

**Exhibit I**  
**INVOICE COVER LETTER TEMPLATE**

(Date)

California Department of Public Health  
Cancer Detection Section  
c/o Jorge Santiago  
P.O. Box 997377, MS 7203  
Sacramento, CA 95899-7377

Contract Number: 11-10686  
Term of contract: January 1, 2012 through December 31, 2014  
Invoice Number: XXXXX  
Period of Invoice: January 1, 2012 through January 31, 2012

Enclosed for your review:

Invoice # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

This invoice is for services rendered pursuant to the terms and conditions established in the above referenced contract.

Please make all payments to: (input address)

Sincerely,

(Name of Authorized Representative)  
(Title of Authorized Representative)

Enclosure

**Exhibit J**  
**8-LINE ITEM INVOICE TEMPLATE**

**California Department of Public Health**  
Cancer Detection Section  
c/o Jorge Santiago:  
P.O. Box 997377, MS 7203  
Sacramento, CA 95899-7377

**Check if Final Invoice ( )**  
Contract Number:  
Term of Contract:  
Period of Invoice:  
Invoice Number:

**Date:**  
Agency Contact:  
Agency Name:  
(Address)  
Telephone #:

| BUDGET<br>CATEGORIES  | ACTUAL<br>EXPENSES<br>THIS PERIOD |
|---|-----------------------------------|
| A. PERSONNEL  |                                   |
| B. FRINGE BENEFITS ( ___% OF PERSONNEL)   |                                   |
| C. OPERATING EXPENSES   |                                   |
| D. EQUIPMENT<br>(For budgeting purposes only, include equipment items with a unit cost of \$5,000 or more, with a life expectancy of one year or more. Itemize if total is equal to or exceeds \$50,000.) |                                   |
| E. TRAVEL   |                                   |
| F. SUBCONTRACTS<br>(Itemize if total is equal to or more than \$50,000. Include the name of each subcontractor if known.)   |                                   |
| G. OTHER COSTS<br>(Itemize costs here if the line item total exceeds \$50,000. List the major expenses that make up this line item.)  |                                   |
| H. INDIRECT COSTS (12% of Total Direct Costs)   |                                   |
| <b>TOTAL INVOICE AMOUNT</b>   |                                   |

I certify that this claim is in all respects true, correct, supportable by available documentation and in compliance with all terms, conditions, Laws, and regulations governing its payment.

\_\_\_\_\_  
Authorized Agency Signature

\_\_\_\_\_  
Date

**Exhibit K**  
**ADDITIONAL BUDGET DETAIL INVOICE TEMPLATE**

California Department of Public Health  
Cancer Detection Section  
c/o Jorge Santiago  
P.O. Box 997377, MS 7203  
Sacramento, CA 95899-7377

Check if Final Invoice ( )  
Contract Number:  
Term of Contract:  
Period of Invoice:  
Invoice Number:

Date:  
Agency Contact:  
Agency Name:  
(Address)  
Telephone #:

| BUDGET CATEGORIES (1)   |           |              | APPROVED BUDGET (2) | ACTUAL EXPENSES THIS PERIOD (3) | CUMULATIVE EXPENSES TO DATE (4) | UNEXPENDED BALANCE (5) |
|---|-----------|--------------|---------------------|---------------------------------|---------------------------------|------------------------|
| <b>A. PERSONNEL</b>   | % of Time | Salary Range |                     |                                 |                                 |                        |
| 1. Position Title (Name)  | 100%      | \$ - \$      |                     |                                 |                                 |                        |
| 2. Position Title (Name)  | 100%      | \$ - \$      |                     |                                 |                                 |                        |
| 3. Position Title (Name)  | 100%      | \$ - \$      |                     |                                 |                                 |                        |
| <b>B. FRINGE BENEFITS ( % of Personnel)</b>   |           |              |                     |                                 |                                 |                        |
| <b>C. OPERATING EXPENSES</b>  |           |              |                     |                                 |                                 |                        |
| 1. General Expenses   |           |              |                     |                                 |                                 |                        |
| 2. Space Rent/Lease (Sample calculation - 150sq. ft x "X" FTEs x \$1.75/sq.ft. x 12 mos.) |           |              |                     |                                 |                                 |                        |
| 3. Printing/Photo Copying   |           |              |                     |                                 |                                 |                        |
| <b>D. EQUIPMENT</b>   |           |              |                     |                                 |                                 |                        |
| <b>E. TRAVEL</b>  |           |              |                     |                                 |                                 |                        |
| <b>F. SUBCONTRACTS</b>  |           |              |                     |                                 |                                 |                        |
| Include a breakdown if over \$50,000  |           |              |                     |                                 |                                 |                        |
| <b>G. OTHER COSTS</b>   |           |              |                     |                                 |                                 |                        |
| Include a breakdown if over \$50,000  |           |              |                     |                                 |                                 |                        |
| <b>TOTAL DIRECT EXPENSES</b>  |           |              |                     |                                 |                                 |                        |
| <b>H. INDIRECT COSTS ( 12% of Total Direct Costs)</b>                                     |           |              |                     |                                 |                                 |                        |
| <b>TOTAL INVOICE AMOUNT</b>   |           |              |                     |                                 |                                 |                        |

Authorized Agency Signature \_\_\_\_\_

Date \_\_\_\_\_

**Exhibit L**  
 Staffing Report

This report is used to detail any changes in the Contractors staff that deviates from the original contract agreement (e.g., refiling a position, termination of staff and/or change in FTE). Complete and submit the information below to CDS within two weeks of any staffing change. Prior approval is required for changes in staffing patterns that deviate from the original contract agreement. (Use additional sheets if necessary.)

Use chart below for ethnicity and relevant experience/expertise codes.

|  |                                  |  |  |
|--|----------------------------------|--|--|
| Ethnic Group<br>AA African American<br>H/L Hispanic/Latino<br>API Asian/Pacific Islander<br>AI American Indian | C Caucasian<br>O Other (specify) | Relevant Experience/Expertise (list all that apply)<br>HE Health Education<br>TP With Target Populations<br>AM Administration & Management<br>M Media/Promotions | BC Breast Cancer Issues<br>CL Clinical Background<br>E Evaluation<br>O Other (specify) |
|--|----------------------------------|--|--|

| NAME, DEGREE(S) | JOB TITLE | SALARY (Monthly or Hourly) | % OF TIME | CONTRACT START DATE | END DATE | ETHNIC GROUP | RELEVANT EXPERIENCE |
|-----------------|-----------|----------------------------|-----------|---------------------|----------|--------------|---------------------|
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |
|                 |           |                            |           |                     |          |              |                     |

Comment Section: (Please specify reasons for staff changes since last submission).

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**Exhibit M**

**CONTRACTOR EQUIPMENT PURCHASED WITH CDPH FUNDS**

Current Contract Number: 11-10686 Date Current Contract Expires: December 31, 2014

Previous Contract Number (if applicable): 10-10258 CDPH Program Name: Cancer Detection Section

Contractor's Name: Santa Barbara County Public Health Department CDPH Program Contract Manager: Jorge Santiago

Contractor's Complete Address: 345 Camino Del Remedio, Room 339 CDPH Program Address: P.O. Box 997377, MS 7203  
Santa Barbara, CA 93110 Sacramento, CA 95899-7377

Contractor's Contact Person: June English CDPH Program Contract Manager's Telephone Number: (916) 449-5329

Contact's Telephone Number: (805) 681-4783 Date of this Report: \_\_\_\_\_

**(THIS IS NOT A BUDGET FORM)**

| STATE/CDPH<br>PROPERTY TAG<br>(if motor vehicle, list<br>license number) | QUANTITY | ITEM DESCRIPTION<br>1. Include manufacturer's name, model number, type, size, and/or capacity.<br>2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.)<br>3. If van, include passenger capacity. | UNIT COST<br>PER ITEM<br>(Before Tax) | CDPH PURCHASE<br>ORDER (STD 65)<br>NUMBER | DATE<br>PURCHASED | MAJOR/MINOR EQUIPMENT<br>SERIAL NUMBER<br>(if motor vehicle, list VIN number) | OPTIONAL<br>PROGRAM USE<br>ONLY |
|--|----------|---|---------------------------------------|---|-------------------|---|---------------------------------|
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |
|  |          |   | \$                                    |   |                   |   |                                 |

## INSTRUCTIONS FOR CDPH 1203 (Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to tag contract equipment and/or property (see definitions A, and B) which is purchased with CDPH funds and is used to conduct state business under this contract. After the Standard Agreement has been approved and each time state/CDPH equipment and/or property has been received, the CDPH Program Contract Manager is responsible for obtaining the information from the Contractor and submitting this form to CDPH AM. The CDPH Program Contract Manager is responsible for ensuring the information is complete and accurate. (See *Health Administrative Manual (HAM)*, Section 2-1060 and Section 9-2310.)

Upon receipt of this form from the CDPH Program Contract Manager, AM will fill in the first column with the assigned state/ CDPH property tag, if applicable, for each item (See definitions A and B). AM will return the original form to the CDPH Program Contract Manager, along with the appropriate property tags. The CDPH Program Contract Manager will then forward the property tags and the original form to the Contractor and retain one copy until the termination of this contract. The Contractor should place property tags in plain sight and, to the extent possible, on the item's front left-hand corner. The manufacturer's brand name and model number are not to be covered by the property tags.

1. If the item was shipped via the CDPH warehouse and was issued a state/CDPH property tag by warehouse staff, fill in the assigned property tag. If the item was shipped directly to the Contractor, leave the first column blank.

2. Provide the quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of:

### A. Major Equipment:

- Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
- Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video).

These items are issued green numbered state/ CDPH property tags.

**B. Minor Equipment/Property:** Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. These items are issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers, and switches. NOTE: It is CDPH policy not to tag modular furniture. (See your Federal rules, if applicable.)

3. Provide the CDPH Purchase Order (STD 65) number if the items were purchased by CDPH. (See HAM, Section 2-1050.1.)

4. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See HAM, Section 2-10050.)

5. If all items being reported do not fit on one form, make copies and write the number of pages being sent in the upper right-hand corner (e.g., "Page 1 of 3.") The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS 1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.

6. Property tags that have been lost or destroyed must be replaced. Replacement property tags can be obtained by contacting AM at (916) 650-0124.

7. Use the version on the CDPH Intranet forms site. The CDPH 1203 consists of one page for completion and one page with information and instructions.

Exhibit N

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Current Contract Number: 11-10686 Date Current Contract Expires: December 31, 2014  
 Previous Contract Number (if applicable): 10-10258 CDPH Program Name: Cancer Detection Section  
 Contractor's Name: Santa Barbara County Public Health Department CDPH Program Contract Manager: Jorge Santiago  
 Contractor's Complete Address: 345 Camino Del Remedio, Room 339 CDPH Program Address: P.O. Box 997377, MS 7203  
Santa Barbara, CA 93110 Sacramento, CA 95899-7377  
 Contractor's Contact Person: June English CDPH Program Contract Manager's Telephone Number: (916) 449-5329  
 Contractor's Telephone Number: (805) 681-4783 Date of this Report: \_\_\_\_\_

(THIS IS NOT A BUDGET FORM)

| STATE/CDPH PROPERTY TAG<br>(if motor vehicle, list license number.) | QUANTITY | ITEM DESCRIPTION<br>1. Include manufacturer's name, model number, type, size, and/or capacity.<br>2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.)<br>3. If van, include passenger capacity. | UNIT COST PER ITEM<br>(Before Tax) | CDPH ASSET MGMT.<br>USE ONLY<br>CDPH Document<br>(DISPOSAL) Number | ORIGINAL PURCHASE DATE | MAJOR/MINOR EQUIPMENT SERIAL NUMBER<br>(if motor vehicle, list VIN number.) | OPTIONAL— PROGRAM USE ONLY |
|---|----------|---|------------------------------------|--|------------------------|---|----------------------------|
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |
|   |          |   | \$                                 |  |                        |   |                            |

## INSTRUCTIONS FOR CDPH 1204 (Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to; (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Health Administrative Manual (HAM)*, Section 2-1060 and Section 9-2310.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

**Inventory:** List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See HAM, Section 2-1040.1.)

**Disposal:** (*Definition: Trade in, sell, junk, salvage, donate, or transfer, also, items lost, stolen, or destroyed (as by fire).*) The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See HAM, Section 2-1050.4.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;

A. Major Equipment: (These items were issued green numbered state/ CDPH property tags.)

- Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
- Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)

B. Minor Equipment/Property:

Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.

2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See HAM, Section 2-10050.)

3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")

4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.

5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 650-0124.



Exhibit O

| Core Program Performance Indicators* |               |  |   |                          |
|--------------------------------------|---------------|--|---|--------------------------|
| Indicator Type                       | CDC DQIG Item | SOW Objectives                                   | Program Performance Indicator   | CDC Standard (Benchmark) |
| Screening                            | 6.a.          | <b>Objective 1:</b><br>Tailored Education        | Initial Program Pap Tests; Rarely or Never Screened                     | ≥ 20%                    |
|                                      | 19.e.         |  | Screening Mammograms Provided to Women ~ 50 Years of Age                | ≥ 75%                    |
| Clinical                             | 11.a.         | <b>Objective 2:</b><br>Quality Clinical Services | Abnormal Screening Results with Complete Follow-Up                      | ≥ 90%                    |
|                                      | 16.d.         |  | Abnormal Screening Results; Time from Screening to Diagnosis > 90 Days  | ≤ 25%                    |
|                                      | 17.           |  | Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive | ≥ 90%                    |
|                                      | 18.d.         |  | HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment > 90 Days  | ≤ 20%                    |
|                                      | 18.g.         |  | Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days          | ≤ 20%                    |
| Breast Cancer Diagnostic Indicators  | 20.a.         | <b>Objective 2:</b><br>Quality Clinical Services | Abnormal Screening Results with Complete Follow-Up                      | ≥ 90%                    |
|                                      | 25.d.         |  | Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days  | ≤ 25%                    |
|                                      | 26.           |  | Treatment Started for Breast Cancer                                     | ≥ 90%                    |
|                                      | 27.d.         |  | Breast Cancer; Time from Diagnosis to Treatment > 60 Days               | ≤ 20%                    |

\* CDC Core Program Performance Indicators from the Data Quality Indicator Guide

## **Exhibit P - Operational Requirements Quality Clinical Services**

### **A. Clinical Coordinators**

The Cancer Detection Section (CDS) utilizes Clinical Coordinators as the local clinical presence of *Every Woman Counts (EWC)* for program providers. Clinical staffs are responsible for promoting and administering the *EWC* program to providers, referred to as the Provider Network. The clinical program components that Clinical Coordinators must administer are management of the Provider Network, optimization of Quality Assurance, and Professional Education.

1. The clinical Scope of Work (SOW) must be conducted by Clinical Coordinators. Additional information can be found in the document "Core Competency Requirements: Clinical Coordinator" (see Exhibit T, Core Competency Requirements – Clinical Coordinator).
2. Clinical Coordinators are responsible for having in-depth knowledge of all program clinical components and manuals such as the *Program Manual for Primary Care Providers*, the *EWC* portion of the *Medi-Cal Manual*, the *Medi-Cal Bulletin*, the *Step-by-Step Provider User Guide*, the Provider Site Review Tool, clinical Core Program Performance Indicators benchmarks, program algorithms, and all future manuals and updates.
3. The Clinical Coordinator's role is to be directed at completing contract SOW and deliverables for CDS. On occasion, they may be asked about assisting women whose needs are not included in the program. For these occasional occurrences, the Clinical Coordinator shall create and maintain a list of providers offering free and/or low cost breast and cervical cancer screening services.
4. Clinical Coordinators are responsible for training Primary Care Providers (PCPs) to meet all nine of the clinical Core Program Performance Indicator benchmarks (see Exhibit O, Core Program Performance Indicators).
5. The Clinical Coordinators are employed solely to support CDS program standards and protocols (*EWC*) in the SOW. While under the employ of the contract, Clinical Coordinators must not present themselves as representing other programs or services within the California Department of Public Health (CDPH), such as *Medi-Cal*, *Family Planning, Access, Care and Treatment*, the *Breast and Cervical Cancer Treatment Program*, or other entities outside of CDPH.

### **B. Health Insurance Portability and Accountability Act (HIPAA) Compliance**

The HIPAA was passed by Congress in 1996, and took effect in 2003. It establishes standards for Protected Health Information (PHI) from disclosure, and informs patients of how their information will be used. *EWC* must abide by very stringent rules and regulations related to HIPAA. This ensures that all communication of PHI is confidential.

1. Clinical Coordinators are responsible for ensuring that all program components of the Quality Clinical Services SOW are in compliance with all HIPAA rules and regulations. Clinical Coordinators shall support providers in their effort to maintain patient privacy and confidentiality and assess providers as appropriate. The Clinical Coordinator will serve as a HIPAA resource for the Health Educator conducting Tailored Health Education.

## **Exhibit P - Operational Requirements Quality Clinical Services**

2. Clinical Coordinators must have on file a signed Confidentiality Statement that is renewed yearly. Each PCP is responsible for complying with HIPAA.

### **C. Core Program Performance Indicators**

Successful program evaluation is dependent on the performance of regional clinical services meeting Core Program Performance Indicator benchmarks as described below:

1. The Contractor's aggregate performance on clinical Core Program Performance Indicator benchmarks generated quarterly in the Regional CPPI Report.
2. For each fiscal year of the contract, the Contractor will be responsible that aggregately, the PCPs in their region meet or exceed the clinical Core Program Performance Indicator benchmarks.

### **D. Program Components**

#### **1. Provider Network**

CDS uses PCPs as program providers who are responsible for the case management and data input of each patient. References to PCP, *EWC* providers, and program providers, are used throughout CDS documents to be interpreted as and to describe providers that are enrolled in *EWC*. The PCPs are the only providers that are enrolled into *EWC*. The PCPs enroll and recertify eligible women in the program and refer these eligible women to other *Medi-Cal* referral providers such as radiologists and surgeons, who provide additional screening and diagnostic services. Clinical Coordinators must promote program entry through the *EWC* Consumer 800 Number.

##### **a. Recruitment**

The Clinical Coordinator's focus is to be placed on maintaining and supporting the network of *EWC* providers, and participate in CDS directed reduction or expansion of provider network. A PCP must be a provider in good standing with *Medi-Cal*. If new providers are needed to replace providers who have left the network, Clinical Coordinators are to place an emphasis on recruiting providers that have culturally sensitive practices that serve CDS priority populations. PCPs that are located in the communities where priority populations reside and that meet CDS provider criteria are to be considered. Newly enrolled PCPs should have the ability to meet the clinical Core Program Performance Indicator benchmarks with office systems and personnel that facilitate quality services and data submission. If a gap in service is identified by CDS and/or the Contractor, the Clinical Coordinator shall follow the current CDS enrollment process for enrolling prospective providers. Only CDS forms and future revisions thereof are to be used.

The Clinical Coordinator will maintain accurate files on each PCP in the regional network. The files will include, but are not limited to, copies of the Provider Enrollment documents,

## Exhibit P - Operational Requirements Quality Clinical Services

copies of communication to providers, and copies of Provider Site Reviews and follow-up. The Clinical Coordinator will develop a written plan to expand and/or reduce the network based on regional needs that will be provided to CDS upon request.

Using CDS protocols and tools, Clinical Coordinators shall provide on-site orientation tailored for the PCP, and shall include an audience of: 1) clinicians; 2) front office staff who assist clients with paperwork; 3) staff that assist with program eligibility, enrollment, data entry and case management; and 4) office managers. Orientation shall include CDS clinical standards, basic screening, tracking and follow-up services, case management, and recording and transmission of clinical data elements. Clinical Coordinators shall ensure providers have access to the current CDS required policies and procedures, professional education/training information, breast and cervical cancer screening diagnostic algorithms, and other CDS approved resources made available.

Web-based data submission for PCPs is required for *EWC* and is a very important component to orientation of new PCPs. Failure to submit correct data will jeopardize a PCP's ability to participate in *EWC*. The PCP will report data as mandated by CDS, using online breast/cervical screening and follow-up forms. These forms collect data on screening, timely follow-up for abnormal screening results, diagnostic procedures, outcomes, final diagnosis, treatment disposition, and re-screening information. This data is used for program quality improvement. CDS evaluates the data for completeness and correlation with program standards including the adherence to the clinical Core Program Performance Indicators. Clinical Coordinators shall provide feedback on data submission and/or technical assistance to PCPs as needed. Clinical Coordinators will be responsible for training PCPs to improve the data submission quality and improving the level of clinical Core Program Performance Indicators in their region. Guidelines for completing the data forms are available in the *CDP: EWC Step By Step Provider User Guide*. This guide is available at: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). The *Step-By-Step Provider User Guide* is regularly updated, and Clinical Coordinators are responsible for checking for updates at regular intervals.

The web-based data submission is based on Minimum Data Elements (MDEs). MDEs are standardized data elements developed to ensure consistent and complete information on patient demographic characteristics, screening results, diagnostic procedures, tracking and follow-up, and treatment information. Data requirements have been established by the National Breast and Cervical Cancer Early Detection Program. Federal funding is contingent upon required data submission. CDS utilizes MDEs to monitor clinical outcomes. They are incorporated into CDS' clinical and program standards of *EWC*. MDEs are collected via *EWC* web-based online breast/cervical screening and follow-up forms.

### b. Maintenance

Clinical Coordinators are responsible for ensuring PCPs are appropriately informed of changes in CDS policies and procedures. They are also responsible for providing timely training related to program changes. Examples include but are not limited to: changes in Provider Enrollment procedures, changes in clinical standards or practice, and changes in allowable expenses billed to *EWC*.

### Exhibit P - Operational Requirements Quality Clinical Services

A good clinic management system is essential for meeting *EWC* program requirements. The PCP must organize clinic management systems that 1) track completion of the breast and/or cervical cancer screening for all program eligible women served; 2) follow-through with the recommended diagnostic referrals when indicated; 3) refer clients to treatment resources when necessary; 4) refer clients to supportive resources; 5) contact clients for annual re-screening; and 6) support the complete and accurate recording and submission of program clinical data.

The Centers for Disease Control and Prevention (CDC) components of Case Management are utilized by CDS. PCPs that meet program requirements indicate that Case Management is provided to clients as evidenced by complete data submission. Case Management components, as identified by CDC, include: 1) *assessing* individual clients' barriers to timely access and utilization of care; 2) *educating* clients regarding the cancer screening process and navigation of medical systems; 3) *referring* to other providers; 4) *coordinating* service provision with clients and other professionals; 5) *assisting* clients negotiate barriers to care; 6) sending reminders and bringing women back for regular *re-screening*, and acquiring diagnostic test results and outcomes from referral providers; and 7) *documenting* patient outcomes on an online data submission application, including a final diagnosis.

The following are duties of the Clinical Coordinator for maintaining and supporting the Provider Network:

- i. Clinical Coordinators are responsible for training their network of providers. Trainings using CDS tools may be mandated when CDS identifies PCPs who are not following program standards.
- ii. All PCP trainings are to be recorded at least monthly on the web-based database.
- iii. Clinical Coordinators must be prepared to provide plans for expanding and reducing the provider network as directed by CDS. CDS will give two weeks notice before any plan must be presented to CDS.
- iv. Clinical Coordinators shall update and maintain PCP contacts on a monthly basis on the web-based database.
- v. Clinical Coordinators must develop plans to maintain enrolled providers providing quality clinical services and develop corrective action plans for providers not meeting program requirements including data submission requirements.

#### c. **CDP: EWC Consumer 800 Number**

The following are duties of the Clinical Coordinator as related to the Statewide Consumer 800 Number:

- i. Clinical Coordinators shall ensure the *CDP: EWC Consumer 800 Number* is a program resource statewide and entry point for eligible women for program participation.

## **Exhibit P - Operational Requirements Quality Clinical Services**

- ii. Clinical Coordinators shall regularly notify the CDS Provider Services Unit (PSU) of PCP clinical contact changes as directed by PSU.
- iii. Clinical Coordinators are responsible for the management and resolution of complaints referred by the 1-800 Number and direct patient complaints. As such, the Clinical Coordinator shall coordinate and direct the Health Educator to investigate complaints reported to the *CDP: EWC* Consumer 800 Number within 30 days of receipt by the Clinical Coordinator, and maintain a log of all completed activities resolving complaints, which will be made available in confidential format to CDS within two weeks upon request.
- iv. Clinical Coordinators shall aggregate complaints reported to the *CDP: EWC* Consumer 800 Number, identify trends, and provide a narrative report of complaints such as type of complaints, outcomes, resolution, and trends, during reporting period. This information will be compiled for each reporting period, maintained and locked at the regional office. The most recent narrative report will be made available to CDS upon request.
- v. Clinical Coordinators shall support CDS policy regarding PCP initiated blocking of referrals from the *CDP: EWC* Consumer 800 Number to the PCP. The PCP must direct his/her request to the *CDP: EWC* Consumer 800 Number. The request must use PCP letterhead and include the PCP's signature. If this is not available, PCP may communicate the change via e-mail using a PCP e-mail address and PCP signature block. A copy is to be sent to the Clinical Coordinator. If the Clinical Coordinator becomes aware that the PCP is no longer rendering medical services due to instances such as death or retirement, the Clinical Coordinator is to inform the CDS PSU. CDS will inform the *CDP: EWC* Consumer 800 Number of the change in that PCP status.

### **2. Quality Assurance**

The purpose of the clinical component of the contract is to maintain national clinical standards set by CDC. Measurement of adherence to the national standards is accomplished by prompt data submission by *EWC* PCPs. Two measures of effectiveness that CDS uses are the Provider Site Review and Continuous Quality Improvement (CQI) projects.

#### **a. Provider Site Reviews**

The CDS Provider Site Review is a key element in evaluation of PCPs. It provides a critical factor in the CDS program quality assurance. Clinical Coordinators are required to use the current CDS Provider Site Review Tool and protocols. The Provider Site Review Tool provides a consistent method of documentation of a PCP's performance on CDS' clinical Core Program Performance Indicator benchmarks and clinic systems. The Provider Site Review Tool is a mechanism to assist CDS in maintaining a satisfactory level of data from PCPs.

The following are duties of the Clinical Coordinator to conduct Provider Site Reviews:

## **Exhibit Q - Operational Requirements Tailored Health Education**

*EWC* must abide by very stringent rules and regulations related to HIPAA (see Exhibit H, HIPAA Business Associate Exhibit). This ensures that all communication of PHI is confidential.

1. Health Educators are responsible for adhering to all HIPAA rules and regulations.
2. Health Educators are responsible for all deliverables of the program components of the Tailored Health Education SOW.
3. Health Educators must have on file a signed Confidentiality Statement that is renewed yearly.

### **C. Core Program Performance Indicators**

Program success is dependent on Health Educators contributing to two (2) Core Program Performance Indicator benchmarks established by CDC:

1. Reaching rarely or never screened women for cervical cancer screening (Benchmark # 6.a.)
2. Reaching women 50 years and older for screening mammograms (Benchmark # 19.e.)

### **D. Program Components**

THE may be facilitated in small group sessions or one-on-one sessions and must be culturally appropriate to the audience. Each woman participating in a small group educational session is counted individually toward measuring health education activities in the SOW.

Emphasis should be on providing screening and re-screening messages, to women age 50 and older and women who have rarely or never been screened, within each of the ethnic/cultural populations (i.e., African American, Asian/Pacific Islander, American Indian, and rural women). These are the women who are hard to reach, who receive disproportionately high numbers of late breast and cervical cancer diagnoses, and who have the most difficulty in accessing medical services.

All educational sessions or individual encounters shall promote and direct women to the *CDP: EWC* Consumer 800 Number (1-800-511-2300) for program entry. CDS health education/outreach funds must only be used for THE SOW activities.

#### **1. Minimum Number of Women to Receive Tailored Health Education**

- a. CDS will designate a required minimum number of women to be reached in the SOW per fiscal year for each regional category in a program letter. Minimum required numbers will be based on regional demographics and other factors.
- b. One hundred (100) percent of women counted must be age 50 and older and from the CDS defined priority populations. Women under 50 years of age may be served through THE; however, this service will not be counted toward the minimum requirement in the SOW.
- c. Since the CDS approved curriculum combines breast and cervical cancer education, health educators must make every effort to reach women who are rarely or never screened for

## **Exhibit Q - Operational Requirements Tailored Health Education**

cervical cancer. Rarely or never screened is defined as not having a Pap test within the last five (5) years or never having had a Pap test.

### **2. Tailored Education Tools**

- a. Health education sessions must use CDS designated tools, which is currently the Breast Cancer Screening and Cervical Cancer Education curriculum.
- b. The Contractor must receive prior approval by CDS before translating the curriculum into other languages.

### **3. Educational Session or Individual Encounter Requirements**

- a. All educational sessions or encounters must be directed at women age 50 and older and women who are rarely or never screened, with an emphasis on the women within the Ethnic/Cultural Populations. Each priority population must be served.
- b. Educational sessions are intended to be facilitated in small groups (not greater than 15 attendees) and must consist of only women within one ethnic/cultural priority population. A minimum of two (2) women from the targeted priority populations must be present for an educational session to be counted towards this objective.
- c. Evaluation measures in the form of pre- and post-tests, while optional, are encouraged for THE sessions.
- d. Documentation of participant by name, and other demographics as deemed necessary by CDS must be recorded for all health education. Documentation is currently handled via data entry into RCMIS.

### **4. Management/Evaluation Requirements**

- a. Health education sessions should be conducted where they best reach the priority populations. It is the Contractor's responsibility to determine the most appropriate logistical presentation setting(s) based on the needs of the targeted audience. A report of the Contractor's collaborations with agencies should be documented in the semi-annual Progress Reports.
- b. To meet satisfactory goal completion of conducting educational sessions or individual encounters:
  - i. Fifty (50) percent of the minimum number of women per category to receive THE outreach must be reached by December 31 of each fiscal year.
  - ii. One hundred (100) percent of the minimum number of women per category to receive THE outreach must be reached by June 30 of each fiscal year.

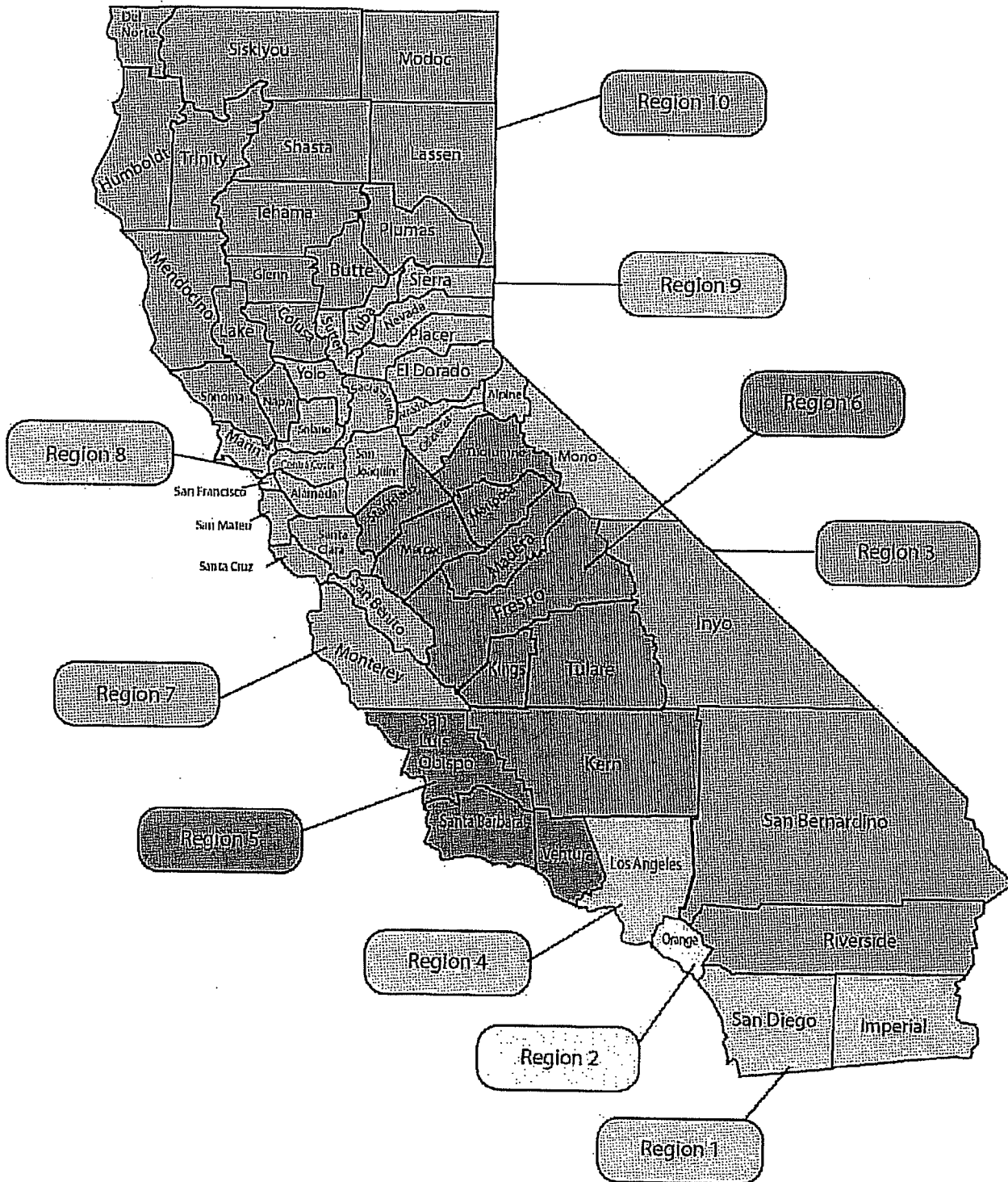


**Exhibit Q - Operational Requirements  
Tailored Health Education**

- c. Develop a narrative using a CDS designated report to evaluate tailored education Core Program Performance Indicator trends within region. This narrative is included in the semi-annual Progress Reports.
- d. Educational sessions and individual encounters should be recorded at least once a month and made available to CDS if requested.
- e. Health Educator will coordinate with Clinical/Project Coordinator to investigate complaints reported to the *CDP: EWC* Consumer 800 Number within 30 days of receipt and maintain a log of all completed activities resolving complaints, which will be made available in confidential format to CDS within two weeks upon request.

Exhibit R – CDP: EWC Regional Map

*Cancer Detection Programs: Every Woman Counts*  
Regional Map



### **Exhibit S – Core Competency Requirements Project Coordinator**

The Project Coordinator must possess a Master's degree in Nursing, Public Health, Health Administration, Comprehensive Health Planning, Public Administration, or a closely related field. This person shall possess the ability to do the following:

- Manage a multi-faceted statewide contract with the California Department of Public Health, Cancer Detection Section (CDS).
- Apply executive-level management, programmatic, and operational leadership and guidance.
- Apply expert assistance and guidance related to program direction, budget management and fiscal accountability, oversight of program goals and objectives, budget initiatives, acquisition, information technology, and organizational and effectiveness planning.
- Provide authoritative advice, guidance and assistance to managers, supervisors, staff and officials from local governments and various nonprofit and private entities on all matters related to the development, implementation, operation, administration, evaluation, and funding of the *Every Woman Counts (EWC)*, Local Public and Provider Service Delivery, contract.
- Supervise employees.

The list below includes the mandatory knowledge, skills, and abilities the Project Coordinator must possess:

#### **GENERAL MANAGEMENT**

1. Assure adherence to all federal, state, and local regulations for all contract employees including Health Insurance Portability and Accountability Act (HIPAA) of 1996; maintain confidentiality statements for all clinical staff which is annually updated and kept on file.
2. Establish and maintain priorities to meet the Scope of Work (SOW) deliverables.
3. Apply health program administration principles and techniques to problems and issues.
4. Identify and analyze issues and their impact on public health policies as related to breast and cervical cancer, as well as other cancers if provided funding.
5. Apply and conduct principles, practices and techniques of program planning, development and evaluations.

**Exhibit S – Core Competency Requirements  
Project Coordinator**

**ANALYTICAL/EVALUATION SKILLS**

6. Identify problems, work with CDS to develop strategies to solve problems, evaluate solutions, and report back to CDS.
7. Analyze and evaluate data and information and make appropriate recommendations.
8. Consult on, monitor, and measure the outcomes of *EWC* programs to evaluate the effectiveness of project activities in meeting the needs of program participants.

**STAFF MANAGEMENT**

9. Assure that all Clinical Coordinators possess a valid, active California Registered Nurse (R.N.) license and be an R.N. in good standing in the State of California.
10. Assure that all Health Educators possess a Master's degree in Health Education or Community Health from an accredited institution.
11. Plan, organize, coordinate, supervise and evaluate complex program activities and diverse staff.
12. Apply principles and techniques of supervision and management.
13. Effectively carry out equal employment opportunity and affirmative action policies.

**FISCAL MANAGEMENT**

14. Apply principles and procedures of budget preparation and monitoring.
15. Provide sound fiscal judgment when utilizing resources.
16. Maintain legible, accurate, and comprehensible bookkeeping, as well as submit timely invoices for services rendered.

**CORRESPONDENCE/INTERNAL AND EXTERNAL RELATIONSHIPS**

17. Maintain accurate records and files.
18. Possess skills in oral and written communications, gathering and conveying information, making oral presentations, and preparing reports, correspondence, and other written materials.
19. Establish and maintain effective working relationships with a variety of individuals and groups.
20. Possess the ability to identify, problem solve, and conduct procedures involved in establishing community relationships and assessing community health program needs and resources.

## **Exhibit T – Core Competency Requirements Clinical Coordinator**

The Nurse must possess a valid, active California Registered Nurse (R.N.) license and be an R.N. in good standing in the State of California. The list below includes the mandatory knowledge, skills, and abilities the R.N. has acquired with a Baccalaureate of Science in Nursing (BSN) that enables the Nurse to do the following:

### **NURSING SCOPE**

1. Use principles and practices of nursing as applied to public health and preventive medicine that incorporates the use of professional knowledge, skills and attitudes of nursing related to healthcare, disease processes and individuals and groups in their cultural environment.
2. Use community aspects of nursing programs which includes: provisions for continuity of care, provider education/teaching on health improvement, and apply broad-based holistic approaches to the early detection of cancer with a focus on breast and cervical cancer.
3. Exercise independent judgment and plan, develop, and conduct nursing activities.
4. Understand medical language, pathophysiology, and ethical/legal issues in relation to healthcare and public health.
5. Maintain effective interaction with Cancer Detection Section (CDS) program Primary Care Providers (PCPs) so that program standards and benchmarks are met.
6. Gain and maintain confidence of PCP providers that deliver CDS program services.
7. Coordinate and conduct PCP trainings that use educational strategies to assist and reinforce needed system changes to adhere to program requirements and standards.
8. Propose and share practical solutions to common PCP system problems related to patient tracking, follow-up, and rescreening activities.
9. Be current in literature and trends in clinic management systems.
10. Effectively maintain, and comply with confidentiality policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations should be applied when communicating with internal and external agencies, maintenance, handling and storage of EWC recipient Personal Health Information. The CC must understand applicable patient/provider consent laws.
11. Effectively communicate with CDS complex program or policy related issues to receive guidance and resolution.

### **ANALYTICAL/EVALUATION SKILLS**

11. Analyze nursing activities and situations accurately and take effective action.

**Exhibit T – Core Competency Requirements  
Clinical Coordinator**

12. Use analytic skills in developing and instituting solutions to unique health care situations that improve clinic management systems.
13. Analyze and evaluate data from various sources such as: program data reports, county census, and professional literature to improve clinical management services and program delivery.

**CORRESPONDENCE/INTERNAL AND EXTERNAL RELATIONSHIPS**

14. Communicate effectively both verbally and in writing to work with individuals and groups.
15. Direct and instruct health care colleagues in a collaborative, constructive and non-threatening way.
16. Work with other social and health agencies and functions of other health care professionals as related to public health nursing, with a focus on breast and cervical cancer.

## **Exhibit U – Core Competency Requirements Health Educator**

The Health Educator must possess at least a Bachelor's degree in Health Education or Community Health. A Master's degree in Public Health with an emphasis in health education or another health-related field is strongly preferred. This person shall possess the ability to do the following:

- Have leadership skills to conduct health education activities.
- Assert health education principles, methods, techniques, and theories effective in the planning and implementation of a health education program and its relationship in bringing about voluntary behavioral change.
- Apply health promotion, disease prevention, and health education principles and concepts with a degree of independence to support or advise individuals, public health agencies and other local entities.
- Establish and maintain priorities to meet the Scope of Work (SOW).

The list below includes the mandatory knowledge, skills, and abilities the Health Educator must possess:

### **HEALTH EDUCATION/LEADERSHIP SCOPE**

1. Apply health education skills and knowledge when developing approaches to target the various priority populations.
2. Apply the skills of group facilitation or individual counseling to ensure that plans for health education programming will meet the needs of the priority populations.
3. Apply appropriate health education principles when teaching outreach educational sessions/encounters to appropriate priority group women.
4. Apply the principles of health education to develop practice measures to evaluate and report the successes and challenges of educational programming.
5. Uphold the Code of Ethics for the Health Education Professional, by the Society for Public Health Education ([www.sophe.org/content/ethics.asp](http://www.sophe.org/content/ethics.asp)).
6. Uphold the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations and policies as they apply to SOW.
7. Maintain leadership in organizing educational sessions/encounters in communities where there are high rates of breast and cervical cancer. Build relationships that facilitate teaching the tailored educational sessions/encounter required in the SOW.

### **ANALYTICAL/EVALUATION SKILLS**

**Exhibit U – Core Competency Requirements  
Health Educator**

8. Analyze the needs of the Contractor's region with Cancer Detection Section (CDS) priorities and develop a reasonable plan to best reach women most in need of educational services.
9. Evaluate Tailored Health Education sessions/encounters, approaches, and cultural appropriateness and document on appropriate progress report forms.
10. Analyze health education activities and situations accurately and take effective action.

**CORRESPONDENCE/INTERNAL AND EXTERNAL RELATIONSHIPS**

11. Communicate effectively both verbally and in writing to work with individuals and groups.
12. Develop relationships with local agencies and community leaders that can assist in identifying/reaching CDS defined priority populations.
13. Ability to develop and design evaluation tools; implement evaluation strategies to evaluate community education programs; and utilize them on the various demographic groups to whom educational programming is targeted.
14. Advise management of challenges/barriers in conducting health education activities and make recommendations on how to address or to overcome them.