

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD. 213A_DHCS (Rev. 03/15)

Check here if additional pages are added: 54 Page(s)

Agreement Number 12-89329	Amendment Number A05
Registration Number:	

1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name Department of Health Care Services (Also known as DHCS, CDHS, DHS or the State)

Contractor's Name Santa Barbara County Public Health Department (Also referred to as Contractor)

2. The term of this Agreement is: January 1, 2012
 through December 31, 2016

3. The maximum amount of this \$ 1,654,400
 Agreement after this amendment is: One Million, Six Hundred Fifty-Four Thousand, Four Hundred Dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- I. **Amendment effective date:** January 21, 2016
- II. **Purpose of amendment:** The purpose of this amendment is to make changes to the Scope of Work Program for both Years 5 and 6.
- III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
- IV. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add the following new or revised exhibits:

Exhibit A-A2, Scope of Work (54 pages)

All references to Exhibit A-A1, Scope of Work, in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit A-A2, Scope of Work. Exhibit A-A1, Scope of Work, is replaced in its entirety by the attached revised exhibit.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.



CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) <u>Santa Barbara County Public Health Department</u>		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing <u>Takashi Wada, MD, MPH, Director & Health Officer</u>		
Address <u>c/o June English, Project Coordinator</u> <u>345 Camino Del Remedio, Room 339, Santa Barbara, CA 93110</u>		
STATE OF CALIFORNIA		
Agency Name <u>Department of Health Care Services</u>		<input checked="" type="checkbox"/> Exempt per: Revenue & Taxation Code 30461.6 (m) & Health & Safety Code 104150
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing <u>Don Rodriguez, Chief, Contract Management Unit</u>		
Address <u>1501 Capitol Avenue, Suite 71.5195, MS 1403, P.O. Box 997413,</u> <u>Sacramento, CA 95899-7413</u>		

Exhibit A-A2
Scope of Work

1. Service Overview

This is a contract providing direct services to the public and is mostly funded with State local assistance dollars. Through this contract, the Contractor will conduct breast and cervical cancer education to priority population women, and will also maintain a diverse network of Primary Care Providers (PCPs) for the Every Woman Counts (EWC) program. Responsibilities include specified activities for implementing the Breast and Cervical Cancer Screening, Prevention and Education Class (BCCSPEC) curriculum, ensuring Quality Clinical Services are provided, and optimizing Professional Education. The contract objectives and required activities promote awareness and increase the number of women who are screened and re-screened for breast and cervical cancer. Ultimately, meeting the contract goals and objectives will reduce mortality from breast and cervical cancer screening, stimulates change in health care quality, and mobilizes communities to enable all California women to receive timely, high quality cancer screening services.

A. Program Components

This contract focuses on the delivery of health care services in the following program components: 1.) Health Education using the BCCSPEC curriculum and 2.) Quality Clinical Services.

- 1) Health Education using the BCCSPEC curriculum (see Exhibit Q for the Operational Requirements)
 - a) Health Educators (HE) will be responsible for teaching the Health Education Class (HEC) using the BCCSPEC curriculum to women aged 21 and older in EWC-identified priority populations. Additionally, emphasis will be on targeting hard to reach women who rarely or have not accessed breast and cervical cancer screening services. BCCSPEC may be facilitated in small group sessions or during one-on-one encounters. The HE must provide linguistic and culturally appropriate education during each HEC. EWC will provide a standardized breast and cervical cancer curriculum that can only be changed by EWC staff. Implementation of BCCSPEC activities support the two (2) cancer screening Core Program Performance Indicators (CPPI) (see Exhibit O).
- 2) Quality Clinical Services will focus on the: **Primary Care** Provider Network, Quality Assurance and Continuous Quality Improvement, and Provider Education (see Exhibit P- A1, for the Operational Requirements)
 - a) Primary Care Provider (PCP) Network

PCP Network duties will be implemented by a licensed Clinical Coordinator (CC) with technical assistance (TA) provided by EWC. CCs are responsible for development, maintenance and administration of the PCP network. Required activities include: 1) the promotion of EWC; 2) recruitment, enrollment, and assurance of the adequacy of the PCP Network serving the diverse EWC population with the focus on specified priority groups per EWC, and National

Exhibit A-A2
Scope of Work

Breast and Cervical Cancer Early Detection Program recommendations and directives. Other activities include orienting new PCPs to the EWC policies and procedures, clinical and administrative standards, data submission and providing ongoing TA and/or training for existing PCPs as needed.

b) Quality Assurance and Continuous Quality Improvement

i. Provider Site Reviews (PSRs)

CCs will conduct PSRs utilizing EWC's standardized site review tool. PSRs will focus on reviewing PCP performance in regards to meeting Core Program Performance Indicators (CPPIs) and adhering to EWC tools and resources. CCs will identify areas that require TA and/or training, and address these when communicating the PSR findings to the appropriate clinical site staff. Direct, face-to-face interaction with the provider office multidisciplinary team ensures provision of quality cancer screening, diagnostic, and case management services.

Prioritization of PSR visits is based on a provider's scores on the nine (9) Clinical CPPIs set by the Centers for Disease Control and Prevention. (See Exhibit O).

ii. Continuous Quality Improvement (CQI)

CCs will be required to participate in specific EWC CQI projects that are developed based on EWC's Quality Assurance/~~Quality Improvement~~ **CQI** framework. One of the main and recurring EWC CQI activities is data abstraction to retrieve data too old to be entered into the web-based system.

iii. CPPI Training

Successful EWC Program implementation is dependent on the performance of regional clinical services meeting CPPI benchmarks. Each PCP will receive training about CPPI benchmarks at orientation and on an ongoing basis through provision of TA and specific CPPI trainings.

c) Provider Education

Provider Education by CCs is an integral part of the multi-faceted PCP Education component of EWC. The range of PCP education activities carried out by CCs varies from group and individual PCPs office staff orientation and CPPI training (see Exhibit O), to marketing and recruitment of PCP staff to attend EWC-sponsored live or on-line courses and trainings.

Clinical staff may also be required to recruit and enroll PCPs to attend EWC-sponsored trainings.

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Scope of Work

2. Service Location

The services shall be performed throughout the Counties of Santa Barbara, Ventura, and San Luis Obispo.

3. Service Hours

The EWC program services shall be provided during a 40-hour work week, excluding State and Federal holidays.

4. Program Representatives

A. The program representatives during the term of this Agreement are:

Department of Health Care Services Stephanie Roberson Janice Spitzer Telephone: (916) 449-5334 552-9422 Fax: (916) 449-5310 E-mail: Stephanie.Roberson@dhcs.ca.gov Janice.Spitzer@dhcs.ca.gov	Santa Barbara County Public Health Department Ellen Willis-Conger, Assistant Deputy Director Telephone: (805) 681-5446 Fax: (805) 681-5200 E-mail: ellen.willis-conger@sbcphd.org
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B. Direct all inquiries to:

Department of Health Care Services Cancer Detection and Treatment Branch c/o Robert Marlow Sheryl Luoma 1501 Capitol Ave., Suite 71.5187 P.O. Box 997417, M.S. 46001 Sacramento, CA, 95899-7377 7417 Telephone: (916) 449-5329 440-7028 Fax: (916) 449-9975 5310 E-mail: Robert.Marlow Sheryl.Luoma@dhcs.ca.gov	Santa Barbara County Public Health Department c/o June English 345 Camino Del Remedio, Room 339 Santa Barbara, CA 93110 Telephone: (805) 681-4783 Fax: (805) 681-5159 E-mail: Jenqlis@sbcphd.com
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C. Either party may make changes to the above information by giving advance written notice to the other party. Said changes shall not require an amendment to this Agreement.

5. Subcontract Requirements

A. Subcontract and Consultant Agreements for completing Scope of Work (SOW) activities will only be approved on a case-by-case basis, and must be fully justified and approved in writing by EWC.

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Scope of Work

- B. Subcontracts that are used in performance of SOW activities shall comply with the requirements specified in Provision 5 of Special Terms and Conditions (see Exhibit D [F]).
- C. Superseding Provision 5, of Exhibit D (F), "Subcontract Requirements", prior written authorization is required before the Contractor is reimbursed for a Subcontract or Consultant Agreement expenses of any funding amount.
- D. Community Health Workers, Promotoras, Interpreters, etc., are allowed to assist in completing the SOW activities. These individuals can be hired through a Subcontract or Consultant Agreement.
- E. EWC reserves the right to deny reimbursement for Subcontract and Consultant Agreements if the Contractor did not secure prior written approval from the State.

6. Staffing

- A. At a minimum, each contract must include the Full-Time Equivalent (FTE) of eight-tenths (.80) HE and one (1.0) CC per region.
- B. There must be a designated Project Coordinator (PC) position for each region with the overall responsibility for completing SOW deliverables and for local contract administration. Position cannot exceed one tenth (.10) FTE per Region.

The Project Coordinator position may be combined with either a Clinical Coordinator or Health Educator as long as all Core Competencies are met.

- C. The Contractor must adhere to the Core Competency Requirements for Project Coordinator, Clinical Coordinator, and Health Educator (see Exhibits S, T, and U), as well as meet the staffing requirements ~~below~~ above in Item 6, A and B of this Exhibit. Contractor should demonstrate sufficient staffing to meet the SOW objectives and activities. The State reserves the right to approve or disapprove changes in key personnel.
- D. In order to ensure adequate funding of all contract objectives and required activities, EWC reserves the right to require that the Contractor reduce or eliminate any staffing position(s) in excess of the minimum required staffing pattern.
- E. The Contractor must submit a "Staffing Report" (see Exhibit L) to EWC by January 31, 2012, and upon any change in personnel or change in FTE. Prior written approval is required for changes in approved staffing patterns that deviate from the original contract agreement.
- F. The following is the recommended minimum required staffing pattern and their respective duties. Alternative staffing patterns are acceptable; however, EWC strongly recommends the following minimum required staffing:

Exhibit A-A2
Scope of Work

1) Project Coordinator

- a. This position requires the incumbent to possess at least five (5) years of experience working in a public health or community-related setting.
- b. This position may also serve as a part-time CC if individual meets both PC and CC Core Competency Requirements (see Exhibits Exhibit's S and T). May also serve as part-time HE if individual meets both the PC's and the HE's Core Competency Requirements (see Exhibits T and U).
- c. This position serves as the Regional Contract (RC) liaison with EWC.

2) Clinical Coordinator

- a. This position is ultimately responsible for meeting all of the nine (9) clinical CPPI. Also, due to the clinical nature of the CPPI, EWC strongly recommends that the CC have the knowledge and ability to complete the clinical component activities of the contract.
- b. This position requires the incumbent to possess at least five (5) years of experience working in a public health or community-related setting.
- c. This position has ultimate responsibility for performing tasks to achieve the goals and objectives of Program Component II: Quality Clinical Services (see SOW).

3) Health Educator

- a. This position requires the incumbent to possess at least one (1) year of experience working in a public health or community-related setting.
- b. This position has ultimate responsibility for performing tasks to achieve the goals and objectives of Program Component I: Health Education (see SOW).

7. Meetings, Trainings, and Site Visits

- A. Regional Contractor (RC) staff are required to attend and participate in meetings and trainings scheduled by EWC. EWC will not reimburse the Contractor for travel expenses for partial attendance unless EWC grants prior written approval to attend less than the full meeting.
- B. EWC will perform, at their discretion, formal and/or informal site visits to each RC location. The Contractor will receive advance notice, and not less than 48 hours prior to the site visit.
- C. When needing to travel out of their assigned region for education or administrative purposes, the Contractor is required to submit a written request to EWC following formal procedures.

Exhibit A-A2
Scope of Work

- D. EWC will not reimburse the Contractor for expenses related to RC staff and travel when those activities performed are not related to the Scope of Work. All agenda and meeting minutes should be uploaded into the Regional Contractor Management Information System (RCMIS) in order to be reimbursed for those activities.

8. Progress Reports

- A. The Contractor must submit Progress Reports (PR) postmarked no later than the due date specified in subparagraph 8E below. PRs are to be prepared in accordance with the information and a format provided by EWC. A faxed progress report is not acceptable.
- B. Failure to submit a timely and acceptable PR may be cause for invoice payment(s) to be reduced, delayed, or disallowed.
- C. The Contractor is required to follow all EWC procedures for reporting information that is submitted with each PR.
- D. The Contractor's last/final Invoice will not be completely approved for payment/processing until an acceptable last/final PR is received and approved by EWC.
- E. The Contractor shall submit one (1) original PR, which describes accomplishments during the report period to EWC in accordance with the following schedule:

	From	To	Due Date
1) First Report	01/01/12	06/30/12	07/31/12
2) Second Report	07/01/12	12/31/12	01/31/13
3) Third Report	01/01/13	06/30/13	07/31/13
4) Fourth Report	07/01/13	12/31/13	01/31/14
5) Fifth Report	01/01/14	06/30/14	07/31/14
6) Sixth Report	07/01/14	12/31/14	01/31/15
7) Seventh Report	01/01/15	06/30/15	07/31/15
8) Eighth Report	07/01/15	12/31/15	01/31/16
9) Ninth Report	01/01/16	06/30/16	07/31/16
10) Tenth/Final Report	07/01/16	12/31/16	12/31/16

- F. The Contractor shall complete the EWC Evaluation and Needs Assessment instrument and other evaluation requirements, as directed by EWC in accordance with a form and format prescribed by EWC.
- G. The Contractor shall coordinate and collaborate with EWC to maximize statewide media/communication efforts, as directed and approved by EWC.
- H. The Contractor will be required to respond as necessary to any ad-hoc and/or final reports as designated by EWC.

9. See the following pages for a detailed description of the services to be performed.

Exhibit A-A2
 Scope of Work
 Year 1
 (01/01/12-6/30/12)

PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By June 30, 2012, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
A. Provide THE to priority population women via a small group or one-on-one session using CDS-approved curricula. CDS will assign the total number of women in each priority population in an annual Program Letter. <ul style="list-style-type: none"> • 100 percent of the total number of women must be reached by June 30, 2012 • 100 percent of each priority population must be reached by June 30, 2012 • 75 percent of the total must be reached via small group sessions (2 or more) by June 30, 2012 	Health Educator	January 1, 2012 through June 30, 2012	Completed forms in RCMIS: <ul style="list-style-type: none"> • THE Session Form • THE Participant Form • Sign-in Form
B. Establish collaborative relationships with community organizations that represent appropriate priority populations, as specified in an annual Program Letter.	Health Educator	January 1, 2012 through June 30, 2012	RCMIS Report of Community Collaboration Form

Exhibit A-A2
 Scope of Work
 Year 1
 (01/01/12-6/30/12)

PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By June 30, 2012, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
C. Recruit and/or orient age and priority population-appropriate Community Health Workers (CHW) as specified in an annual Program Letter, to assist with SOW activities.	Health Educator	January 1, 2012 through June 30, 2012	<ul style="list-style-type: none"> • CHW Roster • CHW Orientation Checklist
D. Participate in CDS' THE CDI evaluation. <ul style="list-style-type: none"> • Attend THE CDI training • Enter THE CDI codes into web database • Distribute THE CDI codes at THE sessions 	Health Educator	January 1, 2012 through June 30, 2012	Evaluation Training Log

Exhibit A-A2
 Scope of Work
 Year 1
 (01/01/12-6/30/12)

PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION				
OBJECTIVE 2: By June 30, 2012, program will develop a staffing plan for patient navigation services for women 50 years of age and over.				
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)	
A. Determine feasibility of CHW interest with patient navigation services from the existing pool of CHWs.	Health Educator	January 1, 2012 through June 30, 2012	Feasibility Report for existing CHWs	
B. Approach new CHWs, if applicable, and assess interest in patient navigation services.	Health Educator	January 1, 2012 through June 30, 2012	Feasibility Report for new CHWs	
C. Provide EWC with CHW Roster via transmittal.	Health Educator	January 1, 2012 through June 30, 2012	Completed Transmittal Form	

Exhibit A-A2
 Scope of Work
 Year 1
 (01/01/12-6/30/12)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2012, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Support a network of active enrolled PCP sites.</p> <ul style="list-style-type: none"> • Manage a network of enrolled providers providing quality clinical services as directed by CDS (i.e., increase or decrease provider network and disenrollment based on program compliance) • Maintain or improve provider data reporting levels at or above 50 percent • Monitor performances of providers and participate in CDS directed action plans to improve provider performance • Provide ongoing EWC program orientation, training, and technical assistance (TA) to enrolled providers and their staff • Coordinate recording and resolution of 	<p>Clinical Coordinator (CC)</p>	<p>January 1, 2012 through June 30, 2012</p>	<ul style="list-style-type: none"> • Enrolled Provider File including physical addresses and contacts, updated monthly in RCMIS • Report of PCP New Staff Orientation • Report of PCP TA • Report of outcome of corrective action plan implemented to improve provider performance, including percent of data submission • Report of Patient Complaints and Resolution

Exhibit A-A2
 Scope of Work
 Year 1
 (01/01/12-6/30/12)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2012, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>patient complaints referred by 1-800 consumer number and by direct contact. CCs determine if HE's involvement in complaint resolution is needed</p> <ul style="list-style-type: none"> • Review within 10 days of receipt • Maintain a log of all completed activities • Record complaints resolved and make available in confidential format to CDS within two weeks upon request 			
<p>B. Conduct a Site Review at PCP physical sites, using CDS tools and protocols. The number of Site Reviews will be determined by the number of Clinical Coordinator positions allocated per region and assigned annually in a Program Letter.</p>	CC	January 1, 2012 through June 30, 2012	Completed Site Review tool(s)

Exhibit A-A2
 Scope of Work
 Year 1
 (01/01/12-6/30/12)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2012, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>C. Participate in Continuous Quality Improvement (CQI) projects as determined by CDS.</p>	CC	January 1, 2012 through June 30, 2012	<ul style="list-style-type: none"> • Report of CQI activities • Submission of completed CQI activities by CDS determined deadline
<p>D. Deliver ongoing CPPI technical assistance/training as needed. Provide Mandatory CPPI training to 100 percent of providers identified by CDS as having a significant data reporting problem. Provide corrective action plan if region does not meet 9 CPPI indicators.</p>	CC	January 1, 2012 through June 30, 2012	<ul style="list-style-type: none"> • Report of ongoing CPPI TA • Report of ongoing CPPI training • Report of mandatory CPPI training • Provide analysis of CPPI outcome, develop corrective action plan including ongoing improvement efforts.

Exhibit A-A2
 Scope of Work
 Year 1
 (01/01/12-6/30/12)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2012, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>E. Recruit clinicians to attend cervical training as scheduled. Recruitment of clinicians including the number of trainings/participants will be determined annually in a Program Letter. Track enrolled providers on the designated website.</p>	CC	January 1, 2012 through June 30, 2012	<ul style="list-style-type: none"> • Report of clinicians trained & untrained • Copies of recruitment materials on file

Exhibit A-A2
 Scope of Work
 Year 2
 (07/01/12 – 6/30/13)

PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION			
<p>Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.</p>			
<p>OBJECTIVE 1: By June 30, 2013, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Provide THE to priority population women via a small group or one-on-one session using CDS-approved curricula. CDS will assign the total number of women in each priority population in an annual Program Letter.</p> <ul style="list-style-type: none"> • 100 percent of the total number of women must be reached by June 30, 2013 • 100 percent of each priority population must be reached by June 30, 2013 • 75 percent of the total must be reached via small group session (2 or more) by June 30, 2013 	Health Educator	July 1 2012 through June 30, 2013	<p>Completed forms in RCMIS:</p> <ul style="list-style-type: none"> • THE Session Form • THE Participant Form • Sign-in Form

Exhibit A-A2
 Scope of Work
 Year 2
 (07/01/12 – 6/30/13)

PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By June 30, 2013, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
B. Establish collaborative relationships with community organizations that represent appropriate priority populations, as specified in an annual Program Letter.	Health Educator	July 1, 2012 through June 30, 2013	RCMIS Report of Community Collaboration Form
C. Recruit and/or orient age and priority population- appropriate CHWs, as specified in an annual Program Letter, to assist with SOW activities.	Health Educator	July 1, 2012 through June 30, 2013	<ul style="list-style-type: none"> • CHW Roster • CHW Orientation Checklist

Exhibit A-A2
 Scope of Work
 Year 2
 (07/01/12 – 6/30/13)

PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION			
<p>Component Goal: Improve the likelihood that women reached through THE will schedule appointments with and receive breast and cervical cancer screening services from EWC providers.</p>			
<p>OBJECTIVE 2: By June 30, 2013, program will develop a staffing plan for patient navigation services for women 50 years of age and over.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
A. Determine patients for navigation services.	CHW	July 1, 2012 through June 30, 2013	Patient Log
B. Follow up with selected participants with phone calls after the THE session.	CHW	July 1, 2012 through June 30, 2013	Phone Log
C. Accompany participants to appointments.	CHW	July 1, 2012 through June 30, 2013	Travel Log

Exhibit A-A2
 Scope of Work
 Year 2
 (07/01/12 – 6/30/13)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2013, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Support a network of active enrolled PCP sites.</p> <ul style="list-style-type: none"> • Manage a network of enrolled providers providing quality clinical services as directed by CDS (i.e., increase or decrease provider network and disenrollment based on program compliance) • Maintain or improve provider data reporting levels at or above 50 percent • Monitor performances of providers and participate in CDS directed action plans to improve provider performance • Provide ongoing <i>CDP</i>: <i>EWC</i> program orientation, training, and technical assistance (TA) to enrolled providers and 	CC	July 1, 2012 through June 30, 2013	<ul style="list-style-type: none"> • Enrolled Provider File including physical addresses and contacts, updated monthly in RCMIS • Report of PCP New Staff Orientation • Report of PCP TA • Report of outcome of corrective action plan implemented to improve provider performance, including percent of data submission • Report of Patient Complaints and Resolution

Exhibit A-A2
 Scope of Work
 Year 2
 (07/01/12 – 6/30/13)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2013, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>their staff</p> <ul style="list-style-type: none"> Coordinate recording and resolution of patient complaints referred by 1-800 number and by direct contact. CCs determine if HE's involvement in complaint resolution is needed 			
<p>B. Conduct a Site Review at PCP physical sites, using CDS tools and protocols. The number of Site Reviews will be determined by the number of Clinical Coordinator positions allocated per region and assigned annually in a Program Letter.</p> <p>50 percent complete by June 30, 2013</p>	CC	<p>July 1, 2012 through June 30, 2013</p> <p>June 30, 2013</p>	Completed Site Review tool(s)

Exhibit A-A2
 Scope of Work
 Year 2
 (07/01/12 – 6/30/13)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2013, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>C. Participate in Continuous Quality Improvement (CQI) projects as determined by CDS.</p>	CC	July 1, 2012 through June 30, 2013	<ul style="list-style-type: none"> • Report of CQI activities • Submission of completed CQI activities by CDS determined deadline
<p>D. Deliver ongoing CPPI technical assistance/training as needed. Provide Mandatory CPPI training to 100 percent of providers identified by CDS as having a significant data reporting problem. Provide corrective action plan if region does not meet 9 CPPI indicators.</p>	CC	July 1, 2012 through June 30, 2013	<ul style="list-style-type: none"> • Report of ongoing CPPI TA • Report of ongoing CPPI training • Report of mandatory CPPI training • Provide analysis of CPPI outcome, develop corrective action plan including ongoing improvement efforts.

Exhibit A-A2
 Scope of Work
 Year 2
 (07/01/12 – 6/30/13)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2013, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>E. Recruit clinicians to attend cervical training as scheduled. Recruitment of clinicians including the number of trainings/participants will be determined annually in a Program Letter. Track enrolled providers on the designated website</p>	CC	July 1, 2012 through June 30, 2013	<ul style="list-style-type: none"> • Report of clinicians trained & untrained • Copies of recruitment materials on file

Exhibit A-A2
 Scope of Work
 Year 3
 (07/01/13-06/30/14)

PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By June 30, 2014, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
A. Provide THE to priority population women via a small group or one-on-one session using CDS-approved curricula. CDS will assign the total number of women in each priority population in an annual Program Letter. <ul style="list-style-type: none"> • 100 percent of the total number of women must be reached by June 30, 2014 • 100 percent of each priority population must be reached by June 30, 2014 • 75 percent of the total must be reached via small group session (2 or more) by June 30, 2014 	Health Educator	July 1, 2013 through June 30, 2014	Completed forms in RCMIS: <ul style="list-style-type: none"> • THE Session Form • THE Participant Form • Sign-in Form

Exhibit A-A2
 Scope of Work
 Year 3
 (07/01/13-06/30/14)

PROGRAM COMPONENT I: TAILORED HEALTH EDUCATION

Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.

OBJECTIVE 1: By June 30, 2014, the Regional Contractor will deliver THE to the assigned priority populations, as indicated in an annual Program Letter.

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
B. Establish collaborative relationships with community organizations that represent appropriate priority populations, as specified in an annual Program Letter.	Health Educator	July 1, 2013 through June 30, 2014	RCMIS Report of Community Collaboration Form
C. Recruit and/or orient age and priority population- appropriate CHWs, as specified in an annual Program Letter, to assist with SOW activities.	Health Educator	July 1, 2013 through June 30, 2014	<ul style="list-style-type: none"> • CHW Roster • CHW Orientation Checklist

Exhibit A-A2
 Scope of Work
 Year 3
 (07/01/13-06/30/14)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2014, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Support a network of active enrolled PCP sites.</p> <ul style="list-style-type: none"> • Manage a network of enrolled providers providing quality clinical services as directed by CDS (i.e., increase or decrease provider network and disenrollment based on program compliance) • Maintain or improve provider data reporting levels at or above 50 percent • Monitor performances of providers and participate in CDS directed action plans to improve provider performance • Provide ongoing EWC program orientation, training, and technical assistance (TA) to enrolled providers and their staff 	CC	July 1, 2013 through June 30, 2014	<ul style="list-style-type: none"> • Enrolled Provider File including physical addresses and contacts, updated monthly in RCMIS • Report of PCP New Staff Orientation • Report of PCP TA • Report of outcome of corrective action plan implemented to improve provider performance, including percent of data submission • Report of Patient Complaints and Resolution

Exhibit A-A2
 Scope of Work
 Year 3
 (07/01/13-06/30/14)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2014, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<ul style="list-style-type: none"> • Coordinate recording and resolution of patient complaints referred by 1-800 consumer number and by direct contact. CCs determine if HE's involvement in complaint resolution is needed • Review within 10 days of receipt • Maintain a log of all completed activities • Record complaints resolved and make available in confidential format to CDS within two weeks upon request 			

Exhibit A-A2
 Scope of Work
 Year 3
 (07/01/13-06/30/14)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement, document, and report quality clinical services throughout California.</p>			
<p>OBJECTIVE 1: By June 30, 2014, the Contractor will improve or maintain provider performance on the 9 (nine) clinical related Core Program Performance Indicators (CPIs). See Exhibit O.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>B. Conduct a Site Review at PCP physical sites, using CDS tools and protocols. The number of Site Reviews will be determined by the number of Clinical Coordinator positions allocated per region and assigned annually in a Program Letter. 50 percent completed by June 30, 2014</p>	CC	<p>July 1, 2013 through June 30, 2014 June 30, 2014</p>	<p>Completed Site Review tool(s)</p>
<p>C. Participate in Continuous Quality Improvement (CQI) projects as determined by CDS.</p>	CC	<p>July 1, 2013 through June 30, 2014</p>	<ul style="list-style-type: none"> • Report of CQI activities • Submission of completed CQI activities by CDS determined deadline

Exhibit A-A2
 Scope of Work
 Year 3
 (07/01/13-06/30/14)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
D. Deliver ongoing CPPI technical assistance/training as needed. Provide Mandatory CPPI training to 100 percent of providers identified by CDS as having a significant data reporting problem. Provide corrective action plan if region does not meet 9 CPPI indicators.	CC	July 1, 2013 through June 30, 2014	<ul style="list-style-type: none"> • Report of ongoing CPPI TA • Report of ongoing CPPI training • Report of mandatory CPPI training • Provide analysis of CPPI outcome, develop corrective action plan including ongoing improvement efforts.
E. Recruit clinicians to attend cervical training as scheduled. Recruitment of clinicians including the number of trainings/participants will be determined annually in a Program Letter. Track enrolled providers on the designated website.	CC	July 1, 2013 through June 30, 2014	<ul style="list-style-type: none"> • Report of clinicians trained & untrained • Copies of recruitment materials on file

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

PROGRAM COMPONENT 1: HEALTH EDUCATION CLASS USING THE BCCSPEC CURRICULUM (HEC)			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By June 30, 2015, RC staff will have delivered BCCSPEC/HEC in appropriate languages to the assigned priority populations, as indicated in an annual Program Letter.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Provide HEC to priority population women (PPW). PPW include: African Americans (AA), American Indians (AI), Asian/Asian Pacific Islanders(A/API), and Other (lesbians, women with disabilities, etc.) ages 21 and older via a group or one-on-one session using EWC-approved BCCSPEC curriculum at HEC or community events. EWC will assign the total number of women to be reached in each priority population and county in an annual Program Letter.</p> <ul style="list-style-type: none"> 75 percent of the women who are provided educational sessions shall be 50 years and over. A BCCSPEC curriculum Pre-and Post-test shall be administered before and after each educational session. 	<p>HE Community Health Worker (CHW)</p>	<p>July 1, 2014 through June 30, 2015</p>	<p><u>Data entered in RC MIS and/or kept on file as required:</u></p> <ul style="list-style-type: none"> EWC HEC Pre-and Post-test results EWC HEC sign-in sheet including participant names, age group, ethnicity and contact information (a cell phone number or an email address)

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>B. Establish and maintain collaborative relationships with community organizations that support the delivery of BCCSPEC/HEC for appropriate priority populations, as specified in an annual Program Letter. (These collaborative relationships will be established through community networking opportunities, regional CHWs, and other pertinent methods.)</p>	HE	July 1, 2014 through June 30, 2015	<p><u>Data entered in RCMIS and/or kept on file, as required:</u></p> <ul style="list-style-type: none"> • RCMIS Report of Community Collaborations • Networking Activities Form <ul style="list-style-type: none"> ○ Agendas ○ Minutes ○ Copies of emails or telephone calls log
<p>C. Recruit, train, and maintain age and priority population appropriate CHWs to assist in and/or conduct the BCCSPEC/HEC as well as conduct translation and screening navigation activities, and other duties, as specified in an annual Program Letter.</p> <ul style="list-style-type: none"> • CHWs and health educators will conduct follow-up communication with applicable training participants to encourage compliance with breast and cervical cancer screening services. 	HE CHW	July 1, 2014 through June 30, 2015	<p><u>Data entered in RCMIS and/or kept on file, as required:</u></p> <ul style="list-style-type: none"> • CHW information • CHW Orientation Checklist • CHW Readiness Checklist • Screening Navigation Log

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
D. HEs and CHWs will distribute breast and cervical cancer screening reminder cards to federally qualified health centers, community health centers, Indian Health Service or other tribal organizations, pharmacies, hospitals, health systems or insurers, etc., as well as other entities such as worksites, beauty salons, cosmetics counters, laundromats, etc., as directed by EWC.	HE CHW	July 1, 2014 through June 30, 2015	Data entered in RCMIS <u>and/or kept on file, as required:</u> Organizations/clinics/businesses and number of reminder cards distributed

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Maintain a diverse network of EWC primary care providers (PCP) throughout California, ensure quality EWC clinical services are provided, and optimize provider knowledge of EWC program policies, clinical standards, and data submission requirements.</p>			
<p>OBJECTIVE 1: Provider Network</p> <p>By June 30, 2015, under EWC guidance, the Contractor will continuously develop, maintain, and support a network of enrolled PCPs-delivering EWC clinical services to the defined geographic area and serving EWC beneficiaries with a focus on priority populations, as directed by EWC.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Recruit, maintain, and support the network of EWC providers in the Region.</p> <ul style="list-style-type: none"> • Maintain a current list of active provider sites in RCMIS. • Under EWC guidance to expand EWC provider network based on regional needs and/or EWC criteria. 	CC	July 1, 2014 through June 30, 2015	<ul style="list-style-type: none"> • Report of PCP Network Activity • Report on or provide up-to-date list of active provider sites upon request.

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>B. As determined by EWC or at the request of a EWC provider or BCCTP, provide assistance in the management of women with abnormal results to receive final diagnosis and/or aid to women diagnosed by EWC with breast and/or cervical conditions to overcome barriers to beginning treatment from diagnosis (patient navigation/case management).</p>	CC	July 1, 2014 through June 30, 2015	<ul style="list-style-type: none"> • Report on requests for case management assistant and patient navigation. Include, but not be limited to, date of request, source of request, program recipient identifier, problem, resolution of problem. • List of regional free and/or low cost breast and cervical cancer screening, treatment and treatment support services made available upon request to EWC.
<p>C. Create and maintain a list of regional resources for 1) free and/or low cost breast and cervical cancer screening and diagnostic services for women not eligible for EWC services and for services not covered- by EWC; 2) women diagnosed with breast and cervical precancerous conditions and cancers who are ineligible for treatment services through the Breast and Cervical Cancer Treatment Program (BCCTP); and 3) patient navigation or cancer support. Make list available to EWC within two weeks upon request.</p> <p>D. Provide group and/or individual EWC program orientation to new providers or providers with new staff</p>	CC	July 1, 2014 through June 30, 2015	<ul style="list-style-type: none"> • Track requests for regional listing from providers, women, and public health professionals. Include, but is not limited to the following: date of request, name, title, and organization/affiliation of requester. • Report of Provider Orientations

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
E. Provide ongoing Technical Assistance (TA) to enrolled providers and their staff as needed or as defined by EWC criteria for TA.	CC	July 1, 2014 through June 30, 2015	<ul style="list-style-type: none"> • Report of Provider Technical Assistance
F. Manage, including language translation if needed, resolve and document patient complaints received through the EWC Automated Referral Line and On-line Provider Locator and by direct contact. <ul style="list-style-type: none"> • Determine if HE's involvement in complaint resolution is needed. • Investigate and respond to complaints within 30 days of receipt. • If there is a barrier to the resolution of the complaint on the local level it has to be brought up to the attention of EWC staff. <ul style="list-style-type: none"> ○ Maintain a confidential log of all complaints, activities, and resolutions and make available to EWC within two weeks upon request. • Aggregate complaints received during each reporting period, and provide a narrative summary that includes: number of complaints, category of complaints, resolved versus unresolved, time to resolution, and outcomes of complaints resolution. 	CC	July 1, 2014 through June 30, 2015	<ul style="list-style-type: none"> • Patient Complaints log: date of complaint, source of complaint, category of complaint (as defined by EWC), complaint resolution or barrier to resolution, date of resolution. • Quarterly Complaints Summary Report

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>G. Responsible for gathering and maintaining accurate and up-to-date information on providers including office contacts.</p>	<p>CC</p>	<p>July 1, 2014 through June 30, 2015</p>	<ul style="list-style-type: none"> Report of Provider Information including but is not limited to the following information on each EWC Provider: 1) NPI; 2) Legal name; 3) Service Location Name; 4) Service Location address; 5) Telephone number (for appointments); 6) E-mail address (for business communications)
<p>H. Ensure that PCPs are appropriately informed and, if necessary, receive timely announcements and training about changes in EWC policies and procedures through e-blasts, letters, phone calls or in-person.</p>	<p>CC</p>	<p>July 1, 2014 through June 30, 2015</p>	<ul style="list-style-type: none"> Report on timeliness (date of last confirmation) and accuracy of provider information on communication with providers. Including but is not limited to, date, type, method, and success of communications.

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
Component Goal: Maintain a diverse network of PCPs throughout California for EWC, ensure quality EWC clinical services are provided, and optimize knowledge of EWC program policies, clinical standards and data submission requirements.			
Objective 2: QUALITY ASSURANCE/IMPROVEMENT			
By June 30, 2015, the Contractor will promote provider adherence to the national clinical standards, to the Core Program Performance Indicator benchmarks, and EWC clinical and data submission standards. The Contractor will assure that PCPs are knowledgeable about and follow current EWC policies and recommended clinical guidelines and utilize EWC tools and resources.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
A. Monitor performances of providers and participate in EWC directed action plans to improve provider Performance. <ul style="list-style-type: none"> o Conduct PSRs at PCP physical sites per EWC instructions, utilizing EWC tools and protocols. o The number of PSRs will be determined by EWC based on specific criteria of a provider performance and will be assigned in a Program Letter as needed o Provide follow up for PCPs that do not meet clinical and administrative standards of the PSR and/or require action plans. 	CC	July 1, 2014 through June 30, 2015	<ul style="list-style-type: none"> o Report of Completed Provider Site Reviews and Outcomes

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<ul style="list-style-type: none"> o Aggregate and analyze PSR outcomes during each reporting period, identify trends, and actions taken to improve PCP performance of the Clinical CPPI. <ul style="list-style-type: none"> - Provide a narrative report in each progress report describing the analysis, trends, and actions taken. • Participate in CQI projects as determined by EWC. <ul style="list-style-type: none"> o Conduct clinical data error remediation activities with providers, follow-up on clinical data quality issues and Minimum Data Element (MDE) abstraction efforts as determined by EWC. o Train and trouble-shoot clinical data collection in DETEC with EWC providers including follow-up on provider complaints of DETEC. o Facilitate with provider data requests and data reporting needs/requests to EWC. o Participate in EWC program evaluation activities as determined by EWC. • Deliver ongoing CPPI training to providers who do not meet their CPPI scores. Provide corrective action plan if region does not meet all nine (9) clinical CPPI. 			<ul style="list-style-type: none"> • Report of CQI activities. Includes but is not limited to tracking data error remediation, data abstraction activities; training and trouble-shooting issues with the collection of clinical data; and participation in EWC program evaluation activities. • Report of CPPI trainings. Includes, but is not limited to, date, content (which CPPI(s) covered), method and evaluation of training. • Corrective action plan if regional CPPIs not met.

Exhibit A-A2
 Scope of Work
 Year 4
 (07/01/14-06/30/15)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
Component Goal: Maintain a diverse network of PCPs throughout California for EWC, ensure quality EWC clinical services are provided, and optimize provider education about breast and cervical cancer screening and diagnostic services.			
Objective 3: PROFESSIONAL EDUCATION			
By June 30, 2015, the Contractor will participate in activities that promote provider knowledge and adherence to Program clinical quality standards, delivery of current and quality breast and cervical cancer screening and diagnostic services.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
A. Assist EWC with Provider Education activities. <ul style="list-style-type: none"> • Provider education activities will be determined in a Program Letter. 	CC	July 1, 2014 through June 30, 2015	Provider education documentation to be determined by Program Letter

Exhibit A-A2
 Scope of Work
 Year 5
 (07/01/15 – 06/30/16)

PROGRAM COMPONENT I: HEALTH EDUCATION			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By June 30, 2016, the RC staff will have delivered BCCSPEG HEC in appropriate languages to the assigned priority populations, as indicated in an annual Program Letter.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Provide <u>health</u> educational-sessions to priority population women (PPW). PPW include: African Americans (AA), American Indians (AI), Asian/Asian Pacific Islanders(A/API), and Others (lesbians, women with disabilities, etc.) ages 21 and older via a group or one-on-one session using Every Woman Counts (EWC) approved BCCSPEC at educational-sessions <u>HEC</u> or community events. EWC will assign the total number of women to be reached in each priority population and county in an annual Program Letter.</p> <ul style="list-style-type: none"> • 75 percent of the women who are provided <u>health</u> educational-sessions shall be 50 years and over. • A BCCSPEC Pre-and Post-test shall be administered before and after each educational session. • <u>HE and/or CHW will conduct screening navigation (follow-up) with a minimum of 20 percent of the total HEC participants to encourage, assist, and verify screening for breast and cervical cancer by an EWC provider.</u> 	<p>HE CHW</p>	<p>July 1, 2015 through June 30, 2016</p>	<p><u>Completed forms uploaded into RCMIS:</u></p> <ul style="list-style-type: none"> • Training-Participant Form • <u>Sign-in-Form</u> (name, address, phone, email) • <u>BCCSPEG HEC</u> Pre-and Post-test results
		<p><u>December 2015 through June 30, 2016</u></p>	<ul style="list-style-type: none"> • <u>Screening Navigation information</u>

Exhibit A-A2
 Scope of Work
 Year 5
 (07/01/15 – 06/30/16)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>B. Establish and maintain collaborative relationships with community organizations that support the delivery of BCCSPEC health education for appropriate priority populations, as specified in an annual Program Letter. (These collaborative relationships will be established through community networking opportunities, regional CHWs, and other pertinent methods.)</p>	HE	July 1, 2015 through June 30, 2016	<p>Completed forms uploaded into RCMIS:</p> <ul style="list-style-type: none"> • RCMIS Report of Community Collaborations/Networking Activities Form • <u>Networking Activities Form</u> <ul style="list-style-type: none"> ○ <u>Agendas</u> ○ <u>Minutes</u> ○ <u>Copies of emails or telephone call logs</u>
<p>C. Recruit, train, and maintain age and priority population appropriate CHWs to assist in and/or conduct the BCCSPEC health education sessions as well as conduct translation and navigation activities, and other duties, as specified in an annual Program Letter.</p> <ul style="list-style-type: none"> • CHWs and HEs will conduct follow-up communication with applicable training participants to encourage compliance with breast and cervical cancer screening services. 	HE CHW	July 1, 2015 through June 30, 2016	<p>Completed forms uploaded into RCMIS and/or kept on file, as required:</p> <ul style="list-style-type: none"> • CHW information • CHW Orientation Checklist • CHW Readiness Checklist • Follow-up Log • <u>Participant information</u> • <u>HEC Pre- and Post-test information</u> • <u>Screening Navigation Information</u>

Exhibit A-A2
 Scope of Work
 Year 5
 (07/01/15 – 06/30/16)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>D. <u>Distribute breast and cervical cancer education promotional materials as directed by EWC.</u> HEs and CHWs will distribute breast and cervical cancer screening reminder cards to federally-qualified health centers, community health centers, Indian Health Service or other tribal organizations, pharmacies, hospitals, health systems or insurers, etc., as well as other entities such as beauty salons, cosmetics counters, Laundromats, etc., as directed by EWC.</p>	<p>HE CHW <u>CC</u></p>	<p>July 1, 2015 through June 30, 2016</p>	<ul style="list-style-type: none"> • List of organizations/clinics/businesses who received reminder cards upleaded into RCMIS • Number of Reminder cards distributed <p><u>Data entered in RCMIS and/or kept on file as required:</u></p> <ul style="list-style-type: none"> • <u>Collaborators and number of education promotional materials distributed</u>

Exhibit A-A2
 Scope of Work
 Year 5
 (07/01/15 – 06/30/16)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
Component Goal: Maintain a diverse network of PCP throughout California for EWC, ensure quality EWC clinical services are provided, and optimize provider education about breast and cervical cancer screening and diagnostic services.			
OBJECTIVE 1: Provider Network			
By June 30, 2016, the Contractor will continuously develop, maintain and support a network of enrolled PCP delivering EWC clinical services to the defined geographic area and serving EWC beneficiaries with a focus on priority populations, as directed by EWC.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
A. Recruit, maintain and support the network of EWC providers in the Region. <ul style="list-style-type: none"> • Maintain a current list of active provider sites in RCMIS. • Develop a plan to expand and/or reduce the provider network based on regional needs and/or EWC criteria. <ul style="list-style-type: none"> ○ Provide plan to EWC in writing within two weeks upon request. 	CC	July 1, 2015 through June 30, 2016	<ul style="list-style-type: none"> • Report of PCP Network Activity • Report of Provider Network Plan (upon request)
B. Create and maintain a list of regional resources for free and/or low cost breast and cervical cancer screening services for persons not eligible for EWC services. Make list available to EWC within two weeks upon request.	CC	July 1, 2015 through June 30, 2016	<ul style="list-style-type: none"> • List of regional free and /or low cost breast and cervical cancer screening services made available upon request from EWC.
C. Provide EWC program orientation to new providers or providers with new staff.	CC	July 1, 2015 through June 30, 2016	<ul style="list-style-type: none"> • Report of Provider Orientations

Exhibit A-A2
 Scope of Work
 Year 5
 (07/01/15 – 06/30/16)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
D. Provide ongoing TA to enrolled providers and their staff.	CC	July 1, 2015 through June 30, 2016	<ul style="list-style-type: none"> • Report of Provider Technical Assistance
E. Manage, including language translation if needed, resolve and document patient complaints received through the EWC Automated Referral Line and On-line Clinic Locator and by direct contact. <ul style="list-style-type: none"> • Determine if HE's involvement in complaint resolution is needed. • Investigate and respond to complaints within 30 days of receipt. • If there is a barrier to the resolution of the complaint on the local level it has to be brought up to the attention of the EWC Staff. • Maintain a confidential log of all complaints, activities, and resolutions, and make available to EWC within two weeks upon request. • Aggregate complaints received during each reporting period, and provide a narrative summary that includes type of complaints, identification of trends, and outcomes of complaints resolution. 	CC	July 1, 2015 through June 30, 2016	<ul style="list-style-type: none"> • Report of Patient Complaints • Complaints Summary Narrative
F. Ensure that PCPs are appropriately informed and, if necessary, receive timely training about changes in EWC policies and procedures through e-blasts, letters, phone calls or in-person.	CC	July 1, 2015 through June 30, 2016	<ul style="list-style-type: none"> • Report of Provider Information Distribution

Exhibit A-A2
 Scope of Work
 Year 5
 (07/01/15 – 06/30/16)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>G. <u>Responsible for gathering and maintaining accurate and up-to-date information on providers including office contacts.</u></p>	<p><u>CC</u></p>	<p><u>November 1, 2015 through June 30, 2016</u></p>	<ul style="list-style-type: none"> • <u>Report of Provider Information including but is not limited to the following information on each EWC Provider: 1) NPI; 2) Legal name; 3) Service Location Name; 4) Service Location address; 5) Telephone number (for appointments); 6) E-mail address (for business communications)</u>
<p>H. <u>Ensure that PCPs are appropriately informed and, if necessary, receive timely announcements and training about changes in EWC policies and procedures through e-blasts, letters, phone calls or in-person.</u></p>	<p><u>CC</u></p>	<p><u>November 1, 2015 through June 30, 2016</u></p>	<ul style="list-style-type: none"> • <u>Report on timeliness (date of last confirmation) and accuracy of provider information on communication with providers. Including but is not limited to, date, type, method, and success of communications.</u>

Exhibit A-A2
 Scope of Work
 Year 5
 (07/01/15 – 06/30/16)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
Component Goal: Maintain a diverse network of PCP throughout California for EWC, ensure quality EWC clinical services are provided, and optimize provider education about breast and cervical cancer screening and diagnostic services.			
Objective 2: QUALITY ASSURANCE/IMPROVEMENT			
By June 30, 2016, the Contractor will promote provider adherence to the national clinical standards, to the Core Program Performance Indicator benchmarks, and EWC clinical and data submission standards. The Contractor will assure that PCPs are knowledgeable about and follow current EWC policies and recommended clinical guidelines and utilize EWC tools and resources.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
A. Monitor performances of providers and participate in EWC directed action plans to improve provider performance. <ul style="list-style-type: none"> • Conduct PSRs at PCP physical sites, using EWC tools and protocols. <ul style="list-style-type: none"> ○ The number of PSRs will be determined by the number of CC positions allocated per region and assigned annually in a Program Letter. ○ The initial 50 percent of the total number of the PSRs assigned for the fiscal year are to be completed by December 31, 2015 ○ The remaining 50 percent of the total number of the PSRs assigned for the fiscal year are to be completed by June 30, 2016. ○ Provide follow up for PCPs that do not meet clinical and administrative standards of the PSR and/or require action plans 	CC	July 1, 2015 through June 30, 2016	<ul style="list-style-type: none"> • Report of Completed Provider Site Reviews

Exhibit A-A2
 Scope of Work
 Year 5
 (07/01/15 – 06/30/16)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<ul style="list-style-type: none"> ○ Aggregate and analyze PSR outcomes during each reporting period, identify trends, and actions taken to improve PCP performance of the Clinical CPPI. <ul style="list-style-type: none"> – Provide a narrative report in each progress report describing the analysis, trends, and actions taken. ● Participate in CQI projects as determined by EWC. <ul style="list-style-type: none"> ○ Conduct MDE abstraction efforts as determined by EWC. ● Deliver ongoing CPPI training to providers who do not meet their CPPI scores. Provide corrective action plan if region does not meet all nine (9) clinical CPPI. 			<ul style="list-style-type: none"> ● Report of CQI activities ● Report of CPPI trainings ● Corrective action plan if regional CPPIs not met

Exhibit A-A2
 Scope of Work
 Year 5
 (07/01/15 – 06/30/16)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
Component Goal: Maintain a diverse network of PCPs throughout California for EWC, ensure quality EWC clinical services are provided, and optimize provider education about breast and cervical cancer screening and diagnostic services.			
Objective 3: PROFESSIONAL EDUCATION			
By June 30, 2016, the Contractor will participate in activities that promote provider knowledge and adherence to Program clinical quality standards, delivery of current and quality breast and cervical cancer screening and diagnostic services.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
A. Assist EWC with Provider Education activities. <ul style="list-style-type: none"> • Provider eEducation activities will be determined in a Program Letter. 	CC	July 1, 2015 through June 30, 2016	Provider eEducation documentation to be determined by Program Letter

Exhibit A-A2
 Scope of Work
 Year 6
 (07/01/16 – 12/31/16)

PROGRAM COMPONENT I: HEALTH EDUCATION			
Component Goal: Improve adherence to regular breast and cervical cancer screening and follow-up, especially within the priority populations of California women.			
OBJECTIVE 1: By December 31, 2016, the RC staff will have delivered <u>BCCSPEC HEC</u> in appropriate languages to the assigned priority populations, as indicated in an annual Program Letter.			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Provide <u>health</u> educational-sessions to priority population women (PPW). PPW include: African Americans (AA), American Indians (AI), Asian/Asian Pacific Islanders(A/API), and Others (lesbians, women with disabilities, etc.) ages 21 and older via a group or one-on-one session using Every Woman Counts (EWC) approved BCCSPEC at educational-sessions <u>HEC</u> or community events. EWC will assign the total number of women to be reached in each priority population and county in an annual Program Letter.</p> <ul style="list-style-type: none"> 75 percent of the women who are provided <u>health</u> educational-sessions shall be 50 years and over. A BCCSPEC Pre-and Post-test shall be administered before and after each educational session. <u>HE and/or CHW will conduct screening navigation (follow-up) with a minimum of 20 percent of the total HEC participants to encourage, assist, and verify screening for breast and cervical cancer by an EWC provider.</u> 	<p>HE CHW</p>	<p>July 1, 2015 <u>2016</u> through June <u>30December</u> <u>31, 2016</u></p>	<p><u>Completed forms uploaded into RCMIS:</u></p> <ul style="list-style-type: none"> Training-Participant Form Sign-in Form (name, address, phone, email) BCCSPEC <u>HEC</u> Pre-and Post-test results <u>Screening Navigation information</u>

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 Scope of Work
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 (07/01/16 – 12/31/16)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>B. Establish and maintain collaborative relationships with community organizations that support the delivery of BCCSPEG health education for appropriate priority populations, as specified in an annual Program Letter. (These collaborative relationships will be established through community networking opportunities, regional CHWs, and other pertinent methods.)</p>	HE	July 1, 2015 through June 30 December 31, 2016	<p>Completed forms uploaded into RCMIS:</p> <ul style="list-style-type: none"> • RCMIS Report of Community Collaborations/Networking Activities Form • <u>Networking Activities Form</u> <ul style="list-style-type: none"> ○ <u>Agendas</u> ○ <u>Minutes</u> ○ <u>Copies of emails or telephone call logs</u>
<p>C. Recruit, train, and maintain age and priority population appropriate CHWs to assist in and/or conduct the BCCSPEG health education sessions as well as conduct translation and navigation activities, and other duties, as specified in an annual Program Letter. <ul style="list-style-type: none"> • CHWs and HEs will conduct follow-up communication with applicable training participants to encourage compliance with breast and cervical cancer screening services. </p>	HE CHW	July 1, 2015 through June 30 December 31, 2016	<p>Completed forms uploaded into RCMIS and/or kept on file, as required:</p> <ul style="list-style-type: none"> • CHW information • CHW Orientation Checklist • CHW Readiness Checklist • Follow-up Log • <u>Participant information</u> • <u>HEC Pre- and Post-test information</u> • <u>Screening Navigation Information</u>

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 Scope of Work
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Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>D. <u>Distribute breast and cervical cancer education promotional materials as directed by EWC.</u> HEs and CHWs will distribute breast and cervical cancer screening reminder cards to federally qualified health centers, community health centers, Indian Health Service or other tribal organizations, pharmacies, hospitals, health systems or insurers, etc., as well as other entities such as beauty salons, cosmetics counters, laundromats, etc., as directed by EWC.</p>	<p>HE CHW CC</p>	<p>July 1, 2015 <u>2016</u> through June <u>30</u><u>December</u> <u>31</u>, 2016</p>	<ul style="list-style-type: none"> • List of organizations/clinics/businesses who received reminder cards uploaded into RCMIS • Number of Reminder cards distributed <p><u>Data entered in RCMIS and/or kept on file as required:</u></p> <ul style="list-style-type: none"> • <u>Collaborators and number of education promotional materials distributed</u>

Exhibit A-A2
 Scope of Work
 Year 6
 (07/01/16 – 12/31/16)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Maintain a diverse network of PCP throughout California for EWC, ensure quality EWC clinical services are provided, and optimize provider education about breast and cervical cancer screening and diagnostic services.</p>			
<p>OBJECTIVE 1: Provider Network</p> <p>By December 31, 2016, the Contractor will continuously develop, maintain and support a network of enrolled primary care providers-delivering EWC clinical services to the defined geographic area and serving EWC beneficiaries with a focus on priority populations, as directed by EWC.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Recruit, maintain and support the network of EWC providers in the Region.</p> <ul style="list-style-type: none"> • Maintain a current list of active provider sites in RCMIS. • Develop a plan to expand and/or reduce the provider network based on regional needs and/or EWC criteria. <ul style="list-style-type: none"> ○ Provide plan to EWC in writing within two weeks upon request. 	CC	July 1, 2016 through Dec 31, 2016	<ul style="list-style-type: none"> • Report of PCP Network Activity • Report of Provider Network Plan (upon request)
<p>B. Create and maintain a list of regional resources for free and/or low cost breast and cervical cancer screening services for persons not eligible for EWC services. Make list available to EWC within two weeks upon request.</p>	CC	July 1, 2016 through Dec 31, 2016	<ul style="list-style-type: none"> • List of regional free and /or low cost breast and cervical cancer screening services made available upon request from EWC
<p>C. Provide EWC program orientation to new providers or providers with new staff.</p>	CC	July 1, 2016 through Dec 31, 2016	<ul style="list-style-type: none"> • Report of Provider Orientations

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 Scope of Work
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 (07/01/16 – 12/31/16)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
D. Provide ongoing TA to enrolled providers and their staff.	CC	July 1, 2016 through Dec 31, 2016	<ul style="list-style-type: none"> • Report of Provider Technical Assistance
E. Manage, including language translation if needed, resolve and document patient complaints received through the EWC Automated Referral Line and On-line Clinic Locator and by direct contact. <ul style="list-style-type: none"> • Determine if health educator's involvement in complaint resolution is needed. • Investigate and respond to complaints within 30 days of receipt. • If there is a barrier to the resolution of the complaint on the local level it has to be brought up to the attention of the EWC staff. • Maintain a confidential log of all complaints, activities, and resolutions, and make available to EWC within two weeks upon request. • Aggregate complaints received during each reporting period, and provide a narrative summary that includes type of complaints, identification of trends, and outcomes of complaints resolution. 	CC	July 1, 2016 through Dec 31, 2016	<ul style="list-style-type: none"> • Report of Patient Complaints • Complaints Summary Narrative
F. Ensure that PCPs are appropriately informed and, if necessary, receive timely training about changes in EWC policies and procedures through e-blasts, letters, phone calls or in-person.	CC	July 1, 2016 through Dec 31, 2016	<ul style="list-style-type: none"> • Report of Provider Information Distribution

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 Scope of Work
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 (07/01/16 – 12/31/16)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>G. <u>Responsible for gathering and maintaining accurate and up-to-date information on providers including office contacts.</u></p>	<p><u>CC</u></p>	<p><u>July 1, 2016 through December 31, 2016</u></p>	<ul style="list-style-type: none"> <u>Report of Provider Information including but is not limited to the following information on each EWC Provider: 1) NPI; 2) Legal name; 3) Service Location Name; 4) Service Location address; 5) Telephone number (for appointments); 6) E-mail address (for business communications)</u>
<p>H. <u>Ensure that PCPs are appropriately informed and, if necessary, receive timely announcements and training about changes in EWC policies and procedures through e-blasts, letters, phone calls or in-person.</u></p>	<p><u>CC</u></p>	<p><u>July 1, 2016 through December 31, 2016</u></p>	<ul style="list-style-type: none"> <u>Report on timeliness (date of last confirmation) and accuracy of provider information on communication with providers. Including but is not limited to, date, type, method, and success of communications.</u>

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PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
<p>Component Goal: Maintain a diverse network of PCPs throughout California for EWC, ensure quality EWC clinical services are provided, and optimize provider education about breast and cervical cancer screening and diagnostic services.</p>			
<p>Objective 2: QUALITY ASSURANCE/IMPROVEMENT</p> <p>By December 31, 2016, the Contractor will promote provider adherence to the national clinical standards, to the Core Program Performance Indicator benchmarks, and EWC clinical and data submission standards. The Contractor will assure that PCPs are knowledgeable about and follow current EWC policies and recommended clinical guidelines and utilize EWC tools and resources.</p>			
Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<p>A. Monitor performances of providers and participate in EWC directed action plans to improve provider Performance.</p> <ul style="list-style-type: none"> • Conduct PSRs at PCP physical sites, using EWC tools and protocols. <ul style="list-style-type: none"> ○ The number of PSRs will be determined by the number of CC positions allocated per region and assigned annually in a Program Letter. ○ 100 percent of the total number of the PSRs assigned for the fiscal year are to be completed by December 31, 2016. ○ Provide follow up for PCPs that do not meet clinical and administrative standards of the PSR and/or require action plans. 	CC	July 1, 2016 through Dec 31, 2016	<ul style="list-style-type: none"> • Report of Completed Provider Site Reviews

Exhibit A-A2
 Scope of Work
 Year 6
 (07/01/16 – 12/31/16)

Required Activities	Responsible Staff	Time Line	Deliverables (Due semi-annually, unless otherwise stated)
<ul style="list-style-type: none"> ○ Aggregate and analyze PSR outcomes during each reporting period, identify trends, and actions taken to improve PCP performance of the Clinical CPPI. <ul style="list-style-type: none"> - Provide a narrative report in each progress report describing the analysis, trends, and actions taken. ● Participate in CQI projects as determined by EWC. <ul style="list-style-type: none"> ○ Conduct MDE abstraction efforts as determined by EWC. ● Deliver ongoing CPPI training to providers who do not meet their CPPI scores. Provide corrective action plan if region does not meet all nine (9) Clinical CPPI. 			<ul style="list-style-type: none"> ● Report of CQI activities ● Report of CPPI trainings ● Corrective action plan if regional CPPIs not met

Exhibit A-A2
 Scope of Work
 Year 6
 (07/01/16 – 12/31/16)

PROGRAM COMPONENT II: QUALITY CLINICAL SERVICES			
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Objective 3: PROFESSIONAL EDUCATION			
By December 31, 2016, the Contractor will participate in activities that promote provider knowledge and adherence to Program clinical quality standards, delivery of current and quality breast and cervical cancer screening and diagnostic services.			
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A. Assist EWC with Provider Education activities. <ul style="list-style-type: none"> • Provider education activities will be determined in a Program Letter. 	CC	July 1, 2016 through Dec 31, 2016	Provider education documentation to be determined by Program Letter