Maryland Department of Health and Mental Hygiene

Cigarette Restitution Fund Program

Prince George’s County Cancer Prevention, Education, Screening, and Treatment (CPEST)

Grant Application Instructions

Center for Cancer Prevention and Control
Prevention and Health Promotion Administration
201 W. Preston Street
Baltimore, MD 21201
The Prevention and Health Promotion Administration, Center for Cancer Prevention and Control (CCPC), a unit of the Department of Health and Mental Hygiene (DHMH) of the State of Maryland, hereinafter called the "Department" is soliciting proposals from qualified applicants to provide direct colorectal cancer education, outreach, screening services, follow up of abnormal results and case management for low income and uninsured or underinsured individuals for the purposes of prevention, early detection and treatment of colon and rectal cancer.

Optional: The additional provision of cancer prevention, education and outreach services to the general public is optional for one or more of the following cancers: breast, cervical, skin, prostate, oral and/or lung cancer.

Background
Beginning in 2000, the Maryland Cigarette Restitution Fund (CRF) was established by the Maryland General Assembly (SB896/HB4125) to reduce the cancer incidence and mortality in Maryland. The legislation required the establishment of a local public health component to coordinate efforts in each jurisdiction. The local public health component of the CRF is the Cancer Prevention, Education, Screening, and Treatment Program (CPEST).

Maryland has made great progress in reducing incidence and mortality from CRC and in reducing the disparities seen by race and gender. In order to continue these gains, there must be ongoing progress in the areas of primary and secondary prevention and assuring the best quality of care for all residents in Maryland. Screening has been shown to reduce mortality from CRC, either by detecting cancer early or by detecting pre-cancerous adenomas. Currently, screening to detect CRC consists of either viewing the inside of the colon or testing for blood in the stool. The benefits, risks, and frequency of screening depend on the type of screening test. It is recommended that people at higher risk for developing CRC, due to personal or family history, should have colonoscopy screenings earlier and/or more often, at the guidance of their medical providers.


- Incidence and mortality rates for colorectal cancer declined in Maryland from 2007 to 2011.
- Mortality rates had a greater decrease among whites than blacks over this period (2007-2011), while incidence rates declined at a comparable rate for both race groups.
- 69.1% of Maryland adults age 50 years and older reported being up-to-date with colorectal cancer screening.
- Maryland continues to surpass the Healthy People 2020 target for up-to-date colorectal cancer screening; in 2010, 70.9% of adults age 50 years and older report having been up-to-date.
For the purpose of this proposal, the CPEST Program has six (6) major components:

1. **Clinical and Case Management Services**
   Clinical services consist of medical office visits and services necessary to conduct and complete colorectal cancer screening, which includes but is not limited to physical examinations; post screenings; colonoscopy; pathology; diagnostic services; and treatment services. Clinical services are to be provided in a location convenient to patients residing in Prince George’s County, coordinated by the awarded organization, and overseen by the Department. Case management services encompass coordination of underinsured or uninsured patients through the program’s clinical screening process, and to diagnosis and treatment, if needed, with proper follow-up and recall intervals. Duties for case management include but are not limited to: assessing client eligibility; assessing and assisting in overcoming barriers to screening, coordinating client appointments, explaining contracted procedures to clients, including the frequency of screening tests and the need for additional diagnostic tests and treatment if indicated; and providing assistance to link clients to appropriate referrals as needed. The program shall assure that individuals with positive screening diagnostic tests are aggressively case managed in order to provide these individuals with needed diagnostic and/or treatment services.

2. **Patient Navigation Services**
   Patient navigation is individualized assistance offered to insured clients to help overcome healthcare system barriers and facilitate timely access to quality cancer screening and diagnostic services as well as initiation of treatment services for persons diagnosed with cancer. Duties for patient navigation include but are not limited to: assessing client eligibility; assessing and assisting in overcoming barriers to screening, coordinating client appointments, explaining procedures to clients, including the frequency of screening tests and the need for additional diagnostic tests and treatment if indicated; and providing assistance to link clients to appropriate referrals as needed. The program shall assure that individuals with positive screening diagnostic tests are aggressively case managed in order to provide these individuals with needed diagnostic and/or treatment services.

3. **Surveillance/ Data Collection and Reporting**
   There are two systems (Clinical Database (CDB) and the Educational Database (EDB)) in place for the continuous, systematic collection, analysis, and interpretation of program and State data for planning, implementation, and evaluation of the program. Additionally, the Department produces evaluation reports and data reviews, which identify cases that are in need of additional services, documentation or data entry corrections. The awarded Organization must report the outcome of these cases to the Department.

4. **Quality Assurance**
   Quality assurance measures are in place to assure that high quality services are delivered and reported in a timely and standardized manner. The CPEST Colorectal Cancer Medical Advisory Committee developed the Minimal Clinical Elements (MCEs) which provide guidance to the program regarding all clinical services. ([http://phpa.dhmh.maryland.gov/cancer/Documents/CoRADS_Report_of_Quality%20Assurance_task_Group.pdf](http://phpa.dhmh.maryland.gov/cancer/Documents/CoRADS_Report_of_Quality%20Assurance_task_Group.pdf)).
5. Outreach and Public Education
The awarded Organization will also provide education and outreach to Health Care Professionals, the General Public and Minority Groups.

6. Community Health Coalition
The awarded Organization will serve as an active participant with the Prince George’s County Cancer Coalition that assists in the development of a comprehensive plan for cancer prevention, education, screening, and treatment in the county. The coalition also addresses targeted cancers in the county, and provides an evaluation of their effectiveness. The membership of the Prince George’s County Cancer Coalition reflects the population demographics of the county and includes representatives of community-based groups familiar with the different communities and cultures existing in the county.

Summary Information

Application Deadline: December 11, 2015, 5:00 p.m.

Project Period: July 1, 2016 - June 30, 2019

Award Periods: Funds for the project will be distributed over three years for the following periods:

- July 1, 2016 – June 30, 2017
- July 1, 2017 – June 30, 2018
- July 1, 2018 – June 30, 2019

Anticipated Award Amounts:

- July 1, 2016 – June 30, 2017: $824,716
- July 1, 2017 – June 30, 2018: $824,716
- July 1, 2018 – June 30, 2019: $824,716

Please submit a separate budget for each award period at the time of the initial application. A revised budget and work plan for the subsequent award period will be required prior to making annual subsequent awards. Award amounts for each period are based on the annual allocation included in the final state budget.

Anticipated Grant Start Date: July 1, 2016

Eligible Organizations: An organization that is able to demonstrate, through their proposal, their ability to:
- provide direct colorectal cancer screening services, education, outreach and follow up/case management for Prince George’s County residents and other Maryland residents as pre-approved; and
- provide services on-site within the organization’s medical campus, as possible, and subcontracted to other fee-for-service providers convenient to patients residing in Prince George’s County.
Organizations may be either non-profit or for-profit entities. Please provide the Federal Tax Identification for your organization in the grant application.

**Pre-Proposal Conference:**
A Pre-Proposal Conference will be held **November 16, 2015, 1 p.m. – 3 p.m.** at:
201 West Preston Street, Lobby level conference room L-3
Baltimore, MD, 21201

If you plan to attend, please complete **Attachment 8**, the Pre Proposal Conference Response Form and return by 5:00 p.m. November 10, 2015.

**Mailing Address:**
Maryland Department of Health and Mental Hygiene
Center for Cancer Prevention and Control
201 W. Preston Street, 4th Floor (405b)
Baltimore, MD 21201
Attn: Cindy Domingo

E-mail address: cindy.domingo@maryland.gov

**Scope of Work – Requirements**

1. **General Requirements**
Provide direct colorectal cancer screening services to a minimum of 175 individuals, including case management, education, outreach, and follow up (including diagnostic and treatment services as funding allows) for Prince George’s County residents and other

   A. Maryland residents as pre-approved. Clients can be symptomatic or asymptomatic at the time of screening. Individuals to be screened and case managed include those meeting the following eligibility criteria:
   a. 50-74 years of age, at average risk for colorectal cancer; or
   b. 18 to 49 years of age, at increased risk for colorectal cancer:
      - Has had any of the following: colorectal cancer in the past, an “adenomatous polyp,” inflammatory bowel disease (ulcerative colitis or Crohn’s colitis), or cancer of the ovary or endometrium
      - Has a mother, father, brother, sister, or child who had colorectal cancer or an adenomatous polyp
      - Has a family history of genetic forms of colorectal cancer or polyps; or
   c. Over 74 years of age with provider recommendation taking into account comorbidities, longevity, and past colorectal screening; and
   d. Low-income (must not exceed 250% of Federal poverty guideline as defined by the U.S. Internal Revenue Service); and
   e. Uninsured or underinsured (for screening).

   B. Provide colorectal cancer case management services to all those screened who require further diagnosis and treatment on-site within the Organization’s medical campus, as possible, and sub-contracted to providers convenient to patients residing in Prince George’s County.
C. Provide patient navigation services to a minimum of 40 insured clients who are in need of assistance to accessing screening services, including follow up to screening services. Individuals to be navigated include those meeting the following eligibility criteria:

a. Insured client (for screening)
b. Low-income (must not exceed 250% of Federal poverty guideline as defined by the U.S. Internal Revenue Service)
c. Age and risk appropriate:
   i. 50-74 years of age, at average risk for colorectal cancer; or
   ii. 18 to 49 years of age, at increased risk for colorectal cancer:
       ▪ Has had any of the following: colorectal cancer in the past, an “adenomatous polyp,” inflammatory bowel disease (ulcerative colitis or Crohn’s colitis), or cancer of the ovary or endometrium
       ▪ Has a mother, father, brother, sister, or child who had colorectal cancer or an adenomatous polyp
       ▪ Has a family history of genetic forms of colorectal cancer or polyps; or
   iii. Over 74 years of age with provider recommendation taking into account comorbidities, longevity, and past colorectal screening; and

D. Provide services on-site within the Organization’s medical campus, as possible, and subcontracted to other fee-for-service providers convenient to patients residing in Prince George’s County.

E. Ensure reasonable access to program services by eligible clients across the geographic area of Prince George’s County. This can be accomplished by providing service locations in diverse/various geographic areas and/or providing transportation services to clients.

F. Provide supervision of appropriate rescreening/recall, while assuring continuity of care, for all program clients in Years 2 and 3 of the project period.

G. Perform outreach and recruitment activities to eligible adults in Prince George’s County.

H. Directly input information into two data systems to track clients and educational activities using the CDB and the EDB maintained by the Department.

I. Perform outreach to community medical providers to increase awareness of the screening services available through this project.

J. Partner with agencies in Prince George’s County that work with adults in the target population (including the Prince George’s County Health Department) in order to collaboratively educate residents about the importance of the early detection and treatment of colorectal cancer.

K. Establish and maintain a fiscal reporting system following the requirements in section 9.

L. Meet reporting and review criteria set by the Department.

M. Adhere to all CPEST regulations, policies and procedures which will be provided to the awarded organization. The enabling statute for the CPEST Program is Health-General, Title 13, Subtitles 10 and 11, to which the awarded Organization must comply.

N. Serve as an active participant on the Prince George’s County Cancer Coalition.

2. Clinical and Case Management Services
A. Provide eligible residents of Prince George’s County, and other Maryland jurisdictions (as pre-approved) medical appointments to receive colorectal cancer screenings.

B. Provide eligible residents of Prince George’s County, and other Maryland jurisdictions as (pre-approved) with needed colorectal cancer diagnostic and/or treatment services as funding allows (provision of diagnosis and/or treatment services are optional; applicant must declare their intent to provide these services). If treatment services will be provided, the Awarded Organization must adhere to the following eligibility criteria:

<table>
<thead>
<tr>
<th>Financial Eligibility Criteria To Be Used for Cancer Treatment Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum income level for funded services</strong></td>
</tr>
<tr>
<td>The household gross annual income level to be eligible to receive clinical services (screening, diagnosis, and/or treatment services) must not exceed 250% of the federal poverty level.</td>
</tr>
</tbody>
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<tr>
<th>Financial Eligibility Criteria To Be Used for Cancer Treatment Services</th>
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</thead>
<tbody>
<tr>
<td><strong>Annual Gross Income</strong></td>
</tr>
<tr>
<td>An applicant is required to provide written documentation in order to document annual gross income, or a notarized letter from the applicant stating that the applicant does not have any income.</td>
</tr>
<tr>
<td><strong>The most recent documentation available below must be used to determine eligibility.</strong></td>
</tr>
<tr>
<td>(1) Applicant’s Income Tax Return</td>
</tr>
<tr>
<td>If not available or applicant didn’t file, the following can be used:</td>
</tr>
<tr>
<td>(2) W-2 Statement</td>
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<tr>
<td>(3) Two paystubs for two consecutive pays</td>
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<tr>
<td>(4) Social Security Entitlement Letter, or</td>
</tr>
<tr>
<td>(5) Notarized letter from applicant, if the applicant does not have any income.</td>
</tr>
</tbody>
</table>

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<th>Financial Eligibility Criteria To Be Used for Cancer Treatment Services</th>
</tr>
</thead>
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<tr>
<td><strong>FamilySize</strong></td>
</tr>
<tr>
<td>An applicant is required to provide documentation of the size of the family unit indicated on the most recent income tax return.</td>
</tr>
<tr>
<td>If an income tax return is not available, family size should be determined by the number of family members in the family upon which the annual family income is based.</td>
</tr>
<tr>
<td>Collect all of the names, ages, and relationship to the applicant of persons supported by the annual family income. Examples: For a financially independent adult, the family may include: self only; self and spouse; self and financially dependent child or financially dependent relative. For a financially dependent child, the family is the child and one or more of the following: parent, foster parent, or guardian; sibling(s) living in the household; or half brother or half sister living in the household and indicate their relationship to the patient.</td>
</tr>
</tbody>
</table>

C. Provide Clinical Services according to The Colorectal Cancer Minimal Elements for Screening, Diagnosis, Treatment, Follow up, and Education (http://phpa.dhmh.maryland.gov/cancer/Shared%20Documents/ccpc13-24--att_CRCMinimalElements2013.pdf).

Clinical services related to screening include, but are not limited to:

- Office visits (pre consultation, or physical examination; post colonoscopy visits);
- Hospital/Ambulatory Surgical Center Services for colonoscopy, without or with biopsy;
- Physician services for colonoscopy, without or with biopsy;
- Biopsy and/or polypectomy;
- Tattoo of colon;
f. Bowel preparation;
g. Sigmoidoscopy;
h. Double contract barium enema
i. Digital rectum examination
j. Pharmacy products, medical supplies as may be needed to complete colonoscopy

Pathology and laboratory fees include, but are not limited to:
  a. Processing and reading of colorectal biopsy specimens;
  b. Complete blood counts when providing endoscopist indicates the need; and
  c. Immunohistochemical stains;

Diagnosis and Treatment fees as allowable include, but are not limited to:
  a. biopsy
  b. consultation visits
  c. office visits
  d. surgery
  e. radiation therapy
  f. chemotherapy

D. For symptomatic clients, complete medical evaluation with further testing and screening intervals determined by the provider.

E. Whenever possible, see clients referred for clinical services within a timeframe not to exceed thirty (30) days from the date of referral.

F. Provide services during normal business hours.

G. Reimburse for screening services at a rate not to exceed the current Medicare Reimbursement Schedule (See Attachment 1 for Calendar Year 2015 Reimbursement Schedule; Calendar Year 2016 Reimbursement Schedule to be provided after January 2016). For services conducted within a Health Services Cost Review Commission (HSCRC) regulated facility, the Awarded Organization shall reimburse for facility fees for colonoscopy at the region’s Medicare reimbursement rate applicable to non-HSCRC regulated facilities. The HSCRC regulated facility must bill the full HSCRC regulated rate. Any remaining balance between the HSCRC regulated rate and the allowable reimbursement rate shall be treated pursuant to the facility’s charity care policy, or be considered a “contractual allowance” in accordance with HSCRC regulations and policies.

H. Maintain a medical chart for each client who receives clinical services through this program. The medical chart shall include at a minimum all client tests, procedures, laboratory results, progress notes including documentation of all contacts with patients and providers, CPEST data entry forms, and consent forms, as applicable.

I. Assure that all clients receiving services through the program have signed a consent/release of information form modeled after the form developed by the Department prior to receiving services.
J. Have a Medical Case Manager for the program to accept responsibility and liability for medical decisions regarding the care and follow-up of clients screened through the program.

K. Have a Service Coordinator/Administrative Case Manager for the program to consult with the Medical Case Manager to determine the need for follow-up and case management, and arrange for the care and follow-up of clients in this program.

L. Assure that any subcontract for interpretation of results (e.g. pathology) entered into between the awarded Organization and a clinical provider shall be modeled after and include the conditions in the contracts developed by the Department (Select boiler plate contracts can be found in Attachment 2 A-D).

M. Monitor all sub-awarded contractors (fee-for-service providers contracted in order to provide services not directly available through the awarded Organization) to assure that services are being provided to target populations and that funds are being spent for the purpose awarded.

N. In each award period (beginning July 1, 2016), screen at least 175 adults for colorectal cancer annually. If a start-up period is needed during the first quarter of year one (see Transition Plan, page 14), the number of adults to be screened in year one will be prorated based on the date that screening services begin. Provide diagnostic services as indicated for individuals with abnormal screenings.

O. Case Management Services: Provide Case Management for Enrolled Screening Clients (or Patients) by following the Standards of Care for Case Management, (http://phpa.dhmh.maryland.gov/cancer/Documents/Standards%20of%20Care%20for%20Case%20Management.pdf) which details the following:

   a. Assess client eligibility pursuant to the DHMH Prevention and Health Promotion Administration (PHPA), Cancer Prevention, Education, Screening and Treatment (CPEST) policies prior to receipt of program services; complete data forms and/or perform direct entry of data into the Client Database (CDB); explain contracted procedures to client, including the frequency of screening tests, and the need for additional diagnostic tests and treatment if indicated; obtain client consent (see Attachment 3 for template); assess and assist in overcoming barriers to screening; assist with scheduling; educate the patient to reinforce bowel preparation and procedure instructions; make appointment reminder calls and letters; consult with the Department on matters of client eligibility and risk assessment; follow up on negative or abnormal results; be the patient’s primary program contact person; assure clients are recalled at the appropriate interval for screening and/or follow-up, and perform program outreach and public education.

   b. Through sub-contracts (Attachment 2 A-D) or direct care, perform post-colonoscopy phone calls, retrieve and review patient operative notes and pathology results; consult with the Department on interpretation of results and recommendations for demographic forms completion; review results with
gastroenterologist for screening recommendations; communicate via letter to the patient about the results and future screening interval; mail reports to patient's primary care providers, if needed; maintain medical records. Abnormal findings and/or other laboratory, pathology, radiology, clinical services or physical examination shall be reported directly to the patient and to the Department within seven (7) days from the date of examination.

c. Assure every client diagnosed with cancer for which they are screened or who has findings that need follow-up care receives appropriate and timely treatment and care or linkage to care and is aggressively case managed. Linkage to care includes: exploring alternative payment options for the client and assisting the client with applying for the most appropriate alternative; using available method(s) for payment; and ensuring the client has a health care provider who will provide needed care, not just locating alternative payment options. Recommendations for linkage to necessary diagnosis and/or treatment services for uninsured individuals diagnosed in the program include communicating with clients and providers, initiating the process for exploring options/applying for payment, and providing case management and linkage through client navigation while assuring client receives care.

d. Interview the client and obtain written documentation of eligibility for diagnostic and/or treatment services (income tax forms, etc.) under medical/financial assistance or charity care policy, and if not eligible, under Cigarette Restitution Fund (CRF) funding.

3. Patient Navigation Services

A. Patient Navigation Services: Provide Patient Navigation services for a minimum of 40 enrolled Program Clients (or Patients) that are insured (and meet all other eligibility criteria), and are in need of assistance to access screening services, including follow up.

a. Services include multiple contacts with the client to carry out activities such as:
   • Creating a written assessment of individual client barriers to cancer screening, diagnostic services, and initiation of cancer treatment
   • Assisting with the resolution of client barriers (e.g. transportation, translation services, health insurance access)
   • Client tracking and monitoring of client progress in completing cancer screening, diagnostic services, and initiating cancer treatment
   • Providing education and support
   • Collecting data to evaluate the primary outcomes of patient navigation -- client completion of cancer screening, diagnostic services, and treatment initiation. Data on clients lost to follow-up are also tracked.

b. Maintain a medical chart for each client who receives patient navigation services through this program. The medical chart shall include at a minimum all client tests, procedures, laboratory results, progress notes including documentation of all contacts with patients and providers, CPEST data entry forms, and consent forms, as applicable.
c. Assure that all clients receiving patient navigation services through the program have signed a consent/release of information form modeled after the form developed by the Department prior to receiving services.

4. Surveillance/Data Collection and Reporting

A. Enter patient data into the client database (CDB) and enter educational and outreach data into the education database (EDB) maintained by the Department. Technical assistance and data entry forms will be provided by the Department (see example: http://phpa.dhmh.maryland.gov/cancer/Documents/Colorectal%20Cancer%20(CRC)%20Screening%20Form.pdf).
   a. The Client Database (CDB) is intended to capture information about screening, diagnosis, and treatment of targeted cancers among eligible persons as determined by each local CRF-CPEST program. The confidential database is available for local CRF-CPEST programs via the Department’s approved access.
   b. The Education Database (EDB) was created to capture information relating to outreach, education, and publications as performed and developed by local CRF-CPEST programs. The database is Internet-based so that local CRF-CPEST program staff can enter data, analyze data, and run reports.

B. Use all data collection forms provided by the Department for each patient for all screening cycles.

C. Enter the completed *Health Care Professional Outreach and Education* and *General Public and Minorities Outreach and Education* into the Educational Data Base (EDB) for colorectal cancer consistent with the stated plans.
   a. Form 1 education sessions including brief, group and individual sessions); and outreach
   b. Form 2 activities including distribution of articles, flyers or Minimal Elements)

D. Be responsible for running all required data quality assurance reports on a quarterly basis and for correcting data errors in the time frame required by the Department.

5. Quality Assurance

A. Provide Clinical Services according to The Colorectal Cancer Minimal Elements for Screening, Diagnosis, Treatment, Follow up, and Education (http://phpa.dhmh.maryland.gov/cancer/Shared%20Documents/ccpc13-24--att_CRCMinimalElements2013.pdf).

B. Assure that all providers report colonoscopy results using the language required by the Minimal Clinical Elements (MCEs) and the Colonoscopy Reporting and Data Systems (CoRADS) (http://phpa.dhmh.maryland.gov/cancer/Documents/CoRADS_Report_of_Quality%20Assurance_task_Group.pdf).

C. Assure that case management services are implemented according to the Standards of Care for Case Management (as applicable)
D. Write and provide operational policies and procedures and ensure that they are put into practice to ensure that each component of the scope of work is carried out and to prevent inappropriate disclosure of individual patient records and data collection forms maintained in connection with any activity funded under this contract. Comply with all applicable federal and State laws.

E. Perform quality assurance reviews of the CDB and the EDB. These reviews involve a review of the data for accuracy, consistency, and case management and are reviewed with the Department at the time of scheduled site visits. In addition to quality assurance reviews done in preparation for the scheduled site visits, the awarded Organization shall perform Client Database Quality Assurance Reports on a routine basis, at least quarterly; on or before September 30, December 31, March 31 and June 30 each year.

F. Provide annually, documented evidence that each clinical provider, sub-awarded Organization and facility has a current license and malpractice insurance applicable to the services they provide within the contract.

6. Outreach and Education

A. Develop and implement a plan for Outreach and Education for Health Care Professionals (physicians, nurses, and other health care professionals) in the Prince George’s County area about the existence of this program and to solicit referrals to the program. This plan must be submitted to the Department prior to the beginning of each award year. An initial plan shall be submitted with the Organization’s proposal. The plan should include:
   a) Education of a minimum of 100 providers directly through brief, group, and individual sessions about colorectal cancer. Examples of educational activities include face to face encounters providing program information at events targeting health care professionals, presentations at clinical staff meetings, or conducting in-person office visits to discuss program services at providers’ offices.
   b) Provided targeted outreach to a minimum of 100 providers through distribution of articles, flyers, or public service announcements about colorectal cancer. Examples of targeted outreach include mailing program informational packets to provider offices, posting program screening services in electronic-newsletters targeting providers, and articles published in newsletters targeting providers.

B. Develop and implement plans for Outreach to and Education for the General Public and Minorities with information about colorectal cancers and the need to be screened. The additional provision of cancer prevention, education and outreach services to the general public is optional for one or more of the following cancers: breast, cervical, skin, prostate, oral and/or lung cancer. If selected, additional education for other targeted cancers may be included in the Outreach and Education plan. This plan must be submitted to the Department prior to the beginning of each award year. An initial plan shall be submitted with the Organization’s technical proposal. The plan should include:
   a) Education of a minimum of 1,000 individuals annually in the general public through brief, group, and individual sessions about colorectal cancer. If a start-up period is needed during the first quarter of year one (see Transition Plan, page 14), the
number of individuals to be educated in year one will be prorated based on the date that education services begin. Examples of direct general public outreach include informing the public about colorectal cancer screening at community events or health fairs, group presentations on colorectal cancer screening at a community center, or referral information provided while conducting intake with a client. 

b) Education of a minimum of 300,000 individuals in the general public through distribution of articles, flyers, or public service announcements or other media impressions (including print, newspaper, television and radio) about colorectal cancer. If a start-up period is needed during the first quarter of year one (see Transition Plan, page 14), the number of individuals to be educated in year one will be prorated based on the date that education services begin.

c) Measures for the education and outreach of other targeted cancers, if selected.

C. Identify and implement plans to educate clients/enrollees about the tobacco “Quit Line” (http://mdquit.org/quitline). The program should educate clients/enrollees about the Smoking Cessation “Quit Line” and document education in the Client Database.

D. Credit the Maryland CRFP program as a source of funding for education, outreach and advertising materials. “The Program is funded by the Maryland Cigarette Restitution Fund Program.”

7. Collaboration with the Prince George’s County Cancer Coalition.

The Awarded Organization shall:

- Actively participate as a full member in good standing with the Prince George’s County Cancer Coalition.
- Utilize the inventory of publicly funded non-CRFP cancer programs developed by the Prince George’s County Health Department in planning future cancer control program activities for the city residents.

8. Fiscal Systems

A. Within 30 days of award, set up a system to monitor, document, and report fiscal expenditures using the Department’s Human Service Manual guidelines and forms: http://dhmh.maryland.gov/docs/HSAM_093005.pdf; The package and instructions are available on-line at http://dhmh.maryland.gov/SitePages/sf_gacct.aspx. Once there, scroll down to the section entitled “Contract Forms Commonly used by Human Service Providers” and click on “Private Provider dhmh 432intrs.doc” and “Private Provider dhmh 432.xls”.

B. Maintain and manage a program fiscal system; be the primary contact person with vendors and with the client for billing matters; receive, review, and pay program invoices via check request or interdepartmental funds transfer; communicate with medical provider offices on billing matters.

C. Reimburse for screening services at a rate not to exceed the current CPEST Reimbursement Schedule (See Attachment 1 for Calendar Year 2014 Reimbursement Schedule; Calendar Year 2015 Reimbursement Schedule to be provided after January 2015). For services conducted within a Health Services Cost Review Commission (HSCRC) regulated facility,
the Awarded Organization shall reimburse for facility fees for colonoscopy at the region’s Medicare reimbursement rate applicable to non-HSCRC regulated facilities. The HSCRC regulated facility must bill the full HSCRC regulated rate. Any remaining balance between the HSCRC regulated rate and the allowable reimbursement rate shall be treated pursuant to the facility’s charity care policy, or be considered a “contractual allowance” in accordance with HSCRC regulations and policies.

D. Verify, as a payer of last resort, client insurance status prior to the delivery of medical services. The Awarded Organization shall receive an Explanation of Benefits (EOB) for any client who has partial or full insurance coverage (it is expected that a portion of the program clients will have partial insurance coverage).

E. Not use funds under this contract to cover the portion of services paid for by third party insurance.

F. Submit to the Department quarterly invoices for payment (DHMH 437) [http://dhmh.maryland.gov/docs/437form.xls] and 438 [http://dhmh.maryland.gov/docs/438form.xls] within one month after the end of the quarter.

G. Submit an estimate of the amount of any funds awarded which will be unexpended by the end of the fiscal year in writing to the Department no later than 90 days prior to the end of each contract fiscal year.

H. Should a budget modification during this fiscal year be necessary, please submit a budget modification in accordance with the guidelines in the Human Services Agreement Manual (HSAM) (http://dhmh.maryland.gov/docs/HSAM_093005.pdf). All budget modifications are due to the Department no later than March 15th of the awarded fiscal year.

9. Reports and Audits

   The Awarded Organization shall:

   A. Participate in site reviews by the Department staff. The frequency of site visits may be reduced at the discretion of the Department’s Contract Monitor.

   B. Attend and participate in all meetings (such as annual site visits, monthly teleconference, regional meetings and ad hoc meetings) as required by the Department.

   C. Submit timely and accurate bi-annual Progress Reports and responses to Annual Site Visit Action Plans as required by the Department.

10. Conditions of Award

   The Awarded Organization shall agree to the Conditions of Award beginning on page 25.

11. Transition Plan

   A. If a start-up period is needed, the Awarded Organization shall perform the following start-up responsibilities of the contract during the first quarter of Year 1:
a) Prepare for implementation of approved outreach plans to reach out to community and providers for the purpose of client recruitment.

b) Prepare to begin accepting contact from previous Prince George’s County Colorectal Cancer Prevention, Education, Screening and Treatment Program clients.

c) Set up a billing and fiscal tracking system, including required components.

d) Execute provider contracts for clinical services that cannot be directly performed by the Awarded Organization.

e) Submit all required licenses and certifications to the Contract Monitor.

f) Prepare for implementation of community collaborations as documented in the project bid.

g) Prepare for implementation of approved general population and health professional education plans.

h) Complete required database training.

B. The provision of clinical services must begin by no later than October 1, 2017 including:

a) Begin accepting contact from previous Prince George’s County Colorectal Cancer Prevention, Education, Screening and Treatment Program clients.

b) Begin contacting previous Prince George’s County Colorectal Cancer Prevention, Education, Screening and Treatment Program clients for the purpose of recall.

c) Begin providing clinical services to clients.

C. Assist with the transition to a new Grantee for subsequent solicitation of this proposal if the incumbent Grantee is not the successful applicant in the subsequent solicitation. Within the last 6 months before the end of the grant period (three years):

a) Adhere to prescribed closeout instructions provided by the Department, including but not limited to: communicating program transition to clients and partners, taking inventory of grant funded equipment, and detailed data entry/review for quality assurance.

Application Instructions
Organizations interested in submitting a grant application should prepare a written grant narrative, budget request, and budget justification following the guidelines below.

Please submit 5 hard copies and one electronic copy of the application to:

Cindy Domingo
Center for Cancer Prevention and Control 4th Floor
Maryland Department of Health and Mental Hygiene
201 W. Preston Street
Baltimore, MD 21201
cindy.domingo@maryland.gov

The due date for receipt of proposals is December 11, 2015 5:00 p.m. local time and is to be sent to the mailing address above. LATE PROPOSALS WILL NOT BE ACCEPTED. Any questions
on the application should be submitted in writing to Cindy Domingo (cindy.domingo@maryland.gov) no later than November 27, 2015. Questions will not be accepted after that date.
Required Application Components
Please respond to both components (Narrative and Budget). Use the application checklist in Attachment 5, and submit the checklist along with the application. The proposal should be typewritten and be written in no smaller than 12 point font. Content must be single spaced and paginated.

I. Narrative:
Address each Scope of Work requirement in the order outlined below and describe how proposed services, including the services of any proposed subcontractor(s), will meet or exceed the requirement(s). Be sure to address the requirements in each section of the Scope of Work, listed below.

1. General Requirements
   A. Describe how you will provide services outlined in Scope of Work - Section 1A through 1N.
   
   Include in the Response:
   1) The names of the medical providers with whom you plan to subcontract with to provide screening, diagnostic, and treatment services under this grant. List the intended contract period(s) for each contract or grant to be awarded.
   2) Policy and Procedures which include how eligibility will be determined based on the eligibility criteria (residency, income, insurance status, age) listed in section 1A. For individuals symptomatic of colorectal cancer under this grant, provide the program’s policies and procedures regarding enrollment.

2. Clinical and Case Management Services
   A. Describe how you will provide services outlined in Scope of Work - Section 2A through 2O.
   
   Include in the Response:
   1) Identify alternate screening procedures to colonoscopy that may also be used, and indicate why these screening methods may be used (e.g. virtual colonoscopy, double-contrast barium enema, Fecal Occult Blood Test, Sigmoidoscopy).
   2) Identify the Medical Case Manager(s) for this program. (This is the clinician(s) who accepts responsibility and liability for medical decisions regarding the care and follow-up of persons screened through your program. The Medical Case Manager(s) may be subcontracted providers.)
   3) Identify the Service Coordinator/Administrative Case Manager for this program. (This is the person at your organization who consults with the Medical Case Manager(s) to determine the need for case management, and arranges for care and follow-up of the patients in your program.)
   4) Attach a copy of the consent/release of information form(s), with the appropriate modifications made, to be signed by the clients in your program for each type of cancer your program targets. (Refer to Attachment 3 for a template.)
   5) Provide policies and procedures regarding how persons are:
      a) referred for screening;
      b) how screening results are received by the program; and,
      c) how the patient is notified of the results of screening.
   6) Provide policies and procedures regarding case management services outlined in Scope of Work section 2O and discuss how the program will:
a) coordinate and track client appointments;  
b) follow up with providers regarding screening recommendations;  
c) assure clients are recalled at the appropriate interval for screening; and  
d) how the program will provide assistance to link clients to appropriate referrals

7) Identify and implement plans for diagnosis and treatment services as outlined in Scope of Work section 2B.
   a) Identify and implement plans to treat or link to diagnosis/treatment each individual screened under this grant that has a positive screening result.
   b) Indicate whether your program will accept diagnosis and treatment clients not initially screened under this grant (Diagnosis and Treatment Only clients).
   c) Provide policies and procedures regarding the referral, intake, and written verification processes for diagnostic and treatment services if different from screening criteria.
   d) Identify what specific diagnostic and treatment services will be provided (paid for) under this grant.
   e) Specify if your program plans to pay for diagnosis and/or treatment services when anal cancer, lymphoma or carcinoids are diagnosed during colorectal cancer screening.

8) Describe how this grant will pay for, or link to, necessary care for complications that may occur during screening, diagnosis and/or treatment procedures. For this grant, complications are considered treatment services. Provide policies and procedure regarding the program’s response to complications.

Note: You are asked to state your estimated performance measures for screening (minimum 175 individuals screened) and patient navigation (minimum of 40 individuals navigated) on the program budget (DHMH Form 432C). If a start-up period is needed during the first quarter of year one (see Transition Plan, page 14), the number of individuals to be screened and navigated in year one will be prorated based on the date that screening services begin. See section 2, page 23 for links to this budget form with instructions.

3. Patient Navigation Services
   A. Describe how you will provide services outlined in Scope of Work - Section 3A

Include in the Response:

1) Provide policies and procedures (including estimated timeframes for these activities) regarding the program’s tracking system, (i.e., CDB Quality Assurance reports) used to:  
a) track and monitor clients appointments and referrals;  
b) track whether screening results are obtained from providers; and  
c) ensure data is gathered and entered into the CDB

2) Provide policies and procedures to describe your follow-up and case management procedures to assure that each patient with abnormal screening results is linked to appropriate diagnostic and treatment services.

3) Identify and implement plans to provide Patient Navigation services as outlined in Scope of Work section 3A. In your response, describe how your program will conduct the following:  
a) assessment of clients’ barriers to screening  
b) addressing client barriers to ensure linkage to screening

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c) follow up with clients to ensure they complete needed screening, diagnostic or treatment services.
d) obtaining screening results from providers
e) follow-up to ensure clients access appropriate referrals

4. Surveillance/Data Collection and Reporting
   A. Describe how you will provide services outlined in Scope of Work - **Section 4A through 4D**.

5. Quality Assurance
   A. Describe how you will provide services outlined in Scope of Work - **Section 5A through 5F**.

   **Include in the Response:**
   1) Provide policies and procedures regarding the program’s quality assurance activities including who runs, maintains copies and follows up on the findings of the Client Database Quality Assurance Reports. These reports are required to be run on a routine basis, at least quarterly: on or before September 30, December 31, March 31 and June 30 of each year.

6. Outreach and Education
   A. Describe how you will provide services outlined in Scope of Work - **Section 6A through 6D**.

   **Include in the Response:**
   1) Provide a plan for the *Outreach and Education for Health Care Professionals*. As part of the Plan:
      a) Address any relationships with Federally Qualified Health Centers (FQHCs) and other local organizations.
      b) Describe how consideration was given to include organizations in your grant, including FQHCs that have demonstrated a commitment to providing cancer prevention, education, screening and treatment services to uninsured individuals in the jurisdiction and a proven ability to do so.
   2) Provide a plan for the *Outreach to and Education for the General Public and Minorities*. As part of the Plan:
      a) List activities aimed to improve health care access. Describe how this grant will help increase availability of, and access to, health care services for uninsured individuals and medically underserved populations (i.e., provision of transportation, translation/interpretation services, etc.). Include information regarding Limited English Proficiency (LEP) processes.
      b) List activities aimed to reduce disparities. Describe how this grant will help to eliminate the greater incidence and higher morbidity rates for cancer in minority populations.

**Note:**
You are asked to state your estimated education performance measures on the program budget (DHMH Form 432C). See section 2, page 23 for links to this form and instructions.
7. Collaboration with Prince George’s County Cancer Coalition
   A. Describe how you will adhere to the requirements outlined in Scope of Work - **Section 7**.

8. Fiscal Systems
   A. Describe how you will adhere to the requirements outlined in Scope of Work - **Section 8A through 8H**.

9. Reports and Audits
   A. Describe how you will adhere to the requirements outlined in Scope of Work - **Section 9A through 9C**.

10. Conditions of Award
    A. Describe how you will adhere to the requirements outlined in Scope of Work - **Section 10**.

11. Transition Plan
    A. Describe whether a start-up period is required and how you will adhere to the requirements outlined in Scope of Work - **Section 11**.

12. Non-Supplantation
    A. The amount of funds expended by the Awarded Organization in FY15 (July 1, 2014-June 30, 2015) for the cancers targeted in this application for screening/diagnosis/treatment and education activities is considered the “base year cancer funding” amount. List the **FY15** base year cancer funding amount funds expended by the Awarded Organization on screening/diagnosis/treatment and education activities for the cancers targeted in this application.

    A CRFP public health grant may not be used to supplant the Awarded Organization’s “base year cancer funding” amount. Provide an attestation within 30 days of award assuring that CRFP funds will not be used to supplant base year cancer funding. A reduction of base year funding as a result of state, federal, or foundation funding that is reduced or eliminated outside of the control of the Awarded Organization is not considered supplantation. See **Attachment 5** for Attestation Form.

13. Attestation of Comprehensive Review of Sub Provider Budgets
    A. Provide an attestation within 30 days of executing subcontract, assuring a comprehensive review of sub provider budgets. See **Attachment 6** for Attestation Form.
II. Budget:

Please prepare a line item budget and written budget justification as follows for each of the award periods:

I. Line Item Budget:

Three Budget Packages shall be submitted for each year of the award period. A separate Budget Package should be submitted for each of the three separate cost centers: FC01N (Non-Clinical), FC02N (Clinical), FC03N (Administrative/Indirect).

<table>
<thead>
<tr>
<th>Award Year</th>
<th>Budget Packages to be Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2016 – June 30, 2017</td>
<td>FC01N, FC02N, FC03N</td>
</tr>
<tr>
<td>July 1, 2017 – June 30, 2018</td>
<td>FC01N, FC02N, FC03N</td>
</tr>
<tr>
<td>July 1, 2018- June 30, 2019</td>
<td>FC01N, FC02N, FC03N</td>
</tr>
</tbody>
</table>

A. FC01N (Non-Clinical) - includes education, printing, media, planning and non-clinical personnel. However, the total cost for advertisement, marketing, educational supplies and/or websites, regardless of the line item in FC01N should be limited to no more than 15% of the total Non-Clinical budget. Budget items for FC01N may include:

1) Public Education – Cost incurred in conducting activities designed to provide outreach and education to more than one person. Costs to develop and disseminate population-based public information and education. Costs in this category include media development and campaigns, cost for radio, TV, and newspaper ads, ads in local community papers, etc., general public informational materials, printing, speakers bureau presentations, etc.

2) Professional Education – Costs to improve the education, training, and skills of health professionals and allied health professionals. Costs include conferences, workshops, and training for health professionals.

3) Equipment – Costs to purchase computers, software, etc.

B. FC02N (Clinical): Budget at least 60% of the total award in FC02N (Clinical Costs) and include a written budget justification. The following costs are allowable in FC02N for the 60% requirement for screening, diagnosis and treatment. Screening, diagnostic and treatment services include costs of screening and related diagnostic and treatment procedures incurred. Payment for screening, diagnostic and treatment procedures includes reimbursement of health care provider time or fees for office visits and clinical evaluations, laboratory fees, facility fees, and related co-pays and deductibles for eligible individuals.

1) Screening services (e.g., office visits, laboratory fees, facility fees, clinical supplies and equipment, etc.)

2) Diagnostic services (e.g., office visits, laboratory fees, facility fees, clinical supplies and equipment, etc.)
3) Treatment services (e.g., office visits, hospitalization, laboratory fees, facility fees, etc.)

4) Tracking, Follow up and Support Services – This includes costs for ancillary screening, tracking, follows up and case management services including:

- Client intake: Costs incurred for client eligibility determination, such as age and financial status.
- Client tracking – Costs incurred in establishing and maintaining clinical records, in assisting clients with abnormal findings to obtain diagnostic and treatment services if necessary. This category includes outreach via home visits to resolve missed appointments and assistance in obtaining diagnostic and treatment services from medical and social services agencies.
- Client Counseling – Costs incurred for client counseling relating to screening, diagnostic and treatment services.
- Client Case Management – Costs incurred for client assessment, making appointments, giving instructions, sending and receiving records regarding all client care, consulting with the medical care managers, planning coordination, monitoring, and resource development.
- Client Transportation – Costs incurred in providing transportation to assist clients in keeping their appointments at screening, diagnostic and treatment sites.
- Client Translation – Costs incurred in providing translation services to assist clients in communicating with providers.
- Patient Navigation - Costs incurred to provide individualized assistance to insured clients to help overcome healthcare system barriers and facilitate timely access to quality cancer screening and diagnostic services as well as initiation of treatment services for persons diagnosed with cancer.
- Other Support and Services – Costs incurred in conducting activities specifically designed to provide one to one recruitment, enrollment and rescreening of individuals in the program. Examples of these activities include door-to-door recruitment, direct phone contact for enrollment and rescreening purposes, and home visits.

C. FC03N (Administration/Indirect):

“Administrative Costs” in the Cigarette Restitution Fund are defined as costs for accounting and auditing services, financial reporting, procurement, personnel and payroll administration and building services. No more than 7% of the funds may be used to cover administrative costs. Indirect costs should be identified as a separate line item on Form 432A (see below).

Indirect costs are included as a component of administrative costs. Indirect costs are defined as administrative and operational costs shared across operations, incurred for multiple or common objectives, which cannot be identified as direct costs without efforts disproportionate to identifying those costs.
2. Budget Package

The **Budget Package** should include the DHMH Human Service Contract Proposal (DHMH Form 432A-H). This package is a standard application for a private vendor in a health related human services program funded in whole or part by the State of Maryland, DHMH. The package and instructions are available on-line at [http://dhmh.maryland.gov/SitePages/sf_gacct.aspx](http://dhmh.maryland.gov/SitePages/sf_gacct.aspx). Once there, scroll down to the section entitled “Contract Forms Commonly used by Human Service Providers” and click on “Private Provider dhmh 432intrs.doc” and “Private Provider dhmh 432.xls”.

A. **Form 432A** - Transmittal Page: Complete all applicable information and submit one original transmittal page signed and dated by the certifying official in “blue ink”. Under “Type of Service”, state “Prince George’s County CPEST Grant”.

B. **Form 432B** - Program Budget Pages: Record all proposed grant expenditures on each applicable line item of the Form 432B. Line item names may not be changed or modified. Applicants are cautioned to limit the utilization of the line items “Other”. Attach an itemized list of each item that will be reimbursed in the line item “Other”.
   - Under “Program Administration”, state “Prevention and Health Promotion Administration”
   - Leave “Grant Number” blank.
   - Fill in “Chargeable Services” with “not applicable”.

C. **Form 432C** - Program Budget Estimated Performance Measures: Determine and detail the estimated performance measures for each award period.
   1) **Screening and Patient Navigation (FC02N)**: Provide performance measure for colorectal cancer screening. Performance measure should reflect a minimum of:
      - Number of colonoscopies provided: 175
      - Number of clients receiving Patient Navigation: 40

      Note: If a start-up period is needed during the first quarter of year one (see Transition Plan, page 14), the number of individuals to be screened in year one will be prorated based on the date that services begin.

   2) **Education (FC01N)**: Provide performance measures for each selected cancer. Performance measures should reflect a minimum of:
      - Number of individual providers educated (educated directly through brief, group, and individual sessions) about colorectal cancer: 100
      - Number of individuals in the general public educated directly through brief, group, and individual sessions about colorectal cancer: 1,000
      - Number of individual providers targeted/reached (educated through distribution of articles, flyers, or public service announcements) about colorectal cancer: 100
      - Number of individuals in the general public targeted/reached (educated through distribution of articles, flyers, or public service announcements) about colorectal cancer: 300,000
Note: If a start-up period is needed during the first quarter of year one (see Transition Plan, page 14), the number of individuals to be educated in year one will be prorated based on the date that services begin.

Include measures for the education and outreach of other targeted cancers, if selected.

D. **Form 432D**- Schedule of Salary Costs: The total for this schedule must equal the salary line item on the Program Budget page (Form 432B) in the "DHMH Funding" column or, if applicable, the "Suppl. Funding" column. Include in the budget justification narrative a list of each staff person supported under the grant, explain the activities or duties of each staff person, and explain how these activities will help to attain the intended goals of the grant.

E. **Form 432E**- Schedule of Consultant Costs: List the individual consultant's name. If payment will be made to a business, list the firm's name also. List only the highest applicable degree held. Total costs must equal the hourly rate multiplied by the total number of hours. The total for this schedule must equal the consultant line item in the "DHMH Funding" (or "Suppl. Funding") column on the Program Budget page.

F. **Form 432F**- Schedule of Equipment Costs (Form 432F): Detail all equipment costing $500 or more per item to be purchased with DHMH funds. List in one lump sum all equipment costing under $500 per item. Include a detailed breakdown of these funds in the budget justification narrative.

G. **Form 432G**- Purchase of Service (POS): Detail the Purchase of Service line item on the Total Program Budget (DHMH 432B) page.
   1. List the type of service and/or activity, the vendor or sub recipient from whom the service will be purchased, the performance measures for the POS, and the DHMH funding and the total funding for any service and/or vendor.
   2. Any purchase of service or renovation must be documented on the corresponding Form 432G. The following should be provided:
      - Name of the vendor or sub recipient to whom funds will be awarded. Include a description of the projected service or activity to be performed by the vendor or sub recipient.
      - Identify performance measures for the vendor or sub recipients. State the measurable outcomes expected from the vendor or sub recipient for this funding.
      - List the amount of funds being provided to each vendor or sub recipient.
      - Provide a copy of the vendor or sub recipient’s detailed budget.
   3. The total for this schedule must equal the total of the Purchase of Service line item on the DHMH Funding column and Program Budget column on the Program Budget page (DHMH 432B).

H. **Form 432H**- Anticipated Sources of Funding Page: List all sources of funding anticipated for this program. In-kind funding should be listed here (do not show in-kind funds on the DHMH 432B-Program Budget).

3. **Written Budget Justification**: Prepare a written budget justification for each line item requested in the budget. (See Attachment 7 for example).
Conditions of Award

The Awarded Organization must adhere to the Prevention and Health Promotion Administration Fiscal Year 2016 Conditions of Award for the Cigarette Restitution Fund Program.

1. For each sub-provider cost reimbursement contract (sub-vendor Human Service Agreement), the Local Program shall provide the following information within 30 days of execution of the agreement:
   - a copy of the signed agreement,
   - a copy of the detailed line item budget,
   - a copy of the performance measures, e.g. number of individuals to receive public education, number of providers educated, number of persons to be screened, or other specific measures of services to be provided, and
   - a summary documentation of the grantee review process, e.g. notes from internal review group, meetings with potential sub-provider, budget review notes and rationale for award to the chosen vendor.

2. The Local Program shall submit periodic progress reports in the format and intervals specified by the program.

3. In accordance with the Budget Reconciliation and Financing Act of 2004 and in accordance with Maryland Health General Section 13-1104, the Local Program shall spend at least 60% of the funds under this grant on screening, diagnosis and treatment cost as specified by program.

   Based on this requirement, no more than 40% of the program’s expenditures can be spent on non-clinical and administrative expenses. Any non-clinical and administrative expenditure that exceeds the ceiling amount is considered a disallowed expenditure and the grantee will be required to remit this amount to DHMH.

4. In accordance with COMAR 10.14.06.01-07, the Local Program that receives CRFP funds and that sets aside a portion of their grant award to pay cancer treatment services for eligible clients shall:
   a. Develop written financial eligibility criteria for uninsured and underinsured individuals to receive treatment services funded by the CRFP program.
   b. Submit the written financial eligibility criteria for cancer treatment services to the Department of Health and Mental Hygiene (DHMH) when the criteria is initially developed and when any changes in the financial eligibility criteria are made.

5. All promotional and marketing materials should give credit to the Maryland Cigarette Restitution Fund Program.

6. The Local Program shall submit copies of its signed contracts with HSCRC regulated facilities within 30 days of execution of an agreement.
7. The Minimal Elements for Education, Screening, Diagnosis, and Treatment developed by the Medical Advisory Committees established the Center for Cancer Prevention and Control shall serve as the standards for education, screening, diagnosis, and treatment of target cancers.

8. A medical record shall be maintained for each participant who receives screening services through the Cancer Prevention, Education, Screening, and Treatment Program.

9. The Local Program shall assure that individuals with positive screening diagnostic tests are aggressively case managed in order to provide these individuals with needed diagnostic and/or treatment services.

10. The Cancer Prevention, Education, Screening, and Treatment Program is the payer of last resort. Before medical services are rendered, Local Programs must verify client’s insurance status, and before Local Programs pay for a medical service, an explanation of benefits from a third party payer must be received if the client has any type of insurance coverage.

11. The Local Program shall either provide treatment or linkages to treatment for uninsured individuals who are diagnosed with a targeted or no targeted cancer as a result of being screened under this grant.

12. Screening services shall be reimbursed at a rate no higher than the federal Medicare rate. Diagnostic and treatment services, if covered, shall be reimbursed at the State Medical Assistance rate. Where diagnostic and treatment services are not available at the Medicaid rate, the grantee shall document non-availability and follow the guideline in the CCPC Health Officer Memo 1-35, dated July 26, 2001 for procuring diagnostic and treatment services at non-Medicaid rates. HSCRC regulated facilities and services shall be reimbursed at HSCRC rates or HSCRC-approved rates.