RFA # 17682 / Grants Gateway # DOH01-CSP1-2018

New York State Department of Health

Center for Community Health/Division of Chronic Disease Prevention
Bureau of Cancer Prevention and Control

Request for Applications

Breast, Cervical and Colorectal Cancer Services Program (CSP)

KEY DATES:

Release Date:	**January 26, 2018**
Applicant Conference Registration Deadline:	**February 2, 2018 by 9:30AM**
Applicant Conference:	**February 2, 2018 at 10:00AM**
Letter of Interest Due:	**February 8, 2018**
Questions Due:	**February 8, 2018**
Questions, Answers and Updates Posted (on or about):	**February 22, 2018**
Applications Due:	**March 12, 2018 by 4:00PM**
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I. Introduction

A. Intent

The New York State (NYS) Department of Health (Department) seeks applications to implement breast, cervical, and colorectal cancer screening programs, from here on referred to as the Cancer Services Program (CSP), to reduce morbidity, mortality and health-related disparities among NYS residents. These programs will facilitate access to high-quality breast, cervical and colorectal cancer screening and diagnostic follow-up services for residents within their service regions, with a focus on those populations that are disproportionately burdened by the increased risk of cancer or are medically unserved or underserved. Up to 22 awards will be made, one in each of 22 service regions, as listed in Attachment 1, Cancer Services Program (CSP) Service Regions.

Awardees will:

- Implement a program to provide free breast, cervical and colorectal cancer screening, diagnostic follow-up services and referrals to treatment to uninsured and underinsured women and men who are at or below 250% of the Federal Poverty Level (FPL) and meet other program requirements.
- Assist with enrollment in the NYS Medicaid Cancer Treatment Program (MCTP) for eligible individuals diagnosed with breast, cervical, colorectal or prostate cancer (https://www.health.ny.gov/diseases/cancer/treatment/mctp/).
- Conduct needs assessments and identify, develop, implement and evaluate interventions to increase breast, cervical, and colorectal cancer screening and address barriers among priority populations who are disproportionately burdened by an increased risk of cancer and/or who are medically unserved or underserved. Such individuals include those who experience barriers to services due to sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, socioeconomic status, cultural isolation, low literacy, and language.
- Engage with health care providers/systems to implement evidence-based and evidence-informed interventions, including but not limited to patient navigation services, to identify and assist them to increase cancer screening and follow-up diagnostic services among their client populations, regardless of client insurance and income status.
- Collaborate with Department and HRI-funded contractors from other cancer screening-related initiatives that address structural barriers and offer cancer screening, including but not limited to mobile mammography vans, patient navigation and peer education programs. To receive a list of these contractors, email a request to: canserv@health.ny.gov using the subject line RFA 17682, DOH01- CSP1-2018 Contractor List.

B. Background

The Department's Division of Chronic Disease Prevention, Bureau of Cancer Prevention and Control (Bureau) oversees programs whose collective mission is to reduce the burden of cancer for all New Yorkers through implementation of population-based and evidence-based or evidence-informed strategies across the cancer care continuum – from prevention and risk reduction, to early detection, diagnosis, and treatment, through survivorship. Department programs raise awareness about and support cancer prevention and risk reduction efforts such as reducing exposure to harmful ultraviolet radiation, promoting increased uptake of cancer prevention vaccines and improved access to healthy foods and opportunities for physical activity to address obesity as a risk for cancers. In addition to the CSP, the Bureau also supports many initiatives that address common barriers to obtaining potentially life-saving

early detection services, such as mobile mammography vans, community-based breast and prostate cancer peer education and outreach programs, and patient navigation services in New York's National Accreditation Program for Breast Centers. Other Bureau programs address the public health needs of cancer survivors through provision of education and wellness services.

C. Statement of the Problem

Cancer is the second leading overall cause of death in NYS. Approximately 109,000 cases of cancer are diagnosed each year, with more than 95 New Yorkers dying each day from cancer. In 2014, the age-adjusted cancer incidence rate was 466.2 cases per 100,000 New Yorkers, the fifth highest cancer incidence rate in the United States (U.S.) and above the national average of 429.3 cases per 100,000 people.

Effective, affordable, population-based screening tests for breast, cervical and colorectal cancer are available, and these tests have been successful in reducing overall cancer incidence and mortality. However, rates of screening are not equal across all populations in NYS. Most notably, people without health insurance are least likely to be screened. In addition, there are certain populations disproportionately burdened by the increased risk of cancer or by the lack of adequate healthcare options for prevention and/or treatment. Disproportionately burdened populations may be defined by sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, or socioeconomic status.

1. Breast Cancer

Breast cancer is the second leading cause of cancer-related death among women in NYS. Each year over 15,000 NYS women are newly diagnosed with breast cancer and approximately 2,600 dies from the disease.

Mammography is recommended to detect breast cancer in its earliest, most treatable stage. The United States Preventive Services Task Force (USPSTF) strongly recommends women aged 50 to 74 be screened with a mammogram every two-years. Women aged 40 to 49 years, those with a family history or other risk factors for breast cancer, and those who have any symptoms or changes in their breasts should talk to their health care providers about what screening schedule is right for them.

NYS is close to achieving the Healthy People 2020 objective of 81.1% of women aged 50 to 74 receiving breast cancer screenings every two years, with 79.7% of NYS women in that age group indicating that they received a mammogram within the past two years. However, some subpopulations are less likely to be screened. In 2016 in NYS, women aged 50 to 74 years without a regular health care provider are significantly less likely to have received a mammogram within the past two years (51.7%) compared to women in the same age group with a regular health care provider (81.9%). In addition, women aged 50 to 74 years without health insurance are less likely to have received a mammogram within the past two years (68.1%) compared to women in the same age group with health insurance (80.4%), although this difference was not statistically significant.

2. Cervical Cancer

While cervical cancer is largely preventable through regular screening tests and follow-up, approximately 840 women are newly diagnosed with cervical cancer and about 280 women die from the disease each year in NYS.

The Pap test (or Pap smear) is one of the most reliable and effective screening tests available to prevent cervical cancer. The Pap test detects cervical cell abnormalities that could become cervical cancer without proper treatment. The USPSTF recommends women should start cervical cancer screening at 21 years of age, women ages 21 to 29 years should have a Pap test every three years, and women ages 30 to 65 years should get a Pap test and a high-risk HPV test every five years (or just a Pap test every three years).

In 2014 in NYS, 82.6 percent of women aged 21 to 65 reported having a Pap test within the past three years, which is below the Healthy People 2020 goal for 93 percent of women aged 21 to 65 to have received a cervical cancer screening based on the most recent guidelines. There are some subpopulations that are less likely to be screened. In NYS, women without health insurance are significantly less likely to have received a Pap test in the past three years (64.4%) compared to women with health insurance (86.2%). Similarly, women without a regular health care provider are significantly less likely to have been screened in the past three years (63.2%) compared to women with a regular health care provider (86.2%). Almost half of all cervical cancers occur in women who have never been screened for cervical cancer or in those who have not been screened within the past five years – referred to as women who are rarely or never screened.

3. Colorectal Cancer

Colorectal cancer is the third leading cause of cancer deaths for men and women in NYS. Approximately 9,070 new cases of colorectal cancer are diagnosed each year in NYS and about 1,600 men and 1,600 women in NYS die from the disease annually.

Early colorectal cancer detection through regular screening can substantially improve survival rates. When colorectal cancer is found, and treated early, it can often be cured. In some cases, screening can prevent the development of colorectal cancer by detecting adenomatous polyps that can then be removed before they become cancerous. The USPSTF recommends men and women aged 50 to 75 and at average risk for colorectal cancer should be screened with one of the following: a take-home, high-sensitivity fecal test (either a multi sample fecal occult blood test [FOBT] or a single sample fecal immunochemical test [FIT]) every year, OR a take-home stool DNA test every one to three years, OR a flexible sigmoidoscopy every five years, OR a flexible sigmoidoscopy every 10 years plus FIT every year, OR a colonoscopy every ten years, OR a Computed Tomography colonography every five years. People with a family history or other risk factors for colorectal cancer should talk to their health care providers about starting colorectal cancer screening earlier and/or undergoing screening more often.

The percentage of NYS adults aged 50 to 75 who are up-to-date with colorectal cancer screening was 70.5% in 2015. NYS, for the first time, met the Healthy People 2020 objective of 70.5% of adults aged 50 to 75 screened. However, substantial improvement is needed to meet the National Colorectal Cancer Roundtable's goal of 80% screened for colorectal cancer.

Some segments of the adult population are less likely to be screened for colorectal cancer. In NYS, adults aged 50 to 75 without health insurance are significantly less likely to have received a recommended colorectal cancer screening test (43.6%) compared to adults aged 50 to 75 with health insurance (72.5%). Moreover, NYS adults aged 50 to 75 without a regular health care provider are also significantly less likely to have received a recommended colorectal cancer screening test (32.5%) compared to adults aged 50 to 75 with a regular health care provider (73.4%).

The Guide to Community Preventive Services (The Community Guide) identifies effective, evidence-based interventions (EBIs) to address many screening barriers, including reducing structural barriers, (reducing cost, offering screenings at nights or on weekends, etc.), patient and provider reminders, one-to-one education, and provider assessment and feedback. Another strategy is patient navigation to assist people to complete the screening process.

Further increases in cancer screening rates could also be achieved with more organized approaches to screening. Currently, individuals who have a regular health care provider are more likely to be screened, as screening is often offered during visits to the provider for other reasons; this is referred to as opportunistic screening. In contrast, organized screening is an explicit policy with defined age categories, methods, and intervals for screening in a defined target population with a defined implementation and quality assurance structure, and tracking of screening outcomes in the defined population. Organized screening programs have the potential to systematically reach an entire population eligible and due for cancer screening.

This funding opportunity supports efforts to improve cancer screening, to achieve NYS and other screening goals among those New Yorkers disproportionately burdened by cancer. The goal is to support the establishment of organized systems of cancer screening, the results of which will be an increase in the number and quality of cancer screenings among New Yorkers in greatest need.

D. Available Funding and Anticipated Awards

1. Number of Awards

To ensure statewide coverage, up to approximately 22 awards will be made, one in each service region as identified in Attachment 1, Cancer Services Program (CSP) Service Regions. Awards will be made for a five-year period anticipated to begin October 1, 2018, and end September 30, 2023.

2. Contracts

Each contractor will receive one State contract to support personal and non-personal costs (Infrastructure contract). Screening and diagnostic services rendered to eligible clients will be reimbursed directly to health care providers and clinical laboratories by the State and Health Research, Inc. (HRI). HRI is a not-for-profit corporation affiliated with the Department whose mission is to independently assist the Department and to build a healthier future for New York State and beyond through the delivery of funding and program support to further public health and research programs.

3. Available Funding

The total anticipated annual funding in support of the anticipated 22 State Infrastructure contracts is $7,875,000, for an anticipated five-year value of $39,375,000.

The estimated number of persons eligible for the CSP within each of the 22 service regions and the anticipated maximum state infrastructure contract values for each service region is provided in Attachment 2, CSP Service Regions and State Infrastructure Contract Values. Applicants are not guaranteed Infrastructure contract awards at the maximum values.

The total anticipated value in State funding available for reimbursable clinical services for the five-year grant period is approximately $12.5 million. The amounts of funding available for reimbursable State clinical services for the first 12-month budget period will be provided to each contractor upon award and may change based on State budget appropriations.

The Department will provide the amount of HRI clinical funding to each contractor annually, pending receipt of annual funding from the Centers for Disease Control and Prevention (CDC) for the National Breast and Cervical Cancer Early Detection Program Cooperative Agreement. The total anticipated value in HRI funding available for reimbursable clinical services for the five-year grant period is approximately $18 Million.

Clinical and laboratory services will be reimbursed on a fixed-price, fee-for-service basis, per Attachment 3, 2017-18 Maximum Allowable Reimbursement Schedule (MARS). The MARS may be adjusted periodically by the State to reflect changes to reimbursable services and/or fees based on federal and state mandates, national clinical practice guidelines and available funding.

All actual values and funding to support reimbursable clinical services are contingent upon State budget appropriations and CDC cooperative agreement awards. Annual Infrastructure contract and reimbursable clinical service values will be determined by funding availability, the estimated number of persons eligible for the CSP within each service region, contractor performance, contractor ability to provide screening and diagnostic services and expend the reimbursable clinical services allocations, and compliance with all contract requirements.

II. Who May Apply

Eligible applicants for this RFA are as follows:

A. ***Minimum Eligibility****:* Eligible applicants are:

1. Non-profit organizations and municipal agencies located in NYS including, but not limited to: local government and public health agencies, health care systems, primary care networks, academic institutions, community-based organizations, volunteer associations and professional associations.
2. In Document Vault Prequalified status at the time of application due date within the NYS Grants Gateway (unless exempt from prequalification). See IV. Administrative Requirements, M. Vendor Prequalification for Not-for-Profits for additional information.
3. Those that propose to serve one service region as listed in Attachment 1, Cancer Services Program Service Regions.

Applications will only be accepted from organizations that meet the minimum eligibility criteria. Applications that propose to serve only a portion of the county, borough or counties in their selected service region, or, that propose to service additional counties or boroughs outside of their selected service region, may result in a rejected application (service regions are listed in Attachment 1, Cancer Services Program Service Regions).

Eligible applicants may apply for more than one service region, but must submit a separate application for <u>each service region</u>.

B. ***Preferred eligibility:*** Preference will be given to applicants that:

1. Are health care systems, hospitals, or primary care networks.
2. Demonstrate the ability to engage in strategic partnerships to collaborate with existing programs, initiatives, contractors, etc. within their service region that serve the CSP-eligible and proposed priority populations, including but not limited to current CSP contractors and subcontractors and patient navigation and peer education and outreach programs funded by the Department and HRI to improve access to breast cancer screening for the underserved and federally qualified health centers.

III. Project Narrative/Work Plan Outcomes

A. Program Expectations and Outcomes

1. Populations to be served - Contractors will implement cancer screening programs to reduce morbidity, mortality and health-related disparities among NYS residents. These programs will facilitate access to high quality breast, cervical and colorectal cancer screening and diagnostic follow-up services for residents within their service regions, with a focus on priority populations that are disproportionately burdened by the increased risk of cancer or are medically unserved or underserved. Contractors will enter into agreements with health care providers and clinical laboratories that will provide cancer screening and diagnostic follow-up services, free-of-charge to CSP-eligible clients – the majority of whom should be within the priority populations.

For the purposes of this RFA, the priority populations and CSP-eligible clients are defined as:

a. ***Priority Populations*** – The term priority populations refers to those sub-groups of the general population who are disproportionately affected by breast, cervical and colorectal cancer or are medically unserved or underserved and lack adequate healthcare options and should be the priority for contractor efforts to facilitate access to screening services. The scope of work of this RFA should be targeted to the following priority populations:

i. Individuals ages 50 to 64.
ii. Women who are rarely or never screened for cervical cancer (those women who have never had a Pap test or have not had a Pap test within the last five years).
iii. Individuals who are medically unserved or underserved including, but not limited to, those who experience barriers to services due to sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, socioeconomic status, cultural isolation, low literacy, and language.

The Cancer Services Program (CSP) Performance Measures listed in Attachment 4 describe the expected reach of services to the priority populations. For example, for CSP-eligible clients, 20% or more of initial pap tests should be provided to women who are rarely or never screened for cervical cancer (Performance Measure #2) and 75% or more of clients should be ages 50 to 64 (Program Performance Measure # 6).

b. ***CSP-eligible Clients*** – Eligibility for free cancer screening and diagnostic services is based on client health insurance status, income, age and other personal criteria such as risk status. Health care providers and clinical laboratories that enter into formal agreements with the

funded contractors, the State and HRI, may receive reimbursement for provision of cancer screening and diagnostic services to CSP-eligible clients. These criteria are:

i. Individuals who are uninsured or underinsured. These are individuals who lack health insurance, whose health insurance does not cover cancer screening services, or who cannot meet their deductible obligations (including monthly spend down or co-payments) for purposes of accessing coverage under their health insurance and who attest, prior to services being performed, that they are unable to proceed with cancer screening or diagnostic services because of these financial obligations.

ii. Individuals whose household income is at or below 250% of the Federal Poverty Guideline (FPG) or who live above 250% of the FPG but attest, on a client consent form, they are unable to afford the cancer screening and diagnostic services offered by the program.

iii. Women aged 40 and older may receive breast and cervical cancer screening. Men and women aged 50 and older may receive colorectal cancer screening.

iv. Other criteria, such as family history, also contribute to CSP screening eligibility. For example, women under age 40 determined to be at high risk or with clinically significant findings for breast cancer may be eligible to receive free breast cancer screening. Similarly, men and women younger than age 50 at increased risk for colorectal cancer may be eligible for colorectal cancer screening. Men at higher risk for breast cancer based on a personal or family history of breast cancer, who are currently experiencing breast symptoms and who also meet all other eligibility criteria, may be eligible.

A full description of the CSP eligibility criteria may be found in the CSP Operations Manual. A copy of the manual will be made available to anyone submitting a letter of interest, a question within the RFA question and answer period, or, by request via an email to canserv@health.ny.gov; write, "RFA #17682, DOH01-CSP1-2018 Operations Manual" in the subject line.

c. ***Cancer Screening and Diagnostic Services*** – The program seeks to facilitate provision and receipt of comprehensive, guideline-concordant, quality cancer screening and diagnostic, follow-up services.

i. *Comprehensive Cancer Screening Services* – Contractors will implement systems that enable persons to receive *all* appropriate cancer screenings for which they are eligible. For example, women aged 50 and older who meet the CSP eligibility criteria should be provided with guideline-concordant breast, cervical and colorectal cancer screenings. As another example, clinics or health systems in which patient navigation services are implemented should facilitate access to all screening services for which patient populations are eligible and not limit access to screening for just one cancer. Contractors are expected to provide 50% or more of their female clients with comprehensive cancer screening services (see, #7, Attachment 4, CSP Performance Measures).

ii. *CSP Operations Manual* – The CSP Operations Manual provides guidance, descriptions, forms and resources on CSP client eligibility, client consent for the program, eligible clinical and laboratory services, sample health care provider and clinical laboratory agreements, and all other required scope of work. A copy of the manual will be made available to anyone submitting a letter of interest, a question, or, by request via an email to canserv@health.ny.gov; write, "RFA #17682, DOH01-CSP1-2018 Operations Manual" in the subject line.

2. Program Outcomes

a. Short-term Outcomes

i. Retention of high quality staff.
ii. Retention of a comprehensive provider network able to provide access to high-quality, evidence-based breast, cervical and colorectal cancer screening and diagnostic services to CSP-eligible clients throughout the service region.
iii. Established strategic community partnerships that facilitate increased breast, cervical and colorectal cancer screening among priority and CSP-eligible populations.
iv. Measurement and use of high quality data.
v. Improved knowledge about the need for breast, cervical and colorectal cancer screening among priority and CSP-eligible populations.
vi. Reduced barriers and increased access to breast, cervical, colorectal cancer screening and diagnostic services for CSP-eligible and priority populations.
vii. Increased high quality screenings.
viii. Increased adherence to timely diagnostic follow-up.
ix. Increased timely enrollment in the Medicaid Cancer Treatment Program and/or referrals to cancer treatment.

b. Intermediate Outcomes

i. Decreased disparities in breast, cervical and colorectal cancer screening.
ii. Increased detection of breast, cervical and colorectal cancer at an early stage.
iii. Increased rescreening rates.
iv. Increased adherence to timely diagnostic follow-up and cancer treatment referral.
v. Increased timely enrollment in the Medicaid Cancer Treatment Program and/or referrals to cancer treatment.

c. Long-term Outcomes

i. Reduced breast, cervical and colorectal cancer morbidity and mortality.
ii. Reduced disparities in breast, cervical and colorectal cancer incidence and mortality.

3. Program Performance Measures - Successful contractors will be expected to meet or exceed performance measures as listed in Attachment 4, Cancer Services Program Performance Measures. The Department may revise or add performance measures throughout the five-year grant period as required by CDC, the State, or as otherwise needed.

B. Scope of Work

Contractors will implement all required activities in the following six categories.

1. Program Management and Leadership

The contractor will lead, coordinate and administer the program throughout the entire service region. The contractor is responsible for reviewing the contract in its entirety, meeting all contractual requirements/obligations, reviewing and approving annual work plans, monthly and other required reports submitted to the Department, participating in site visits and ensuring that there are proper systems in place to identify and promptly address any barriers to implementation of the scope of work

and activities to reduce potential impact on program performance. The contractor will implement the following program management and leadership activities:

a. Under the direction of the Department, complete all transition and start-up activities per Attachment 5, Cancer Services Program Contract Start-up Checklist. All transition and start-up activities should be initiated beginning October 1, 2018 and completed within 90 days, no later than December 31, 2018 (see Attachment 4, Cancer Services Program Performance Measures #17). Transition refers to activities conducted to ensure clients previously served by former Cancer Services Program (CSP) contractors are offered timely screening and diagnostic services, referrals to treatment and assistance enrolling in the MCTP, as needed by the new contractor.

b. Provide and maintain a qualified, sufficient staffing structure addressing all functions as described in Section III.C., Required Staff and Key Functions. These activities include:
   i. Implement systems to recruit, hire and train staff and/or subcontracts and consultants with appropriate competencies in a timely manner.
   ii. Ensure that proposed staff and subcontracts and consultants covering required staffing and key functions are hired within the start-up time period and no later than the end of December 31, 2018. Staff should be trained and fully operational by January 1, 2019.
   iii. If a vacancy occurs (resignation, maternity leave, medical leave, etc.), the contractor is responsible for ensuring coverage of vacancies and/or prompt hiring to fill vacant positions in a timely manner as needed to ensure that programmatic work is completed and all contractual obligations are met. Extended vacancies which negatively impact the contractor's ability to fulfill contractual obligations may result in contract termination. Extended vacancies are any such vacancies that are beyond routine time off and which have an impact on implementation of required scope of work, staffing and functions, contractual work plan implementation and budgeted expenditures. Such vacancies will be assessed on a case-by-case basis to determine their impact on contractual obligations and contractors may be required to provide proof of short-term and long-term coverage plans.
   iv. Provide proper orientation to the contract agency's policies and procedures; appropriate administrative supervision and support; and a current computer system with access to individual e-mail account, the Internet, and office space.

c. Submit contact information for key staff as requested by the Department, using requested forms to ensure that the CSP database, public website and toll-free recruitment phone line database is accurate and up-to-date. This information is maintained by the Department to facilitate communication with and between contractors, and to provide contact information for statewide promotion of the program conducted by the Department.

d. Attend and participate in all regional and statewide meetings, attend required trainings and participate in all required webinars, at the direction of the Department. The program coordinator will be required to participate in a kick-off webinar. At least two program staff will be required to attend an annual, two-day statewide contractor meeting in Albany. It is expected that program staff will attend two, one-day regional trainings during the first budget year on topics to be determined (each training will be held in Manhattan, Albany, and Syracuse and contractors will travel to the closest city to attend the training). At least one case manager will be required to attend a training to become a Designated Qualified Entity (see Section 4.d.iii) to be offered in Albany and Manhattan. Those responsible for education, promotion and outreach functions will participate in quarterly webinars. Those responsible for case manager, data manager, and patient

navigator functions will participate in one orientation webinar and routine webinars. All new staff will be required to complete a series of on-line training courses.

e. Provide resources and support necessary to manage State contracts, fulfill programmatic, fiscal and administrative contract obligations, and facilitate the smooth operation of the contract and fully and appropriately expend funds as contracted including but not limited to the ability to comply with: contract administration through the State's Grant Gateway, required time and effort policy and reporting, monthly voucher submission with appropriate back-up documentation, required budget and work plan development, required performance reporting and evaluation (Program Performance Measure #31; Submit routine reports on progress towards implementation of work plan activities quarterly).

f. Within the funding amounts set by the Department and HRI, establish fiscal and operational systems to ensure that clinical and laboratory services are provided throughout the full program year. Establish systems to monitor service provision by participating network providers and provide the Department with at least three months' notice of anticipated clinical service funding needs and issues (Program Performance Measure #16; expend 95% of State infrastructure funds and 95% of clinical service funding).

g. Participate in all quality assurance, data collection and reporting requirements set by the Department. See Attachment 4, Cancer Services Program Performance Measures.

h. Under the direction of the Department, oversee and coordinate close-out activities at the end of the grant period to ensure the smooth transition of clients and continuity of care, and complete data management.

2. Education and Promotion

The contractor will conduct activities to raise awareness about the need and resources for cancer screening and to promote the CSP to recruit eligible clients for CSP services, targeting priority populations (as defined in Section III. A. 1.a.) Contractors will:

a. Educate CSP-eligible and priority populations using evidence-informed and evidence-based methods to promote the importance of early detection.

b. Tailor education approaches to identified priority populations, including individuals aged 50 to 64, women who are rarely or never screened for cervical cancer, and individuals who are medically unserved or underserved, and deliver education using group and one-to-one sessions (Program Performance Measure #18; Conduct a minimum of 10 group or one-to-one sessions per quarter to recruit eligible clients for CSP services, targeting priority populations).

c. Develop and deliver messaging to encourage individuals to seek cancer screening and enroll in the CSP using small media, local-level media campaigns, and group and one-to-one education.

d. Build community support for the CSP throughout the entire service region and promote the importance of cancer screening and early detection by:
   i. Developing strong relationships with local media organizations; writing letters to the editor, press releases, etc.; and garnering earned media (Program Performance Measure

#19, Conduct a minimum of three (3) earned media attempts per quarter to promote the CSP, educate key stakeholders and increase community awareness and support for cancer prevention and control initiatives).

ii. Communicating with and educating key stakeholders, such as local decision-makers, community leaders, elected officials, and organizational decision-makers; provide data and client testimonials for use by staff and partners in these activities [Program Performance Measure #19- above, and #20; Conduct a minimum of three (3) contacts (in-person meetings, telephone, email) per quarter with government decision makers and other key stakeholders to increase support for the CSP and other cancer prevention and control initiatives].

e. As funds allow, use paid media to promote the CSP and the availability of screening and diagnostic services and referrals to treatment (Program Performance Measure #21, # of paid media attempts to be determined by contractor).

f. Ensure that educational presentations and materials are culturally appropriate and address the literacy and other language needs of the intended audiences. This includes ensuring the availability of competent interpreters and/or translation services as needed.

g. Acquire review and approval of all materials, including but not limited to educational programming (webinars, seminars, conferences, presentations, trainings, one-on-one or group educational sessions), educational materials (brochures, flyers, posters bookmarks, etc.) and promotional materials (radio, television, newspaper, billboard, digital banner ads, Facebook and/or Twitter messages, earned media, etc.) from the Department prior to expending funds, per contract requirements and Department guidance.

3. Targeted Outreach

Conduct needs assessments to identify priority populations who are disproportionately burdened by an increased risk of cancer and/or who are medically unserved or underserved. Medically unserved or underserved include individuals who experience barriers to services due to sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, socioeconomic status, cultural isolation, low literacy, and language. Develop, implement and evaluate interventions to increase cancer screening and address barriers among identified priority populations. Contractors will conduct the following activities:

a. Using NYS and local data, develop and submit a written targeted outreach plan for Department approval using a template provided by the Department. The first targeted outreach plan is due by December 31, 2018 and will be updated by September 1 for each program year thereafter (Program Performance Measure #22; Submit one (1) targeted outreach plan per year). The targeted outreach plan should include:

i. Description of the priority population(s) identified within your service region to be the focus of your targeted outreach efforts during the program year (February 1, 2019 to September 30, 2019 for the first program year, October through September for each subsequent program year); including demographics, where they reside, and how the priority populations are disproportionately affected by breast, cervical and/or colorectal cancer.

ii. Description of identified barriers to accessing health care and screening for each identified priority population (e.g., transportation, time, child care, other priority health needs, social service needs, etc.) and strategies to address the barriers (e.g., partnering with mobile mammography programs to set up a screening event at a site accessible to the identified priority population, establishing formal referral agreements with social service agencies that serve the priority population, connecting clients with patient navigation services, etc.).
iii. Description of targeted outreach activities planned to encourage cancer screening and enrollment in the CSP; targeted outreach methods should be specific to identified priority populations (e.g., what works for men in a rural county vs. city-centered Asian/Pacific Islander women).
iv. Identification of community-based strategic partners that regularly serve the identified priority populations; description of what collaborative activities will be implemented to increase referrals to screening and the CSP.

b. Identify individuals who are members of the priority population(s) and who share similar social backgrounds or life experiences to deliver group and one-to one education; such individuals (often referred to as peer educators or community health educators) can be paid or volunteer staff and/or staff from sub-contracted agencies with training and expertise providing community-based education.

c. Develop community-based strategic partnerships and referral relationships with organizations that regularly serve eligible and priority populations to improve community-clinical linkages to screening and increase referrals to the CSP. Strategic partners are organizations and individuals that have direct access to eligible and priority populations and have knowledge of and expertise implementing culturally appropriate interventions tailored to the communities they serve. These partners include healthcare systems, local and statewide health and human service providers, and community leaders/gatekeepers. At a minimum, contractors should develop relationships with partner organizations/individuals able to provide:
i. Access to and information about the priority and CSP-eligible populations.
ii. Clinical services that support access to cancer screening such as primary care; risk assessment; genetic counseling and testing; and cancer diagnosis and treatment services.
iii. Social services (e.g., public assistance programs or services provided by government, private and non-profit organizations).
iv. Transportation to clinical and social services and other services that reduce structural barriers.
v. Access to the New York State of Health navigators.
vi. Support services for individuals diagnosed with breast, colorectal, or cervical cancer.

d. Collaborate with other Department cancer screening initiatives (e.g., NYS Breast and Prostate Cancer Peer Education Project, National Accreditation Program for Breast Centers Patient Navigation Project, mobile mammography vans) to improve breast, cervical, and colorectal cancer screening by providing resources that reduce barriers to cancer screening in the community and in health care systems (e.g., night or weekend screening services, mobile screening services, peer education programs, etc.).

e. Partner with State-wide internal and external partners, which includes but is not limited to the network of New York State Cancer Consortium organizations; American Cancer Society; the Department's Family Planning Program and Bureau of Immunization; and the New York State

of Health to conduct joint outreach and recruitment and to promote screening and follow-up services.

See, Program Performance Measure #23; Five (5) formal agreements in place per year with strategic partners.

4. Provision of Health Services: Screening, Diagnostic and Case Management Activities

The contractor will implement, monitor, and manage systems to identify, enroll and provide comprehensive, guideline-concordant breast, cervical and colorectal cancer screening and diagnostic services to CSP-eligible men and women. The contractor will assist clients diagnosed with cancer to access needed treatment, and, assist with enrollment of eligible clients in to the MCTP. The contractor will:

a. **Establish a Comprehensive Provider Network:** Recruit and maintain a network of health care providers and clinical laboratories able to provide access to high-quality, evidence-based breast, cervical and colorectal cancer screening and diagnostic services to the CSP-eligible population throughout the service region. This includes the following activities:
   i. Obtain and submit formal written provider agreements from all network providers and clinical laboratories by December 31, 2018, as noted in Attachment 5, Cancer Services Program Contract Start-up Checklist and Program Performance Measure #25. Written provider agreements will include the *Participating Provider Requirements* as per the Master Grant Contract, Program Specific Clauses (A-1, Part B) and noted in the CSP Operations Manual. Contractors are required to obtain written provider agreements with the State-funded breast cancer screening mobile mammography van programs that serve their service regions. To receive a list of the mobile mammography van contractors, email a request to: canserv@health.ny.gov using the subject line RFA 17682, DOH01-CSP1-2018 Contractor List.
   ii. Routinely review, assess and add to the provider network to ensure that there are sufficient numbers and types of health care providers and clinical laboratories throughout the service region to meet the needs of the CSP-eligible client population for comprehensive and timely cancer screening and diagnostic services.
   iii. Participate in credentialing processes annually and as needed at the direction of the Department to ensure that each network provider is licensed, appropriately qualified and credentialed, without restrictions, for the provision of services to CSP-eligible clients (Program Performance Measure #24; Submit provider credentialing workbook by December 31, 2018 and annually thereafter by April 1.
   iv. Gather, maintain and provide the Department with up to date email and other contact information for all providers that have agreements and are credentialed to participate in the CSP.
   v. Promptly communicate program changes (e.g., client and/or service eligibility, guidance, practices and policies), professional development opportunities, provider-level performance measures and other issues related to program services and requirements to health care providers, clinical laboratories, imaging facilities and partners, as necessary and directed by the Department.
   vi. Cooperate fully with the Department quality assurance team to identify providers with potential quality concerns, explore reasons for unusual data patterns, and remediate providers' clinical and/or data reporting deficiencies in a timely manner.

b. **Establish, monitor and revise systems for client eligibility assessment, intake, enrollment and provision of eligible services:**

i. Establish systems for program eligibility assessment and client intake. Eligibility assessment systems will include documentation that, for each client, eligibility criteria have been reviewed. Intake systems will include the following provisions:

- Obtain client information and signed consent forms, as required by the Department prior to the provision of services.
- Ensure that only individuals eligible for the CSP are enrolled and that clients only receive CSP-eligible services, per the CSP Operations Manual.
- Assess all individuals for insurance status at the time of intake and, if eligible, refer them to the New York State of Health at 1-855-355-5777 or nystateofhealth.ny.gov.
- CSP clients, at the time of intake, are assessed for smoking status and, if applicable, are referred to the NYS Smokers' Quitline 1-866-NY-QUITS (1-866-697-8487).
- Disseminate information and education about the Human Papilloma Virus (HPV) vaccine, including referrals to appropriate immunization programs, to CSP clients for their children as applicable.

Eligibility assessment and client intake may be accomplished through a centralized, decentralized, or combined centralized and decentralized intake model.

- **Centralized intake model** - contractor staff (or subcontract/consultants) identify potential clients and act as the first point of contact, assess eligibility, conduct client intake, complete intake forms, schedule appointments and conduct other related administrative tasks.
- **Decentralized intake model** - client identification, eligibility assessment, intake, form completion, scheduling and other administrative tasks take place at many different sites including the contracting organization and or via subcontracts/consultants, individual providers, partner organizations, etc.

ii. Assure that qualified personnel are available to provide clinical oversight for the interpretation of client reports and medical records, determination of client eligibility, and to ensure adherence to guideline-concordant care.

iii. Establish systems to collect and report client data.

Data collection and management is integral to program monitoring and evaluation. The Department maintains a secure on-line, real-time data entry system, referred to as the CSP data system, for contractor use entering client demographic, screening, diagnostic, and treatment information. Contractors will receive training in the use of the data system and all required forms.

The CSP data system is used to ensure:

- Quick and appropriate follow-up on positive screening findings.
- Provision of timely case management services.
- Clients eligible for the NYS MCTP receive coverage for treatment.
- Quality clinical care is provided to CSP clients.
- Rescreening occurs at appropriate intervals.

- CSP providers are reimbursed as soon as possible.
- Clinical data to monitor and track patient-level clinical care are reported to the CDC and other funders as required.

Required data management activities:

- Ensure that providers submit all required forms, data and records in a timely manner. Forms to be submitted by providers may include but are not limited to, the consent form, clinical or medical records, case management notes, the Screening Intake Form and, the Breast Follow-Up Form, Cervical Follow-Up Form, or Colorectal Follow-Up Form for clients requiring follow-up services.
- Ensure that all required data and associated documentation (e.g., client demographics, screening and diagnostic services information, treatment information) for clients receiving services from CSP-participating providers and for whom reimbursement is requested, are collected and entered by those fulfilling the data management function in a timely manner, consistent with the Department policies and procedures using required forms and the on-line, secure CSP data system. See Program Performance Measures 14 and 15.

iv. Implement a client reminder system to recall existing clients for rescreening at appropriate intervals (i.e., phone clients and/or send client reminders via mail, email or text). The CSP data system may be used to generate a rescreening list report of existing clients due for breast, cervical, or colorectal screening at appropriate intervals determined by clinical guidelines as outlined in the CSP Operations Manual. See Program Performance Measure #3; 60% or more women will be rescreened by mammogram within 24 months, and Program Performance Measure #5; 60% or more CSP clients will be rescreened by fecal test within 10 to 14 months.

c. **Case Management:** Case management involves working with partners and community resources to assist clients to overcome barriers to obtaining timely diagnostic and treatment services following receipt of abnormal screening results. Case management may be accomplished through a centralized process (the contracting organization hires dedicated case management staff, or subcontracts/acquires consultants to conduct this work), a decentralized process (the contract organization works with staff at network providers) or a combination of both. Required case management activities include:

i. Ensure that CSP clients in need of follow-up receive comprehensive, coordinated care based on clients' needs according to Program Performance Measure #10, 75% or more of women receiving abnormal cervical cancer screenings will complete diagnostic follow-up within 90 days; Program Performance Measure #11; 75% or more of women receiving abnormal breast screenings will complete diagnostic follow-up within 60 days; and Program Performance Measure #12; 75% of CSP clients with abnormal colorectal cancer screenings will complete diagnostic follow-up within 90 days.

ii. Develop and implement individual written care plans for each client in need of follow-up services, conduct periodic reassessment and follow-up of the client's needs throughout the duration of care, and evaluate client satisfaction with case management services.

iii. Develop relationships with community organizations that provide resources to address barriers individuals may encounter during diagnosis, evaluation and treatment.

d. **Referrals to Treatment - Medicaid Cancer Treatment Program (MCTP):**

i. Refer clients in need of treatment for breast, cervical or colorectal cancer for enrollment in the MCTP. It is expected that 90% or more of MCTP-eligible clients who receive services through the CSP will be enrolled in the MCTP, to ensure they receive full Medicaid coverage for the duration of their treatment (Program Performance Measure #13).

ii. Refer men meeting CSP eligibility criteria and screened and/or diagnosed with prostate cancer by CSP network providers for enrollment in the MCTP. *Note: Consistent with clinical guidelines, the Department does not currently support routine, population-based screening for prostate cancer and, therefore, does not reimburse health care providers and clinical laboratories for prostate cancer screening.*

iii. Ensure that the service region has sufficient Designated Qualified Entities (DQEs) – individuals authorized to complete applications for enrollment in the MCTP – to meet the needs of the CSP client population.

iv. Ensure that CSP network providers are committed to treat men and women diagnosed with breast, cervical and colorectal cancer, and precancerous cervical lesions, who do not qualify for the MCTP, regardless of the client's ability to pay.

e. **Provider Reimbursement:**

Services rendered to eligible clients by credentialed providers, that have entered into formal agreements with the CSP, will be reimbursed directly by the State and HRI; contractors resulting from this RFA will not reimburse providers. The CSP online data system generates monthly billing reports based on the client and service data entered by the CSP contractors; these monthly billing reports are used by the Department and HRI to directly reimburse CSP-credentialed providers for the provision of eligible services to CSP-eligible clients. CSP contractors' responsibilities related to provider reimbursement include:

i. Work with the Department to respond to inquiries from participating providers to reconcile payment for services rendered.

ii. Follow-up with providers to ensure payments are received and cashed, as requested by the Department.

iii. Closely monitor State and HRI clinical services funding allocations to ensure full and appropriate expenditure and that there is sufficient funding throughout the annual budget period (October to September) and inform the Department three months' in advance of any anticipated funding needs or excess. See Program Performance Measure #16a; Expend 95% of clinical service funds.

5. Patient Navigation and Evidence-Based Interventions (EBIs) to Improve Cancer Screening within Health Care Systems

Contractors will implement patient navigation (PN) and other EBIs (as defined by The Community Guide) in clinic site(s) to identify individuals in the priority populations who need screening, and facilitate their access to breast, cervical and/or colorectal cancer screening, regardless of their CSP eligibility (e.g. insured). For the purposes of this project, patient navigators are defined as culturally competent, trained professionals who work within health care systems, in collaboration with health care providers, and sometimes local community organizations, to identify patients in need of breast, cervical and/or colorectal cancer screening. Patient navigators identify resources to help patients overcome barriers to screening, communicate with patients, providers and office staff to ensure that

patients attend their appointments, and assist providers and patients to obtain diagnostic follow-up after abnormal findings. Health systems typically include more than a single clinic site. For instance, a federally qualified health center (FQHC) is often comprised of many clinic sites. PN can be implemented in all, a subset or one individual clinic depending on the contractor's experience with PN, clinic patient volume and available resources. Successful implementation in one or more sites will be spread to additional clinic sites throughout the five-year grant period.

Contractors will implement and manage the following PN activities, under the guidance of the Department:

a. Develop and submit a written PN and EBI implementation plan in collaboration with the health system clinic site(s) identified using a template provided by the Department. The initial PN and EBI implementation plan will be due on or before May 1, 2019 for Department review. Once approved, contractors can begin implementation of PN activities. It is expected that PN activities will be initiated during program year 1, prior to September 30, 2019. The PN implementation plan will be updated annually, to be submitted no later than September 1 each year beginning in 2019 (see Program Performance Measure #26). The PN plan should include:
   i. The initial health system clinic site(s) in which PN will be implemented and the clinic site point of contact.
   ii. Identification of staff at the clinic site(s) who will be engaged in PN activities (including quality improvement, clinical and information technology staff).
   iii. Identification of appropriate points within the clinic(s) for patient navigator intervention with the patient and with the existing health care team.
   iv. Processes to identify patients in need of breast, cervical and colorectal cancer screening and provide information to patient navigators for implementation of PN activities (e.g., query health system's electronic database to identify patients in need of cancer screenings).
   v. Resources to reduce barriers to patient completion of cancer screening and diagnostics as necessary:
      - Promote the New York State Health Benefit Exchange (New York State of Health) for referral of uninsured patients.
      - Make referrals to the CSP to help uninsured patients receive free cancer screening and/or diagnostic services.
   vi. Potential barriers and challenges to PN implementation.
   vii. Selected priority EBI and description of activities to support clinic implementation of selected EBI.
   viii. Description of how clinic baseline and bi-annual breast, cervical and colorectal cancer screening rates will be identified, collected and reported for the clinic site(s) selected.

   Contractor PN activities will seek to achieve a 10% increase from baseline over the course of the five-year grant period, in: 1) the percent of women aged 50 to 74 years who had a mammogram, 2) the percent of adults aged 50 to 75 years who had appropriate screening for colorectal cancer, and 3) the percent of women aged 21 to 64 years who received one or more Pap tests to screen for cervical cancer (Program Performance Measures 27, 28 and 29).

b. Identify and/or hire qualified patient navigator staff. See Attachment 6, Sample Patient Navigator Position Description for requirements.

c. Ensure that patient navigators, at a minimum, conduct the following activities:
   i. Written assessment of individual patient barriers to cancer screening, diagnostic services and initiation of treatment services, where applicable; include at a minimum, two, but preferably more, contacts with each patient.
   ii. Patient education and support.
   iii. Resolutions to patient barriers (e.g., transportation assistance, translation assistance, etc.).
   iv. Patient tracking and follow-up to monitor patient progress completing screening, diagnostic testing within 60-90 days of abnormal screening test results, and initiation of cancer treatment, where applicable.
   v. Collect and submit data to evaluate the primary outcomes of patient navigation as required by the Department including but not limited to:
      - # of clients contacted and offered navigation services,
      - # of clients navigated to breast cancer screening,
      - # of clients navigated to cervical cancer screening,
      - # of clients navigated to colorectal cancer screening,
      - # of clients with abnormal screening test results,
      - # of clients with positive diagnostic test results,
      - # of clients who initiate treatment, and
      - # of clients who refuse or are lost to follow-up.
   vi. Over the course of the project, implement one or more EBI in each site where PN is implemented to support increases in breast, cervical and colorectal cancer screening, Program Performance Measure #30, implement one (1) EBI annually within the identified clinic site. Examples of EBIs include:
      - Patient reminders,
      - Provider reminders and/or provider assessment and feedback systems,
      - Reducing structural barriers to cancer screening (such as modifying hours of service to meet patient needs), and
      - Establishing and implementing a health center protocol/policy and related workflow (process map) for cancer screening that encompasses all staff efforts to move eligible patients toward guideline concordant cancer screening at all appropriate points in the health system.
   vii. Obtain and report breast, cervical and colorectal cancer screening rates bi-annually to measure progress.
   viii. Contractors will submit Memorandums of Understanding/Memorandums of Agreement (MOU/MOA) from patient navigation clinic sites within 90 days of receiving notice of award. The agreement will describe the program's or organization's role and list specific strategies on which they will work with the organization to achieve identified outcomes.

6. Program Monitoring, Reporting and Evaluation

Contractors will report process and outcome performance to the Department to measure progress implementing required activities in support of the program outcomes and performance measures. Regular reporting will occur using the online, secure CSP data system, which includes both a database for reporting CSP client services and a performance and evaluation reporting system to monitor contract activities. Program monitoring, reporting and evaluation activities include:

a. Routine reporting of CSP-eligible clients receiving services from participating providers and for whom reimbursement is requested as described in Section III.B.4.b.iii., (e.g., client demographics, screening and diagnostic services information, treatment information).

b. Routine reporting of progress towards implementation of work plan strategies and activities, including but not limited to; PN and evidence-based health system interventions, recruitment of clients for screening programs and promotion of population-level early detection (e.g. earned media attempts, number of strategic partners, etc.). See Program Performance Measure #31; quarterly submission of routine reports on progress towards implementation of work plan activities.

c. Monthly monitoring of CSP performance measure reports to assess progress towards meeting certain benchmarks for reporting client data, including timely submission of forms, timely revisions to forms to correct information as needed, and meeting performance measure goals, as outlined in Attachment 4, Cancer Service Program Performance Measures. For any performance measures that fall below the goals set by the Department, implement strategies to improve performance on that measure at the contractor level, the provider level, the partner level, or all that apply.

d. Participate in evaluation activities as directed by the Department.

C. Required Staff and Key Functions

1. Required Staff - Program Coordinator

The contractor is required to hire and employ a professional position, recommended at a 1.0 full time equivalency (FTE), for a Program Coordinator; exceptions to the recommended FTE will be considered with strong appropriate justification. This individual should have a function within the contract agency that reflects professional and leadership status. The Program Coordinator will serve as the primary point of contact with the Department and is expected to attend all trainings and meetings as directed by the Department (see Section III. B. 1.) This individual will also serve as the primary point of contact for subcontractors, consultants, partners, and providers for contract activities and communications. The Program Coordinator should demonstrate the ability to motivate and inspire others, convey knowledge and enthusiasm for the program to partners, communicate effectively within the community and with regional and state partners, and plan and implement the required scope of work as needed to meet program outcomes and performance measures.

2. Key Functions

The contractor will identify and hire staff, contract with potential subcontractors/consultants or engage strategic partners to ensure persons with the appropriate competencies implement the full scope of required activities, ensuring the following functions are fulfilled:

a. Education, Promotion, and Targeted Outreach – Persons in this capacity serve as the liaison/s between the program and the community, including CSP-eligible clients, members of the priority population and partner organizations. These individuals work to increase the number of men and women who seek breast, cervical and colorectal cancer screening by conducting evidence-based and evidence-informed education, promotion and targeted outreach

activities tailored to the CSP-eligible and priority populations. Persons fulfilling this function should have sufficient knowledge about and experience with the communities they serve to identify local resources that address barriers to screening; establish formal, strategic partnerships with agencies and organizations to reach priority populations; coordinate culturally appropriate and culturally sensitive education and events; and conduct other activities needed to reach the eligible and priority populations. In addition, persons fulfilling this function should be able to communicate clearly and effectively about the importance of cancer screening and early detection, especially to a lay audience. These individuals can be paid or volunteer staff, staff from sub-contracted agencies, or from partnering agencies with expertise providing community-based education, promotion and outreach.

b. Clinical Care Coordination – Persons in this function are responsible for overseeing the clinical work of case managers and patient navigators. They provide clinical oversight for interpretation of reports and medical records, provide guidance to persons conducting intake and eligibility on how to assess individual risk, eligibility and clinical appropriateness for cancer screening and ensure adherence to guideline-concordant care. They oversee systems and processes to ensure the timely follow-up of clients with abnormal screening results according to stated Cancer Services Program Performance Measures, (Attachment 4). Persons in this capacity may provide training for new case managers, assist in the interpretation of Department policies and guidelines, and assist the Program Coordinator with health care provider and clinical laboratory credentialing and quality assurance activities.

c. Case Management – Persons responsible for case management implement protocols and processes to ensure that clients with abnormal screening results receive timely follow-up with diagnostic services according to the Cancer Service Program Performance Measures, (Attachment 4). These persons work with clients, partners, health care providers and other community resources to assist men and women to overcome identified barriers to care. They help clients obtain and keep scheduled diagnostic appointments, access diagnostic evaluation and, if needed, obtain treatment. They may also provide clinical oversight for the interpretation of reports/medical records, conduct risk assessment for screening eligibility and clinical appropriateness, and ensure adherence to Department policies and guideline-concordant cancer screening and follow-up diagnostic services. Case management may be conducted by the contractor, subcontractors or consultants, by network providers or a combination of all.

d. Patient Navigation – Patient navigators work within health care systems in collaboration with providers and community organizations to identify individuals in need of breast, cervical and colorectal cancer screening and assist them to obtain such services. These individuals develop and implement in-reach strategies within the health care system to approach members of eligible priority populations and recruit them for screening. They help clients understand the importance of preventive health services, the need for guideline-concordant screening and follow-up of abnormal screening results. Patient navigators also assess clients' barriers to care and coordinate health care system and community resources to address clients' needs. Patient navigators will collect and submit data to evaluate the primary outcomes of patient navigation including patient adherence to cancer screening, diagnostic testing and treatment initiation. Patient navigation may be conducted by the contractor, by subcontractors or consultants, by partnering Federally Qualified Health Centers (FQHCs) or other health system clinics or a combination of any of these options.

e. Intake and Eligibility – Persons responsible for client intake and eligibility assessment are the first points of contact for potential clients. These individuals determine CSP eligibility for breast, cervical and colorectal cancer screening and/or diagnostic services. They work with network providers to make appropriate cancer screening appointments for CSP-eligible clients

and complete required Department intake/eligibility forms and may provide initial data entry. They communicate client information to case management staff to ensure timely follow-up of screening results. They may also contact persons referred for CSP eligibility determination by those that perform the Education, Promotion and Targeted Outreach functions (Section III. C. 2.a., above), program partners and the statewide toll-free referral line to determine eligibility for the program. This function may also ensure that systems are in place to assess and refer clients to the NYS Smokers' Quitline and provide information, education and referrals for HPV vaccination to CSP clients for their children as applicable. The Intake/Eligibility function may be accomplished through a centralized process (contractor hiring dedicated staff or subcontracting/consultants) or a decentralized process (contractor working with staff of network providers) or a combination of both processes.

f. Data Management – Persons performing this function collect, maintain, and submit data deliverables required by the Department. These individuals use the CSP data system's on-line, secure database to enter all required client and service-related data. They ensure the security and confidentiality of collected data; establish systems to ensure the timely receipt of client and service data from network providers; review and assess the completeness, accuracy and timeliness of data received; and communicate with network providers to obtain inadequate or missing data. Data management staff also serve as the point of contact for all data-related communication between the Department and the contractor.

g. Fiscal Management – Persons in this function routinely monitor Infrastructure contract budgets and clinical services allocations to ensure funds are expended as per contract guidelines and Program Performance Measures, and that expenditures do not exceed allocated amounts, and conduct oversight of subcontractors. These individuals are responsible for ensuring there are sufficient infrastructure and clinical and laboratory services funds to support the program throughout the entire contract period. Fiscal management staff also prepare and submit monthly Infrastructure contract vouchers, ensure that submitted vouchers reflect actual and appropriate costs, and are accompanied by necessary and sufficient back-up documentation to substantiate the costs. These individuals prepare and submit budget modifications as necessary, maintain accounts receivable, and prepare the budget statement report of expenditures. Fiscal management staff also respond to inquiries from providers to reconcile payments for services rendered and communicate with providers to ensure they are aware of services that are eligible for reimbursement.

3. Other staffing requirements

a. Contractors will identify and hire staff or enter into contracts or agreements with subcontractors/consultants or partners with the appropriate competencies to implement the full scope of required activities. Contractor staff, subcontractors, consultants and/or partners should have the appropriate education and professional credentials and competencies to effectively carry out the required activities.
b. Salaries should be commensurate with the level of education and experience required of the positions.
c. Staff fulfilling the role of the Program Coordinator and staff, subcontractors/consultants or partners fulfilling other key functions should have the ability to serve and travel to *all areas* of the service region.
d. One appropriately qualified person may be responsible for multiple functions, but all functions will be fulfilled.
e. Proposed staffing patterns (including subcontracts, consultants and partners) should be

sufficient to provide required activities throughout the entire service region for the estimated CSP-eligible population, with no counties within a multi-county service region left uncovered.

f. Contractors will submit a Memorandum of Understanding/Memorandum of Agreement (MOU/MOA) for any subcontracts/consultants or partners fulfilling required staffing, functions or scope of work within 90 days of receiving notice of award; the agreement will describe the person's, organization's or program's roles and list specific strategies on which they will work with the contractor organization to achieve outcomes and/or program performance measures.

g. Applicants may subcontract components of the scope of work (e.g., Targeted Outreach). For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the primary contractor will have overall responsibility for all contract activities, including those performed by subcontractors, consultants and partners, and will be the primary contact for the Department. All subcontractors/consultants should be approved by the Department of Health. Dependent upon Applicant and Subcontractor entity types, a Contractual Service agreement may affect your organization's Minority or Women-Owned Business Enterprise (M/WBE) utilization goal. Not-for-Profit applicants should not consider contractual services with municipalities or other not-for-profits towards their total eligible M/WBE expenses. Municipalities or other governmental entity applicants are to use the full contract value towards eligible M/WBE expenses, not-for-profit or municipality subcontractors should still be counted yet can be considered towards a waiver request if other certified M/WBE firms cannot provide the good or service. Further M/WBE information is provided in Section I. Minority & Women-Owned Business Enterprise Requirements.

   The following definitions are used to make the distinction between staff: subcontracts/ consultants and partners; 1) staff are employed by the contracting agency, either full-time, part-time or hourly and are included in the application proposed personal services budget, 2) subcontractors/consultants enter into formal agreements with the contract agency and are included in the application proposed Non-Personal Services budget, 3) strategic Partners (partners) – individuals or community organizations that have common goals and/or priority populations and agree to offer services, goods, etc., to fulfill RFA requirements at no cost (partners are not included in the application budget).

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (Department), Division of Chronic Disease Prevention, Bureau of Cancer Prevention and Control. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase

All substantive questions must be submitted in writing or via email to:

Wendy Gould
Bureau of Cancer Prevention and Control
Riverview Center
150 Broadway, Room 350
Albany, NY 12204
Email: canserv@health.ny.gov

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed in writing via email to: canserv@health.ny.gov or via telephone by calling (518) 474-1222. The subject line should reference RFA # 17682, DOH01-CSP1-2018. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the Department contact listed on the cover of this RFA.

- https://grantsreform.ny.gov/grantees

- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: https://grantsreform.ny.gov/youtube

- Grants Gateway Team Email: grantsgateway@its.ny.gov
  Phone: 518-474-5595
  Hours: Monday thru Friday 8am to 4:30pm
  (Application Completion, Policy, and Registration questions)

- Agate Technical Support Help Desk
  Phone: 1-800-820-1890
  Hours: Monday thru Friday 8am to 8pm
  Email: helpdesk@agatesoftware.com
  (Technical questions)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: http://www.health.ny.gov/funding/. Questions and answers, as

well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted on or around the date identified on the cover of this RFA.

C. Letter of Interest

Prospective applicants are strongly encouraged to complete and submit a Letter of Interest (See Attachment 7, CSP Letter of Interest Template). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be submitted via the Grants Gateway under Pre-Submission Uploads of the online application. A copy should also be sent by email to: canserv@health.ny.gov. Please ensure that the RFA number is noted in the subject line and are submitted by the date posted on the cover of the RFA.

Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

D. Applicant Conference

An applicant conference will be held for this project. This conference will be held via webinar on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference no later than 9:30AM on February 2, 2018 by following this link: : https://meetny.webex.com/meetny/k2/j.php?MTID=ta36076c1a94ab43a2f46087cedb61a7e to ensure that adequate accommodations be made for the number of prospective attendees. The reservation deadline is posted on the cover page of this RFA. Failure to attend the applicant conference will not preclude the submission of an application.

E. How to file an application

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: https://grantsreform.ny.gov/Grantees and select the "Grantee Quick Start Guide Applications" from the menu on the left. There is also a more detailed "Grantee User Guide" available on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: https://grantsreform.ny.gov/training-calendar.

To apply for this opportunity:

1. Log into the Grants Gateway as either a "Grantee" or "Grantee Contract Signatory".
2. Click on the "View Opportunities" button under "View Available Opportunities".
3. In the Search Criteria, enter the Grant Opportunity name Breast, Cervical and Colorectal Cancer Services Program and select the Department of Health as the Funding Agency.
4. Click on "Search" button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the "APPLY FOR GRANT OPPORTUNITY" button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process.

Failure to leave adequate time to address issues identified during this process may jeopardize an applicant's ability to submit their application.

Both DOH and Grants Gateway staff are available to answer applicant's technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA.

PLEASE NOTE: Although Department and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding.

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process, please pay particular attention to the following:

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit's essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents expire, the not-for-profit's prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles "Grantee Contract Signatory" or "Grantee System Administrator" can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to resolve any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not "protected" or "pass-worded" documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

PLEASE NOTE: Waiting until the last several days to complete your application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

F. Department of Health's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.

2. Withdraw the RFA at any time, at the Department's sole discretion.

3. Make an award under the RFA in whole or in part.

4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.

5. Seek clarifications and revisions of applications.

6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.

7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.

8. Prior to application opening, direct applicants to submit proposal modifications addressing

subsequent RFA amendments.

9. Change any of the scheduled dates.

10. Waive any requirements that are not material.

11. Award more than one contract resulting from this RFA.

12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.

13. Utilize any and all ideas submitted with the applications received.

14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.

15. Waive or modify minor irregularities in applications received after prior notification to the applicant.

16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.

17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.

18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.

19. Award grants based on geographic or regional considerations to serve the best interests of the state.

G. Term of Contract

Any State contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

All successful awardees will receive a State Infrastructure contract for personal and non-personal services. Reimbursement of clinical providers and laboratories for provision of screening and diagnostic follow-up services to eligible clients will be conducted by the Department and HRI. For planning purposes, contractors will be provided with the values for their service regions for State and HRI clinical services reimbursement on an annual basis. Clinical and laboratory services reimbursement is provided through a combination of state and federal funding.

It is expected that the State Infrastructure contracts resulting from this RFA will be multi-year contracts with a term of five years, anticipated to begin October 1, 2018 and end September 30, 2023. For budgeting and work plan purposes, there will be five annual periods, beginning October 1, 2018 and ending September 30, 2023.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25% for the State Infrastructure contract award only.

2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (address to be provided upon award) or, in the future, through the Grants Gateway.

   Grant contractors must provide complete and accurate billing invoices to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: http://www.osc.state.ny.us/epay/index.htm, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

   Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be*:* Contractors will be reimbursed for actual expenses incurred as allowed in the contract budget and work plan.

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above or to the Program's secure, on-line data system, or, in the future, through the Grants Gateway:

   - Quarterly activity reports on a web-based performance management system.
   - End of year reports as required.
   - Other reports as required by the Department.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Contract for Grants.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group

members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of **30%** as follows:

1) For Not-for Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 15% for Minority-Owned Business Enterprises ("MBE") participation and 15% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine "good faith efforts," refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: https://ny.newnycontracts.com. The directory is found in the center of the webpage under "NYS Directory of Certified Firms" and accessed by clicking on the link entitled "Search the Directory". Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting an application, a grantee agrees to complete an MWBE Utilization plan as directed in Attachment 8 of this RFA. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Grantee agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Grantee as being non-responsive under the following circumstances:

a) If a Grantee fails to submit a MWBE Utilization Plan;
b) If a Grantee fails to submit a written remedy to a notice of deficiency;
c) If a Grantee fails to submit a request for waiver (if applicable); or
d) If DOH determines that the Grantee has failed to document good-faith efforts to meet the established DOH MWBE participation goals for the procurement.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Limits on Administrative Expenses and Executive Compensation

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: http://executiveorder38.ny.gov.

K. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the Attachment 9, CSP Application Cover Sheet under Pre-Submission Uploads. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: http://www.osc.state.ny.us/vendor_management/issues_guidance.htm.

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

L. Vendor Responsibility Questionnaire

The New York State Department of Health strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep system online at https://portal.osc.state.ny.us.

Vendors must provide their New York State Vendor Identification Number when enrolling. To

request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Applicants should complete and submit Attachment 10, Vendor Responsibility Attestation.

M. Vendor Prequalification for Not-for-Profits

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the Grants Reform Website.

Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor Prequalification Manual on the Grants Reform Website details the requirements and an online tutorial are available to walk users through the process.

1) Register for the Grants Gateway

- On the Grants Reform Website, download a copy of the Registration Form for Administrator. A signed, notarized original form must be sent to the Division of Budget at the address provided in the instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

  If you have previously registered and do not know your Username, please email grantsgateway@its.ny.gov . If you do not know your Password, please click the Forgot Password link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

- Log in to the Grants Gateway. **If this is your first time logging in,** you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.

- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.

- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Gateway Team at grantsgateway@its.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the ***Submit Document Vault*** Link located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.

- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.

- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

Applicants are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.

N. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.

4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default

   a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

c. f, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

O. Healthy Meeting Guidelines

Contractors will certify that they will comply with the Department's requirements for healthy meetings when the State is reimbursing for all or a portion of the meeting costs. The Department reserves the right to review the site, menu and agenda so that the State can ensure the nutrition, physical activity, sustainability and tobacco-free guidelines are met. The Healthy Meeting Guidelines can be accessed at:
https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm

P. Refusal of Funds from Tobacco-Related Entities

Contractors will certify that it has a written policy prohibiting any affiliation with a tobacco company or tobacco product manufacturer including receipt of gifts, grants, contracts, financial support and in-kind support, and other relationships. The contractor will certify that no not-for-profit subcontractors receiving funding through this agreement for work instrumental to achieving the goals and objectives of the grant has any affiliation with a tobacco company or tobacco product manufacturer. More information regarding the tobacco-free requirements, including frequently asked questions, can be found at https://www.health.ny.gov/funding/cch_rfte_faq.pdf

V. Completing the Application

A. Application Format/Content

Please refer to the Quick Start Guide for assistance applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at:
https://grantsreform.ny.gov/grantees.

Please respond to each of the sections described below when completing the Grants Gateway online application. Your responses comprise your application. Please respond to all items within each section. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and

responsive to the statements and questions as outlined.

A minimum score of 60 out of a possible 110 is required to be considered for funding. Maximum point allotted for each section are indicated below.

1. Pre-Submission Uploads include:

- CSP Letter of Interest Template (optional)
- Minority & Women-Owned Business Enterprise Requirement Forms (required)
- CSP Application Cover Sheet (required)
- Vendor Responsibility Attestation (required)
- Applicant Agency Board of Directors (if applicable)
- Applicant Agency Organizational Chart (required)
- Letters from Clinical Service Providers (required)
- Job Descriptions and Resumes (required)
- Letters of Collaboration (required)
- CSP Proposed Staffing Organizational Chart (required)
- Fringe Detail Sheet (if applicable)

2. Program Specific Questions

a. Executive Summary **Not Scored**

Provide a summary of the proposed Cancer Services Program, include the service region, the specific priority populations that will be the focus of the program over the five-year grant program, the site/s where patient navigation will be implemented and other information about how the applicant will work to ensure implementation of the full scope of work throughout the service region.

b. CSP-Eligible and Priority Populations/Statement of Need **Maximum Score: 10 points**

i. Describe your geographic service region; identify and describe the CSP-eligible population for provision of breast, cervical and colorectal cancer screening and diagnostic services in your service region; include demographics and where they reside, describe differences and disparities among CSP-eligible populations (e.g., gender, age, race, ethnicity, income, education, geography, screening rates, and cancer incidence and mortality etc.) in your service region that will be addressed by your Cancer Services Program.

ii. Describe the barriers that exist to obtaining each of the following: 1) breast, 2) cervical and 3) colorectal cancer screening services among the CSP-eligible population (uninsured or underinsured, at or below 250% FPL) in your service region; be specific, and comprehensive.

iii. Describe the priority populations within your service region that will be addressed by your Cancer Services Program over the five-year grant period. Include demographics and use data to describe each specific priority population, describe where they reside, and what barriers they encounter to receipt of/obtaining breast, cervical and colorectal cancer screening services. Include this information for each of the following priority populations:

- Individuals ages 50 to 64

- Women who are rarely or never screened for cervical cancer
- Individuals who are medically unserved or underserved, including but not limited to, those who experience barriers to services due to sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, socioeconomic status, cultural isolation, low literacy and language. Be specific about which of the medically unserved or underserved population/s will be addressed.

c. Capacity and Experience **Maximum Score: 15 points**

i. Describe the applicant organization's experience and capacity to manage grants and ensure full and qualified staffing and coverage of all required functions, including experience engaging and entering into formal agreements with contractors/consultants and strategic, community partners and hiring, training and maintaining qualified staff, contracts/consultants and partners to fulfill grant requirements; describe typical barriers to maintaining staff and/or partners and contracts/consultants and applicant organization policies and practices to address potential staffing barriers. Describe how this experience demonstrates your ability to meet or exceed the program management performance measures 16a, 16b, 17 and 31.

ii. Describe the applicant organization's current service region and reach and their experience providing services relevant to the RFA scope of work within the application service region. Describe the applicant organization's unique qualifications that ensures that you will provide all required services throughout the entire service region (in every county in a multi-county service region or, in towns, neighborhoods, municipalities throughout a single county service region or borough).

iii. Describe the applicant organization's experience and unique qualifications communicating, accessing and working with individuals who experience barriers to service due to sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, socio-economic status, cultural isolation, low literacy and/or language and the applicant organization's work to assist individuals to overcome such barriers; describe the goal and objectives of that work, what effective/successful strategies were used to conduct this work, and provide data to describe how 'success' was measured. Describe how this experience demonstrates your ability to serve the CSP-eligible and priority populations and to meet or exceed the clinical service performance measures for CSP clients (e.g., 20% of clients are male, 20% of initial pap tests will be women who are rarely or never screened, etc.).

iv. Describe the applicant organization's experience, unique qualifications and ability to conduct education and promotion activities and meet Program Performance Measures 18 – 20. How have you implemented group and one-on-one education sessions that engaged the intended audience, how was success measured, what community stakeholders have you educated and how did you measure success?

v. Describe past or current work with health care systems and providers to implement interventions within health care settings to improve patient outcomes; provide data and describe what and how improvements were/are measured. Describe the barriers to sustaining these improvements over time and how those barriers were/are addressed. Describe how this experience demonstrates your ability to provide or coordinate provision of screening and diagnostic services and implement patient navigation and evidence-based interventions to improve cancer screenings within health systems and to meet or exceed Performance Measures 24-30.

d. Work Plan **Maximum Score: 5 points**

Complete the Work Plan in the Grants Gateway online application using Attachment 11, Grants Gateway CSP Work Plan Instructions and Attachment 4, Cancer Service Program Performance Measures. Applicant work plans should include the required Objectives, Tasks, and Performance Measures to implement the full scope of work. As instructed in the guidance document, applicants should insert Performance Measures into the Grants Gateway work plan online application. The Work Plan should only list Objectives, Tasks, and Performance Measures for the initial year of the contract, from October 1, 2018 through September 30, 2019.

This RFA has a Grant Opportunity Defined Work Plan set in the Grants Gateway. The Objectives and Tasks cannot be removed from the Work Plan. The applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan.

Applicants are instructed to insert **only** the performance measures as they are listed for each objective and task(s) in the attached work plan. ***Example****:* Objective #1 has one Task and one corresponding Performance Measure.

e. Technical Proposal **Maximum Score: 30 points**

i. Describe the organizational, management and administrative structure that will support full implementation of the Cancer Services Program on October 1, 2018. Upload to Pre-Submission Uploads as Attachment 12, a current list of the organization's board of directors with names, affiliation and contact information, Applicant Agency Board of Directors, if applicable. Also upload as Attachment 13, an Applicant Agency Organizational Chart, showing the location of the proposed Cancer Services Program within the organization. Describe the lines of authority and the rationale for placing the Cancer Services Program where proposed. Demonstrate and explain how the Project Coordinator will have the decision-making authority for the program management and leadership of the Cancer Services Program.

ii. Describe the plans for implementing all transition and start-up activities prior to initiation of cancer screening services, per Attachment 5, CSP Contract Start-up Checklist. Describe how the required transition and start-up activities will be implemented. Describe how CSP clients served by prior CSP contractors are transitioned to receive services as needed with little to no disruption in their care.

iii. Describe the education and promotion activities that will be used to educate CSP-eligible and priority populations to encourage them to seek screening and enroll in the CSP and meet the CSP education, promotion and clinical CSP performance measures. Describe each strategy you will use (e.g, one-on-one or group education, client reminder); how that strategy will be designed and tailored to address the identified barriers to cancer screening; how, where and when it will be implemented; and how you will review and modify the strategy in the five-year grant period to ensure program performance measures are met. Strategies should address: each CSP-eligible population; persons aged 50 to 64; women rarely or never screened for cervical cancer; men and the specific medically un and underserved priority populations to be served by your program.

iv. Describe the strategic partnerships, referral relationships and other collaborative relationships with community organizations, health and social services organizations,

government, health care providers, individuals (e.g., cancer survivors, family members) that regularly serve or engage eligible and priority populations to promote cancer screening, provide services and build community support for the CSP. Identify the organizations, their service regions and the CSP-eligible and priority populations they serve. Describe how they will be engaged and the roles they will play in public education, CSP promotion, and targeted outreach. Describe how you will identify and involve new partners. Describe how these relationships will be maintained over the full grant period. These relationships may be contractual, consultant, in kind or otherwise.

v. Describe the comprehensive provider network that will offer screening and diagnostic services throughout the service region; how does the plan ensure sufficient numbers and types of providers to meet CSP-eligible client needs throughout the service region. Describe how you will engage, communicate with and make changes to providers. Include Letters from Clinical Service Providers dated within 30 days of the application due date and other documents demonstrating sufficient numbers and types of providers throughout the service region as Attachment 14. Scan these into one document no larger than 10MB and upload to the Pre-Submissions Upload application section. Letters should include the provider contributions (e.g., type of services offered, where located, how data-sharing and client follow-up is done, type of population seen) and should not be form letters or state general application support (these will not be considered and may result in lower scores)

vi. Describe the systems that will be implemented for program eligibility assessment and client intake to address all requirements as stated in RFA Section III, B.4b.i. Identify the type of intake model and how it will be implemented.

vii. Describe the systems and processes that will be implemented to ensure timely collection and reporting of client data, ensuring that data management performance measures are met (Program Performance Measures14 and 15).

viii. Describe the strategies that will be implemented to recall clients for rescreening at recommended intervals, including the use of evidence-based interventions, and that 60% of women are rescreened by mammogram within 24 months and 60% of clients are rescreened by fecal test within 10 to 14 months (Program Performance Measures 3 and 5).

ix. Describe the plans for implementing case management activities to address the requirements as listed in Section III.B and ensure case management program performance measures are met (Program Performance Measures 10, 11 and 12). Identify the type of case management processes that will be implemented (centralized, decentralized, or both). Include plans to address barriers to the receipt of follow-up, diagnostic services for CSP-eligible (uninsured and underinsured, household income at or below 250% of FPL) and priority populations (individuals ages 50 to 64, women who are rarely or never screened for cervical cancer, individuals who are medically unserved or underserved), what community partners will be engaged to provide resources to clients, include the names and or types of community organizations.

x. Describe the procedures for referring patients for treatment and support services, including enrollment in the MCTP, and ensuring there are a sufficient number of Designated Qualified Entities (DQEs) - individuals authorized to complete applications for enrollment in the MCTP and that 90% or more of CSP clients who are eligible for MCTP are enrolled (Program Performance Measure #13).

f. Staffing, Key Functions and Qualifications **Maximum Score: 20 points**

i. Describe the staffing pattern and other plans (e.g. subcontracts, consultant, partner agreements, provider agreements) that ensure all required staff and functions are met, as listed in RFA Section III.C. Clearly describe how this plan ensures provision of required services to CSP-eligible and priority populations throughout the entire service region.

ii. Provide qualifications and responsibilities in job descriptions or postings for all positions. Include resumes for known staff. Describe work and qualifications if proposing subcontracts, consultants or partners. Scan all job descriptions, postings and resumes into one document labeled Attachment 15, Job Descriptions and Resumes. Attachment 16, Letters of Collaboration are recommended from each known subcontractor, consultant or partner, to include: name; why collaboration is needed; what they will contribute; which performance measures will be addressed; when activities will take place; and how the collaboration will be assessed. Letters of Collaboration that support the application but do not include this scope of work will not be accepted or reviewed. Letters of Collaboration will not be reviewed past two (2) double spaced pages. Attachments should be no larger than 10MB and uploaded to Pre-Submissions Uploads, overwriting placeholders.

iii. Upload a CSP Proposed Staffing Organizational Chart labeled Attachment 17, to Pre-Submissions Uploads. The chart should show the location of the proposed staff within and/or the relationship of the subcontracts, consultants and/or partners to the applicant organization.

Describe how orientation and supervision of staff, subcontractors and/or partners will be provided and by whom, including the credentials of the person(s) who will be providing orientation and supervision to the program. Include resumes in Attachment 15, (iii. above) Job Descriptions and Resumes, identifying the person(s) providing orientation and supervision, if known.

iv. Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience (if any) with monitoring government grant funds.

g. Budget and Justification **Maximum Score: 20 points**

Please note: *THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.*

i. Complete a twelve-month budget for the first program year of the State Infrastructure costs only in the Grants Gateway application. Please read and refer to Attachment 18, Grants Gateway Budget Instructions, and Attachment 19, Grants Gateway Budget Data Entry Guidelines for assistance.

ii. Assume a twelve (12)-month budget, with an October 1, 2018 start date. Infrastructure budget values should total but not exceed the values provided in Attachment 2. CSP Service Regions and State Infrastructure Contract Values for the application service region.

iii. All costs will be related to the *Breast, Cervical and Colorectal Cancer Services Program RFA*, as well as be consistent with the scope of work, reasonable and cost effective.

iv. The Program Coordinator is required to be employed by the contracting agency.

v. The budget should include the following travel:
- At least two program staff will be required to attend a two-day statewide contractor meeting in Albany.
- Program staff will be required to attend two, one-day regional trainings. Regional trainings will be held in Manhattan, Albany, and Syracuse. Contractors will be required to attend the closest training.
- At least one case manager will be required to attend a one-day Designated Qualified Entity training to be offered in Manhattan and Albany.

vi. Use of incentives such as gift cards to increase the return rate of colorectal cancer screening (FIT/FOBT) kits or to complete a cancer screening (s) is allowable with appropriate justification. Gift card incentives should be limited to $5.00 per client. Incentives to complete screenings are different than removing client barriers to cancer screening. For example, an applicant may propose using Non-Personal Services (NPS) funds to assist clients with transportation to their screening or diagnostic appointments. Budget lines related to incentives and removing client barriers to screening require significant justification and will be evaluated and reviewed to ensure that expenses are appropriate and related to work plan activities.

vii. Subcontracts should be included in NPS, as per the application. It is required that the contractor retain at least 30% of the work in dollar value of the Infrastructure contract within the applicant organization. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process.

viii. Ineligible Budget Items:
- Indirect or administrative lines will not be accepted as NPS budget lines. Itemized budget lines related to these costs (i.e. rent, heat, telephone) will be allowed with appropriate justification in the narrative and must be entered in the appropriate sections of the on-line budget.
- Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure.
- Costs of research-related activities will not be allowed.
- Any ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those determined by DOH personnel to be inadequately justified relative to the proposed work plan, or not refundable under existing state guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.

ix. New York State certified Minority/Women Owned Business Enterprises (M/WBEs) should be considered for subcontracting and consultant opportunities, as well as other eligible discretionary Non-Personal Services items in the budget where the organization has the option as to who to select in order to solicit services, products and/or commodities. A Directory of NYS certified M/WBE firms is located at https://ny.newnycontracts.com. Documentation of good faith efforts to obtain M/WBE vendors should be retained and

submitted with completed M/WBE forms as it will be required to assist in establishing the M/WBE goal for awards.

h. Preferred Eligibility Qualifications

Applicants that demonstrate they meet the preferred qualifications, as stated in RFA Section II, may be awarded up to an additional 10 points. These points are awarded above the 100 points allocated for application content sections a-g, as follows:

i. Enter the type of agency represented by the applicant organization, please enter only one option from the following list:
   - health care system,
   - hospital,
   - primary care network
   - none of the above

   Applicants that represent a health care system, hospital or primary care organization may receive 5 preference points.

ii. Applicants that demonstrate the ability to engage with the following programs, initiatives, or contractors that are currently funded by the Department and/or HRI to improve access to cancer screening for the underserved within their service regions may receive up to five (5) additional points, ranging from zero (0) points for no such collaborations to five points (5) for those that demonstrate multiple collaborations through Letters of Collaboration that include all the components listed below:
   - The current CSP contract agencies (see listing of CSP contractors here: https://www.health.ny.gov/diseases/cancer/services/community_resources/)
   - An organization/s subcontracting with the current CSP to provide services
   - Mobile mammography van (To receive a list of these contractors, email a request to: canserv@health.ny.gov using the subject line RFA 17682 , DOH01- CSP1-2018 Contractor List)
   - Patient navigation within NAPBC (To receive a list of these contractors, email a request to: canserv@health.ny.gov using the subject line RFA 17682 , DOH01- CSP1-2018 Contractor List)
   - Peer Education and Outreach (To receive a list of these contractors, email a request to: canserv@health.ny.gov using the subject line RFA 17682 , DOH01- CSP1-2018 Contractor List)
   - Federally Qualified Health Center
   - New York State of Health

iii. Collaboration is demonstrated with Letters of Collaboration from the organizations, scanned into one document and uploaded to Pre-Submission Uploads as Attachment 16. The letters should include:
   - Who the partnering organization(s) is/are;
   - Why the collaboration is a necessary component of the program;
   - What the partnering organization(s) proposes to do (i.e., what the partner will contribute);
   - When the collaborative activities will take place; and
   - How the collaboration will be assessed

Note: Only the first two (2) double-spaced pages of the Letters of Collaboration will be reviewed.

It is the applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

B. Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review and Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the Department's Division of Chronic Disease Prevention.

The following will result in rejected applications:

- Failing to meet one or more of the minimum eligibility requirements.
- Failure to submit an application that covers one of the 22 service regions in its entirety, as described in Attachment 1. CSP Service Regions. For example, an application that proposes to serve only four (4) of the six (6) counties within a service region identified in Attachment 1. CSP Service Regions, or, an application that proposes to serve three (3) counties in one (1), five-county service region and two (2) counties in a second, five-county service region, will be rejected and will not be moved to review.

Applications will be scored based on the points allotted above for each component, as follows:

Section Title	**Max Score**	**Other format requirements**
b. CSP Eligible and Priority Populations/Statement of Need	10	
c. Capacity and Experience	15	
d. Work Plan	5	Use prescribed objectives, tasks and performance measures provided in Attachment

		11
e. Technical Proposal	30	
f. Staffing, Key Functions, and Qualifications	20	
g. Budget	20	Follow all guidance instructions provided in Attachments 18 and 19
h. Preferred Eligibility Qualifications	10	
TOTAL	110	

A minimum score of 60 points out of a possible 110 is required to be considered for funding. The highest scoring applicants in each of the 22 distinct service regions identified in Attachment 1, CSP Service Regions, will be funded. The Department will fund only one applicant per service region. In the event of a tie score among applicants within a service region, the determining factors for a grant award, in descending order of importance will be:

1. Applicant with the highest score in the Technical Proposal section.
2. Applicant with the highest score in the Staffing, Key Functions and Qualifications section.

If there are no applicants with passing scores in a service region, the Department reserves the right to modify the final service regions of successful applicants to ensure sufficient program coverage statewide, such that counties may be the responsibility of different successful applicants in contiguous service regions (for example, if a four (4)-county service region is left without a successful awardee, the successful awardees in the two (2) contiguous service regions may each be awarded the additional counties – one may be awarded one (1) of the counties, the other, three (3) of the counties). The Department also reserves the right to re-procure for one or more service regions left without a successful awardee should successful applicants in contiguous service regions decline additional counties. Award values may be modified to address service region modifications. Final awards and award values are contingent on the total funds available.

Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

Applications will fall into one of three categories: 1) approved and funded, 2) approved but not funded due to resources, 3) not approved. Approved but not funded due to resources applications may be funded should additional funds become available.

Once an award has been made, applicants may request a debriefing of their application (whether their application was funded or not funded). Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

To request a debriefing, please send an email to at canserv@health.ny.gov. In the subject line, please write: Debriefing Request: RFA # 17682, DOH01-CSP1-2018 Breast, Cervical and Colorectal Cancer Screening Program.

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at http://www.osc.state.ny.us/agencies/guide/MyWebHelp. (Section XI. 17.)

VI. Attachments

Please note that attachments are accessed under the Pre-Submission Uploads section within the Forms Menu of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a "Grantee" or a "Grantee Contract Signatory".

Attachment 1: CSP Service Regions**
Attachment 2: CSP Service Regions and State Infrastructure Contract Values**
Attachment 3: 2017-18 Maximum Allowable Reimbursement Schedule (MARS)**
Attachment 4: CSP Performance Measures**
Attachment 5: CSP Contract Start-up Checklist**
Attachment 6: Sample Patient Navigator Position Description**
Attachment 7: CSP Letter of Interest Template*
Attachment 8: Minority & Women-Owned Business Enterprise Requirement Forms*
Attachment 9: CSP Application Cover Sheet*
Attachment 10: Vendor Responsibility Attestation*
Attachment 11: Grants Gateway CSP Work Plan Instructions**
Attachment 12: Applicant Agency Board of Directors*
Attachment 13: Applicant Agency Organizational Chart*
Attachment 14: Letters from Clinical Service Providers*
Attachment 15: Job Descriptions and Resumes*
Attachment 16: Letters of Collaboration*
Attachment 17: CSP Proposed Staffing Organizational Chart*
Attachment 18: Grants Gateway Budget Instructions**
Attachment 19: Grants Gateway Budget Data Entry Guidelines**
Attachment 20: Fringe Detail Sheet*

*These attachments are located/included in Pre-Submission Uploads and must be completed and/or uploaded to Pre-Submission Uploads to be submitted with the application. No templates are provided for Attachments 12-17 as these are grantee-generated documents.

**These attachments are located/included in Pre-Submission Uploads of the Grants Gateway online application and are provided for applicant information only. These attachments do not need to be completed.