiving CBCCEDP services, WISEWOMAN Program participants received cardiovascular disease risk factor screening and risk reduction counseling. Additional lifestyle counseling was provided which focused upon improving nutrition and physical activity and smoking cessation, in order to reduce cardiovascular disease risks.

Currently, eighteen primary health care facilities and over 120 satellite facilities participate in the CBCCEDP, providing breast and cervical cancer screening and diagnostic services throughout the state, while nine provide the integrated program services. The majority of these providers are either hospital or health center based, with the remainder being private physician offices.

The Connecticut CBCCEDP/WISEWOMAN Integrated Program is committed to the following CDC goals for the next five years. These goals are:

1. Maximizing the reach of the program.
2. Working to eliminate health disparities.
3. Decreasing breast and cervical cancer morbidity and mortality through early detection and treatment of the CBCCEDP/WISEWOMAN Program population.
4. Decreasing heart disease and stroke morbidity and mortality through the reduction of risk factors of the CBCCEDP/WISEWOMAN Program population.
5. Maximizing the number and variety of settings that deliver CBCCEDP/WISEWOMAN Integrated Program services.
6. Ensuring that the CBCCEDP/WISEWOMAN Integrated Program is delivered as intended.
7. Sustaining the benefits of the CBCCEDP/WISEWOMAN Program over time at the individual level and organizational level (Attachment 4-Social Ecologic Model).

### *Eligibility/Recruitment/Enrollment*

Women are recruited into the CBCCEDP/WISEWOMAN Integrated Program through education and outreach activities that take place in the community where underserved women live, raise families, work, and socialize. Education programs address breast and cervical cancer prevention, cardiovascular disease risk reduction, and early detection through existing health care delivery mechanisms and health promotion programs. Women are also recruited from a facility's existing caseload into the CBCCEDP/ WISEWOMAN Integrated Program. This form of active recruitment is referred to as in-reach. Outreach and in-reach activities generate a flow of women into the CBCCEDP/WISEWOMAN Integrated Program to receive services. In some cases incentives are used to promote recruitment into the program. CBCCEDP/ WISEWOMAN Integrated Program services are

performed at the initial CBCCEDP office visit and the subsequent re-screening office visits for CBCCEDP services, which take place 12-18 months after the initial screen. A WISEWOMAN Program Direct Services Flow Sheet can be found in Attachment 5.

To enroll eligible women, providers must follow the procedure of collecting demographic information and medical/health history data, including smoking history. This information is used to describe the population being served in aggregate, and to identify the presence of risk factors associated with breast and cervical cancer and cardiovascular disease. An integrated office visit is scheduled (Attachment 6). An integrated consent form is then signed. All tests requiring appointments for the CBCCEDP/WISEWOMAN Integrated Program are scheduled for the day of the office visit so that the participant does not have to make a return visit. At the office visit, CBCCEDP/WISEWOMAN Integrated Program screenings are delivered.

### *Screening Services*

The participant receives a breast examination, breast self-examination education, Pap test, height, weight, and blood pressure measurement. She will receive a mammogram on the day of the office visit or at a later date. Participants with abnormal breast and/or cervical cancer screening tests, and/or are found at risk for cardiovascular disease receive diagnostic follow-up, treatment referral, and case management, if needed. Referrals for prescription assistance and medical care for participants who cannot pay for these services are provided.

A fingerstick blood test for cholesterol and glucose are taken using the Cholestech LDX System. Assessments of readiness to make lifestyle changes, smoking status, physical activity, and nutrition are performed and documented.

### *Risk Reduction Counseling*

A lifestyle counselor at the CBCCEDP/WISEWOMAN Integrated Program screening site provides cardiovascular risk reduction counseling to every participant, based upon the results of the screening tests and assessments carried out during the clinical office visit. The lifestyle counselor provides the results of the screening tests and assessments, both verbally and in writing, and works with the participant to identify small steps she can make to improve her health. Participants with normal screening results are referred to community-based resources that support a healthy lifestyle related to nutrition, physical activity, and smoking cessation.

### *Life Style Intervention*

Participants with abnormal cardiovascular screening results are referred for clinical evaluation. Each participant meets with a lifestyle counselor and together assesses the participant's readiness to make healthy lifestyle changes. Participant's enrollment in the lifestyle intervention depends on readiness to change and presence or absence of cardiovascular disease risk factors. The lifestyle intervention provides an opportunity for participants to learn and self-manage a healthy lifestyle. Refer to **Attachments 3 and 8** for detailed descriptions of the WISEWOMAN Program and lifestyle intervention protocol.

Each participant in the CBCCEDP/ WISEWOMAN Integrated Program will receive the 5A's: assess, advise, agree, assist, and arrange. The 5A's are used to facilitate and support program participants in making behavior changes and in self-management of chronic conditions (Attachment 7).

### *Diagnostic Follow-Up/Treatment Referral Services*

The provider shall ensure that all program participants are informed, provided, and/or referred for appropriate diagnostic follow-up and treatment. For diagnostic follow-up, providers must follow the clinical protocols established by the CBCCEDP/WISEWOMAN Integrated Program.

Providers must establish and maintain procedures for the diagnostic follow-up of women with abnormal screening results. Women participating in the screening program who have abnormal screening results should be given priority for diagnostic services. For diagnostic procedures not covered under this program, the providers must develop and implement a referral protocol to cover such procedures.

For treatment referral, providers must follow procedures established by the Department of Social Services (DSS) to require that all women screened through the Program needing treatment for breast and/or cervical cancer receive presumptive eligibility under the Connecticut Breast and Cervical Cancer Program Treatment Act. Those women not eligible for these Medicaid services shall be referred to a financial counselor and/or social worker to assist in the coordination for treatment coverage.

CBCCEDP funding requires case management of all abnormal findings to the point of initial treatment or refusal of treatment. Once enrolled with a Medicaid provider for treatment, women have access to a treatment-related network of care providers, including hospitals, social workers, and case managers.

Clients with alert values for blood pressure, cholesterol, and glucose must be provided with case management services, as needed. Tracking systems must be developed and implemented to facilitate successful participant involvement in all the program components, including the lifestyle intervention and re-screening office visit 12-18 months later. Alert values are defined as follows:

- Blood Pressure: >180 mmHg or greater-systolic  
>110 mmHg or greater-diastolic
- Total Cholesterol: Fasting/non-fasting, >400 mg/dL
- Blood Glucose: Fasting/non-fasting, >375 mg/dl

### *Data Collection and Submission*

Providers will be required to submit mandated minimum data elements (MDEs), as established by CDC. These MDEs are a set of standardized data variables developed to ensure that consistent and complete information on screening location, participant demographic characteristics, screening results, diagnostic procedures, lifestyle intervention,

and treatment information are collected for women screened or diagnosed by CBCCEDP/WISEWOMAN Integrated Program. MDEs will be used as core performance indicators to assess provider progress toward meeting program goals.

CBCCEDP/WISEWOMAN Integrated Program providers must implement a plan to maintain confidentiality of the data and which meets Health Insurance Portability and Accountability Act (HIPAA) requirements. Providers are required to use the Connecticut Department of Public Health's web-based McCallie Med-IT On-Line data collection system to collect and report program data from their respective facilities. The Connecticut Department of Public Health will provide consultation, technical assistance, and training on the implementation and use of this system.

### *Case Management*

Case management are services provided by a Registered Nurse, Nurse Practitioner, or Social Worker to ensure that women with abnormal cancer screening results, and/or alert values for cardiovascular disease comply with the recommended clinical follow-up. These services are intended to ensure timely and complete clinical follow-up of abnormal screening results for the participant. After an assessment is completed and case management services are determined, the provider must complete the DPH assessment forms and patient care plans.

### *Rescreening*

Twelve to eighteen months after the initial office visit takes place, the participant returns for the rescreening (evaluation) visit as part of the CBCCEDP/WISEWOMAN Integrated Program office visit. The purpose of the rescreening office visit is to provide breast and cervical cancer screenings in accordance with established screening guidelines and program protocols, and to determine whether or not the participant has an improved cardiovascular health status, e.g., blood pressure, cholesterol, blood glucose, smoking, and weight. The same screening procedures take place during the rescreening visits that were delivered during the initial visit.

### *Reimbursement and Billing*

Providers will utilize the McCallie Med-IT On-Line System. This web-based, data and billing system will track procedures performed and related costs based on the established CPT codes (Attachment 9). Providers will be reimbursed according to the charges incurred for office visits, screening tests, diagnostic tests, and lifestyle intervention counseling.

The program provider is directly responsible for fiscal management. Expenses must not exceed the allocated funding awarded under the contract for the designated contract period. During these periods, invoices submitted for reimbursement which exceed the designated allocation(s) as stated above will be returned to the contractor unpaid and this must not result in bills being sent to Program participants. WISEWOMAN funds cannot be used to pay for smoking cessation education or treatment or diabetes education classes.

### *Core Performance Indicators*



Performance indicators are mandated elements required by CDC for submission as a way of measuring services provided to participants within a specified time frame (see Figure 1). Note: CDC Performance Measures for WISEWOMAN Services are in draft form and will be finalized in the near future.

**Figure 1**

<b>CORE CBCCEDP PROGRAM PERFORMANCE INDICATORS</b>	
<b>Program Performance Indicator</b>	<b>CDC Standard</b>
Initial Program Pap Tests; Rarely or Never Screened	≥20%
Screening Mammograms Provided to Women ≥50 Years of age	≥ 75%
Abnormal Screening Results with Complete Follow-Up	≥90%
Abnormal Screening Results; Time from Screening to Diagnosis >60 Days	≤25%
Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive	≥90%
HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment >90 Days	≤20%
Invasive Carcinoma; Time from Diagnosis to Treatment >60 Days	≤20%
Abnormal Screening Results with Complete Follow-Up	≥90%
Abnormal Screening Results; Time from Screening to Diagnosis >60 Days	≤25%
Treatment Started for Breast Cancer	≥90%
Breast Cancer; Time from Diagnosis to Treatment >60 Days	≤20%

<b>CDC Performance Measures for WISEWOMAN Services –DRAFT</b>
Meet or show significant progress toward meeting CBCCEDP/WISEWOMAN Integrated Program performance indicators established by CDC and the Connecticut DPH. CDC has identified the core performance measures outlined below. Currently these measures are in a draft form. Providers will be notified of the finalized version of the CDC performance indicators.
95% of the projected number of women will be screened. The projected number includes baseline screenings and re-screenings.
95% of women who have an alert blood pressure screening value will be seen by a health care provider, immediately, or within one week (or documentation reflects why this did not happen).
95% of women who have an alert blood glucose screening value will be seen by a health care provider, immediately, or within one week (or documentation reflects why this did not happen).
95% of the WISEWOMAN award amount was obligated/spent. Performance measures related to timeliness, accuracy, and completion of MDE records (to be determined).
Performance measures related to lifestyle intervention attendance (to be determined).

95% of WISEWOMAN participants who are seen for their CBCCEDP annual exam 12-18 months after their WISEWOMAN baseline screening will receive a WISEWOMAN re-screening. This performance measure will take place in Year Two.

### *Staffing*

Provide a complement of staff to address program functions such as clinical services, coordination of participant flow, case management, data entry and financial management for the CBCCEDP/WISEWOMAN Integrated Program. The complement of staff includes nurse practitioners, physicians, a program director, case manager/site coordinator, outreach educator, data entry and fiscal management personnel. Designate a specific person (i.e., Program Director) accountable for providing day-to-day management and supervision of the program and staff and who will be the primary contact person with the State of Connecticut Department of Public Health.

Providers awarded funding shall designate a Program Director as an in-kind position to be directly responsible for overseeing all program operations of the CBCCEDP/WISEWOMAN Integrated Program in their facility and serve as a liaison to the State. In addition, the Program Director may provide supervision of all CBCCEDP/WISEWOMAN Integrated Program staff at the provider site.

The provider shall designate a Site Coordinator who will be responsible for the overall day-to-day program operations. The Site Coordinator may be responsible for pre-screening participant eligibility for the program, coordination and scheduling of procedures, and coordination of data collection.

The provider shall designate a Case Manager solely dedicated to the CBCCEDP/WISEWOMAN Integrated Program for the hours assigned. The Case Manager will be directly responsible for assisting women whose results are abnormal.

The provider shall designate an Outreach Educator who will develop and implement an outreach strategic plan to target high-risk populations. The Outreach Educator will promote the importance of early detection, establish and maintain community linkages with applicable agencies and programs serving the target population. The Outreach Educator will disseminate program-related information within the community and participate in program-related activities planned for the community.

### **CBCCEDP/WISEWOMAN Integrated Program Proposal Content Requirements**

The proposal submitted to the Connecticut DPH must contain the following:

The provider shall:

- Describe your organization including: 1) the type of organization (e.g. federally qualified health center, clinic, hospital, etc.); 2) the geographic area (county or counties) your organization proposes to cover; 3) demographic characteristics of the geographical area your organization proposes to cover (include race, ethnicity, education level, income); and 4) the approximate number of CBCCEDP/WISEWOMAN Integrated Program clients your organization screens or will screen each year.

- Provide a map of your service area. Identify the locations the participant will have to navigate to receive comprehensive services, such as the clinic, laboratory, and radiology.

Provide an organization chart for your organization that identifies lines of authority and organization. Identify where the CBCCEDP/WISEWOMAN Integrated Program fits into the organizational structure.

Identify a dedicated person who will provide management and supervision of the CBCCEDP/WISEWOMAN Integrated Program staff on a daily basis and will serve as the primary contact person with the State of Connecticut Department of Public Health. Provide the names and resumes of the persons who will be responsible for the following program functions:

- Overall program direction
- Day-to-day site coordination
- Case management
- Outreach education
- Patient enrollment
- Data entry
- Financial management

Identify counseling staff, their qualifications and experience in behavior change.

- Demonstrate your organization's commitment to follow all program policies and procedures concerning CBCCEDP/WISEWOMAN Integrated Program clinical screening and assessment procedures, referral protocols, medical care, case management procedures, lifestyle counseling protocols, billing and reimbursement procedures, client re-screening procedures, and data management/quality assurance/program evaluation activities.
- Confirm your agreement to participate in all scheduled training programs, conferences, and quarterly meetings sponsored by the Connecticut DPH on the implementation and continuation of the CBCCEDP/WISEWOMAN Integrated Program.
- Describe your organization's experience with recruiting and serving underserved populations.
- Identify how your organization will target, recruit, and enroll women, with an emphasis on underserved women, to participate in the CBCCEDP/WISEWOMAN Integrated Program. Provide a plan for the effective education and recruitment of women into the CBCCEDP/WISEWOMAN Integrated Program. Include both outreach and in reach strategies with emphasis on underserved populations in order to reduce health disparities, including racial disparities, ethnic disparities, and geographic disparities.
- Identify the number of women to be served by the CBCCEDP/WISEWOMAN Integrated Program for the year 2009-2010. Of this group, identify the number of women who are eligible for cardiovascular risk reduction screening services.

Describe how you will implement the CBCCEDP/WISEWOMAN Integrated Program in your organization:

Coordinate CBCCEDP/WISEWOMAN Integrated Program activities;

- 1) Handle the anticipated impact on clinic flow;
- 2) Conduct case management;
- 3) Describe the procedures your organization will use for follow-up and annual re-screens for services.

Provide copies of contracts or letters of agreement with local health care providers who will serve in a subcontractor capacity and provide CBCCEDP/WISEWOMAN Integrated Program services.

Describe your organization's experience in developing community partnerships and collaborations, and active working relationships.

- Describe the facilities where screening will take place. Describe the barriers the participant may encounter in navigating the facilities where services take place and identify strategies that may ease or remove these barriers and by so doing increase participant compliance with program components.
- Identify the procedures that will be used to provide the participant with a breast examination, breast self-examination education, mammogram, Pap test, height, weight, and blood pressure measurement.
- Identify the procedures that will be used to provide cardiovascular risk reduction screening services at the same office visit when and where CBCCEDP screening services.
- Identify a plan for purchase, training of staff, use and location of the Cholestech DXL machine for use in fingerstick blood tests. Identify who will be using the Cholestech DXL machine. Identify the laboratory and the name of the laboratory director who will provide oversight of the use of the Cholestech LDX machine. This requirement is to conform to Connecticut laws and regulations. Provide signed documentation of the laboratory director's commitment to provide this oversight and to include a statement on the status of the Certificate of Waiver. A Certificate of Waiver is required to perform a cholesterol finger stick test.
- Identify the procedures that will be used to ensure that all CBCCEDP/WISEWOMAN Integrated Program participants receive all 5 of the 5A's Behavioral Counseling Framework (see Attachment 6).
- Identify the procedures that will be used to provide cardiovascular risk reduction counseling and referrals to community resources that will help the participant make small steps toward improving their nutrition and physical activity as well as providing a list of these resources to each participant.

- Describe how you will implement the CBCCEDP/WISEWOMAN Integrated Program in your organization in the following areas:
  - 1). Coordination of BCCEDP/WISEWOMAN Integrated Program services;
  - 2). Management of the anticipated impact on clinic flow and other service areas;
  - 3). Conduct case management; and
  - 4). Procedures your organization will use for follow-up and annual re-screens for services. The WISEWOMAN Program reimburses the initial screening visit and the first and second re-screening visits only. No additional re-screening visits for cardiovascular risk reduction services will be reimbursed with WISEWOMAN Program funds.
- Provide documented assurance that WISEWOMAN screening services will take place during the same office visit as the BCCEDP screening service. It is a CDC requirement that WISEWOMAN Program screening services take place during the same office visit as the BCCEDP screening services. Only integrated office visits will be reimbursed with WISEWOMAN Program funds.
- Describe a participant's passage through the initial office visit, including integrated screening/assessments, referrals, risk reduction counseling and lifestyle counseling. Include locations where services are provided, the staff who will provide them and the time involved in that particular activity.
- Describe how the lifestyle intervention will be provided to each participant who has abnormal cardiovascular risk factors and expresses an interest in readiness to make lifestyle changes. Describe how you will provide lifestyle intervention counseling on weekends and evenings. Refer to the WISEWOMAN Program Description for further information on lifestyle counseling.
- Describe how lifestyle-counseling services will take place at the time of the screening visit and who will provide such services. Specifically discuss the ability of lifestyle counselors to be available to counsel participants at the time of the screening.
- Identify a plan for providing evening and weekend hours for contacting participants to implement the telephone-counseling component of the lifestyle intervention.
- Describe how your organization will track lifestyle-counseling contacts to ensure each program participant receives the appropriate number of lifestyle counseling contacts, based upon the level of intervention. Refer to the WISEWOMAN Program Description for details on the lifestyle intervention.
- Describe how you organization will refer participants to community-based resources. Provide a list of community resources in your service area that participants can access for physical activity and nutrition support.
- Provide copies of contracts or letters of agreement with local health care providers. These contracts or agreements should indicate that the healthcare provider will: 1) see

program participants who require a diagnostic exam for reimbursement at the CBCCEDP/WISEWOMAN Integrated Program rate; 2) follow the national clinical follow-up care guidelines identified under the CBCCEDP/ WISEWOMAN Integrated Program Requirements section of the RFP; and 3) refer clients diagnosed with pre-diabetes to a local diabetes self-management training (DSMT) program.

- Describe your organization's experience in developing community partnerships and collaborations, and active working relationships.
- Develop a list of free or low cost resources that will support physical activity, healthy nutrition, and smoking cessation for program participants.
- Identify how you will work with the Connecticut QuitLine as a referral resource for women who need smoking cessation support.

#### **D. Budget**

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application in Attachment A. All costs (travel, printing, supplies, etc.) must be included in the contract price. **Competitiveness of the budget will be considered as part of the proposal review process.**

The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices.

The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as “not to exceed” quotations against which time and expenses will be charged.

The proposed budget is subject to change during the contract award negotiations.

The selected Provider must provide DPH with four copies of the subcontract. All information required of the provider must be applied to the sub provider as well. \*

**Copies of state set aside certifications for small and/or minority business must also be provided.**

Payments will be negotiated based on time frames and deliverables described in section V of this RFP.

#### **E. Work plan**

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, deliverables and timelines, including a project start date, must be provided on the Application Forms included in Attachment A. The work plan must be consistent with the RFP and the project's goals and objectives. **The project start date will be considered as part of the review criteria for this RFP.**

#### **F. Staffing**

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the form included in Attachment A. Resumes must be provided for all professional staff assigned to this project. Include a back up staffing plan that addresses extended leave by staff providing program services.

#### **G. Contract Compliance**

The proposal must include a completed **Notification to Bidders** form (return one and keep one for your records) and a **Workforce Analysis Questionnaire**. In addition, proposals must include a **signed statement of adherence to Assurances**. These forms are included in Attachment A.

#### **IV. Application Procedures**

A. Applicants must complete their proposal using the following procedures:

1. An original and five copies of the completed proposal must be addressed to:

Department of Public Health  
Public Health Initiatives Branch  
410 Capitol Avenue, MS#11CCS  
P.O. Box 340308  
Hartford, CT 06134-0308  
Attention: Carol Anderson, CBCCEDP Program Coordinator  
Health Education, Management, and Surveillance Section  
Comprehensive Cancer Program  
Carol.Anderson@ct.gov

and must be received at DPH no later than 4:30 pm, Friday, November 14, 2008.

2. The proposal must be completed on the Application Forms included in Attachment A and meet all requirements of this RFP.
3. The proposal must be signed by an authorized official of the applicant organization.
4. Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by DPH.
5. Notification of the outcome of proposal review will be mailed to all applicants. A contract will be mailed to the successful applicant on or about January 15, 2009 with an effective project start date on or about April 1, 2009 for Orientation and July 1, 2009 to initiate screening.

#### **V. Deliverables**

In the course of providing the required services of this contract, several documents must be produced and delivered immediately upon completion to the DPH Project Manager for approval. These documents, along with the required services, will be the indicators for measuring the performance of the provider. Development of these deliverables must be included as objectives in the project work plan described in Section III of this RFP (work plan forms are included in Attachment A). A payment schedule will be negotiated based upon the following deliverables:

- A. Quarterly Financial Reports for CBCCEDP and for the CBCCEDP/WISEWOMAN Program
- B. Quarterly Progress Reports for CBCCEDP and for the CBCCEDP/WISEWOMAN Program
- C. Continuation Funding Applications for CBCCEDP and CBCCEDP/WISEWOMAN Program

## **VI. Supervision**

The DPH Project Manager, Carol Anderson, within the Public Health Initiatives Branch will provide supervision.



## **VII. Review Criteria**

Proposals submitted in response to this notice will be reviewed in two steps; first, to determine whether the minimum requirements have been met (see Attachment D, Minimum Requirements Checklist). Second, to determine the technical merit of the proposals and the extent to which they meet the goals and intent of the RFP.

### **A. Minimum Requirements**

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment D, Minimum Requirements Checklist). Applicants who fail to follow instructions or to include all required elements may be deemed incomplete and removed from further review. In addition, *applicants with long-standing, significant outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.*

### **B. Technical Requirements**

Complete proposals will be reviewed for technical merit based on the following criteria:

1. The extent to which the applicant has demonstrated successful experience providing similar services.
2. The extent to which references provided support the applicant's success in providing similar services, including but not limited to, case management, screening, diagnosis follow-up, treatment referrals, risk reduction counseling, lifestyle interventions, and tracking systems.
2. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP, including ability to meet CDC core performance indicators.
4. The extent to which adequate time is allocated to manage the services to be provided. This includes start-up time and on going management of the program.
5. The extent to which the profile of staff, as outlined in the RFP, who will be working on this project is clear and adequate to initiate, manage, and implement the services to be provided.
6. The extent to which a thorough work plan is presented, with measurable objectives and specific, appropriate timelines.
7. The extent to which a cost effective proposed budget is presented, which follows eligibility guidelines, identifies the type and amount of in-kind resources, and the number of participants to be screened.
8. The extent to which the applicant provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.
9. The fiscal competitiveness of the proposal.

### **C. Review Process**

A panel of appropriate staff and outside experts will review proposals, which meet the minimum requirements. This panel will make recommendations concerning the selection of a proposal for funding. Recommendations to the Commissioner will be submitted in rank order based on Team Scores for each proposal. The final selection is at the discretion of the DPH Commissioner.

Following the final selection, a Personal Service or Human Services Agreement will be developed between the applicant and the Department that details services to be provided, budget and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

### **VIII. Regulatory Compliance**

The applicant is required to be in compliance with any applicable provisions of the Regulations of Connecticut State Agencies, if a current recipient of funding from DPH and with State Non-discrimination and Affirmative Action laws, rules and regulations.

Moreover, in accordance with Section 4a-60 of the Connecticut General Statutes, as amended by Public Act 07-142, Section 9, the awardee shall agree and warrant that in the performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status (including civil unions, per Public Act 07-245, Section 2), national origin, ancestry, sex, mental retardation, mental or physical disability, but not limited to, blindness unless it is shown by the awardee that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or the State of Connecticut.

Also, in accordance with Section 4a-60a of the Connecticut General Statutes, as amended by Public Act 07-142, Section 10, the awardee shall agree and warrant that in performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation.

Also, in accordance with Section 46a-81c(1) of the Connecticut General Statutes, as amended by Public Act 07-245, Section 3, the awardee shall agree and warrant that in performance of this award, he/she by him/herself or her/his agent, except in the case of a *bona fide* occupational qualification or need, will not refuse to hire or employ or bar or discharge from employment any individual or discriminate against such person in compensation or in terms, conditions, or privileges of employment, because of the person's sexual orientation or civil union status.

The awardee shall further agree to provide the Commission on Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the awardee as they relate to the provisions of Section 4a-60 and Regulations of Connecticut State Agencies, Sections 46a-68J-2 to 46a-68K-8.

Further, in accordance with the Contract Compliance Regulations of Connecticut State Agencies, **the applicant will be required to complete the Notification To Bidders form and the Workforce Analysis Questionnaire as part of the application process (included in Attachment A).**

**IX. Affirmative Action Notice**

DPH strongly supports the concept and implementation of affirmative action to overcome the present effects of past discrimination. DPH urges its bidders, suppliers, providers and awardees to implement affirmative action plans and programs of their own, and hereby notifies all DPH bidders, suppliers, providers and awardees that DPH will not knowingly do business with, or make awards to, any individual or organization excluded from participation in any federal or state contract program, or found to be in violation of any state or federal anti-discrimination law.

**X. Rights Reserved to the State**

The State reserves the right to reject any and all proposals, in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.

[2008RFPTEMPLATE.doc]

## **XI. ATTACHMENTS**

**RESPONSIBILITIES OF THE PROJECT DIRECTOR**

The project director is an in-kind position directly accountable for overseeing all project operations of the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) and WISEWOMAN Program (WWP) in their facility. The project director shall serve as direct contact person to the State of Connecticut Department of Public Health (DPH) and the CBCCEDP. This position is directly responsible for overseeing the following:

- ⇒ Facilitates the implementation of the CBCCEDP/WWP at the contracted provider facility.
- ⇒ Ensures that all contractual mandates are met according to deadlines.
- ⇒ Ensures that progress and expenditure reports are complete and submitted on time.
- ⇒ Ensures that subcontractors meet the contractual mandates of the program.
- ⇒ Provides direct supervision for the case manager and outreach educator.
- ⇒ Represents the contractor on the Department of Public Health's Breast and Cervical Cancer Coalition.
- ⇒ Responds to specific requests by Department of Public Health staff.
- ⇒ Holds a minimum of 6 staff meetings per year to discuss/resolve programmatic issues
- ⇒ Provides for a full staffing complement. Informs DPH immediately of staffing changes. Provides for backup staffing when extended periods of leave occur.

## **RESPONSIBILITIES OF THE CASE MANAGER**

The case manager is directly responsible for case managing women whose results are abnormal. The case manager must track and conduct “clinical follow-up” for all women screened and require timely collection of abnormal screening results. This function is essential for all women enrolled in the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) and WISEWOMAN Program (WWP) within its facility.

A bachelor’s degree in nursing is preferred or a Connecticut licensed Registered Nurse is recommended. The case manager shall have a working knowledge of the CBCCEDP/WWP, its target populations, breast, cervical cancer, and cardiovascular risk reduction resources available in the community. In addition, the case manager shall have good verbal and written communication skills and the ability to organize and maintain systems (e.g., fiscal management, patient data, tracking, and follow-up). The case manager should be able to demonstrate the ability to conduct an assessment and formulate a written plan of care for those clients needing case management.

This position shall be directly responsible for ensuring the implementation of the following:

- Educating all clients regarding the importance of screening and regular screening intervals.
- Encouraging clients to make and keep medical appointments.
- Providing clients with pertinent screening and referral information.
- Ensuring case management services are offered and provided to those clients who have abnormal results, as specified, and need case management to facilitate care.
- Navigating clients through the health care delivery system.
- Linking the client to treatment services, when needed.
- Serving as liaison between the contracted provider and its subcontractor(s) to ensure effective and efficient program operations.
- Working collaboratively with DPH staff, the Project Director and Outreach Educator, to ensure all program components, policies, and contracted mandates are being met.
- Attending all required CBCCEDP/WWP sponsored meetings and training sessions.
- Maintaining professionalism at all times.

## **RESPONSIBILITIES OF THE OUTREACH EDUCATOR**

The outreach educator's role is to perform assigned work in the community environment to educate women about breast, cervical cancer and cardiovascular risk reduction in economically disadvantaged neighborhoods for the Connecticut Breast and Cervical Cancer Early Detection Program. The outreach educator will also assist the case manager in the follow-up and rescreening of women. This position will be responsible for the following:

- Develop an outreach plan in collaboration with the case manager based on knowledge of the community.
- Obtain knowledge of current issues relating to breast and cervical cancer and cardiovascular risk reduction.
- Coordinate and conduct small group or one-to-one information/education programs on breast and cervical cancer and cardiovascular risk reduction for community agencies and the community groups they serve.
- Participate in activities planned for clients relating to breast and cervical cancer and cardiovascular risk reduction
- Disseminate educational and program information within the community.
- Refer eligible women to the CBCCEDP contracted health care providers for screening and diagnostic services. Inform women of availability of cardiovascular risk reduction services.
- Develop collaborative relationships with all applicable agencies and programs serving the target population as well as with key leaders in the area where outreach efforts will be conducted.
- Collaborate with other agencies and community organization's outreach educators in the assigned area to help ensure proper coordination, and interact with other care providers involved with the same clients.
- Maintain up-to-date and accurate reports on outreach activities/encounters, responses, and attitudes towards the outreach efforts in order to evaluate the program.
- Report results of activities to supervisor/site coordinator.
- Develop and submit progress reports to DPH as requested.
- Attend all required meetings and training sessions.
- Maintain professionalism at all times.
- Assist the site coordinator with administrative operation of the office (i.e. phoning, filing, mail, projects etc.)
- Refer women who are not eligible for the CBCCEDP to appropriate screening services.

## **RESPONSIBILITIES OF THE SITE COORDINATOR**

The Site Coordinator will be responsible for the overall day-to-day activity of the program. The Site Coordinator may be responsible for pre-screening women's eligibility for the program. Entering data for screening, diagnostic, treatment and may assist the case manager for client follow-up and tracking. The site coordinator may also be responsible for the required forms that are submitted to the Department of Public Health on a weekly basis.

A bachelor's degree in a human service related field such as social work, counseling, health education or human services is highly recommended. This position will be responsible for the following:

- ❑ Determine client eligibility using program eligibility criteria.
- ❑ Referring women who are not eligible for the program to appropriate screening services.
- ❑ Enrolling eligible clients into the program and assisting in the coordination of medical appointments.
- ❑ Encouraging clients to make and keep medical appointments
- ❑ Navigating clients through the health care delivery system
- ❑ Obtaining, coordinating and submitting complete and accurate patient data for services rendered by the provider and its subcontractor(s) in accordance with data submission guidelines.
- ❑ Developing and maintaining computer or manual client tracking and reminder database for the follow-up of abnormal results and rescreens.
- ❑ Assisting in monitoring utilization of services and screening and diagnostic expenditures.
- ❑ Serving as liaison between the contracted provider and its subcontractor(s) to ensure effective and efficient program operations.
- ❑ Coordinating internal mechanisms to recruit eligible women for screening.
- ❑ Working collaboratively with DPH staff, the Project Director and Outreach Educator, to ensure all program components, policies and contracted mandates are being met.
- ❑ Attend all required CBCCEDP/WWP sponsored meetings and training sessions
- ❑ Maintaining professionalism at all times



# **Connecticut Department of Public Health**

## **CBCCED Program Description**

(CONNECTICUT BREAST AND CERVICAL CANCER  
EARLY DETECTION PROGRAM)

**October 2008**

**Connecticut Department of Public Health  
410 Capitol Ave., MS 11-CCS  
PO BOX 340308  
Hartford Connecticut 06134-0308**

# CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

## CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (CBCCEDP) MISSION

The overall mission of the CBCCEDP is to reduce morbidity and mortality from breast and cervical cancer through the early identification of precancerous or cancerous lesions. For cervical cancer, screening is considered to be primary prevention if precancerous lesions are treated before they become cervical cancer. For breast cancer, screening is secondary prevention because it is designed to detect cancer, not prevent it. The goal of breast cancer screening is to identify cancers at their earliest stages, when treatment is most likely to be successful and prognosis is optimal.

Screening and diagnostic services comprise many elements that interrelate to ensure that women receive timely and appropriate care. The CBCCEDP starts with an initial screening examination through a final diagnosis and referral to treatment if precancerous or cancerous lesions are identified.

## RATIONALE

Breast cancer is the most frequently diagnosed cancer among women in the United States and the second leading cause of cancer death. A woman's chance of being diagnosed with breast cancer is about 1 in 7, and her chance of dying from breast cancer is about 1 in 33.

The major assumption behind these cancer screenings is that early detection will lead to early treatment, preventing the development of cervical cancer and resulting in more positive outcomes for both breast and cervical cancer for the individual and for society.

## Delivery of CBCCEDP Services

The CBCCEDP provides comprehensive breast and cervical cancer screening services which are delivered through eighteen health care providers (majority are hospital based) and more than 120 satellite sites consisting of hospitals, community health centers, community based clinics, planned parenthoods, private physician practices etc. Services provided include recruitment, enrollment, screening and re-screening, diagnostic, treatment and follow-up, case management and treatment services. The CBCCEDP providers are mandated to track all program participants to ensure that each woman receives timely and complete services. Program services are coordinated and/or delivered by provider-based, clinicians, site coordinators/case managers and outreach educators. These staff serves as liaisons to the central program located at the Connecticut Department of Public Health (DPH).

## Program Eligibility Criteria:

- a) **Woman who are at or below the 200% Federal Poverty Level (FPL)**

**AND:**

- b) **For both Mammograms and Pap Tests:**

- i) **Women age 19 to 64 THAT**

- ii) have no health insurance **OR**
- iii) have health insurance that excludes routine Pap tests and Mammograms **OR**
- iv) women who are Medicare recipients who cannot afford Medicare Part B coverage

**AND:**

**c) For Mammograms:**

- v) women who are age 40 or older or age 35-39 with risk factors or who have symptoms of breast cancer

**d) For Pap tests:**

- vi) annually, until the woman has 3 consecutive normal, annual Pap tests, as documented in the CBCCED Program's data, then every 3 years thereafter.

Reimbursement of Services/Payer of Last Resort

Payment for screening and diagnostic services may not exceed the amount that would be paid under Medicare, Part B. Current Procedural Terminology (CPT) codes (see RFP attachments) and the state's Medicare, Part B rate for these procedures will be provided annually by the Connecticut Department of Public Health upon availability.

Reimbursement for treatment services is under the Connecticut Breast and Cervical Cancer Early Detection and Treatment Act (CBCCEDTA) administered by the Connecticut Department of Social Services Medicaid Program (DSS). This is a direct result of the Breast and Cervical Cancer Prevention Treatment Act of 2000.

CBCCEDP funds cannot be used to pay for services that are covered by a state compensation program, an insurance policy, a federal or state health benefits program, or an entity that provides health services on a prepaid basis.

Providers are reimbursed according to current CPT Codes, as defined by the American Medical Association (AMA) for screening tests, diagnostic tests and office visits.

**Health Insurance Portability and Accountability Act (HIPAA)**

The HIPAA privacy rule protects the privacy of individually identifiable health information by establishing conditions for its use and disclosure by a health plan, health care clearinghouse, and certain health care providers.

**CLIENT ENROLLMENT**

Providers should establish and maintain systems to recruit, educate and enroll women who are eligible for CBCCEDP funded services, using the following methods.

- Recruitment strategies - These strategies seek to educate eligible priority populations of women-those rarely or never screened-to want and obtain screening services.

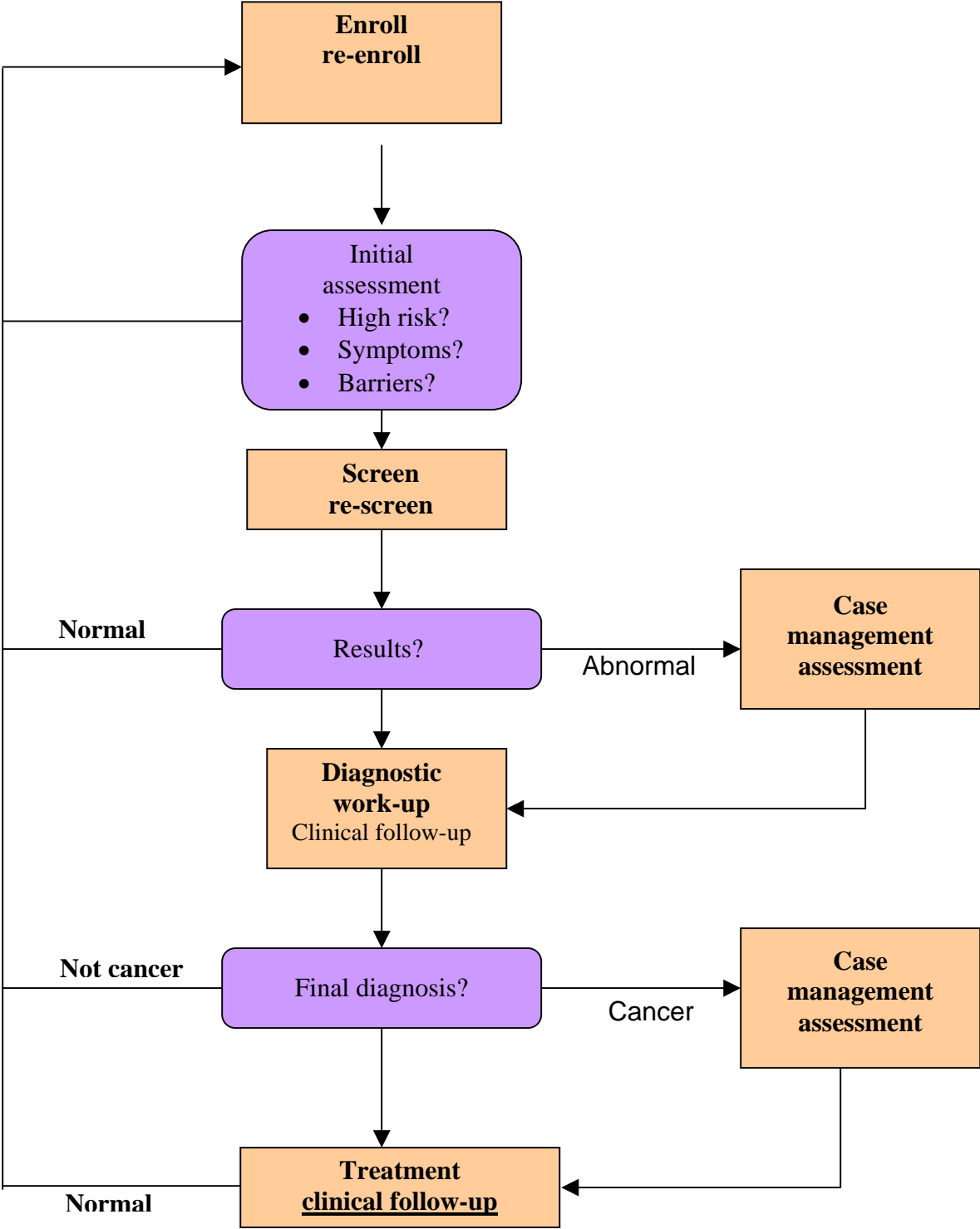
- In-reach activities - In-reach identifies eligible priority populations currently being served by provider practices for screening. Systems can be established that flag charts of women in need of breast and cervical cancer screening services.
- Outreach Activities - Activities that target and identify rarely or never screened women in communities to receive breast and cervical cancer screening services. Outreach activities involve establishing and maintaining community linkages with community-based organizations and other applicable agencies serving the target population. Often outreach activities provide program-related information within the community at events such as neighborhood health fairs, family fun activity days and other social events that may interest and encourage women to receive screening services.

Figure 1 displays the patient flow from enrollment to treatment.

# CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM (CBCCEDP)

Figure 1

Patient/Participant Flow



## **Screening Services**

### **CBCCEDP Breast Cancer Screening**

The CBCCEDP provides two primary forms of Breast Cancer Screenings.

- Mammography - In older women, this type of screening has demonstrated effectiveness as observed in multiple randomized controlled trials as a result CBCCED Program policy states that mammography screening to women every 12 to 18 months significantly reduces breast cancer mortality, especially in women aged 50 years and older.
- Clinical Breast Examination (CBE) – The CBE is intended to detect breast abnormalities or evaluate patient breast symptoms. If used appropriately, it is an important complement to mammography in the early detection of breast cancer. CBE helps to identify some cancers missed by mammography and provides an important screening tool for use with women for whom mammography is not recommended or with women who refuse mammography.

Cervical Cancer screening provides two primary forms of Cervical Cancer Screening:

Cervical cancer screening is primarily performed through a pelvic exam and the use of the Pap test, which has been shown to reduce the burden of cervical cancer screening. Through years of regular use, the test has produced marked reductions in cervical cancer morbidity and mortality. Clinical experience, descriptive studies, and cohort and case control studies have demonstrated its efficacy.

### **Screening Priority Populations**

The CBCCEDP focus on providing screening services to women 50 to 64 years of age for breast cancer screening and women never or rarely screened for cervical cancer screening. After a woman has had three consecutive, normal Pap tests documented within a 5-year (60-month) period, the Pap test shall be performed every 3 years. The purpose of the CBCCEDP is to serve women who may not otherwise be screened. The program focuses on women who have incomes that fall at or below 200% of the Federal Poverty Level (FPL), have no insurance, or no coverage for preventive care, as well as those who are members of minority groups that often experience disparities in health outcomes. The CBCCEDP program has screened over 45,000 women and provided 93,816 screening examinations since it was established in 1995.

### ***CBCCEDP Diagnostic Follow-Up Treatment Referral Services***

An early challenge in establishing and/or diagnosed cancer through the CBCCEDP was the need to follow women with abnormal screening tests. The challenge led to the establishment of case management services in October 1999, when Congress amended the Breast and Cervical Cancer Mortality Prevention Act of 1990 to allow these services to be considered essential client services. The intent of the act was to ensure that women with abnormal screening results or cancer diagnoses receive timely and appropriate follow-up services.

Diagnostic referrals of patients from nonprogram providers these women received their initial screening which produced abnormal test results through funding other than CBCCEDP (e.g., self-pay or another public program). If these women meet eligibility criteria, they may (based on decision-making at the provider level) enter the program for diagnostic workup (e.g., additional mammographic views or colposcopy).

Because of limited resources, women screened with CBCCEDP funds are priority candidates for receipt of diagnostic services.

## **Clinical Follow-Up**

Clinical follow-up refers to the procedures necessary to complete a diagnostic workup for an abnormal screening result or the referral of a patient to treatment for a cancer diagnosis. The adequacy and timeliness of the clinical follow-up must be consistent with or exceed the clinical protocols established by the DPH, CBCCEDP.

### Re-screening

Re-screening activities plan, at minimum, should include the following components:

- Education for women about the purpose of re-screening. Education about the purpose of CBE, mammography, and/or Pap tests may begin with initial program enrollment. Emphasis should be placed on the message that screening at regular intervals leads to a decreased risk of dying from breast cancer or developing cervical cancer.
- Development and implementation of a reminder system to facilitate the return of women who were previously screened. The reminder system should be systematic, comprehensive (capturing CBE, mammography, Pap test, and pelvic examination), and applied consistently using acceptable clinical and public health practices and key messages, while also maintaining patient confidentiality (e.g., to meet HIPAA requirements).

## **Case Management**

The CBCCEDP defines case management as establishing, brokering, and sustaining a system of essential support services for CBCCEDP-enrolled women to identify and overcome barriers to definitive diagnosis and treatment.

Case management services are necessary to ensure that women with abnormal screening results are able to comply with the recommended clinical protocol. These services are intended to ensure timely and complete clinical follow-up of abnormal screening results for the patient. In the case of a cancer diagnosis, case management refers the woman for treatment covered under the Connecticut Breast Cervical Cancer Early Detection Program Treatment Act (CBCCEDPTA).

A protocol must be established by providers to ensure that women with abnormal screening results are referred for further diagnostic testing depending on the diagnosis and subsequent treatment.

Case management has the following purposes:

- To identify client barriers, such as transportation, scheduling, language and lack of understanding about the need for or nature of follow-up procedures
- To overcome these barriers so that the client can keep follow-up appointments and take action on recommendations

## **Systems for Tracking the Data**

### Minimum Data Elements (MDEs):

The CBCCEDP minimum data elements (MDEs) are a set of standardized data variables developed to ensure that consistent and complete information on screening location, participant demographic characteristics, screening results, diagnostic procedures, and treatment information are collected for women screened or diagnosed with program funds. These are the data items that are minimally necessary for the CDC to manage individual programs and are required to be collected and recorded for each screening event for each woman.

CBCCEDP providers should coordinate their program to develop a mechanism to share MDEs already collected by these CBCCEDP requirements with their WISEWOMAN program counterparts to reduce the burden on participants and to avoid duplication of efforts.

CBCCEDP providers must implement a plan to keep data confidential and that meets all the Health Insurance Portability and Accountability Act (HIPAA) requirements.

Providers are required to use the Connecticut Department of Public Health's web-based data collection system to collect and report program data from their respective offices. The Connecticut Department of Public Health will provide consultation, technical assistance, and training on the implementation and use of this system.

CBCCEDP MDEs will be used as performance measures to assess provider progress toward meeting CBCCEDP and NBCCEDP goals.

## **PROVIDER ORIENTATION**

Providers are responsible for orienting sub providers to CBCCEDP screening policies and procedures. Screening protocols that are endorsed by the CBCCEDP, National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are consistent with guidelines and recommendations from national organizations and/or professional societies such as ACS, NCI, USPSTF, and ACOG generally define the starting and ending ages and re-screening intervals. An established orientation curriculum supplies providers with consistent and comprehensive training about their role in providing screening, diagnostic, and treatment services, as well as the unique expectations of the program related to reimbursement and data.

- All staff members - Everyone at the provider site will need support and technical assistance in creating a welcoming and culturally sensitive environment for program clients.
- Front office staff members - These staff members will need an orientation to client eligibility and enrollment procedures. The orientation should include essential information on data transmission, tracking systems, and confidentiality issues.



# Connecticut Department of Public Health

## WISEWOMEN PROGRAM DESCRIPTION

**(Well-Integrated Screening and Evaluation for Women Across the Nation)**

**October 2008**

**Connecticut Department of Public Health  
410 Capitol Ave., MS 11-CCS  
POB 340308  
Hartford Connecticut 06134-0308**

# **WISEWOMAN Program**

## **WISEWOMAN's Approach to Improving Public Health**

### **WISEWOMAN's Mission**

To provide low-income, underinsured, or uninsured 40-64 year old women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular and other chronic diseases.

Preventive health services are provided to eligible women through free screening for chronic disease risk factors and structured lifestyle interventions that help participants become more physically active, make healthful food choices, control their weight, and live tobacco free.

Partnerships at the local, state, and national levels are vital to WISEWOMAN's success in carrying out this mission. CDC works closely with state and tribal agencies to develop, implement, evaluate, and maintain the WISEWOMAN Program.

### **Rationale**

Heart disease, stroke, cancer, and diabetes account for about two-thirds of all deaths in the United States. Many studies have shown that we can lower people's risk for illness and death from these chronic diseases by reducing risk factors such as high cholesterol, high blood pressure, high blood glucose, obesity, poor diet, sedentary lifestyle, and smoking. However, screening, behavioral interventions, and any necessary treatment services for these risk factors are often beyond the reach of uninsured and underinsured women, who currently account for 14% of U.S. women aged 40-64 years.

To address this unmet need for preventing and detecting heart disease, stroke, and their risk factors among uninsured women, WISEWOMAN was authorized as a program in 1993 through a legislative supplement to the law that established CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

In 1995, CDC launched the first WISEWOMAN demonstration projects in three states, Massachusetts, Arizona, and North Carolina. In 2001 Congress authorized WISEWOMAN to expand to not more than 15 states/tribes. As of 2008, WISEWOMAN reached the cap of 19 State and 2 Tribal organizations receiving funds to provide WISEWOMAN services. Connecticut is among the 19 state health departments that were funded.

### **Delivery of WISEWOMAN Services Using Public Health Principles**

The use of public health principles means to link people with needed personal health services and assure the provision of health care when otherwise unavailable but to also work with the community to influence the environments of the WISEWOMAN participants.

To achieve the goal of improving conditions beyond the individual level, WISEWOMAN embraces a framework such as the social ecologic model, which encourages public health action at the interpersonal, organizational, community, and societal levels as well as at the individual level.

## **WISEWOMAN and the CBCCEDP**

The WISEWOMAN Program builds on the state CBCCEDP infrastructure to provide cardiovascular and other chronic disease risk factor screening and lifestyle interventions to women aged 40 and older who are enrolled and remain eligible to participate in the CBCCEDP.

Projects are expected to provide participants with the ease and convenience of a one-stop office visit that consists of breast and cervical cancer screening as well as blood pressure, cholesterol, glucose, body mass index, diet, readiness for lifestyle changes, physical activity, and tobacco use screening. A one-stop office visit helps women to access a wider array of vital health screenings that they might not otherwise seek and is beneficial from a provider's perspective, when you consider the time, effort, and fiscal resources needed to conduct multiple health screenings and interventions during separate visits. This approach can be a model for other health programs that want to offer more comprehensive health services by piggybacking onto existing programs.

## **Administering the WISEWOMAN Program**

### **Program Eligibility**

All women aged 40-64 years who are enrolled and remain eligible to participate in the CBCCEDP, are eligible to participate in the WISEWOMAN Program. Their incomes are at or less than 200% of federal poverty level. They are underinsured or uninsured. Almost all WISEWOMAN Program participants are aged 40-64: however, there is an exception. The NBCCEDP allows women over 64 to remain in the program if they cannot afford Medicare, Part B. These women are also eligible for WISEWOMAN Program services.

### **Reimbursement-Payer of Last Resort**

Payment for screening services or lifestyle modification counseling may not exceed the amount that would be paid under Medicare, Part B. Current Procedural Terminology (CPT) codes and the state's Medicare, Part B rate will be provided annually by the Connecticut Department of Public Health, once it is available.

WISEWOMAN Program funds cannot be used to pay for services that are covered by a state compensation program, an insurance policy, a federal or state health benefits program, or an entity that provides health services on a prepaid basis.

### **Health Insurance Portability and Accountability Act (HIPAA)**

The HIPAA privacy rule protects the privacy of individually identifiable health information by establishing conditions for its use and disclosure by a health plan, health care clearinghouse, and certain health care providers.

## **Program Materials Development and Distribution**

CDC retains an unrestricted right to use, reproduce, adapt, and disseminate for its own purposes, any products that the WISEWOMAN Program develops using WISEWOMAN federal funds. This includes products created by WISEWOMAN cooperative agreement recipients, providers, sub-providers, vendors, and consultants. These products include, but are not limited to the following: program curriculum, program participant materials, graphic designs, educational and other informational materials, fact sheets, newsletter templates, and manuals, as noted in DHHS grants regulation at 45CFR Section 74.36.

### **Current Procedural Terminology Codes (CPT Codes)**

Providers are reimbursed according to current CPT Codes for screening tests, diagnostic tests, office visits, and counseling services allowed by the CDC WISEWOMAN Program.

Reimbursement for treatment services is not allowed. Treatment includes medication, medical nutrition therapy, and other highly specialized counseling such as diabetes education programs. Smoking cessation treatment/classes are not reimbursed with WISEWOMAN Program Funds.

## **Screening and Referral Services**

### **Participants**

A WISEWOMAN participant is a woman who meets eligibility criteria and has signed the CBCCEDP/WISEWOMAN integrated consent form, answered health behavior questions (e.g., on health-risk appraisal form, lifestyle questionnaire, or enrollment form), and has been screened for at least one risk factor for heart disease or stroke. WISEWOMAN participants must complete all the screening requirements before they can take part in the lifestyle intervention.

### **Allowable Screening Tests**

WISEWOMAN funds can be used for the following tests: resting pulse, blood pressure, Fasting lipid panel, non-fasting total cholesterol, non-fasting high density lipoprotein cholesterol (HDL-C), fasting blood glucose, non-fasting blood glucose, height and weight measurements, interviews, assessments for readiness to make lifestyle changes, physical activity, dietary intake and smoking.

If a woman has a fasting abnormal screening value for blood cholesterol or blood glucose at the baseline screening or re-screening office visit, WISEWOMAN Program funds should not be used to pay for additional diagnostic tests.

If a woman is fasting during her screening visit, a fasting lipoprotein analysis is allowed and should be conducted to determine cholesterol level, and a fasting plasma glucose is allowed and should be conducted to determine her glucose level. Fasting for WISEWOMAN Program blood tests is the preferred method. Participants need to be advised orally and in writing, in advance of their office visit, of the need to be fasting for the blood tests.

### **Fasting vs. Non-Fasting**

A complete lipoprotein profile (total cholesterol, low-density lipoprotein cholesterol [LDL-C], high-density lipoprotein cholesterol [HDL-C], and triglycerides), which requires a 9-12 hour fast, is the preferred cholesterol test, according to the Adult Treatment Panel III (ATP III). The American Diabetes Association recommends that an 8-hour fast occur before testing fasting blood glucose. WISEWOMAN Program providers can screen participants who have not fasted for total cholesterol, HDL-C, and blood glucose. However, a woman who has abnormal values for any of the non-fasting tests will be referred for a fasting (diagnostic) measure.

### **A1C Testing (Glycosolated Hemoglobin)**

For women with previously diagnosed diabetes, projects may use WISEWOMAN Program funds to pay for A1C (glycosolated hemoglobin) testing in lieu of a fasting plasma glucose test. This test, as with all other tests conducted at the initial screening visit, will be performed again 12-18 months later at the re-screening visit. The Hb A1C test will not be done through the fingerstick method. Participants in need of Hb A1C tests will be referred to the laboratory to have the test completed.

### **Cholestech LDX System (Fingerstick Blood Tests)**

Providers will use the Cholestech LDX system to perform fingerstick blood test during the office visit. The Cholestech LDX is a small portable analyzer and test cassette system. It is easy to use. To run a test: perform a finger stick, add the sample to the cassette and place it in the analyzer. In a few minutes the results will appear on the screen. The immediate availability of test results, using this machine, permits the health care provider to give the test results, to provide risk reduction counseling, and to initiate the lifestyle intervention during the initial office visit. The physician or nurse practitioner needs to see the results of the finger stick blood tests, as part of their clinical examination, and therefore the tests should be performed and the results made available in advance of the clinical examination. The fingerstick test can be performed by trained health care personnel such as: physicians; nurse practitioners; registered nurses; or other health care personnel.

Providers will purchase the Cholestech LDX System from the Cholestech distributor in the State of Connecticut, using contract funds. The Cholestech Company will provide training related to the use of the machine.

A provider who operates at a single site will purchase a Cholestech DXL machine for use at that site. A provider who operates with multiple satellite sites will purchase one Cholestech DXL machine to use at the main site. The satellite sites will continue to use the laboratory. Only one Cholestech DXL machine can be purchased per provider. A Clinical Laboratory Improvement Act (CLIA) Waiver is required in order to use the Cholestech testing system. State regulations require that providers be affiliated with a licensed laboratory/laboratory director to provide oversight of the fingerstick procedure using the Cholestech LDX machine. All quality assurance procedures related to the use of the Cholestech system must be adhered to with the appropriate documentation kept on file for review by the Department of Public Health upon request. Additional information about Cholestech can be obtained at [4e](#).

### **Office Visits**

The WISEWOMAN Program provides participants with an initial office visit and includes a re-screening office visit 12-18 months later. A second re-screening office visit may take place 12-18 months after the first re-screening office visit. The initial office visit and the first and second re-

screening office visits are reimbursable. There is no reimbursement for re-screening office visits that occur after the completion of the second re-screening office visit. All reimbursable WISEWOMAN Program office visits take place during CBCCEDP office visits.

WISEWOMAN Program funds can only be used to reimburse baseline and diagnostic, office visits for a total of no more than two office visits per year. The re-screening office visit, which takes place 12-18 months after the initial screening, does not count as part of the first year. The content of the office visits will be consistent with the intent of a screening program rather than a treatment program.

The purpose of the integrated office visit is to have the participant make one visit and during that visit complete all testing and counseling that requires them to be physically present for both the CBCCEDP and WISEWOMAN Program. Therefore, providers should arrange to have all screening appointments made for the same day as the office visit including the first lifestyle intervention session.

### **Baseline or Initial Screening**

The WISEWOMAN Program baseline screening takes place as part of the CBCCEDP annual office visit. Baseline screening includes the following: 1) Blood pressure measurements (must record two systolic and two diastolic measurements); 2) A fasting lipid panel (preferred) or a non-fasting total and HDL cholesterol; 3) A fasting blood glucose (preferred), or a non-fasting blood glucose. Women previously diagnosed with diabetes receive a Hb A1C (glycated hemoglobin) test for the purposes of monitoring blood glucose control; Women who are not fasting and have abnormal results are referred for diagnostic testing (fasting). 4) Body mass index (using measured height and weight); 5) Smoking behavior; 6) Personal history of high cholesterol, high blood pressure, diabetes, and medications for these conditions; 7) Personal history of heart attack, angina, coronary heart disease, or stroke; and 8) Brief family history of stroke, heart attack, and diabetes; and 9) Assessments of readiness to make lifestyle changes, physical activity, and nutrition history.

### **Diagnostic Office Visit**

WISEWOMAN Program funds may be used to reimburse a diagnostic office visit if: 1) a woman has an abnormal non-fasting total cholesterol and HDL-C or non-fasting blood glucose value at baseline screening or re-screening and a fasting lipid panel or fasting blood glucose is needed to diagnose the related condition(s); and 2) a woman has an abnormal blood pressure, fasting lipid panel, or fasting blood glucose clinical value at the baseline screening or re-screening and is seen at a site where the provider cannot diagnose the related condition(s).

### **Risk Reduction Counseling**

All participants receive risk-reduction counseling as part of the screening/re-screening protocol. Once the screening results are available, risk reduction counseling can be carried out by the lifestyle counselor who can be the case manager/site coordinator, nutritionist, or other appropriately trained health personnel. Risk-reduction counseling provides the participant with the results of screening/re-screening tests, health-risk assessment, readiness to make lifestyle changes, physical activity and nutrition assessments. Appropriate recommendations are made in accordance with national clinical care guidelines. The participant is assisted in identifying small steps she can take to improve her lifestyle. During these counseling sessions it is important to use easy-to-understand, culturally appropriate language both orally and in writing. All women who

participate in the baseline/re-screening visits receive risk reduction counseling and are referred to appropriate community-based resources that support physical activity and nutrition. A list of community-based resources is provided to each participant.

Risk reduction counseling is a different activity than the lifestyle intervention. Risk reduction counseling provides feedback on test results and health status assessments. Lifestyle interventions address participant centered, goal driven self-education and linkages to community-based resources that support the maintenance of a healthy lifestyle.

### **CBCCEDP/WISEWOMAN Integrated Consent Form and Reminder Systems**

The integrated consent form, given to providers by the Connecticut Department of Public Health, informs each woman that she will be asked to return for the re-screening visit in 12-18 months. The consent form also informs her of the benefits of attending the lifestyle intervention sessions. Other reminder systems, such as telephone calls, postcards, flyers, or letters, are also needed to remind women about their appointments. Reminder systems serve an important role in having women keep their appointments for the different components of the WISEWOMAN Program.

### **Re-screening Visits**

All WISEWOMAN participants who return for their CBCCEDP annual exam 12-18 months after their WISEWOMAN baseline screening receive WISEWOMAN re-screening services. The re-screening includes the same assessments as the baseline screening and gives an opportunity to provide feedback to: 1) women on progress made toward reaching behavioral goals and reducing their heart disease and stroke risk; 2) providers on improvements made by participants and the need to reinforce lifestyle changes; and 3) the program on the impact of its direct services.

The WISEWOMAN Program provider can stop reminding women about the re-screening office visit once the 12-18-month period has passed. If a woman does return after the 12-18-month period has passed, she can be rescreened and her results reported to the State WISEWOMAN Program. This re-screening visit must be part of the CBCCEDP annual office visit.

The re-screening visit is critical for program evaluation. Therefore, it is imperative that providers work with participants and sub-providers or other providers to ensure that as many women as possible return for the evaluation re-screening visit. This will help to assess the true effects of the program. Women who have had an initial screen and a rescreen 12-18 months later can have a second rescreen another 12-18 months after the first rescreen as part of the BCCEDP office visit. All WISEWOMAN screens and rescreens are to be part of the BCCEDP office visit. The initial screen, first rescreen and second rescreen are reimbursable. Further re-screening events for the WISEWOMAN Program are not reimbursable.

A system must be in place to track all new WISEWOMAN participants, regardless of screening results, to remind them to return for their re-screening, which occurs 12-18 months after the initial screening. The re-screening visit will consist of the same screening tests that were completed at the baseline visit (initial) and will use the same health behavior questions asked during the initial visit (these are reported as minimum data elements).

### **Medical Referrals for Women with Abnormal Values**

When a woman has a screening value that is abnormal but not in the alert range, refer her to a medical care system for diagnostic testing or evaluation in accordance with national guidelines recommendations. This office visit counts as one of the two allowable office visits per participant per year. If the participant completed a fasting lipid panel and fasting blood glucose at the initial/baseline office visit, additional diagnostic exams should not be reimbursed with WISEWOMAN funds. In addition, the medical care system that the woman is referred to is responsible for providing medical follow-up and ensuring treatment.

Because the WISEWOMAN Program focuses on health promotion and primary prevention, the results of the baseline or initial screening visit results are required to be reported but not the results of the follow-up or diagnostic exam office visit. WISEWOMAN Program funds cannot be used to track or ensure that each woman follows through with the diagnostic examination unless she had an alert screening value.

Although CDC does not reimburse or track women with abnormal values, it is important to have and utilize the appropriate referral procedures to ensure that women are being referred to needed follow-up care in a timely manner.

### **Alert Screening Values**

For all women with an alert screening value (estimated to be 1% of all women screened), providers must: 1) Verify that they are evaluated and treated immediately or within one week, depending on the clinical situation and complications, in accordance with national and program guidelines; 2) Identify solutions to overcome barriers to make it possible for them to receive medical care in accordance with national and program guidelines; and 3) Provide a written explanation for any woman with an alert value who does not receive medical care and/or medication. Notify the State WISEWOMAN Program Coordinator as soon as there is an indication that the client is not pursuing follow-up in a timely fashion.

The National Health and Nutrition Examination Survey (NHANES) and the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) were used to identify alert values for the WISEWOMAN Program. The alert values are:

- 1) Systolic blood pressure >180 mm Hg.;
- 2) Diastolic blood pressure >110 mm Hg.;
- 3) Total Blood Cholesterol >400 mg/dl; and
- 4) Blood Glucose >375 mg/dl.

To determine if a blood pressure measurement is an alert value, use the average of the two blood pressure measurements. To determine the average systolic blood pressure, add the two systolic blood pressure readings together and divide by 2. The resulting number is the average systolic blood pressure reading. To determine the average diastolic reading, add the two diastolic blood pressure readings together and divide by 2. The resulting number is the average systolic blood pressure reading.

### **WISEWOMAN Program Funded Case Management**

Case management is an intensive support service used to ensure that women with alert screening values receive appropriate and timely medical care. Case management involves strategies that



reduce barriers to women understanding the treatment regimen, receiving medication, and attending medical appointments.

Case management services may only be reimbursed for women with alert screening values. WISEWOMAN-funded case management services must end when a woman with alert values begins receiving prescribed treatment or is no longer eligible for WISEWOMAN.

For women with alert values who are no longer eligible for WISEWOMAN, it is important to ensure that they are directed to a health care professional who will see them regardless of their financial status or other circumstances before case management stops.

The State WISEWOMAN Program Coordinator should be notified immediately if a women with alert values has not completed the follow-up process despite repeated efforts to have her do so.

### **Treatment and Access to Medication**

Providers are to work with health care practitioners to ensure that women have access to the recommended medical evaluation and treatment, including low-cost or free prescription medications. Providers must develop a system to ensure access to medications for women who require them. WISEWOMAN Program funds cannot be used for treatment. Therefore, therapeutic interventions such as medication and medical nutrition therapy cannot be reimbursed with WISEWOMAN Program funds. A list of potential resources follows:

#### **340 Drug Discount Program** <http://www.hrsa.gov/opa/introduction.htm>

A Health Resources and Services Administration program that gives certain Federally funded grantees access to low cost pharmaceutical drugs.

#### **MySimon Prescription Drugs**

[www.mysimon.com/category/index.jhtml?c=prescription](http://www.mysimon.com/category/index.jhtml?c=prescription) drugs

A Web site that compares the prices of pharmaceutical products available on the Web.

#### **PhRMA Directory of Patient Assistance Programs**

<http://www.phrma.org/searchcures/dpdpap>

A directory of Pharmaceutical Research and Manufacturers of America members who ensure access to medicines to people who cannot afford to purchase them.

#### **Rx Assist**

<http://www.rxassist.org/default.cfm>

A Web site developed by Volunteers in Health Care, a program of the Robert Wood Johnson Foundation, to provide health care practitioners with information on how to access programs that offer a limited supply of free or low-cost medicines.

#### **Rx Hope**

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

A free program that helps physician's offices apply for, obtain, and track requests for no-cost medications offered by Federal, State, and charitable organizations.

#### **State Pharmaceutical Assistance Programs**

<http://www.medicare.gov/spap.asp>

#### **The Medicine Program**

<http://www.freemedicineprogram.org/>

A program that helps patients apply to pharmaceutical companies' indigent patient programs.

## **Recruiting Women to Participate in the Lifestyle Intervention**

WISEWOMAN Program participants with one or more risk factors and are ready to make lifestyle changes are expected to participate in lifestyle interventions. Health care and screening providers can play a key role in encouraging participants to follow through and complete lifestyle intervention sessions. Providers need to identify how women are referred to the lifestyle intervention. There are many ways to do this. Some examples are listed below.

-Work with provider offices that have a health educator or nurse on staff who provide the first lifestyle session while the participant is in the office for her cardiovascular and other chronic disease risk factor screening appointment.

-The screening provider can use a prescriptive pad to indicate the importance of good nutrition, physical activity, and tobacco cessation to the participant. The prescription would then recommend that the woman participate in the lifestyle program designed to help her adopt healthy lifestyle habits.

-Use the consent form to make the participant aware of the lifestyle intervention and have intervention staff contact her as soon as screening results have been received to make an appointment for her to attend the lifestyle intervention sessions.

## **Physical Activity Readiness Questionnaire**

The physical activity component of the lifestyle intervention will likely encourage the participant to increase her level of moderate-intensity physical activity, such as walking and doing housework or yard work. To screen for women who might have an adverse outcome from moderate-intensity activities, some questions need to be asked. One tool that providers may want to review for use in clearing women for physical activity is the Physical Activity Readiness Questionnaire (PAR-Q). The British Columbia Ministry of Health developed the original PAR-Q, and an Expert Advisory Committee on the Canadian Society for Exercise Physiology revised the questionnaire in 2002. The PAR-Q contains seven questions and can be accessed at <http://www.csep.ca/pdfs/par-q/pdf>.

## **Ensuring Adherence to National Guidelines**

To ensure that participants receive high-quality care, providers should contract with health care practitioners who agree to provide care in accordance with national clinical care and prevention guidelines.

## **Screening for High Blood Pressure**

Providers follow the recommendations of the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) (<http://nhlbi.nih.gov/guidelines/hypertension/>)

The prevention and management of hypertension are major public health challenges for the United States. The prevalence of hypertension increases with advancing age: more than half of people

aged 60-69 years old and approximately three-fourths of those aged 70 years or older have high blood pressure.

### **Accurate Blood Pressure Measurement**

Accurate blood pressure measurement is critical for detecting and managing high blood pressure. The JNC-7 report recommends the following steps for accurately measuring blood pressure; 1) Clients should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured; 2) Clients should be seated quietly for at least 5 minutes in a chair (rather than an exam table), with feet on the floor and arms supported at heart level; 3) To ensure accuracy, use the appropriate size cuff (cuff bladder encircling at least 80% of the arm). Many adults will require a large adult cuff;

4) Use a mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device to measure blood pressure; 5) Systolic blood pressure (SBP) is the point at which the first of two or more sounds is heard (phase 1), and diastolic blood pressure (DBP) is the point before the disappearance of the sounds (phase 5); 6) Measure and record at least two measurements, separated by a minimum of 2 minutes; and

7) Providers should give each client specific blood pressure numbers and goals verbally and in writing.

### **National Guidelines on Management of High Blood Pressure**

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) states that adopting a healthy lifestyle is critical for preventing high blood pressure and managing hypertension. Although achieving and maintaining normal body weight is the ideal goal, losing as little as 10 pounds reduces blood pressure and prevents hypertension in a large proportion of overweight adults. To reduce blood pressure, JNC 7 recommends that adults follow the DASH Eating Plan, which is rich in fruits, vegetables, and low-fat dairy products ([http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new\\_dash.pdf](http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf)). JNC 7 also recommends reducing dietary sodium and limiting alcohol intake.

The report states that combining two or more lifestyle changes can lead to even better results and therefore recommends that everyone who is able should engage in regular aerobic physical activity and that people who smoke should be strongly counseled to quit smoking. For more about preventing and managing high blood pressure, see <http://www.nhlbi.nih.gov/guidelines/hypertension/>.

### **Screening for High Blood Cholesterol**

Providers should follow the recommendations of the National Cholesterol Education Program's (NCEP) Adult Treatment Panel III (ATP III) Report for treating high blood cholesterol in adults (<http://www.nhlbi.nih.gov/guidelines/cholesterol/> and view the July 2004 update to these guidelines (<http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.htm>).

The ATP III Report states that a clinical risk assessment has two goals: 1) to identify people who are at high risk for accelerated atherogenesis and 2) to identify those who are at higher risk for acute coronary syndrome because of established advanced atherosclerosis. A feature of the ATP III Report is a focus on primary prevention of coronary heart disease in people with multiple risk factors.

ATP III recommends a complete lipoprotein profile (total cholesterol, LDL-C, HDL-C, and triglycerides, conducted after a 9-12 hour fast) as the preferred initial test, rather than total cholesterol and HDL-C alone. Although the WISEWOMAN Program also prefers this type of testing, it is recognized that WISEWOMAN screenings can occur during a breast and cervical cancer-screening visit, when women are least likely to have fasted. Consequently, WISEWOMAN allows projects to determine cholesterol levels by measuring non-fasting total cholesterol and HDL-C. For women who are otherwise at low risk (one or no risk factor), further testing is not required if their HDL-C level is equal to or greater than 40 mg/dl and their total cholesterol is <200 mg/dl. However, for women with two or more risk factors, lipoprotein measurement is recommended as a guide to clinical management. (Providers should refer to Step 2 of ATP III Guidelines At A Glance Quick Desk Reference) <http://www.nhlbi.nih.gov/guidelines/cholesterol/atglance.pfd>] to determine a participant's number of risk factors.

## **National Guidelines on the Management of High Cholesterol**

The Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults: Treatment Panel III (ATP III) recommends therapeutic lifestyle changes (TLC) to lower LDL cholesterol and reduce the risk for CVD. The features of TLC are weight management, increased physical activity, and dietary modifications. The TLC diet encourages: 1)- Eating foods that are low in saturated fat, trans fats, and cholesterol and those rich in complex carbohydrates and fiber, such as whole grains, fruits and vegetables; 2) Balancing energy intake with energy expenditure to maintain a desirable body weight or to prevent weight gain; 3) The overall composition of the TLC diet is consistent with the recommendations from the Dietary Guidelines for Americans. For more information about the TLC diet, see [http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3\\_rpt.pdf](http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3_rpt.pdf)

### **Screening for Overweight and Obesity**

Providers should follow the recommendations of the National Institutes of Health (NIH) Practical Guide on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults ([http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm)) and Obesity Education Initiative's Guidelines for Weight Management (<http://www.nhlbi.nih.gov/about/oei>)

All overweight and obese adults (18 years of age and older) with a body mass index (BMI) of equal to or greater than 25 are considered at risk for developing associated morbidities or diseases such as hypertension, high blood cholesterol, type 2 diabetes, coronary heart disease, and other diseases. Adults with a BMI of 25-29.9 kg/m<sup>2</sup> are considered overweight and those with a BMI >30 kg/m<sup>2</sup> are considered obese.

The above-mentioned guide provides health care practitioners with a step-by-step approach to treating overweight and obesity. Many of the steps in this approach may be covered by the WISEWOMAN lifestyle intervention, which incorporates strategies to increase physical activity and includes behavioral strategies such as self monitoring, stress management, problem solving, and social support. Caloric intake can be addressed by teaching participants how to choose sensible portions sizes and how to determine how many daily servings of each food group are needed for a healthy diet.

## **Screening for Diabetes**

When screening for diabetes, providers should follow the American Diabetes Association's (ADA's) 2008 ([http://www.diabetesjournals.org/content/vol131/Supplement\\_1/#POSITIONSTATEMENTS](http://www.diabetesjournals.org/content/vol131/Supplement_1/#POSITIONSTATEMENTS)). Whereas the WISEWOMAN legislation mandates that all projects screen their participants for elevated blood pressure and cholesterol, the program strongly encourages projects to screen for diabetes, which is a risk factor for cardiovascular disease. Generally, the effectiveness and cost-effectiveness of screening asymptomatic populations for diabetes remains controversial, as ADA notes in its recommendations. Nevertheless, the ADA recommendations support the use of opportunistic screening in a clinical setting for people at high risk for diabetes.

CDC's Division of Diabetes Translation has determined that diabetes screening provided through WISEWOMAN constitutes opportunistic screening because the participant is screened within a health care facility, usually during an office visit for breast and cervical cancer screening. WISEWOMAN participants are often at a higher risk for diabetes because of their age, weight, and physical inactivity. Therefore, the WISEWOMAN Program is allowed to carry out diabetes screening.

### **Sustained Lifestyle Changes Cut Risk for Diabetes**

Studies suggest that the progression from prediabetes to diabetes can be prevented or delayed. In 2001, results from two landmark clinical trials—the Finish Diabetes Prevention Study and the U.S. Diabetes Prevention Program (DPP) demonstrated that sustained lifestyle changes that included modest weight loss and physical activity substantially reduced progression to diabetes among older adults who were at high risk. Results from the DPP were so compelling that the trial was ended a year early. The lifestyle intervention worked equally well for men and for women and all racial and ethnic groups. A healthy diet and modest physical activity can help people cut their risk for Type 2 diabetes.

### **Diagnostic Testing**

The fasting plasma glucose (FPG) test and the oral glucose tolerance test (OGTT) are both suitable tests for diagnosing diabetes. However, OGTT is not recommended for routine clinical use. The FPG test is preferred in clinical settings because it is easier and faster to perform, more convenient and acceptable to patients, and less expensive. Participants with an FPG of 126 mg/dL (7.0 mmol/l) or greater should be retested on a different day to confirm a diabetes diagnosis. If the participant has a FPG of less than 126 mg/dL (7.0 mmol/l) but is nevertheless suspected to have diabetes, an OGTT should then be performed. An OGTT value of 200 mg/dL (11.1 mmol/l) or greater is a positive test for diabetes and should be confirmed on a different day. The ADA and the WISEWOMAN Program do not endorse the use of A1C (glycosolated hemoglobin) as a screening test.

The ADA defines fasting as not consuming food or beverages other than water for at least 8 hours before testing. Because many WISEWOMAN participants visit their provider after they have already eaten or had a beverage, WISEWOMAN allows projects to use non-fasting blood glucose testing. The ADA refers to such tests as casual plasma glucose measurements. In other words, the measurement is taken without regard to the time of the last meal. A casual plasma glucose level equal to or greater than 200 mg/dL in someone who has symptoms of diabetes (e.g., excessive thirst, blurred vision, frequent urination, weight loss) is considered diagnostic of diabetes. A confirmatory FPG test or OGTT should be completed on a different day if the patient's clinical condition permits.

## **Hemoglobin A1C**

Hemoglobin is the part of a red blood cell that carries oxygen to the cells and sometimes joins with glucose in the bloodstream. Testing the hemoglobin A1C of a person who has diabetes allows the provider to measure the person's average blood glucose level over the past 2-3 months. Also referred to as A1C, the test shows the amount of glucose that sticks to the red blood cell, which is proportional to the amount of glucose in the blood. The A1C test values remain a valuable tool for monitoring glycemia, but it is not currently recommended for the screening or diagnosis of diabetes. Hb A1C tests are not carried out using the Cholestech LDX machine at provider sites. Participants who require a Hb A1C are referred to the laboratory to have the test.

## **Screening for Tobacco Use**

The current U.S. Public Health Clinical Practice Guidelines and the Guide to Community Preventive Services both recommend proactive telephone counseling as a method too help smokers quit. Providers assess participants for smoking behaviors. Participants who smoke are referred to the Connecticut QuitLine. The Connecticut QuitLine is a pro-active tobacco cessation telephone service funded by the Connecticut Department of Public Health through the Tobacco and Health Trust Fund. The QuitLine services are free and confidential. They provide one-on-one telephone counseling from 8am to 12am, seven days a week. Spanish speaking counselors are on staff and translation services for other languages are available. Those who are ready to quit are offered one-five telephone-based counseling sessions with follow-up calls based upon client needs.

Participants may also be referred to community-based smoking cessation resources. Smoking cessation treatment/classes are not reimbursable with WISEWOMAN Program funds.

## **5-A Behavioral Counseling Framework**

The report, **Counseling to Promote a Healthy Diet**, created for the Agency for Healthcare Research and Quality, found the 5-A Behavioral Counseling Framework to be useful in describing how interventions that combine nutrition education with behavior-oriented counseling affect change. The 5-As refer to the process used from the time the participant enters the screening process until they are connected to community-based resources. Providers (project coordinator or nutritionist) will implement the 5-A Behavioral Counseling Framework for each client. Different provider staff participate in the delivery of the 5As as the participant moves through the components of the program. Examples of activities for each of the 5-A's include but are not limited to:

**Assess:** Assess heart disease and stroke risk factors, lifestyle behaviors, and readiness to make lifestyle behavior changes (and progress made towards achieving goals).

**Advise:** Provide advice based on risk status through risk reduction counseling, discuss medication use and adherence (if applicable), and emphasize the benefits of behavior change.

**Agree:** Obtain agreements through collaborative goal setting for lifestyle behaviors and if needed, medical care.

**Assist:** Provide assistance by helping identify strategies for overcoming barriers to developing, changing, or maintaining health behaviors; assisting with development of the skills and confidence necessary to successfully develop, change, or maintain health behaviors; and helping to increase social/environmental supports.

**Arrange:** Help arrange follow-up appointments (e.g. lifestyle intervention sessions, medical appointments) and when appropriate, link to low cost medical or community- based resources to support heart health.

## **Readiness Assessment-Nutrition Assessments-Physical Activity Assessments**

Each woman, as part of the baseline screening, completes a readiness, nutrition, and physical activity assessment that asks questions to assess her readiness to participate in lifestyle interventions, the quality of her diet and her level of physical activity. The provider carries out these assessments and assists the participant in determining how ready she is to make lifestyle changes. For example, she is asked how many fruits and vegetables she consumes each day and how many minutes of moderate-intensity physical activity she completes on how many days a week. Providers use the results of baseline screening and assessments related to diet, physical activity, and readiness to make lifestyle behavior changes to match each participant with the appropriate lifestyle intervention and/or community based resources. This information is used to identify the participant's lifestyle and to work with the participant to establish a plan for improving their lifestyle.

### **Community Partners**

WISEWOMAN Programs are required to establish community partners in order to engage the community to help bring about the systematic changes needed to sustain efforts to promote cardiovascular health among underserved women.

The CDC/ATSDR Committee for Community Engagement defines community engagement as the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interests, or similar situations to address issues affecting the well being of community members. Community involvement is a powerful vehicle for bringing about environmental and behavioral changes that improve the health of community members, including the WISEWOMAN participants. It often involves partnerships and coalitions that help mobilize resources, influence systems, and serve as catalysts for changing policies, programs, and practices. For more information on this subject, refer to the Principles of Community Engagement (available at <http://www.cdc.gov/phppo/pce/index.htm>).

Providers need to identify and link women to free or low cost community-based resources that will support healthy nutrition and physical activity based upon her risk of heart disease and stroke risk and motivation to make lifestyle changes. Programs are strongly encouraged to partner with community organizations or businesses that will donate services or items at low or no cost to WISEWOMAN participants or the program (e.g., affordable memberships at fitness centers, reduced cost of fresh fruits and vegetables at local markets, pedometers).

As an incentive to help women adopt heart healthy behaviors and sustain behavior change, WISEWOMAN funds can be used to purchase items to support these behaviors or offset the cost of accessing heart healthy community-based resources for a limited time. Examples include passes to access parks and recreation sites, entry fees for community walk/run events, and coupons to purchase fruits and vegetables at local markets.

### **Dietary Guidelines for Americans**

The Dietary Guidelines for Americans is published jointly every 5 years by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). These guidelines

provide authoritative advice about how good dietary habits can promote health and reduce risk for major chronic diseases among people 2 years of age or older. These guidelines provide science-based advice to promote health and to reduce risk for major chronic diseases through diet and physical activity. Two examples of eating patterns that follow the Dietary Guidelines are:

-The DASH (Dietary Approaches to Stop Hypertension) Eating Plan (<http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/>).

-USDA Food Guide, which is the basis for USDA's My Pyramid ([www.MyPyramid.gov](http://www.MyPyramid.gov)).

### **5 A Day-Eat a Variety of Colorful Fruits and Vegetables Every Day**

Consuming a diet rich in fruits and vegetables may reduce a person's risk for cancer and other chronic diseases. Fruits and vegetables provide essential vitamins and minerals, fiber, and other substances that are important for good health. Most fruits and vegetables are naturally low in fat and calories and are filling. 5A Day-Eat a Variety of Colorful Fruits and Vegetables Every Day is a national program and partnership that seeks to increase the number of daily servings of fruits and vegetables Americans eat to five or more. Each state has a 5 A Day program coordinator who can assist WISEWOMAN projects in developing ways to help participants change their eating patterns to include more fruits and vegetables. For more about CDC's 5 A Day program, see <http://www.cdc.gov/5aday/>.

### **Recommendations on Physical Activity**

Lifestyle interventions geared toward physical activity should support recommendations from the Surgeon General's Report on Physical Activity and Health. These recommendations advise people of all ages to have at least 30 minutes of physical activity of moderate intensity (such as brisk walking) on most, preferably all, days of the week. The report also acknowledges that most people can obtain greater health benefits by engaging in physical activity of more vigorous intensity or of longer duration. The report can be downloaded from <http://www.cdc.gov/nccdphp/sgr/contents.htm>.

Previously sedentary women who begin physical activity programs should start with short intervals (5-10 minutes) of physical activity and gradually build up to the desired level of activity. Physical activity can be accumulated through three to six 10-minute bouts over the course of the day.

### **Data Collection-Quality Assurance-Program Evaluation**

#### **Minimum Data Elements (MDE's)**

The WISEWOMAN minimum data elements (MDEs) are a set of standardized data variables developed to ensure that consistent and complete information on screening sites, participant demographic characteristics, baseline screening and re-screening results, personal and family health history, and lifestyle intervention services are collected for each participant in the WISEWOMAN Program.

WISEWOMAN Program providers must collect and submit minimum data elements (MDEs) using a standardized format that has been established by the CDC WISEWOMAN Program. Programs are required to use the exact MDE working response options, and response format as developed by the CDC and the CT-DPH.



Programs must implement a plan to keep data confidential and that meets all the Health Insurance Portability and Accountability Act (HIPAA) requirements.

Providers participate in quality assurance and program activities as required.

### The Connecticut Lifestyle Intervention

The Connecticut WISEWOMAN Program lifestyle intervention is called “Turning Over a New Leaf-Healthy Choices from the Connecticut WISEWOMAN Program,” a booklet. The Connecticut lifestyle intervention is an adaptation of the CDC approved Vermont intervention “Turning Over a New Leaf-Healthy Choices from Ladies First” This intervention was selected because of its simplicity. It is a practice-based intervention designed to reduce modifiable cardiovascular disease risk factors by improving dietary behaviors and dietary consumption, increasing physical activity, and quitting smoking.

It is tailored to different levels of heart disease and stroke risk and readiness to make lifestyle behavior changes. It incorporates national diet and lifestyle recommendations. It must be delivered to the participant in a culturally appropriate and easy-to-understand language. This lifestyle intervention addresses the individual and inter-personal levels of the socio-ecological model. Following the design of the Vermont intervention, the Connecticut WISEWOMAN Program will provide three individual contacts over a period of 4-6 months for participants who have one or more risk factors and have a readiness score of 1 or greater. Counseling protocols are available to guide client-counselor interactions.

#### **First Intervention Contact (30 minutes)**

During the office visit, the first lifestyle intervention takes place by the lifestyle counselor. Lifestyle counselors can include the doctor, nurse practitioner, registered nurse, nutritionist, or health care person trained to do this. It is preferable that the lifestyle counselor be the same person, whenever possible, in order to establish a rapport with the participant. The first lifestyle intervention is initiated when the screening tests, including blood tests, and clinical examination are complete and available for risk reduction counseling. The first intervention is not to precede the completion of the screening process. The content of the first intervention includes:

- 1) An assessment of lifestyle behavioral risk factors and screening results (Screening and Assessment Form/Readiness Assessment, Physical Activity and Nutrition Assessment Form)
- 2) Readiness to change (Turning Over a New Leaf)
- 3) Provision of intervention materials which include the booklet, Turning Over a New Leaf with lifestyle behavior tips for improving cholesterol, blood sugar, blood pressure, physical activity, and weight. Incentives such as pedometers.
- 4) Client centered goal setting (Turning Over a New Leaf)

**Participants with Normal Test Results:** Participants with normal blood pressure, cholesterol, and blood sugar results, at whatever level of readiness they identify, can be referred to community-based resources that address physical activity and healthy nutrition. A list of these resources is provided to the participant and reviewed with them. The list should include a contact person and a telephone number. Participants with normal results do not need to participate in the lifestyle intervention.

Participants with One or More Abnormal Results-Not Ready (Readiness Score 0) Participants with one or more abnormal test results who take the Readiness Assessment and indicate they are not ready (Score 0 meaning they are not ready) will not develop goals or receive the lifestyle intervention. They will be given a list of community resources. Three telephone follow-up contacts will be made with this group of participants, to review their readiness status and to influence their readiness to make lifestyle changes. If their readiness status moves from “0” to 1 or more, they can receive the lifestyle telephone intervention. Their first contact will be a mailing and telephone call.

Clients with One or More Abnormal Results-Ready (Score of 1 or more): Participants with one or more abnormal test results who take the Readiness Assessment and indicate they are ready by marking a category of “1” or greater, can be assisted in developing goals. They will be given the “Turning Over a New Leaf” Booklet and a list of community resources. Both items will be reviewed with the participant. They will go on to receive the two additional telephone intervention sessions.

### **Second Intervention Contact (Telephone-15 minutes) Two Months after Initial Intervention Contact**

The second contact is made by telephone by the lifestyle counselor using motivational techniques. To the extent possible, each client is contacted by the same lifestyle counselor so that a relationship between counselor and client can be established. This contact is client centered and may include:

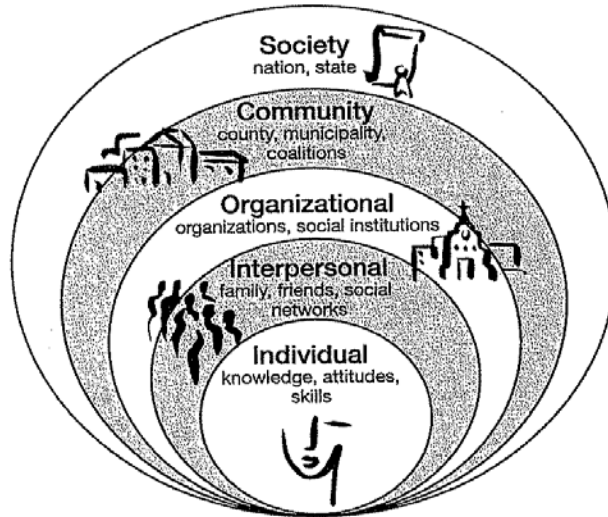
- 1) A review of risk factors.
- 2) A review of progress towards meeting goals.
- 3) Discussion around strategies for meeting goals.
- 4) Discussion of possible incentives.
- 5) Referrals for other services when applicable.
- 6) Connections to community resources (i.e. farmer’s market, exercise program).
- 7) Setting new (additional) goals.
- 8) Scheduling follow-up.

### **Third Intervention Contact (Telephone-15 minutes) Six Months After Initial Contact**

The third contact is made by telephone by a lifestyle counselor using motivational techniques. To the extent possible, each client is contacted by the same lifestyle counselor so that a relationship between counselor and client can be established. This contact is client centered and may include:

- 1) A review of risk factors.
- 2) A review of progress towards meeting goals.
- 3) Discussion around strategies for meeting goals.
- 4) Discussion of possible incentives.
- 5) Referrals for other services when applicable.
- 6) Connections to community resources (i.e. farmer’s market, exercise program).
- 7) Setting new (additional) goals.
- 8) Scheduling follow-up.

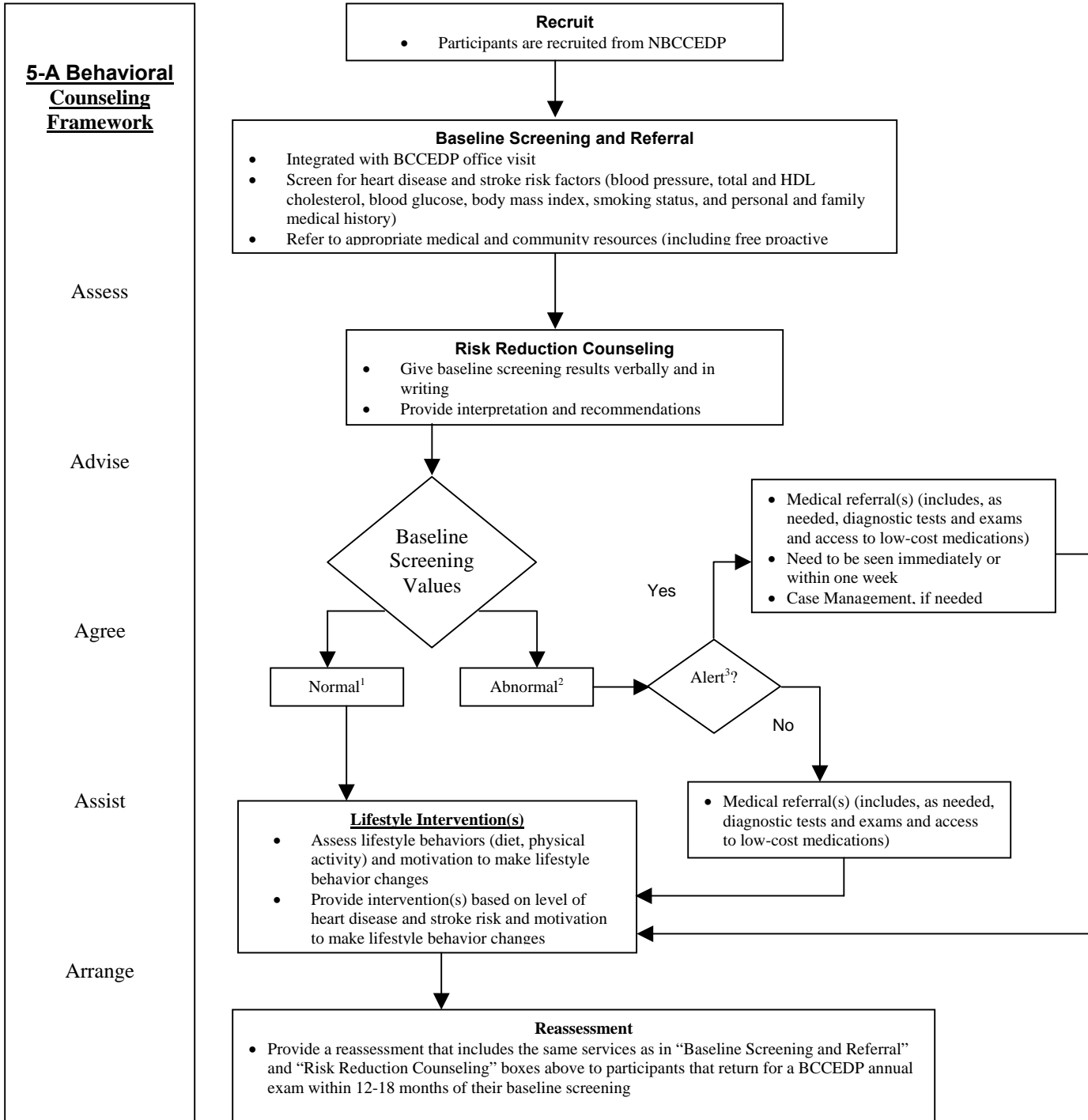
Social Ecologic Model



Examples of WISEWOMAN Activities That Promote Women's Health at Multiple Levels

Social Ecologic Level	Examples of Activities
Individual	Provide screening, diagnosis, referral, case management, medical follow-up, one-on-one lifestyle intervention counseling.
Interpersonal	Offer group lifestyle intervention classes. Develop walking clubs.
Organizational	Extend hours at a clinic to accommodate working women. Encourage providers to follow national clinical guidelines. Implement physical activity prescriptions by providers.
Community	Develop a community garden. Work with community partners to sponsor low-cost walking shoes. Garner community support for providing WISEWOMAN neighborhoods with sidewalks and streetlights. Ask local organizations to provide discounted passes to swimming pools and fitness clubs. Work with local organizations to use their vans or buses to bring women to lifestyle intervention classes. Request that schools keep their gymnasiums open in the evenings and on weekends for community use. Influence the community to address the issues of uninsured community members.
Society	Work with national organizations that offer weight-loss programs, fitness programs, or other health education programs to encourage them to provide discounts for financially disadvantaged populations, including WISEWOMAN participants.

Flow Diagram for WISEWOMAN Direct Services



<sup>1</sup>**Normal Screening Values:** <120 mmHg Systolic Blood Pressure (BP) and <80 mmHg Diastolic BP; <200 mg/dL Total Cholesterol; ≥40 mg/dL HDL Cholesterol; <100 mg/dL LDL Cholesterol; <150 mg/dL Triglycerides; <200 mg/dl Non-fasting Blood Glucose (BD) with no symptoms; <100 mg/dl Fasting BG; <140 mg/dl Oral Glucose Tolerance Test (OGTT)

<sup>2</sup>**Abnormal Screening Values:** ≥120 mmHg Systolic BP or ≥80 mmHg Diastolic BP; ≥200 mg/dL Total Cholesterol; <40 mg/dL HDL Cholesterol; ≥100 mg/dL LDL Cholesterol; ≥150 mg/dL Triglycerides; ≥200 mg/dl Non-fasting BG plus symptoms; ≥100 mg/dl Fasting BG; ≥140 mg/dl OGTT

<sup>3</sup>**Alert Screening Values:** >180 mmHg Systolic BP or >110 mmHg Diastolic BP; >400 mg/dL Total Cholesterol; >375 mg/dl Non-fasting BG; >375 mg/dl Fasting BG

**Connecticut Department of Public Health**  
**CBCCEDP/WISEWOMAN Integrated Office Visit**

<b>Initial/Re-screening Visit(s)</b>	
<b><u>CBCCEDP</u></b>	<b><u>WISEWOMAN</u></b>
Enrollment Breast Examination Breast Self-Exam Ed. Pap. Test Mammography Height/Weight Blood Pressure	Medical History Family Health History Readiness Assessment Physical Activity and Dietary Assessment Blood Test/Fingerstick/Lab
<b>Lifestyle Intervention</b>	
30 Minutes-Face-to-Face	
<ul style="list-style-type: none"> <li>-Risk Reduction Counseling</li> <li>-Assessment of lifestyle behavioral risk factors, screening results and readiness to change.</li> <li>-Provision of intervention materials.</li> <li>-Client centered goal setting.</li> </ul>	

The model identified above represents the CBCCEDP/WISEWOMAN integrated office visit for both the initial visit and re-screening visit(s). The procedures identified under the CBCCEDP are the procedures carried out for women who participate in CBCCEDP whether or not they participate in the WISEWOMAN Program. This includes height, weight, and blood pressure measurement.

Women eligible for the WISEWOMAN Program receive the procedures listed above under the WISEWOMAN Program, in addition to the procedures listed under the CBCCEDP. Women who have a Readiness Assessment score of 1 or greater and 1 or more risk factors for cardiovascular disease receive the lifestyle intervention which begins with risk reduction counseling and moves into the client centered focus on goal setting and lifestyle improvements.

Different personnel at the office visit complete different procedures. A nurse practitioner or physician carry out the clinical examination. Trained health personnel carry out other procedures. The fingerstick blood test, using the Cholestech machine, can be carried out by the nurse practitioner, registered nurse, physician, or other trained health personnel.

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## 5-A Behavioral Counseling Framework

The CDC WISEWOMAN Program has adopted the use of the 5-A Behavioral Counseling Framework to describe how the Program's direct services affect change. Providers need to identify how, when, and by whom the 5A's will be delivered.

**Assess:** Assess heart disease and stroke risk factors, lifestyle behaviors, and readiness to make lifestyle behavior changes and progress made toward achieving goals.

**Advise:** Provide advice based upon risk status through risk reduction counseling, discuss medication use and adherence (if applicable), and emphasize the benefits of behavior change.

**Agree:** Obtain agreements through collaborative goal setting for lifestyle behaviors and if needed, medical care.

**Assist:** Provide assistance by helping identify strategies for overcoming barriers to developing, changing, or maintaining health behaviors; assisting with development of the skills and confidence necessary to successfully develop, change, or maintain health behaviors; and helping to increase social/environmental supports.

**Arrange:** Help arrange follow-up appointments (e.g., lifestyle sessions, medical appointments) and when appropriate, link to low-cost medical or community based resources to support heart health.

**Connecticut Department of Public Health**

**WISEWOMAN Program Lifestyle Intervention**

**Turning Over a New Leaf**

The Connecticut lifestyle intervention “Turning Over a New Leaf-Healthy Choices from the Connecticut WISEWOMAN Program” is an adaptation of the CDC approved Vermont intervention “Turning Over a New Leaf-Healthy Choices from Ladies First.” The model depicted below identifies the components and flow of the intervention and its integration with the office visits.

<b>Initial/Re-screening Visit(s)</b>	
<b><u>CBCCEDP</u></b>	<b><u>WISEWOMAN</u></b>
Enrollment	Medical History
Breast Examination	Family Health History
Breast Self-Exam Ed.	Readiness Assessment
Pap. Test	Physical Activity and
Mammography	Dietary Assessment
Height/Weight	Blood Test/Fingerstick/Lab
Blood Pressure	
 <b>Lifestyle Intervention</b>  	
30 Minutes-Face-to-Face	
<ul style="list-style-type: none"> <li>-Risk Reduction Counseling</li> <li>-Assessment of lifestyle behavioral risk factors, screening results and readiness to change.</li> <li>-Provision of intervention materials.</li> <li>-Client centered goal setting.</li> </ul>	

The Connecticut lifestyle intervention includes three individual client contacts over a period of one to six months, one face-to-face; the second and third contacts are by telephone, each call for 15 minutes. The intervention is delivered to women who have a Readiness Assessment score of one or more and have at least one or more cardiovascular disease risk factors. The intervention can be delivered by a registered nurse, nutritionist, or other trained health personnel.

Women who do not have any cardiovascular disease risk factors do not receive the lifestyle intervention.

Women who have one or more cardiovascular risk factors but a Readiness Assessment score of 0 (not ready) do not receive the lifestyle intervention. They will receive 3 follow-up telephone calls to reassess their readiness to make lifestyle changes. If their readiness score changes to 1 or

greater they can receive the lifestyle intervention. Their lifestyle intervention will consist of three telephone calls: one for 30 minutes, and two for 15 minutes each.

## **Lifestyle Intervention Session #2**

### **Telephone Call-15 Minutes**

#### **Two Months**

A review of risk factors.  
A review of progress toward meeting goals.  
Discussions around strategies for meeting goals.  
Discussion of possible incentives.  
Referrals for other services when applicable.  
Connections to community resources (i.e. farmer's markets, exercise programs)  
Setting new (additional) goals.  
Scheduling follow-up.

The second client centered intervention session, delivered two months after the date of the first intervention session, provides the opportunity to assess where the participant is at and how they feel about their progress. Goals can be revised. Incentives can be considered to reward specific achievements. Discuss and identify community-based resources to support dietary and physical activity.

## **Lifestyle Intervention Session #3**

### **Telephone Call-15 Minutes**

#### **Six Months**

A review of risk factors  
A review of progress towards meeting goals.  
Discussion around strategies for meeting goals.  
Discussion of possible incentives.  
Referrals for other services when applicable.  
Connections to community resources (i.e. farmer's markets, exercise programs)  
Setting new goals.  
Scheduling follow-up

The third client centered intervention session, delivered six months after the first intervention session, provides the opportunity to once again assess where the participant is at and how they feel about their progress. Goals can be revised and incentives for specific achievements can be considered. Discuss community-based resources that support physical activity and good nutrition. This is the last lifestyle intervention session. Remind the participant of the importance of returning for her reevaluation screening 12-18 months from the date of the initial screening.

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**CONNECTICUT BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM [CBCCEDP]  
2008 Allowable Procedures and Relevant CPT Codes  
Rates Effective July 1, 2008 to June 30, 2009**

ALLOWABLE CPT CODES & RATES		REIMBURSEMENT RATES			FUNDING SOURCE BY AGE	
CPT Code	Procedure/Description	Global Reimbursement Rate	Professional Component	Technical Component	19 – 49 Years	50 Years And Over
<b>OFFICE VISITS</b>						
99201A	New Patient; history, exam, straightforward decision-making; 10 minutes	\$40.23			State	Federal
99202A	New Patient; <i>expanded</i> history, exam, straightforward decision-making; 20 minutes	\$68.59			State	Federal
99203A	New Patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	\$100.15			State	Federal
99211A	Established Patient; evaluation and management, may not require presence of physician; 5 minutes	\$22.45			State	Federal
99212A	Established Patient; history, exam, straightforward decision-making; 10 minutes	\$41.58			State	Federal
99213A	Established Patient; <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	\$65.87			State	Federal
99214A	Established Patient; <i>detailed</i> history, exam, decision-making of moderate complexity; 25 minutes	\$98.80			State	State
99241A	Office Consultation; history, exam, straightforward decision-making; 15 minutes	\$53.11			State	Federal
99242A	Office Consultation; <i>expanded</i> history, exam, straightforward decision-making; 30 minutes	\$97.81			State	Federal
99243A	Office Consultation; <i>detailed</i> history, exam, decision-making of low complexity; 40 minutes	\$134.02			State	Federal
99244A	Office Consultation; <i>comprehensive</i> history, exam, decision-making of moderate complexity; 60 minutes	\$195.27			State	Federal
99385	<i>Initial</i> comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18-39 years of age	\$100.15			State	N/A

ALLOWABLE CPT CODES & RATES		REIMBURSEMENT RATES			FUNDING SOURCE BY AGE	
CPT Code	Procedure/Description	Global Reimbursement Rate	Professional Component	Technical Component	19 – 49 Years	50 Years And Over
99386A	Same as 99385, but 40-64 years of age	\$100.15			State	Federal
99387A	Same as 99385, but 65 years and older	\$100.15			N/A	Federal
99395	<i>Periodic</i> comprehensive preventive medicine evaluation and management; history, examination, counseling/guidance, risk factor reduction, ordering of appropriate immunizations, lab procedures, etc; 18-39 years of age	\$65.87			State	N/A
99396A	Same as 99395, but 40-64 years of age	\$65.87			State	Federal
99397A	Same as 99395, but 65 years and older	\$65.87			N/A	Federal
BREAST SCREENING AND DIAGNOSTIC PROCEDURES						
77057	Screening Mammogram, Bilateral (2 view film study of each breast)	\$93.63	\$36.36	\$57.27	State	Federal
G0202	Screening Mammogram, Digital, Bilateral <i>*reimbursed at the conventional rate</i>	\$93.63	\$36.36	\$57.27	State	Federal
77055	Mammography, Diagnostic Follow-up, Unilateral	\$93.27	\$36.36	\$56.92	State	Federal
G0206	Diagnostic Mammogram, Digital, Unilateral <i>*reimbursed at the conventional rate</i>	\$93.27	\$36.36	\$56.92	State	Federal
77056	Mammography, Diagnostic Follow-up, Bilateral	\$117.88	\$44.89	\$72.99	State	Federal
G0204	Diagnostic Mammogram, Digital, Bilateral <i>*reimbursed at the conventional rate</i>	\$117.88	\$44.89	\$72.99	State	Federal
77031	Stereotactic localization guidance for breast biopsy or needle placement	\$286.36	\$82.35	\$204.01	State	Federal
77032	Mammographic guidance for needle placement, breast	\$75.11	\$28.62	\$46.50	State	Federal
76098	Radiological examination, surgical specimen	\$24.11	\$8.14	\$15.98	State	Federal
76645	Ultrasound, breast(s), unilateral or bilateral, B-scan and/or real time with image documentation	\$96.81	\$27.77	\$69.04	State	Federal
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation	\$203.53	\$34.72	\$168.81	State	Federal
19000	Puncture aspiration of cyst of breast	\$119.67			State	Federal
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	\$27.28			State	Federal
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	\$143.37			State	Federal
19101	Breast biopsy, open, incisional	\$324.74			State	Federal
19102	Breast biopsy, percutaneous, needle core, using imaging	\$238.46			State	Federal

ALLOWABLE CPT CODES & RATES		REIMBURSEMENT RATES			FUNDING SOURCE BY AGE	
CPT Code	Procedure/Description	Global Reimbursement Rate	Professional Component	Technical Component	19 – 49 Years	50 Years And Over
	<i>guidance; for placement of localization clip use 19125</i>					
19103	Breast biopsy, percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	\$624.13			State	Federal
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	\$445.17			State	Federal
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$489.91			State	Federal
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <i>each additional lesion separately identified by a preoperative radiological marker</i>	\$154.58			State	Federal
19290	Preoperative placement of needle localization wire, breast	\$175.64			State	Federal
19291	Preoperative placement of needle localization wire, breast; each additional lesion	\$75.71			State	Federal
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy	\$112.17			State	Federal
10021	Fine needle aspiration without imaging guidance	\$145.28			State	Federal
10022	Fine needle aspiration with imaging guidance	\$152.65			State	Federal
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$56.95	\$31.54	\$25.41	State	Federal
88173	Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>	\$147.72	\$71.56	\$76.15	State	Federal
88305A	Surgical pathology, gross and microscopic examination	\$117.04	\$38.84	\$78.21	State	Federal
88307A	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$229.81	\$83.53	\$146.28	State	Federal
<b>CERVICAL SCREENING &amp; DIAGNOSTIC PROCEDURES</b>						
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	\$14.76			State	Federal
88141	Cytopathology (conventional Pap test), cervical or vaginal, any reporting system, <i>requiring interpretation by physician</i>	\$27.01			State	Federal
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation;	\$28.31			State	State

ALLOWABLE CPT CODES & RATES		REIMBURSEMENT RATES			FUNDING SOURCE BY AGE	
CPT Code	Procedure/Description	Global Reimbursement Rate	Professional Component	Technical Component	19 – 49 Years	50 Years And Over
	manual screening under physician supervision					
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and re-screening under physician supervision	\$28.31			State	State
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$29.85			State	State
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual re-screening, under physician supervision	\$37.01			State	State
87621	Hybrid Capture II from Digene - HPV Test (High Risk Typing, only)	\$49.04			State	Federal
57452	Colposcopy of the cervix	\$113.82			State	Federal
57454	Colposcopy of the cervix, with biopsy and endocervical curettage	\$159.26			State	Federal
57455	Colposcopy of the cervix, with biopsy	\$150.02			State	Federal
57456	Colposcopy of the cervix, with endocervical curettage	\$141.87			State	Federal
57460	Endoscopy with loop electrode biopsy(s) of the cervix	\$337.75			State	Federal
57461	Endoscopy with loop electrode conization of the cervix	\$373.77			State	Federal
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$148.56			State	Federal
57505	Endocervical curettage (not done as part of a dilation and curettage)	\$107.72			State	Federal
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$323.31			State	Federal
57522	Loop electrode excision procedure	\$273.62			State	Federal
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$115.01			State	Federal
58110 *NEW*	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$51.19			State	Federal
88305B	Surgical pathology, gross and microscopic examination	\$117.04	\$38.84	\$78.21	State	Federal
88307B	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$229.81	\$83.53	\$146.28	State	State

ALLOWABLE CPT CODES & RATES		REIMBURSEMENT RATES			FUNDING SOURCE BY AGE	
CPT Code	Procedure/Description	Global Reimbursement Rate	Professional Component	Technical Component	19 – 49 Years	50 Years And Over
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$96.45	\$62.69	\$33.75	State	Federal
88332	Pathology consultation during surgery, first tissue block, with frozen section(s), each additional specimen	\$43.09	\$31.15	\$11.94	State	Federal

### PROCEDURES SPECIFICALLY NOT ALLOWED

Any	Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.
Any	HPV testing for screening purposes
Any	Computer Aided Detection (CAD) in breast cancer screening or diagnostics
Any	Magnetic Resonance Imaging (MRI) in breast cancer screening or diagnostics

### END NOTES

The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up within the NBCCEDP, and reimbursement rates should not exceed those published by Medicare. While the use of 993XX-series codes may be necessary in some programs, the 993XX Preventive Medicine Evaluation visits themselves are not appropriate for the NBCCEDP. **9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.**

**The CBCCEDP has established reimbursement rates for these codes as follows:**

**Codes 99385, 99386 and 99387 - \$100.15**

**Codes 99395, 99396 and 99397 - \$65.87**

**CPT Code Changes Effective 1/1/2008:**

Addition: Endometrial sampling (biopsy) performed in conjunction with colposcopy

Digital mammography is approved for reimbursement but it is at the conventional film rate.

HPV DNA testing is a reimbursable procedure if used in the follow-up of an ASC-US result from the screening exam, or for surveillance at one year following an LSIL Pap test without evidence of CIN on colposcopy-directed biopsy. **It is not reimbursable as a screening test.** Providers should specify the high-risk HPV DNA panel; reimbursement of screening for low-risk genotypes of HPV is not permitted.

**HPV DNA testing is a reimbursable procedure if used in the follow-up of an ASC-US result from the screening exam, or for surveillance at one-year following an LSIL Pap test with no CIN 2, 3 on colposcopy-directed biopsy. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women  $\geq 30$  years of age. Providers should specify the high-risk HPV DNA panel only; reimbursement of screening for low-risk HPV types is not permitted.**

[Source: 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests]

Programs that provide services to out-of-state women must charge to **Federal** funds, regardless of the client's age.

**Clarification for reimbursement of CPT Code 58110**

An endometrial biopsy would be indicated (and reimbursed through the CBCCEDP) for all women with an AGC pap result and/or women reporting unexplained vaginal bleeding. [ASCCP recommendation - [http://www.asccp.org/pdfs/consensus/algorithms\\_cyto\\_07.pdf](http://www.asccp.org/pdfs/consensus/algorithms_cyto_07.pdf)]

**CONNECTICUT WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION PROGRAM [WISEWOMAN]**

Rates Effective July 1, 2008 to June 30, 2009

Allowable Services/Procedures			Eligible Age Group 40-64 65+ w/o Medicare B coverage
CPT Code	Procedure/Description	Rate	Funding Source
<b>Office Visits</b>			
99201-B	New Patient – Office Visit (10 min. face-to-face)	\$40.23	Federal
99202-B	New Patient – Office Visit (20 min face-to-face.)	\$68.59	Federal
99203-B	New Patient – Office Visit (30 min. face-to-face)	\$100.15	Federal
99211-B	Established Patient—Office visit (5 min. face-to-face)	\$22.45	Federal
99212-B	Established Patient – Office Visit (10 min. face-to-face)	\$41.58	Federal
99213-B	Established Patient – Office Visit (15 min. face to face)	\$65.87	Federal
99241-B	Consultation Visit – New or Established Patient (15 min. face to face)	\$53.11	Federal
99242-B	Consultation Visit – New or Established Patient (30 min. face-to-face)	\$97.81	Federal
99243-B	Consultation Visit – New or Established Patient (40 min. face-to-face)	\$134.02	Federal
99244-B	Consultation Visit – New or Established Patient (60 min. face-to-face)	\$195.27	Federal
99386-B	Preventative Code – Initial Medicine (Age 40 – 64)	\$100.15	Federal
99387-B	Preventative Code – Initial Medicine (65 and older)	\$100.15	Federal
99396-B	Preventative Code – Periodic Medicine (Age 40 to 64)	\$65.87	Federal
99397-B	Preventative Code – Periodic Medicine (65 and older)	\$65.87	Federal
<b>Laboratory Screening Tests</b>			
36415	Routine venipuncture	\$3.00	Federal
80061	Lipid Panel	\$18.72	Federal
82465	Total Cholesterol	\$ 6.08	Federal
82947	Glucose: quantitative	\$ 5.48	Federal
83036	Hemoglobin glycated (HbA1c) <i>Used in lieu of other glucose testing for those with previous diagnosis of diabetes</i>	\$13.56	Federal
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$11.44	Federal
82948	Glucose; blood, reagent strip	\$4.43	Federal
82951	Glucose tolerance test, three specimens	\$17.99	Federal
80048	Basic metabolic profile	\$11.83	Federal
80053	Comprehensive metabolic panel	\$14.77	Federal
<b>Interventions</b>			
99401	Preventive medicine counseling and/or risk factor reduction intervention(s)	\$38.96	Federal

Allowable Services/Procedures			Eligible Age Group 40-64 65+ w/o Medicare B coverage
CPT Code	Procedure/Description	Rate	Funding Source
	provided to an individual; approximately 15 minutes		
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; approximately 30 minutes	\$64.80	Federal
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; approximately 45 minutes	\$90.14	Federal
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; approximately 60 minutes	\$115.13	Federal
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 30 minutes	\$14.48	Federal
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 60 minutes	\$20.28	Federal

2/15/08  
**CONNECTICUT WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION PROGRAM [WISEWOMAN]**  
Rates Effective July 1, 2008 to June 30, 2009

Allowable Services/Procedures			Eligible Age Group 40-64 65+ w/o Medicare B coverage
CPT Code	Procedure/Description	Rate	Funding Source
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99202-B	New Patient – Office Visit (20 min face-to-face.)	\$68.59	Federal
99203-B	New Patient – Office Visit (30 min. face-to-face)	\$100.15	Federal
99211-B	Established Patient—Office visit (5 min. face-to-face)	\$22.45	Federal
99212-B	Established Patient – Office Visit (10 min. face-to-face)	\$41.58	Federal
99213-B	Established Patient – Office Visit (15 min. face to face)	\$65.87	Federal
99241-B	Consultation Visit – New or Established Patient (15 min. face to face)	\$53.11	Federal
99242-B	Consultation Visit – New or Established Patient (30 min. face-to-face)	\$97.81	Federal
99243-B	Consultation Visit – New or Established Patient (40 min. face-to-face)	\$134.02	Federal
99244-B	Consultation Visit – New or Established Patient (60 min. face-to-face)	\$195.27	Federal
99386-B	Preventative Code – Initial Medicine (Age 40 – 64)	\$100.15	Federal
99387-B	Preventative Code – Initial Medicine (65 and older)	\$100.15	Federal



Allowable Services/Procedures			Eligible Age Group 40-64 65+ w/o Medicare B coverage
CPT Code	Procedure/Description	Rate	Funding Source
99396-B	Preventative Code – Periodic Medicine (Age 40 to 64)	\$65.87	Federal
99397-B	Preventative Code – Periodic Medicine (65 and older)	\$65.87	Federal
<b>Laboratory Screening Tests</b>			
36415	Routine venipuncture	\$3.00	Federal
80061	Lipid Panel	\$18.72	Federal
82465	Total Cholesterol	\$ 6.08	Federal
82947	Glucose: quantitative	\$ 5.48	Federal
83036	Hemoglobin glycated (HbA1c) <i>Used in lieu of other glucose testing for those with previous diagnosis of diabetes</i>	\$13.56	Federal
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	\$11.44	Federal
82948	Glucose; blood, reagent strip	\$4.43	Federal
82951	Glucose tolerance test, three specimens	\$17.99	Federal
80048	Basic metabolic profile	\$11.83	Federal
80053	Comprehensive metabolic panel	\$14.77	Federal
<b>Interventions</b>			
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; approximately 15 minutes	\$38.96	Federal
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; approximately 30 minutes	\$64.80	Federal
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; approximately 45 minutes	\$90.14	Federal
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; approximately 60 minutes	\$115.13	Federal
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 30 minutes	\$14.48	Federal
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting; approximately 60 minutes	\$20.28	Federal

2/15/08

**REQUEST FOR PROPOSAL**  
**RFP # 2008-\_\_ (get # from Contracts and Grants Section)**  
**(FILL IN NAME OF PROGRAM)**

**DEPARTMENT OF PUBLIC HEALTH**  
**\_\_\_\_\_ BRANCH**

**A. Applicant Information**

Applicant Agency: \_\_\_\_\_  
Legal Name

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Address

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City/Town	State	Zip Code
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Telephone No.	FAX No.	E-Mail Address
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Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**TOTAL PROGRAM COST:**    \$\_\_\_\_\_

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

_____ Signature of Authorizing Official:	_____ Date
_____ Typed Name and Title	

The applicant agency is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds. Please provide the following information:

- Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
- Mailing address
- Main telephone number
- Fax number, if any
- Principal contact person for the application (person responsible for developing application)
- Total program cost

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.

B. PROVIDER INFORMATION

PLEASE LIST THE AGENCY CONTACT PERSONS RESPONSIBLE FOR COMPLETION AND SUBMITTAL OF:

Contract and Legal Documents/Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email	Fax No.	

Program Progress Reports:

Name	Title	Tel. No.
Street	Town	Zip Code
Email	Fax No.	

Financial Expenditure Reporting Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email	Fax No,	

Incorporated:  YES  NO

Agency Fiscal Year:

Type of Agency:  Public  Private  Other, Explain:  
 Profit  Non-Profit

Federal Employer I.D. Number:

Town Code No:

Medicaid Provider Status:  YES  NO

Medicaid Number:

Minority Business Enterprise (MBE) :  YES  NO

Women Business Enterprise (MBE) :  YES  NO





**A. Instructions Budget Summary 1**

- I. **Personnel** (lines #1 - #5) each person funded:
  - a) Name of person & Title
  - b) Hourly rate, # hours working per week, and # of weeks. (calculate)
  - c) Fringe benefit rate. (calculate)

**Example:**

1. Name & Position: John Smith, Coordinator	
Calculation: \$25.00 hr X 35hrs X 45wks	\$39,375
Fringe Benefit: 26%	\$10,238

- II. Line #11 **Contractual (Subcontracts)** provide the total of all subcontracts and complete Subprovider Schedule.
- III. Lines #6 - #13 complete categories as appropriate,
- IV. Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.  
For example: Equipment (purchasing a computer at a cost of \$1,500). Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$2,500 or more.
- V. **\*\*\*Audit Costs**, the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**
- VI. Line Item #15 **Administrative and General Costs**, these are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at: <http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.
- VII. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.
- VIII. **Other Income** list any other program income such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.
- IX. **2 Year Contracts**: 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.

Note: If space allowed is not sufficient for large or complex subcontract budgets, the Budget Summary format may be copied and used instead.

**B. Budget Justification Schedule B**

- I. Please provide a brief explanation for each line item listed on the Budget Summary. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.

**\*\*\*Please note: If Laboratory Services is a line item or sub provider, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.**

- II. For providers who have subcontracts, a brief description of the purpose of each subcontract must be provided. Use additional sheets as necessary.

**Example:**

Line Item (Description)	Amount	Justification - Breakdown of Costs
Travel	\$730	1,659 miles @ .44 = \$730.00 outreach workers going to meetings and site visits.

**C. Sub provider Schedule A--Detail**

- I. All sub contractors used by each program must be included, if it is not known who the sub provider will be, an estimated amount and whatever budget detail is anticipated should be provided. (Submit the actual detail when it is available). A separate sub contractor schedule must be completed for each program included in the contract. For example: The contract is providing both a Needle Exchange program and an AIDS Prevention Education Program and Sub contractor "A" is providing services to both program there must be a separate budget for Sub contractor "A" for each.

**II. Detail of Each Sub contractor:**

Choose a category below for each subcontract using the basis by which it is paid:

- A. Budget Basis**                       **B. Fee for Service**                       **C. Hourly Rate.**

Provide the detail for each subcontract referencing the corresponding program of the contract. Detail must be provided for each sub contractor listed in the Summary.

**Example A. Budget Basis**

Outreach Educator \$20/hr x 20hrs/wk x 50wks	\$20,000
Travel 590 miles @ .44 cents/mile	260
Supplies	500
Total	\$20,760

**Example B. Fee for Service:**

Develop and Produce	
500 Videos @ \$10 each	\$5,000
Total	

**Example C. Hourly Rate:**

Quality Assurance Review of 200 Patient Charts	
by Nurse Clinician 200 hours @ \$25/hour	\$5,000
Total	\$5,000

**\*\*\*Please note: If Laboratory Services is a line item or sub contractor, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.**

Category	Amount
<b>Personnel:</b>	
1) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
2) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
3) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
4) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
5) Name & Position: _____ , _____ :	
Calculation:	
Fringe Benefit: _____ %	
6) Travel _____ per mile X _____ miles	
7) Training	
8) Educational Materials	
9) Office Supplies	
10) Medical Materials	
11) Contractual (Subcontracts)***	
12) Telephone	
13) Advertising	
14) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
15) Administrative and General Costs	
<b>Total DPH Grant</b>	
Other Program Income:	

\*\*\* Complete Sub contractor Schedule A





**Sub contractor Schedule A-Detail  
#1**

Program:

Sub contractor Name:

Address:

Telephone: (    ) (    -    )

Select One: **A**  Budget Basis    **B**  Fee-for-Service    **C**  Hourly Rate

Indicate One:     MBE     WBE     Neither

Line Item	Amount
Total Subcontract Amount:	

**#2**

Sub contractor Name:

Address:

Telephone: (    ) (    -    )

Select One: **A**  Budget Basis    **B**  Fee-for-Service    **C**  Hourly Rate

Indicate One:     MBE     WBE     Neither

Line Item	Amount
Total Subcontract Amount:	

**#3**

Sub contractor Name:

Address:

Telephone: (    ) (    -    )

Select One: **A**  Budget Basis    **B**  Fee-for-Service    **C**  Hourly Rate

Indicate One:     MBE     WBE     Neither

Line Item	Amount
Total Subcontract Amount:	

**E. Workplan (make as many blank pages as needed)**

Services to be Provided	Activities	Staff Position(s) Responsible	Expected Outcomes and Measures of Success	Timetable

**F. Staffing**

Profile of Staff Providing Services (see Section E of this RFP). Please provide the information requested below.

Professional Staff*	Name	Title	Hourly Rate	Assigned to Project: # hrs/wk
Position 1				
Position 2				
Position 3				
Position 4				
Clerical/ Support Staff:				
Position 1				
Position 2				

**\*Attach Resumes for all Professional Staff**

**G. Assurances**

Any prospective provider must agree to adhere to the following conditions and **must positively state such in the proposal. Please read, sign, date and return this statement with your proposal.**

- A. **Conformance with Statutes** - Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the Federal Government.
- B. **Ownership of Proposals** - All proposals in response to this RFP are to be the sole property of the State, and subject to the provisions of Sections 1-19 of the Connecticut General Statutes (Re: Freedom of Information).
- C. **Reports and Information** - The provider shall agree to supply any information required by DPH: including evaluation and billing information in the time, manner and format directed by DPH.

The provider shall permit access by properly authorized DPH staff to the provider's premises, staff and participant and financial records, at any reasonable time.

The right to publish, distribute or disseminate any and all information or reports, or any part thereof, shall accrue to DPH without recourse. The provider shall maintain written records to substantiate costs incurred under the contract.

- D. **Timing and Sequence** - Timing and sequence of events resulting from this RFP will ultimately be determined by the State.
- E. **Stability of Proposed Prices** - Any price offerings from applicants must be valid for a period of 120 days from the due date of applicant proposals.
- F. **Oral Agreements** - Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.
- G. **Amending or Canceling Requests** - The State reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point to the issuance of the written agreement, if it is in the best interests of the agency and the State.
- H. **Rejection for Default or Misrepresentation** - The State reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.

- I. **State’s Clerical Errors in Awards** - The State reserves the right to correct inaccurate awards resulting from its clerical errors.
- J. **Rejection of Proposals** - Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
- K. **Applicant Presentation of Supporting Evidence** - An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.
- L. **Changes to Proposals** - No additions or changes to the original proposal will be allowed after submittal, unless specifically requested by DPH.
- M. **Collusion** - By responding, the applicant implicitly states that the proposal is not made in connection with any competing applicant submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the applicant’s proposal preparation.
- N. **Subcontracting** - In a multi-provider situation, DPH requires a single point of responsibility and accountability.

**The undersigned acknowledges receiving and reading the aforementioned assurances and agrees to these terms and conditions as set forth by the Department of Public Health.**

\_\_\_\_\_  
Signature Date \_\_\_\_\_

On behalf of:

\_\_\_\_\_

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



J. Robert Galvin, M.D., M.P.H.  
Commissioner

M. Jodi Rell  
Governor

**AFFIRMATIVE ACTION  
CONTRACT COMPLIANCE POLICY STATEMENT**

The Department of Public Health is an affirmative action employer, in compliance with all state and federal laws which prohibit discrimination and mandate affirmative action to overcome the present effects of past discrimination. Accordingly, we require that the individuals and organizations with which we do business do not engage in discriminatory practices.

This Department and our contractors shall fully comply with the CONTRACT COMPLIANCE REGULATIONS OF CONNECTICUT STATE AGENCIES, Sections 46a-68j-21 through 46a-68j-43, which establish procedures for evaluating compliance with Connecticut General Statutes, Section 4a-60, the state's nondiscrimination contract provisions. We require our contractors to cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities pertinent to these regulations.

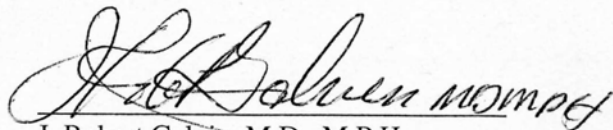
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area may be required to submit evidence of good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.

As part of our contract compliance program, bidders, contractors, subcontractors, and suppliers are encouraged to develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market. The existence and active administration of voluntary plans will be a factor in deciding contract approvals and the continuation of existing contracts, in accordance with Section 46a-68j-30.

This Department also solicits and encourages the participation of minority business enterprises as bidders, awardees, contractors, suppliers, and subcontractors.

All bidders and contractors shall be notified of this policy, must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process.

17 Sep 04  
Date

  
J. Robert Galvin, M.D., M.P.H.  
Commissioner of Public Health



**NOTIFICATION TO BIDDERS**

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71 (d) and 46a-81i (d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 46a-68j-43 of the Regulations of Connecticut State agencies, which establish a procedure for the awarding of all contracts covered by Sections 4a-60 and 46a-71 (d) of the Connecticut General Statutes.

According to Section 46a-68j-30 (9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as bidders, providers, sub contractors and suppliers of materials.” “Minority Business Enterprise” is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) Who are active in the daily affairs of the enterprise; (2) Who have the power to direct the management and policies of the enterprise; and, (3) Who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans ... (2) Hispanic Americans ... (3) Women ... (4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians.” The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21 (11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder’s qualifications under the contract compliance requirements.

- a) the bidder’s success in implementing an affirmative action plan;
- b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-18 of the Connecticut General Statutes, inclusive;
- c) the bidder’s promise to develop and implement a successful affirmative action plan;
- d) the bidder’s submission of EEO-1 data indicating the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and,
- e) the bidder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30 (10) (E) of the Contract Compliance Regulations.

**INSTRUCTION:** Bidder must sign acknowledgment below line and return acknowledgment to Awarding Agency along with the bid proposal.

---

The undersigned acknowledges receiving and reading a copy of the “Notification to Bidders” form.

---

Signature

---

Date

On behalf of:  

---



**WORKFORCE ANALYSIS**

Provider Name:  
Address:

Total Number of CT employees:  
Full Time: Part Time:

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

Job Categories	Overall Totals (sum of all cols. male & female)	White (not of Hispanic Origin)		Black (not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		People with Disabilities	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers													
Professionals													
Technicians													
Office & Clerical													
Craft Workers (skilled)													
Operatives (semi-skilled)													
Laborers (unskilled)													
Service Workers													
Totals Above													
Totals 1 year Ago													
FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM:							Visual Check:		Employment Records		Other:		

1. Have you successfully implemented an Affirmative Action Plan?  YES  NO  
Date of implementation: \_\_\_\_\_ If the answer is "No", explain.

1. a) Do you promise to develop and implement a successful Affirmative Action?  
 YES  NO  Not Applicable Explanation:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive:  YES  NO  Not Applicable Explanation:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area?  YES  NO Explanation:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?  
 YES  NO Explanation:

\_\_\_\_\_  
Provider's Authorized Signature

\_\_\_\_\_  
Date

## **Appendix B - Non-Discrimination Provisions for State of Connecticut Contracts\***

\*Note: Appendix B is provided for your information only. The forms in this Appendix do not need to be completed for the RFP. These will be used for applicants awarded funding and requested during the contract development process.

The Office of the Attorney General has approved the following nondiscrimination certification forms to assist executive branch agencies in complying with the State of Connecticut's contracting requirements, pursuant to the Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended by Public Act 07-245 and Sections 9 and 10 of Public Act 07-142.

By law, a provider must provide the State with documentation in the form of a company or corporate policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of such provider to support the nondiscrimination agreement and warranty under C.G.S. §§ 4a-60a and 46a-68h.

The first of these forms is designed to be used by corporate or other business entities; the **second is to be used only by individuals** who are to sign and perform contracts with the State in their individual capacity. One or the other of these certifications is required for all State contracts, regardless of type, term, cost, or value.

Pursuant to C.G.S. § 46a-56(b), State agencies may apply to the Commission on Human Rights and Opportunities (CHRO) for a waiver from this requirement when entering into contracts with the entities listed below:

- municipalities or other political subdivisions of the State;
- quasi-public State agencies;
- other state governments (including the District of Columbia);
- the federal government;
- U.S. territories and possessions;
- federally recognized Indian tribal governments; and
- foreign governments.

The appropriate certification must be signed by an authorized signatory of the provider (or, in the case of an individual provider, by the individual) and submitted to the awarding State agency at the time of contract execution.

The appropriate form is required for all contracts signed on and after June 25, 2007.

**Non-discrimination Regarding Sexual Orientation.** Unless otherwise provided by Conn. Gen. Stat. § 46a-81p, the Provider agrees to the following provisions required pursuant to § 4a-60a of the Connecticut General Statutes:

- (a)(1) The Provider agrees and warrants that in the performance of the Contract such Provider will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation;
- (2) the Provider agrees to provide each labor union or representatives of workers with which such Provider has a collective bargaining agreement or other Contract or understanding and each vendor with which such Provider has a Contract or understanding a notice to be provided by the commission on human rights and opportunities advising the labor union or workers' representative of the Provider's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

- (3) the Provider agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to § 46a-56 of the Connecticut General Statutes;
  - (4) the Provider agrees to provide the commission on human rights and opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts concerning the employment practices and procedures of the Provider which relate to provisions of this section and § 46a-56 of the Connecticut General Statutes.
- (b) The Provider shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a Contract with the state and such provisions shall be binding on a sub contractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Provider shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with § 46a-56 of the Connecticut General Statutes provided, if such Provider becomes involved in, or is threatened with, litigation with a sub contractor or vendor as a result of such direction by the commission, the Provider may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

**Nondiscrimination and Affirmative Action Provisions in Contracts of the State and Political Subdivisions Other Than Municipalities.** The Provider agrees to comply with provisions of § 4a-60 of the Connecticut General Statutes:

- (a) Every Contract to which the state or any political subdivision of the state other than a municipality is a party shall contain the following provisions:
- (1) The Provider agrees and warrants that in the performance of the Contract such Provider will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to, blindness, unless it is shown by such Provider that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Provider further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such Provider that such disability prevents performance of the work involved;
  - (2) the Provider agrees, in all solicitations or advertisements for employees placed by or on behalf of the Provider, to state that is an “affirmative action-equal opportunity employer” in accordance with regulations adopted by the commission;
  - (3) the Provider agrees to provide each labor union or representative of workers with which such Provider has a collective bargaining agreement or other Contract or understanding and each vendor with which such Provider has a Contract or understanding, a notice to be provided by the commission advising the labor union or workers’ representative of the Provider’s commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;
  - (4) the Provider agrees to comply with each provision of this section and Conn. Gen. Stat. §§ 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to Conn. Gen. Stat. §§ 46a-56, 46a-68e and 46a-68f;

- (5) the Provider agrees to provide the commission of human rights and opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Provider as relate to the provisions of this section and Conn. Gen. Stat. § 46a-56. If the Contract is a public works Contract, the Provider agrees and warrants that he will make good faith efforts to employ minority business enterprises as sub contractors and suppliers of materials on such public works project.
- (b) For the purposes of this section, "minority business enterprise" means any small Provider or supplier of materials fifty-one per cent or more of capital stock, if any, or assets of which is owned by a person or persons:
- (1) who are active in the daily affairs of the enterprise;
  - (2) who have the power to direct the management and policies of the enterprise; and
  - (3) who are members of a minority, as such term is defined in subsection (a) of Conn. Gen. Stat. § 49-60g.
- (c) For the purposes of this section, "good faith" means that degree of diligence, which a reasonable person would exercise in the performance of legal duties and obligations. "Good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements. Determinations of the Provider's good faith efforts shall include but shall not be limited to the following factors: The Provider's employment and subcontracting policies, patterns and practices; affirmative action advertising; recruitment and training; technical assistance activities and such other reasonable activities or efforts as the commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- (d) The Provider shall develop and maintain adequate documentation, in a manner prescribed by the commission, of its good faith efforts.
- (e) Provider shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a Contract with the state and such provision shall be binding on a sub contractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Provider shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Conn. Gen. Stat. § 46a-56; provided, if such Provider becomes involved in, or is threatened with, litigation with a sub contractor or vendor as a result of such direction by the commission, the Provider may request the state of Connecticut to enter into such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

## NONDISCRIMINATION CERTIFICATION

*(By corporate or other business entity regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)*

I, Non-Discrimination Provisions for State of CT Contract signer's name, signer's title, of name of entity, an entity lawfully organized and existing under the laws of name of state or commonwealth, do hereby certify that the following is a true and correct copy of a resolution adopted on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the governing body of name of entity, in accordance with all of its documents of governance and management and the laws of name of state or commonwealth, and further certify that such resolution has not been modified, rescinded or revoked, and is, at present, in full force and effect.

RESOLVED: That name of entity hereby adopts as its policy to support the nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, the undersigned has executed this certificate this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

Effective June 25, 2007

## NONDISCRIMINATION CERTIFICATION

*(By individual provider regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)*

I, signer's name, of business address, am entering into a contract (or an extension or other modification of an existing contract) with the State of Connecticut (the "State") in my individual capacity for if available, insert "Contract No. \_\_\_\_\_"; otherwise generally describe goods or services to be provided. I hereby certify that I support the nondiscrimination agreements and warranties required under Connecticut General Statutes Sections 4a-60(a)(1) and 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, I, the undersigned, have executed this certificate this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

Effective June 25, 2007

## ATTACHMENT C PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET

Applicant \_\_\_\_\_

<u>Criteria:</u>	<u>Maximum Points*</u>	<u>Bidder's Points</u>
1. The extent to which applicant has demonstrated successful experience providing similar services.	( 15 )	( )
2. The extent to which references support the applicant's success providing similar services such as outreach education, recruitment, screening case management, screening, diagnosis follow-up, treatment referrals, risk reduction counseling, lifestyle interventions, and community-based resources.	( 5 )	( )
3. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP, including ability to meet CDC core performance indicators as outlined in the RFP.	( 15 )	( )
4. The extent to which adequate time is allocated to manage the services to be provided. This includes start-up time and ongoing management of the program.	( 10 )	( )
5. The extent to which the profile of staff, as outlined in the RFP, who will be working on this program, is clear and adequate to initiate, manage, and implement the services to be provided.	( 15 )	( )
6. The extent to which a thorough workplan is presented with measurable objectives and specific, appropriate timelines.	( 15 )	( )
7. The extent to which a cost effective budget is presented which follows eligibility guidelines, identifies the type and amount of in-kind resources, and the number of participants to be screened.	( 10 )	( )
8. The extent to which provider provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.	( 5 )	( )
9. The fiscal competitiveness of the proposal.	( 10 )	( )
TOTAL	( 100 )	( )

- Numerical values for each criteria are established as part of the RFP development process to allow for weighting of criteria important to the goals of the RFP.

**ATTACHMENT D**

**MINIMUM REQUIREMENTS CHECKLIST \***

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Applicant

1. Resumes provided for all professional staff assigned to this project. \_\_\_\_\_
2. Completed Notification to Bidders form included in proposal. \_\_\_\_\_
3. Completed Workforce Analysis Questionnaire included in proposal. \_\_\_\_\_
4. Signed Statement of Adherence to Assurances included in proposal. \_\_\_\_\_
5. An original and 5 copies of the completed proposal must be received at DPH postmarked no later than 4:30pm on Friday, November 14, 2008. \_\_\_\_\_
6. Proposal is completed on Application Forms included in Attachment A. \_\_\_\_\_
7. The proposal is signed by an authorized official of the Applicant Organization. \_\_\_\_\_