



Community Grants 2016-2017 Request for Applications Breast Cancer Treatment

About Komen® Colorado

Susan G. Komen® Colorado —along with those who generously support us with their talent, time and resources—is working to better the lives of those facing breast cancer in our community. We join hundreds of thousands breast cancer survivors and activists around the globe as part of the world’s largest and most progressive grassroots network fighting breast cancer. Since our founding in 1991, our signature Komen Colorado Race for the Cure® and Ride for the Cure® Aspen/Snowmass have allowed us to invest more than \$41 million in 100+ local non-profit organizations to provide breast health awareness and breast cancer care in the Affiliate’s service area. Up to 75 percent of net proceeds generated by Komen® Colorado stay in this 22-county service area. The remaining income goes to the national Susan G. Komen Research Program, which supports grants and scientific partnerships to find the cures. To date, Komen Colorado has raised more than \$14.7 million for research.

Komen Colorado’s mission is to save lives and end breast cancer forever by:

- Empowering people to make healthy decisions about their breast health;
- Ensuring quality care for all; and
- Energizing science to find the cures.

Komen Colorado fulfills this promise by:

- Reducing medical expenses for underserved Coloradans in need of breast cancer care investing in local non-profit health care clinics, hospitals and community-based organizations through the Community Grant program;
- Delivering volunteer-based and grant-funded education about breast health and breast cancer risk and appropriate screening recommendations;
- Advocating for equal access to life-saving breast cancer care and research funding at the state and national levels;
- Partnering with state agencies, corporate supporters and individual donors, volunteers, medical professionals, and other community leaders to reduce disparities in breast cancer outcomes;
- Facilitating regional coalitions to promote public education about the risks of breast cancer, share best practices and clinical advances in breast cancer care, and facilitate clients’ access to appropriate services along the breast health continuum of care; and
- Investing in Komen’s national breast cancer research program.

Find us online at www.komencolorado.org and connect with us on Facebook at [facebook.com/komencolorado](https://www.facebook.com/komencolorado) and Twitter at [@KomenColorado](https://twitter.com/KomenColorado).

About Susan G. Komen

Susan G. Komen® is the world’s largest breast cancer organization, funding more breast cancer research than any other nonprofit while providing real-time help to those facing the disease. Since its founding in 1982, Komen has funded more than \$847 million in research and provided more than \$1.8 billion in funding to screening, education, treatment and psychosocial support

Our guiding principle:
The ability to receive quality breast cancer care should not be dependent upon ability to pay, age, insurance coverage, geographic location, educational attainment, race, ethnicity, language spoken, immigration status, sexual orientation or gender affiliation.

programs serving millions of people in more than 30 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life.

Notice of Funding Opportunity to Serve Target Communities

Susan G. Komen Colorado will award Community Grants to eligible local non-profit organizations to provide breast health and breast cancer projects to individuals in the Affiliate's service area between April 1, 2016, and March 31, 2017. Komen Colorado will award grants using a competitive review process to support evidence-based projects that contribute to the Affiliate's overall goals of:

- Increasing screening rates and access to care;
- Reducing rates of late-stage diagnosis and breast cancer mortality;
- Reducing disparities in breast cancer outcomes between populations;
- Enhancing quality of life for patients;
- Improving patients' ability to progress along the breast cancer continuum of care in their local communities; and
- Changing individuals' knowledge of and decision-making about breast cancer risk, screening recommendations, and screening behaviors

For the 2016-2017 grant cycle, Komen Colorado will accept applications that address one of the funding priorities below and fall into one of the following funding categories:

1. Community Health Worker
2. Screening/Diagnostics
3. Treatment

Agencies may apply for funding in more than one category but a separate application must be submitted for each category. Agencies may submit only one application per category.

Komen seeks to ensure that all people, regardless of ability to pay, age, insurance coverage, geographic location, educational attainment, race, ethnicity, language spoken, immigration status, sexual orientation or gender affiliation, have access to screening, and if diagnosed, to quality, effective treatment. Komen Colorado supports this by funding an array of breast health and cancer services that together create seamless systems of care for the following target communities¹:

- Hispanic/Latina women
- Women in Rural Northeast Colorado
- Women in Resort and Mountain Towns in Clear Creek, Eagle, Garfield, Gilpin, Park, Pitkin and Summit counties
- Medically Underserved Women in Front Range counties

Organizations seeking funding for other types of breast health or breast cancer projects should refer to the Affiliate's Small Grant program. The Affiliate's Small Grant program accepts applications on a rolling basis to support regional collaborations and technical assistance/capacity building to improve existing breast health/breast cancer projects.

¹ *Women are specifically identified as at-risk communities above because being a woman is the top risk factor for developing breast cancer, followed by aging. However, Komen Colorado is committed to promoting equal access to life-saving breast cancer care. As a result, the Affiliate expects grant-receiving organizations and community partners to practice non-discrimination in their provision of services to benefit all individuals regardless of gender identification.*

Funding Priorities

Komen Colorado has drawn on a review of qualitative, quantitative and health systems data and related information to develop its 2015 Community Profile for release in 2015. The process included thorough analysis of breast cancer incidence, mortality, and late-stage diagnosis rates; frequency of mammography screening; and disparities in breast health outcomes among different populations; in the Affiliate's 22-county service area. Using the 2015 Community Profile, Komen Colorado has selected the following funding priorities:

- Reduce barriers that contribute to increased late-stage diagnosis rates among Hispanic/Latina and Black women
- Reduce barriers that contribute to lower screening rates among Asian/Pacific Islander and American Indian/Alaska Native women
- Reduce barriers that contribute to increased breast cancer deaths in Rural/Northeast Colorado
- Reduce cost, accessibility, and misinformation as barriers to breast cancer screening, diagnostics, and/or treatment for medically underserved individuals in resort/mountain communities and Front Range counties

The 2015 Community Profile can be found on our Web site at www.komencolorado.org.

Funding Allocation and Partial Funding

Based on available funds and applications approved for funding, Komen Colorado seeks to distribute funds across all grant categories throughout the Affiliate's service area to support breast cancer projects across the breast cancer continuum of care. To fulfill this objective, the Affiliate uses population estimates for each of the target communities identified above with the intent of allocating funding to organizations that serve clients/patients from the following geographic regions:

- Rural/Northeast Colorado: Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma counties (Colorado Health Statistics Region 1)
- Front Range Counties: Adams, Arapahoe, Broomfield, Denver, Douglas, Larimer and Weld counties
- Mountain/Resort Counties: Clear Creek, Eagle, Garfield, Gilpin, Park, Pitkin and Summit counties

The Affiliate may fund your application only after requesting and approving budget modifications or may fund only a portion of the application. If you feel that partial funding would be an impediment to your project, please note this in your budget justification. Applicants are responsible for all arithmetic in the budget submission. Incorrect submissions may not be funded or found to be non-compliant.

GRANT GUIDE

All proposals must be submitted online through the Grants e-Management System (GeMS):

<https://affiliategrants.komen.org>

Important Dates

Request for Applications Released	September 23, 2015
Mandatory Grant Writing Webinars	October 1, 2015 3:00 – 4:30 p.m. <u>or</u> October 2, 2015, 9:00 – 10:30 a.m.
Online Applicant Forum	October 1 – November 9, 2015
Application Deadline	November 23, 2015 at 5:00 p.m. MT
Conditional Cure Period	On/around December 14, 2015
Award Notification	March 2016
Contract Acceptance Deadline	March 25, 2016
Award Period	April 1, 2016-March 31, 2017
Mandatory Orientation	April 2016

Eligibility

Applications must focus on breast health and breast cancer for medically underserved individuals

1. Individuals are not eligible for funding. Grants will be awarded only to eligible organizations.
2. Komen Colorado will only fund projects that focus exclusively on breast health and/or breast cancer for uninsured or underinsured individuals who meet the organization's income-eligibility criteria. If a program includes other health issues along with breast cancer, such as a breast and cervical cancer program, funding may only be requested for the breast cancer portion.
3. Komen Colorado grant funds are restricted in use for individuals with household incomes at or below the following levels, by grant category:
 - Community Health Worker: 250% of the federal poverty level
 - Screening/Diagnostics: 250% of the federal poverty level, except in resort/mountain communities with higher costs of living compared to other regions within the Affiliate's service area. Grant applicants that serve mountain/resort communities may, with prior approval from the Affiliate, use grant funds to assist up to 5% of total individuals anticipated to be served, or 10 patients, whichever is smaller, and who have household incomes up to 300% the federal poverty level
 - Treatment: 300% of the federal poverty level

References:

- Federal Poverty Guidelines: <http://aspe.hhs.gov/poverty/index.cfm>
 - Self-Sufficiency Standards: <http://cclponline.org/our-issues/economic-self-sufficiency/colorado-self-sufficiency-standard>
4. All past and current Komen-funded grants or awards to Applicant are up-to-date and in compliance with Komen requirements. Applicants that have partnered with the Affiliate in the

past must be considered to be “in good standing” with the Affiliate grants program. For a definition of good standing, please see Attachment A: Definition of Good Standing.

5. Applicant must document current tax-exempt status under the Internal Revenue Service code. To request verification of your organization’s tax-determination status, visit the following page on the IRS Web site:

<http://www.irs.gov/Charities-&-Non-Profits/EO-Operational-Requirements:-Obtaining-Copies-of-Exemption-Determination-Letter-from-IRS>

6. Applicant must be a non-profit organization located in or providing services in the following counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Garfield, Gilpin, Jefferson, Larimer, Logan, Morgan, Park, Phillips, Pitkin, Sedgwick, Summit, Washington, Weld, or Yuma counties.
7. If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.

Funding Amounts and Allowable Expenses

Budgets must be reasonable and in line with industry standards. Rates used to calculate budgetary expenses should be market-based, in line with federal allowances for reimbursable expenses, or less than Medicare reimbursement rates.

For patient care costs for screening/diagnostic expenses incurred prior to diagnosis of breast cancer, Komen Colorado follows the individual rates published by the Women’s Wellness Connection. See Attachment B, Women’s Wellness Connection Medicare Rates and CPT Codes Updated June 2015 Reimbursable Services and Procedures for January 1, 2015 – June 29, 2016.

Applicants requesting funds for patient care for breast cancer treatment are expected to use Medicare rates when estimating patient expenses based on assessment of prior utilization by patients with similar demographics or clinical presentations to the Target Population that will be served by the grant. For example, if your agency chooses as its target population uninsured women aged 40-49 diagnosed with advanced stage breast cancer, strong applications will include an informed per-patient cost of treatment based on an analysis of your agency’s past expenses providing treatment based on the standard of care recommended for patients presenting with stage III breast cancer.

Komen Colorado recognizes that the per-procedure costs included in the application are approximate, so applicants are advised to analyze their agencies’ historic data to identify the most frequently used CPT codes for patients that are similar to the target demographic to be served by the grant.

If awarded a grant, applicant organizations may have flexibility in allocating funds on a per-client basis with prior approval from the Affiliate.

Funds may be used for the following types of expenses provided they are directly attributable to the program:

- Salaries and fringe benefits for key program staff related to this project only and not general work of applicant, and must be in line with nonprofit salaries in the Affiliate's service area. Salary expenses may be requested to attend regional coalition/consortium meetings.
- Consultant fees
- Clinical services or patient care costs
- Meeting costs
- Supplies
- Travel – reimbursed at the current federal rate. Travel expenses to transport patients to/from medical care must use federal medical reimbursement rate. Travel expenses for regional coalition/consortium meeting participation may be requested.
- Other direct program expenses
- Equipment, essential to the breast health-related program to be conducted, not to exceed \$5,000
- Indirect costs not to exceed 5% of direct costs. Indirect costs are defined as expenses that are not direct expenses related to your program; for example, rent, telephone, or Internet costs.

Funds may **not** be used for the following purposes:

- Research, defined as any project or program with the primary goal of gathering and analyzing data or information. Specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
 - Investigate or validate methods
- Education regarding breast self-exams/use of breast models
- Development of educational materials or resources unless needed materials are not available through Susan G. Komen's education materials directory (http://www.shopkomen.com/cart.php?m=product_list&c=93)
- Facility fees
- Construction or renovation of facilities
- Political campaigns or lobbying
- General operating funds in excess of allowable indirect costs
- Debt reduction
- Fundraising (e.g. endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Mass media (e.g. television, radio, newspapers) whose demonstrated capacity to encourage the target population to take action cannot be documented
- Event sponsorships that do not provide opportunity for applicant to deliver breast health awareness to event attendees
- Projects completed before the date of grant approval
- Payments/reimbursements made directly to individuals
- Land acquisition
- Program-related investments/loans
- Scholarships or fellowships
- Thermography

Educational Materials and Messages

Susan G. Komen is a source of information about breast health and breast cancer for people all over the world. To reduce confusion and reinforce learning, we only fund programs that involve educational messages and materials that are consistent with those promoted by Komen, including promoting the messages of breast self-awareness -- know your risk, get screened, know what is normal for you and make healthy lifestyle choices. The consistent and repeated use of the same messages will improve retention and the adoption of the actions we think are important. Please visit the following webpage before completing your application and be sure that your organization can agree to promote these messages:

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>

Breast Self-Exam

According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer and therefore **Komen will not fund education programs that teach or endorse the use of monthly breast self-exams or use breast models**. As an evidence-based organization, engaging in activities that are not supported by scientific evidence pose a threat to Komen's credibility as a reliable source of information on the topic of breast cancer.

Creation and Distribution of Educational Materials and Resources

Komen Affiliate Grantees must use/distribute only Komen-developed or Komen-approved educational resources, including messages, materials, toolkits or online content during their grant period. This is to ensure that all breast cancer messaging associated with the Komen name or brand are safe, accurate, based on evidence and consistent and to avoid expense associated with the duplication of effort to develop educational resources. If Grantees intend to develop educational materials that are otherwise not provided by Komen, they must be approved by Komen Colorado prior to development.

Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen materials should be used and displayed whenever possible. Funding to purchase Komen materials should be included in your project budget. Grantees are eligible to receive a discount on materials and will be enrolled in a discount program. To view our educational materials, visit www.shopkomen.com and for a list of estimated discount prices see Attachment C: List of Discounted Education Materials. **Note: Prices subject to change without notice.**

Use of Komen's Breast Cancer Education Toolkit for Hispanic/Latina Communities and Other Resources

Susan G. Komen has developed a Breast Cancer Education Toolkit for Hispanic/Latina communities. It is designed for educators and organizations to use to meet the needs of these communities. Applications may seek funding for such implementation. Demonstrated need for educational outreach for Hispanic populations in the Affiliate service area may be key to a successful application, but is not necessary for access to the toolkit, which is free online. This tool is available in both English and Spanish versions. To access the Toolkit, please visit <http://komentoolkits.org>. Komen has additional educational toolkits and resources, including komen.org, that may be used in community outreach and education programs. Check with your local Komen Affiliate for resources that may be used in programming.

Important Granting Policies

General Policies

1. No expenses may be accrued against the grant until the agreement is fully executed without prior authorization from the Affiliate.
2. Any unspent funds over \$1.00 must be returned to Komen Colorado.
3. Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures. Additional reports may be requested.
4. At the discretion of Komen Colorado, the grantee may request one no-cost extension.

Insurance Requirements

Certain insurance coverage must be demonstrated upon execution of the grant agreement, if awarded. Grantee (and/or sub-contractors/sub-grantees completing substantial work toward completion of funded project) is required at minimum to hold:

- a) Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, and property damage;
- b) Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers liability insurance with limits of not less than \$500,000.
- c) In the event any transportation services are provided in connection with the program:
 - i) \$1,000,000 combined single limit of automobile liability coverage; and
 - ii) Excess/umbrella insurance with a limit of not less than \$5,000,000.
- d) If any medical services (other than referrals) are provided or facilitated, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate also will be required.

Grantees (and/or sub-contractors/sub-grantees completing substantial work toward completion of funded project) also are required to name Susan G. Komen Breast Cancer Foundation, Inc., and Susan G. Komen Colorado, its officers, employees and agents, as Additional Insureds on the above policies.

Coalition/Consortium Participation

All funded grantees must participate in the majority of regional breast health coalition meetings for each Komen region where grant-supported services will be provided. For instance, if you are providing services in Larimer County you must attend the Larimer County Women's Health Consortium. If your funded grant application identifies service provision in more than one region you must participate in a majority of meetings for each applicable regional coalition. For a list of regional coalition chairs and a current meeting schedule, select "Resources" from the Grants tab at www.komencolorado.org. Conference call participation may be available. Information on coalition/consortium attendance will be collected on progress reports.

If you do not already participate in regional coalition meetings, please contact Toni Panetta, director of mission programs, at tpanetta@komencolorado.org or go to www.komencolorado.org. Coalition membership is not limited to Komen grant recipients. Any organization or individual working in breast health and/or breast cancer programs may attend.

Grantee Engagement

Grant recipients must include the Affiliate's name and logo on all materials created through their Komen grant award or in advertising services offered through grant funds. Likewise, the Affiliate reserves the right to use Grantees' name and logo on public relations materials, at the discretion of the Affiliate. The Affiliate also strongly recommends that each grantee participate in local

fundraising events that benefit Komen Colorado, including Susan G. Komen Race for the Cure®, Ride for the Cure®, Pink Tie Affair™, Ski for the Cure, and other third-party events. Grantees are encouraged to participate either individually, on an agency staff team, or on the Komen Colorado team. The funds raised at these events are used to support the Affiliate's grants program and without support of the community, including our grantees, we cannot provide funding for your programs.

Payments and Reporting

Grants will be paid in two equal installments. The first installment is generally paid within 30 days of receiving the fully executed grant contract, including demonstrating compliance with required insurance coverage. The second grant payment will be paid after timely submission of a 6-month progress report using GeMS and subsequent Affiliate approval of the report.

In addition to the 6-month report, the Affiliate also requires a summary of progress at the 9-month mark, to include an updated budget and project work plan, and a final report. All grantees must be able to track and report the following demographic information about individuals served:

- County of residence
- Age
- Gender identification and sexual orientation
- Race and ethnicity
- Relevant socioeconomic qualifiers, i.e. uninsured; underinsured; lawfully present refugee, asylum-seeker or immigrant; undocumented immigrant; etc.

Review Process

The grant application process is competitive, whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

Each submitted application will be reviewed by Affiliate staff for compliance and adherence to the Request for Applications. Compliant applications will be reviewed and scored by at least three independent reviewers on our Community Review Panel.

The Affiliate makes every effort to have representation on the Panel from each of the geographic regions within our service area. Each Community Review Panel member is required to sign a confidentiality agreement and is required to disclose all potential conflicts of interest. Any Community Review Panel member that reports a conflict of interest will not be involved in reviewing, discussing, or voting on approval of the application(s) from the organization(s) with whom the conflict(s) exists. The Community Review Panel will use standard scoring rubrics when scoring your application. The Community Review Panel's funding recommendations are presented to the Board of Directors. The Board then approves or rejects the entire slate of grants.

The Community Review Panel will consider each of the following selection criteria:

Statement of Need: Does the program provide services to one or more of the target communities described in the Affiliate's Community Profile? How closely does the program align with the funding priorities stated in the RFA?

Program Design: Is the program well planned? Is the program culturally competent, evidence-based, or consistent with clinical standards of care? Is the budget appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated

with the program? How likely is it that the objectives and activities will be achieved within the scope of the funded program?

Impact: Will the program have a substantial positive impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the program contribute toward the Affiliate's goals of:

- Increasing screening rates and access to care;
- Reducing rates of late-stage diagnosis and breast cancer mortality;
- Reducing disparities in breast cancer outcomes between populations;
- Enhancing quality of life for patients;
- Improving patients' ability to progress along the breast cancer continuum of care in their local communities; and
- Changing individuals' knowledge of and decision-making about breast cancer risk, screening recommendations, and screening behaviors

Will the program result in increasing breast health awareness and screening rates among the Affiliate's priority populations or reducing cost, accessibility, and misinformation as barriers to breast cancer screening, diagnostics, and/or treatment for medically underserved individuals?

Organization Capacity: Do the applicant organization and key personnel have the expertise to effectively implement all aspects of the program? Is there evidence of success in delivering services to the target population? Is the organization fiscally capable of managing the grant program? Does the organization or staff have appropriate licenses, certifications, accreditations, etc. to deliver the proposed services? Does the organization have a plan to obtain additional resources (financial, personnel, partnerships, etc.) to deliver the program?

Monitoring and Evaluation: Is there a documented plan to measure progress against the stated program goal and objectives, and the resulting outputs and outcomes? Is there sufficient monitoring and evaluation (M&E) expertise for the program? Are there sufficient resources in place for M&E efforts?

Collaboration: If the proposed program includes collaboration with other organizations, are the roles of the partners appropriate, relevant and clearly defined? Are collaborations thoughtful and likely to result in facilitating patients' access to necessary breast cancer care? Does the organization have a strong understanding of the role of WWC, Medicaid BCCP, the Comprehensive Cancer Plan, and other resources to connect patients to care and improve cancer outcomes?

Geographic Need: Does the proposed project serve a geographic region not served by other applicants? Does the projected number of individuals to be served align with the estimated need in the geographic location(s) to be served? Does the application explain why Komen Colorado resources are necessary to address an unmet community needs despite Medicaid expansion and the availability of financial support for private insurance coverage?

Applicant Support:

Questions about eligibility, allowable expenses, and funding priorities should be directed to Toni Panetta, director of mission programs at (303) 744-2088 ext 305 or tpanetta@komencolorado.org.

Requests for technical assistance should be directed to Mary Miller, mission coordinator, at (303) 744-2088 ext. 314 or mmiller@komencolorado.org.

Category Criteria: Treatment Category

Treatment grantees provide direct care to patients diagnosed with breast cancer. Treatment grantees may provide a wide variety of services associated with patients' active breast cancer treatment consistent with prevailing standards of care, including diagnostics and staging, chemotherapy, radiation, surgery, patient navigation and alternative therapies.

Programs utilizing vouchers or that limit activities to providing referrals to treatment programs and services are **not** eligible to apply under this category.

Excluded expenses:

- Adjuvant therapy to prevent recurrence
- Reconstructive surgery
- Fertility assistance

Restricted expenses:

- Genetic testing and counseling

Application Instructions

All proposals must be submitted online through the Grants e-Management System (GeMS):

<https://affiliategrants.komen.org>

If awarded, all contracting will be completed through GeMS. No late submissions will be accepted. Paper submissions and submissions made using e-mail or fax will not be accepted. Complete submission includes all documents required in this RFA, in addition to all applicable fields in the GeMS system.

If you are already a registered user in GeMS and forgot your username or password, please request this information through GeMS and DO NOT create another profile.

If you are not currently affiliated with the Komen Colorado Affiliate in GeMS, you will need to have at least two people register on your organization's behalf to serve as project director and authorized signer. Access to GeMS will not be granted until a representative(s) from the Applicant's organization attends one of the applicant workshops listed in the Grant Guide.

To register or to request GeMS technical assistance, please contact Mission Coordinator Mary Miller at (303) 744-2088 ext. 314 or mmiller@komencolorado.org. GeMS training will be provided during the mandatory grant applicant webinars.

When initiating an application in GeMS, please make sure it is a Community Grants application, designated "CG," and not a Small Grants ("SG") application.

Navigating GeMS

Applicants will be prompted to provide information for all required components of the application:

- Project Profile
- Organization Summary
- Project Priorities and Abstract
- Project Narrative – see below for specific information requested
- Project Target Demographics
- Project Work Plan detailing one overarching goal for the grant-funded project and specific, measurable objectives
- Project budget detailing how Komen grant funds will be applied toward salaries, consultants, supplies, travel, patient care, sub-contracts, indirect and other expenses, as well as indication of additional non-Komen funding or in-kind donations to support the overall project. ***Note: Patient-related travel expenses should be itemized in the "other" fields in the Travel form***
- Supplemental Attachments

PROJECT PROFILE

This section collects basic organization and project information, including the title of the project, contact information and letters of recommendation/memoranda of understanding from partner organizations.

ORGANIZATION SUMMARY

This section collects detailed information regarding your organization's history, mission, programs, staff/volunteers, budget, and social media.

PROJECT PRIORITIES AND ABSTRACT (limit – 1,000 characters)

This section collects important information to classify the focus of the project, the priorities to be addressed and a summary of the project. The abstract is typically used by the Affiliate in public communications about funded projects. The abstract should include:

- the target communities to be served
- the need to be addressed
- a description of activities
- the expected number of individuals served/procedures to be provided (should match "Individuals Served" numbers from Workplan – Objectives pages)
- the expected change your program will likely bring in your community

PROJECT NARRATIVE

This section is the core piece of the application. On the Project Narrative page of the application on GeMS, please address the requests below for each section.

Statement of Need (limit- 5,000 characters)

Describe the breast health problem your project will address. In your description include:

1. Demographic information about the target population in need, including race, ethnicity, gender, insurance status (i.e., uninsured, underinsured), income level, and other relevant social determinants of health.
2. Disparities in breast cancer screening frequency, late-stage diagnosis, or mortality rates experienced by the target population that demonstrates evidence of risk of adverse breast cancer outcomes.
 - Use the RFA funding priorities and the 2015 Community Profile as a guide to summarize breast cancer data, gaps in breast cancer care, and barriers that prevent the target population from entering or staying in the breast cancer continuum of care.
 - If appropriate, include brief discussion of socioeconomic factors associated with adverse breast health outcomes that are prevalent among the target population. Studies, data, etc. relevant to the discussion should refer to reference document that can be uploaded to the Project Budget Summary page.
3. Description about how this program aligns with Komen Colorado's target communities and RFA funding priorities.

Program Design (limit - 5,000 characters)

Describe how your breast health project will address the problem identified in the Statement of Need. In your description, include:

1. Summary of the goal of your breast health project and objectives to attain that goal, including numbers of individuals to be served or procedures to be provided and description of intervention methods that will be used. This summary should match information provided in the Project Workplan – Goal and Objectives pages.

2. Indication of how your organization will determine eligibility based on client income and insurance status (uninsured due to inability to acquire insurance versus other reason for lack of insurance, underinsured).
3. Explanation about how the project will increase the percentage of people who enter, stay in, or progress through the continuum of care.
4. Description of process to ensure the Komen Colorado grant, if awarded, will be used as a resource of last resort by ruling out eligibility for Women's Wellness Connection, Medicaid Breast and Cervical Cancer Treatment Program, the Colorado Indigent Care Program, payment by/enrollment into private insurance, or other resources in the county/counties to be served by your project.
 - If your agency offers a sliding-fee scale for services or other charity care, describe how Komen funds would be used.
5. Description of tactics your project will use to identify, recruit, and/or enroll the target population into treatment. How will your agency publicize the availability of this program to primary care and other health providers not affiliated with your health system to increase community awareness about this resource?
6. Description of your agency's process for minimizing costs of care for any aspects of surgery, radiation, or chemotherapy provided through subcontractors or partner health systems identified in the Collaboration section.
7. Discussion of how your organization uses discount/patient-assistance programs offered by pharmaceutical companies, replacement drugs, internal charity care, or community assistance programs, to minimize costs of care.

Organization Capacity (limit- 5,000 characters)

1. Explain why your organization will be able to lead the program and accomplish the goals and objectives set forth in this application. Please include organization and staff licensures, certifications and/or accreditations, relationships with allied organizations or other providers, and reputation within the community.
2. Describe evidence of success delivering breast health/cancer services to the proposed population. If the breast health/cancer program is newly proposed, describe relevant success with other programs.
3. Describe the organization's current financial state. How has your organizational budget changed over the last three years? Please explain increase or decrease.
4. If awarded the full amount requested, what percent of your organization's breast health services would be funded by Komen Colorado? If awarded partial funding, how will your organization secure additional resources to ensure patients are not denied care and what processes will be used to manage patient volume that exceeds the award amount?
5. Discuss how your organization uses the following quality indicators to improve treatment outcomes for breast cancer patients:
 - a. Time from referral to initiation of treatment
 - b. Distress assessments
 - c. Percentage of patients that receive survivorship care plans

Monitoring and Evaluation (limit- 5,000 characters)

Grantees will be required to report on the following outputs and outcomes in the progress and final reports:

- program successes and accomplishments
- challenges
- lessons learned
- best practice example
- story from an individual that was served with the funding

- number of individuals served for each objective (county, race and ethnicity, age and population group)
- percentage of Komen-funded patients who received survivorship care plans

Relevant templates, logic models, or surveys should be referenced here but uploaded as attachments in the Project Work Plan – Objectives page(s).

1. Describe in detail how your organization(s) will measure progress against the stated program goal and objectives.
2. Describe how your organization will assess how the program had an effect on the selected RFA funding priority.
3. Describe how the organization(s) will assess program delivery.
4. Describe the monitoring and evaluation (M&E) expertise that will be available for this purpose; please specify whether these resources are requested as part of this grant, if they are existing organizational resources, or will be provided through other means.
5. If you received a Komen Colorado grant in the past and your outcomes varied from the goals listed in your application, what did you learn from the variance(s) that inform the work plan you're submitting for the 2016-17 grant cycle?

Collaboration: (limit 5,000 characters)

1. Describe program collaboration and the roles and responsibilities of all organizations or entities participating in the program.
2. Explain how the collaboration strengthens the program and why partnering organizations are best suited to assist in carrying out the program and accomplishing the goal and objectives set forth in this application.
3. Indicate whether your organization is a provider for the Women's Wellness Connection, the Medicaid Breast and Cervical Cancer Treatment Program, or the Colorado Indigent Care Program, or if not, how your organization refers eligible patients for enrollment.
4. Describe your organization's process to assist with or refer uninsured patients for assistance with enrolling into Medicaid, or for those ineligible for Medicaid, commercial plans during open-enrollment or in the event of qualifying life events outside of open-enrollment periods.
5. Describe your organization's involvement with the Colorado Cancer Coalition; the Colorado Comprehensive Cancer Plan; Health Disparity (HD) or Cancer, Cardiovascular Disease and Pulmonary Disease (CCPD) grants to impact cancer from the Department of Public Health and the Environment; the Patient Navigator/Community Health Worker Collaborative; or other health-system improvement efforts.
6. Identify the Komen regional coalition you will participate in, which key personnel will represent your organization, and what you seek to get out of coalition participation.

Geographic Need: (limit 5,000 characters)

1. If your organization provides services at multiple locations, please:
 - a. List which locations will use Komen funds to serve patients
 - b. Describe how your organization decided which locations will use Komen Colorado grant funds
 - c. Explain how Komen-eligible patients who present at other locations are connected to a site where Komen-funded services are available
2. If your grant will provide services at more than one location:
 - a. provide relevant demographic information and breast cancer data for, at a minimum, each county where Komen-funded services will be provided. Use this space to address Questions 1 and 2 from the Statement of Need for each county to be served;
 - b. indicate the number of individuals to be served or services to be provided by county.

3. Briefly discuss trends in insurance coverage, underinsurance, barriers to care experienced by newly insured individuals and/or inadequacy of the Women's Wellness Connection, Medicaid Breast and Cervical Cancer Treatment Program, or other resources in the county/counties to be served by your project to explain why Komen Colorado resources are necessary to address an unmet community need.

PROJECT TARGET DEMOGRAPHICS

This section collects information regarding the various groups you intend to target with your program. DO NOT select every demographic group your program will serve; select only the population(s) on which you plan to focus your program's attention.

PROJECT WORK PLAN – GOAL

Identify one overarching goal that your project seeks to accomplish that is consistent with the funding priority you have selected.

Example:

Priority: Reduce cost, accessibility, and misinformation as barriers to breast cancer screening, diagnostics, and/or treatment for medically underserved individuals in resort/mountain communities and Front Range counties

Goal: Provide breast health awareness to Hispanic/Latina women in Eagle, Garfield, Pitkin and Summit counties.

PROJECT WORK PLAN – OBJECTIVES

Identify specific, measurable, actionable, relevant and time-specific (SMART) task(s) that will be implemented to achieve the goal. Best practices for writing objectives:

1. Develop a measurable objective for each budget line item (i.e., salary/consultants, screenings, diagnostics, treatment, etc.) to facilitate evaluation of the efficacy of use of requested funds.
2. Develop an evaluation tool, survey, evaluation form, logic model, etc., that you will use to measure progress toward the objective. This can be as simple as a patient/client tracking log that captures demographic information **for each Komen-funded service that is provided** or as comprehensive as a de-identified electronic health record with CPT codes for services funded by Komen grant funds.
3. For **each** objective, explain the service/intervention method that Komen Colorado funding will be used to carry out. Applicants must be able to capture demographic information for each individual that will benefit from the selected Komen-funded service/intervention method.
4. Objectives may be iterative: Start-up, implementation, and evaluation objectives may not always occur concurrently as they rely on successful completion of prior objectives. Therefore, time for implementation of each objective in the project may not always overlap.
5. Use letters or numbers to distinguish objectives from each other

Example:

Goal: Increase breast health awareness among Hispanic/Latina women in Eagle, Garfield, Pitkin and Summit counties.

Objectives:

1.1 Identify 600 Hispanic/Latina women with low breast health awareness to invite to attend group education sessions

- Timeframe: 4/1/16 – 2/15/17
- Individuals served: 600

- Evaluation Tools (to be attached): Summary of plan to identify 600 women, e.g., chart review of partner provider to identify women due for a mammogram, distribute flyers to partner community organizations, etc.

1.2 Hold 3 group education sessions in each county

- Timeframe: 4/1/16-2/30/17
- Individuals Served: 300 (3 sessions/county x 25 participants/session x 4 counties = 300; assume 50% of identified individuals will attend education sessions)
- Evaluation Tools (to be attached): (a) Session sign-in sheets to capture participant names, contact information, and date of last mammogram **and** (b) pre- and post-tests of key concepts that includes de-identified demographic data for grant reporting **and** (c) commitment to share card completed by participants pledging to share what they learned with at least one friend, relative, or neighbor

1.3 Connect 200 education participants into mammograms (67% of 300 educated = 200)

- Timeframe: 5/1/16-3/31/17
- Individuals Served: 200 (67% of 300 women to be educated)
- Evaluation Tool (to be attached): Log on bottom of pre- and post-test form with dates of scheduled screening, completion date, and name of person/facility responsible for subsequent care coordination, including notifying patient and primary care provider of screening results and scheduling necessary diagnostic procedure(s)

1.4 Ensure at least 105 rarely/never screened women complete mammograms (35% of 300 educated = 105)

- Timeframe: 5/1/16-3/31/17
- Individuals Served: 105 (35% of 300 women to be educated)
- Evaluation Tool (to be attached): Log on bottom of pre- and post-test form with date of last mammogram, date of completed screening, and name of person/facility responsible for subsequent care coordination, including notifying patient and primary care provider of screening results and scheduling necessary diagnostic procedure(s)

1.5 Develop database of educated, screened, and “targeted” individuals

- Timeframe: 5/1/16-3/31/17
- Individuals Served: 600 (300 educated + 300 people identified on commitment to share cards)
- Evaluation Tool (to be attached): Excel document with name, contact information, date of education intervention, date of completed screening, name of commitment to share person, date of follow-up call, email or text to educated person reminding to share

BUDGET PAGES

SALARIES/KEY PERSONEL

Calculate the percentage of each key personnel member’s total time estimated to be spent carrying out the Komen-funded project.

Note: GeMS allows estimates to two decimal places on this page for the salary percentage.

CONSULTANTS

The justification area for this category should follow the best practice of providing hourly or other time-based rates for compensation, which includes summary of scope of services included in consulting fee multiplied by the estimated amount of time to complete the indicated services.

SUPPLIES

The justification area for this category should follow the best practice of itemizing expenses by quantity and explaining market rates being charged for the project. Komen educational materials should be itemized at correct bulk quantities (if applicable) and discounted rate.

TRAVEL

Expenses related to meetings, education events, or other travel-related costs essential to implementing the project.

PATIENT CARE

Best practice is for applicants to use the justification area to detail estimated number of medical services multiplied by the Medicare reimbursement rate by CPT code. Applicants are advised to project patient care costs based on an understanding of past utilization and needs of patients whose demographics are similar to that of the target population identified in the Statement of Need. Transportation expenses should include estimates for patient mileage and whether reimbursement is for contracted taxi rates, public transit, or mileage (\$0.23 if patient is driving; \$0.575 if staff/volunteer is driving patient).

OTHER EXPENSES

The justification area for this category should follow the best practice of itemizing expenses by quantity and explaining market rates being charged for the project.

INDIRECT

Rent, executive/administrative/accounting staff, phone/Internet, other general indirect expenses.

SUMMARY

Applicants must provide estimates for other resources that will supplement Komen grant funds to provide services during implementation of this project. Applicants should include funds or in-kind support received from all other sources, including organization's internal Charity Care program, other grants, donated or reduced costs of care from providers, staff time that is in-kind by the organization to cover grant administration, etc. Any monetary funds for the program from outside sources should be entered as cash. Both services and supplies provided by the organization itself and from outside sources (e.g. food, supplies) to support the program should be entered as in-kind.

REQUIRED ATTACHMENTS

Required Attachment	Where to Attach in GeMS
Information regarding Key Personnel – For key personnel responsible for carrying out the grant-funded project that are currently employed by the applicant, provide résumés or curricula vitae. For new or vacant positions, provide job descriptions (<i>Two page limit per individual</i>).	Budget - Salaries
Proof of Non-Profit Status – To document your federal tax-exempt status, attach your determination letter from the Internal Revenue Service. Evidence of state or local exemption for paying taxes will not be accepted. Government agencies and health districts	My Organization > Organization Details > Organization Details

<p>should attach determination letters from the IRS confirming your agency is a qualified sub-agency of a government entity.</p> <p>To request verification of your organization’s tax-determination status, visit the following page on the IRS Web site:</p> <p>http://www.irs.gov/Charities-&-Non-Profits/EO-Operational-Requirements:-Obtaining-Copies-of-Exemption-Determination-Letter-from-IRS</p>	
<p>Complete form 990 from most recent federal tax return.</p>	<p>Project Budget Summary under “Upload Required Financial/Insurance Documentation as outlined in the RFA”</p>
<p>Audited fiscal year-end financial statement from most recent year available.</p>	<p>Project Budget Summary under “Upload Required Financial/Insurance Documentation as outlined in the RFA”</p>
<p>Board of Directors list, including occupations and/or community affiliations and contact information.</p>	<p>Project Budget Summary under “Upload Required Financial/Insurance Documentation as outlined in the RFA”</p>
<p>MOUs/Fiscal Sponsorships</p> <ul style="list-style-type: none"> • Provider subcontractors stating agreement to accept no more than WWC rates for screening and diagnostic procedures • Provider subcontractors stating agreements to accept no more than Medicare rates for treatment procedures or offer pro-bono services • Organizations using a fiscal sponsor must include a copy of the memorandum of agreement (MOU) or (sub)contract between your organization and the fiscal sponsor, along with a statement about the nature of the relationship with the fiscal sponsor and a clear expectation of which agency will be responsible for complying with the insurance requirements listed above. Reminder: Organizations using a fiscal sponsor must be approved to submit an application in advance (such decisions are made on a case-by-case basis). 	<p>Project Profile > Partners</p>
<p>Evaluation forms, surveys, logic model, etc. to monitor progress and determine effectiveness of the objective toward accomplishing the related goal.</p> <p>Note: Attachment required for each objective; objectives may use the same evaluation tools.</p>	<p>Project Work Plan – Objectives</p>

<p>Anticipated request for waiver of required insurance coverage – if appropriate</p>	<p>Project Budget Summary under “Upload Required Financial/Insurance Documentation as outlined in the RFA”</p>
<p>Reference Summary if needed for responses to Project Narrative questions</p> <ul style="list-style-type: none"> • Use consistent formatting for all citations • All citations should include title of study/publication/article, date of publication, author(s)/researcher(s), publication location, URL to download Web-available references 	<p>Project Budget Summary under “Upload Required Financial/Insurance Documentation as outlined in the RFA”</p>
<p>CHW applicants: Curriculum or outline of curriculum for culturally competent breast health awareness education for applications seeking funding to support existing programs</p> <p>Applications seeking funding to develop culturally competent breast health awareness education must provide a timeframe for curriculum development in Workplan – Objectives page(s)</p>	<p>Project Work Plan – Objectives</p>

ATTACHMENT A: DEFINITION OF GOOD STANDING

The following information applies to any organization that has been a Komen Colorado Grantee in the past.

During the application compliance check, Komen Colorado may determine whether the organization submitting an application is in good-standing. In good standing for this purpose is defined below. If an organization is not in good standing with the Affiliate, the organization cannot apply for funding until it receives prior approval from the Affiliate and has corrected any outstanding issues. ***Grantees whose funds have been rescinded or whose contract has been terminated due to a breach in contract cannot apply for a Komen Colorado grant in the subsequent grant year.***

Category	Definition	In Good Standing	Not In Good Standing
Reporting <ul style="list-style-type: none"> - Timely reporting - Complete reporting - Meets Goals and Objectives 	As a grantee their last required progress and final reports were approved. Reports are generally approved when grantee: <ul style="list-style-type: none"> - Submits them at due date or receives an approved extension - Submits all documents required for the progress or final report - Meets Goals and Objectives outlined in their application unless adequately justified - Uses approved funds appropriately (might include excessive returned funds) 	Last progress and final reports were approved	Last progress and final reports were not approved
Rescinded funding and/or Termination of Contract	Grant programs that have been identified as no longer viable for which the grant contract is terminated early and grant funds may or may not be requested for return. Audit findings which demonstrate misappropriation of funds.	No history of rescinded funds due to poor performance.	Funds were rescinded from the last grant cycle because the program was no longer viable and contract was terminated-organization has not satisfactorily documented how they will improve the viability of the program. Audit findings which demonstrate misappropriation of funds.
Corrective action*	An action taken to address grant performance and insufficiencies that are negatively affecting grantee’s ability to meet the obligations of their grant agreement.	Applicant is not currently under a written warning.	Applicant is currently under a form of written warning or has outstanding progress reports that have not been approved.

Attachment B, Women's Wellness Connection Medicare Rates and CPT Codes Updated June 2015 Reimbursable Services and Procedures for January 1, 2015 – June 29, 2016

Medicare Rates and CPT Codes - Updated June 2015
Women's Wellness Connection Clinical Services
Reimbursable Services and Procedures for January 1, 2015- June 29, 2016

Listed below are allowable procedures and the corresponding CPT codes for use in the Women's Wellness Connection Clinical Services program. These rates are based on information found on the Centers for Medicare and Medicaid website, <http://www.cms.gov>. Rates are incorporated into the program's Bundled Payment System (BPS). Codes are provided to show what services are covered through WWC Clinical Services and to aid in negotiating subcontracts.

Reimbursement for treatment services is not allowed.

CPT CODES	OFFICE VISITS	Komen Notes	End Notes	2015 CO Rates	2015 Prof (26)	2015 Tech (TC)
99203	New Patient; <i>detailed</i> history, exam, straightforward decision-making; 30 minutes	K1		\$110.12		
99204	New Patient; <i>comprehensive</i> history, exam, moderate complexity decision-making; 45 minutes	K1	1	\$167.39		
99214	Established Patient; <i>detailed</i> history, exam, moderately complex decision-making; 25 minutes	K1		\$109.22		
99213	Established Patient; <i>expanded</i> history, exam, straightforward decision-making; 15 minutes	K1		\$73.53		
CPT CODES	BREAST SCREENING AND DIAGNOSTIC SERVICES		End Notes	2015 CO Rates	2015 Prof (26)	2015 Tech (TC)
77057	Screening Mammogram, Bilateral (2 view film study of each breast)			\$83.37	\$35.99	\$47.38
77055	Mammography, Diagnostic Follow-up, Unilateral			\$90.96	\$35.99	\$54.97
77056	Mammography, Diagnostic Follow-up, Bilateral			\$116.95	\$44.62	\$73.32
76098	Radiological examination, surgical specimen			\$16.62	\$8.28	\$8.34
76641	Ultrasound, complete examination of breast including axilla, unilateral		11	\$110.50	\$37.81	\$72.69
76642	Ultrasound, limited examination of breast including axilla, unilateral		11	\$90.99	\$35.30	\$55.70
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation			\$61.33	\$33.83	\$27.50
19000	Puncture aspiration of cyst of breast			\$116.02		
19001	Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>			\$27.81		
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance			\$156.15		
19101	Breast biopsy, open, incisional			\$351.43		
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions			\$509.78		

**Attachment B, Women's Wellness Connection Medicare Rates and CPT Codes Updated June 2015 Reimbursable Services
and Procedures for January 1, 2015 – June 29, 2016**

19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion			\$566.85		
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <i>each additional lesion separately identified by a preoperative radiological marker</i>			\$170.00		
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion		8	\$681.39		
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion		8	\$558.65		
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion		8	\$666.46		
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion		8	\$537.70		
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion		8	\$1,053.49		
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion		8	\$840.74		
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion		9	\$245.56		
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion		9	\$172.01		
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion		9	\$279.90		
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion		9	\$207.07		
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion		9	\$456.69		
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion		9	\$388.18		
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion		9	\$893.10		
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion		9	\$717.12		
10021	Fine needle aspiration without imaging guidance			\$152.91		
10022	Fine needle aspiration with imaging guidance			\$145.24		
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)			\$57.26	\$37.35	\$19.91

**Attachment B, Women's Wellness Connection Medicare Rates and CPT Codes Updated June 2015 Reimbursable Services
and Procedures for January 1, 2015 – June 29, 2016**

88173	Cytopathology, evaluation of fine needle aspirate; <i>interpretation and report</i>			\$152.81	\$72.50	\$80.31
88305	Surgical pathology, gross and microscopic examination			\$73.50	\$39.13	\$34.37
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins			\$308.91	\$86.19	\$222.73
G0202	Screening Mammogram, Digital, Bilateral			\$136.14	\$35.62	\$100.52
G0204	Diagnostic Mammogram, Digital, Bilateral			\$165.75	\$44.62	\$121.12
G0206	Diagnostic Mammogram, Digital, Unilateral			\$130.72	\$35.62	\$95.10
400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units = 3		3	(see end note)		
77053	Mammary ductogram or galactogram, single duct			\$58.86	\$18.35	\$40.51
77058	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral REQUIRES PREAPPROVAL.		7	\$548.42	\$83.87	\$464.56
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral REQUIRES PREAPPROVAL		7	\$542.64	\$83.87	\$458.77
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.					

CLINICAL SERVICES, PROCEDURES AND FEES SPECIFICALLY NOT ALLOWED

Any	Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.
Any	Tomosynthesis upcharge in excess of fee for digital mammography; facility fees. K2
Any	Computer Aided Detection (CAD) in breast cancer screening or diagnostics

END NOTES FOR WWC CLINICAL SERVICES

1	All consultations should be billed through the standard "new patient" office visit CPT codes 99203 or 99204 . Consultations billed as 99204 must meet the CPT coding guidelines for this code. CPT code 99204 is <u>not</u> appropriate for NBCCEDP screening visits.
2	The type and duration of office visits should be appropriate to the level of care necessary for accomplishing screening and diagnostic follow-up within the NBCCEDP. Reimbursement rates should not exceed those published by Medicare. While the use of 993XX-series codes may be necessary in some programs, the 993XX Preventive Medicine Evaluation visits themselves are not appropriate for the NBCCEDP. 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
3	Medicare's methodology for the payment of anesthesia services are outlined in the Medicare Claims Processing Manual, Chapter 12, pages 99-107, available here: http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf The carrier-specific Medicare anesthesia 2014 conversion rates are available here: http://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html?redirect=/center/anesth.asp . The current rate is \$22.67 (Medicare Base Units = 3).

Attachment B, Women’s Wellness Connection Medicare Rates and CPT Codes Updated June 2015 Reimbursable Services and Procedures for January 1, 2015 – June 29, 2016

4	HPV DNA testing is a reimbursable procedure if used for screening in conjunction with Pap testing or for follow-up of an abnormal Pap result or surveillance as per ASCCP guidelines. It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women under 30 years of age. Providers should specify the high- risk HPV DNA panel only. Reimbursement of screening for low-risk HPV types is not permitted. The CDC will allow for reimbursement of Cervista HPV HR at the same rate as the Digene Hybrid-Capture 2 HPV DNA Assay. CDC funds cannot be used for reimbursement of genotyping (e.g., Cervista HPV 16/18).
5	A LEEP or conization of the cervix, as a diagnostic procedure, may be reimbursed based on ASCCP recommendations. Grantees are strongly encouraged to develop policies to closely monitor these procedures and should pre-authorize this service for reimbursement by having it medical advisory board or designated clinical representative(s) review these cases in advance, and on an individual basis.
6	This charge should be used with caution to ensure that programs do not reimburse for supplies, the cost of which, has already been accounted for in another clinical charge.
7	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a women who is already diagnosed with breast cancer.
8	Codes 19081•19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
9	Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.
10	These procedures may be reimbursed at their own Medicare rates. They no longer have to be reimbursed at the 88142 rate.
11	For a bilateral breast ultrasound, a modifier 50 should be added to either 76641 or 76642 to indicate a bilateral procedure. The 2015 Medicare Physician Fee Schedule assigns a “1” bilateral indicator to both CPT codes 76641 and 76642 which means that Medicare will allow 150 percent of the standard reimbursement rate. There should not be two CPT codes billed if a bilateral ultrasound exam is needed.
K1	For clinical breast exams, Komen Colorado will reimburse at 50% of office visit fee but will not reimburse for other topics discussed or screenings provided during office visit.
K2	Komen Colorado will not reimburse for additional fees for tomosynthesis beyond rates charged for digital mammography or for facility fees.

ATTACHMENT C: List of Discounted Education Materials

Current as of Nov. 16, 2011

Prices subject to change without notice

Educational Material	# of Pieces in Set	Regular Price	Discounted Price
<u>Breast Self-Awareness</u>			
African American Breast Self-Awareness Card	250	\$75.00	\$62.50
Arabic Breast Self-Awareness Card	25	\$6.00	\$5.00
Chinese Breast Self-Awareness Card	25	\$6.00	\$5.00
English Breast Self-Awareness Card	250	\$75.00	\$62.50
French Breast Self-Awareness Card	25	\$6.00	\$5.00
Hindi Breast Self-Awareness Card	25	\$6.00	\$5.00
Japanese Breast Self-Awareness Card	25	\$6.00	\$5.00
Korean Breast Self-Awareness Card	25	\$6.00	\$5.00
Large Print English Breast Self-Awareness Card	10	\$2.40	\$2.00
Large Print Spanish Breast Self-Awareness Card	10	\$2.40	\$2.00
Russian Breast Self-Awareness Card	25	\$6.00	\$5.00
Spanish Breast Self-Awareness Card	250	\$75.00	\$62.50
Vietnamese Breast Self-Awareness Card	25	\$6.00	\$5.00
<u>Facts for Life</u>			
Complete Set of Facts For Life Materials	1	\$7.50	\$6.00
Facts For Life: Alternative and Complimentary Therapy	50	\$7.50	\$6.00
Facts For Life: Aromatase Inhibitors	50	\$7.50	\$6.00
Facts For Life: Axillary Lymph Nodes	50	\$7.50	\$6.00
Facts For Life: Benign Breast Changes	50	\$7.50	\$6.00
Facts For Life: Biopsy	50	\$7.50	\$6.00
Facts For Life: Breast Calcifications	50	\$7.50	\$6.00
Facts For Life: Breast Cancer Detection	50	\$7.50	\$6.00
Facts For Life: Breast Cancer Facts	50	\$7.50	\$6.00
Facts For Life: Breast Cancer In Men	50	\$7.50	\$6.00
Facts For Life: Breast Cancer in Pregnancy	50	\$7.50	\$6.00
Facts For Life: Breast Health Resources	50	\$7.50	\$6.00
Facts For Life: Breast Imaging Methods	50	\$7.50	\$6.00
Facts For Life: Breast Reconstruction and Prosthesis	50	\$7.50	\$6.00
Facts For Life: Breast Surgery	50	\$7.50	\$6.00

Facts For Life: Clinical Trials	50	\$7.50	\$6.00
Facts For Life: Coping With a Cancer Diagnosis	50	\$7.50	\$6.00
Facts For Life: Current Research on Drugs and Treatment	50	\$7.50	\$6.00
Facts For Life: Diet and Nutrition During Treatment	50	\$7.50	\$6.00
Facts For Life: Ductal Carcinoma in Situ	50	\$7.50	\$6.00
Facts For Life: End-of-Life Care	50	\$7.50	\$6.00
Facts For Life: Follow-Up	50	\$7.50	\$6.00
Facts For Life: Genetics and Breast Cancer	50	\$7.50	\$6.00
Facts For Life: Getting the Support You Need	50	\$7.50	\$6.00
Facts For Life: Healthy Living	50	\$7.50	\$6.00
Facts For Life: Hormone Therapy	50	\$7.50	\$6.00
Facts For Life: How Hormones Affect Breast Cancer	50	\$7.50	\$6.00
Facts For Life: If Breast Cancer Returns	50	\$7.50	\$6.00
Facts For Life: Inflammatory Breast Cancer	50	\$7.50	\$6.00
Facts For Life: Lesbian, Gay, Bi-sexual and Transgendered	50	\$7.50	\$6.00
Facts For Life: Life After Treatment	50	\$7.50	\$6.00
Facts For Life: Lymphedema	50	\$7.50	\$6.00
Facts For Life: Making Treatment Decisions	50	\$7.50	\$6.00
Facts For Life: Mammography	50	\$7.50	\$6.00
Facts For Life: Medical Vocabulary	50	\$7.50	\$6.00
Facts For Life: Metastatic Breast Cancer	50	\$7.50	\$6.00
Facts For Life: Paget's Disease of the Nipple	50	\$7.50	\$6.00
Facts For Life: Prognostic Factors	50	\$7.50	\$6.00
Facts For Life: Prophylactic Mastectomy	50	\$7.50	\$6.00
Facts For Life: Racial & Ethnic Differences	50	\$7.50	\$6.00
Facts For Life: Sexuality & Intimacy	50	\$7.50	\$6.00
Facts For Life: Table of Contents	50	\$7.50	\$6.00
Facts For Life: Talking With Your Children	50	\$7.50	\$6.00
Facts For Life: Talking With Your Doctor	50	\$7.50	\$6.00
Facts For Life: Talking With Your Partner	50	\$7.50	\$6.00
Facts For Life: Tamoxifen	50	\$7.50	\$6.00
Facts For Life: Targeted Therapy	50	\$7.50	\$6.00
Facts For Life: Treatment Choices- An Overview	50	\$7.50	\$6.00
Facts For Life: Types of Breast Cancer	50	\$7.50	\$6.00
Facts For Life: What Is Breast Cancer	50	\$7.50	\$6.00
Facts For Life: When the Diagnosis is Cancer- An Overview	50	\$7.50	\$6.00
Facts For Life: When You Discover a Lump or Change	50	\$7.50	\$6.00
Facts For Life: Woman with Disabilities	50	\$7.50	\$6.00
Facts For Life: Young Women & Breast Cancer	50	\$7.50	\$6.00

Facts for Life: Breast Cancer Detection Tri-fold	50	\$7.50	\$6.00
Facts for Life: Breast Cancer Facts Tri-fold	50	\$7.50	\$6.00
Facts For Life: Breast Density	50	\$0.00	\$0.00
Facts For Life: Chemotherapy and Side Effects	50	\$7.50	\$6.00
Facts for Life: Healthy Living Tri-fold	50	\$7.50	\$6.00
Facts for Life: Racial and Ethnic Differences Tri-fold	50	\$7.50	\$6.00
Facts For Life: Radiation Therapy and Side Effects	50	\$7.50	\$6.00
Facts For Life: Triple Negative Breast Cancer	50	\$7.50	\$6.00
Facts for Life: What is Breast Cancer Tri-fold	50	\$7.50	\$6.00
<u>General Breast Health</u>			
Breast Cancer: Your Guide to Breast Self-Awareness DVD	1	\$12.50	\$10.00
Breast Cancer: Your Guide to Breast Self-Awareness Video VHS - English	1	\$12.50	\$10.00
Breast Health - What Every Woman Should Know - Arabic	10	\$15.00	\$12.00
Breast Health - What Every Woman Should Know - English	10	\$15.00	\$12.00
Breast Health - What Every Woman Should Know - Spanish	10	\$15.00	\$12.00
Breast Health Basics Flyer - English	100	\$14.00	\$12.00
Breast Health Basics Flyer - Spanish	100	\$14.00	\$12.00
Breast Health: Learn The Facts Brochure - Bilingual	25	\$22.50	\$18.75
Breast Health: Learn The Facts Brochure - English	50	\$12.00	\$10.00
Facts For Life: Benign Breast Changes	50	\$7.50	\$6.00
Facts For Life: What Is Breast Cancer	50	\$7.50	\$6.00
Mammography Card - English	250	\$15.00	\$12.50
Mammography Card - Spanish	250	\$15.00	\$12.50
Men Can Get Breast Cancer Tri-Fold Brochure - English	50	\$7.50	\$6.00
Men Can Get Breast Cancer Tri-Fold Brochure - Spanish	50	\$7.50	\$6.00
Take Care of Yourself - English	25	\$22.50	\$18.75
Take Care of Yourself - Spanish	25	\$22.50	\$18.75
Take Charge: Older Women and Breast Cancer Booklet - English	1	\$15.00	\$12.00
Take Charge: Older Women and Breast Cancer Booklet -	1	\$15.00	\$12.00
What do I need to know about Breast Cancer - English	25	\$22.50	\$18.75
What do I need to know about Breast Cancer - Spanish	25	\$22.50	\$18.75
Young Women Taking Care Poster - English	1	\$10.00	\$8.00
Young Women Taking Care Poster - Spanish	1	\$10.00	\$8.00
Young Women Taking Care Tri-Fold Brochure - English	100	\$14.00	\$12.00
Young Women Taking Care Tri-Fold Brochure - Spanish	100	\$14.00	\$12.00
Your Breast Care: Helpful Hints for Women	10	\$15.00	\$12.00

<u>Outreach Resources</u>			
African American Poster Set	1	\$10.00	\$8.00
Breast Cancer: Your Guide to Breast Self-Awareness DVD	1	\$12.50	\$10.00
Breast Cancer: Your Guide to Breast Self-Awareness Video VHS - English	1	\$12.50	\$10.00
News for the Cure™ Volume 1 DVD	1	\$10.00	\$8.00
Young Women Taking Care Poster - English	1	\$10.00	\$8.00
Young Women Taking Care Poster - Spanish	1	\$10.00	\$8.00
<u>Questions to Ask the Doctor</u>			
About Breast Biopsy - English	100	\$0.00	\$0.00
About Breast Biopsy - Spanish	100	\$0.00	\$0.00
About Breast Cancer Chemotherapy - English	100	\$0.00	\$0.00
About Breast Cancer Chemotherapy - Spanish	100	\$0.00	\$0.00
About Hormone Therapy - English	100	\$0.00	\$0.00
About Hormone Therapy - Spanish	100	\$0.00	\$0.00
About Lymphedema (Swelling of the Arm) - English	100	\$0.00	\$0.00
About Lymphedema (Swelling of the Arm) - Spanish	100	\$0.00	\$0.00
About Radiation Therapy - English	100	\$0.00	\$0.00
About Radiation Therapy - Spanish	100	\$0.00	\$0.00
About Reconstructive Breast Surgery - English	100	\$0.00	\$0.00
About Reconstructive Breast Surgery - Spanish	100	\$0.00	\$0.00
About Treatment Choices - English	100	\$0.00	\$0.00
About Treatment Choices - Spanish	100	\$0.00	\$0.00
After Breast Surgery - English	100	\$0.00	\$0.00
After Breast Surgery - Spanish	100	\$0.00	\$0.00
Before Breast Surgery - English	100	\$0.00	\$0.00
Before Breast Surgery - Spanish	100	\$0.00	\$0.00
Complete Set of Questions to Ask the Doctor - English	1	\$0.00	\$0.00
Complete Set of Questions to Ask the Doctor - Spanish	1	\$0.00	\$0.00
Genes and Inherited Breast Cancer Risk - English	100	\$0.00	\$0.00
Genes and Inherited Breast Cancer Risk - Spanish	100	\$0.00	\$0.00
If Someone You Love has Breast Cancer - English	100	\$0.00	\$0.00
If Someone You Love has Breast Cancer - Spanish	100	\$0.00	\$0.00
If You Find A Lump or Change In Your Breast - English	100	\$0.00	\$0.00
If You Find A Lump or Change In Your Breast - Spanish	100	\$0.00	\$0.00
Mammography - English	100	\$0.00	\$0.00
Mammography - Spanish	100	\$0.00	\$0.00
Questions to Ask the Doctor About Breast Cancer Folder -	100	\$0.00	\$0.00

Questions to Ask the Doctor About Breast Cancer Folder -	100	\$0.00	\$0.00
When Breast Cancer is Diagnosed - English	100	\$0.00	\$0.00
When Breast Cancer is Diagnosed - Spanish	100	\$0.00	\$0.00
<u>Specific Audience Materials</u>			
About Breast Biopsy - English	100	\$0.00	\$0.00
About Breast Biopsy - Spanish	100	\$0.00	\$0.00
About Breast Cancer Chemotherapy - English	100	\$0.00	\$0.00
About Breast Cancer Chemotherapy - Spanish	100	\$0.00	\$0.00
About Hormone Therapy - English	100	\$0.00	\$0.00
About Hormone Therapy - Spanish	100	\$0.00	\$0.00
About Lymphedema (Swelling of the Arm) - English	100	\$0.00	\$0.00
About Lymphedema (Swelling of the Arm) - Spanish	100	\$0.00	\$0.00
About Radiation Therapy - English	100	\$0.00	\$0.00
About Radiation Therapy - Spanish	100	\$0.00	\$0.00
About Reconstructive Breast Surgery - English	100	\$0.00	\$0.00
About Reconstructive Breast Surgery - Spanish	100	\$0.00	\$0.00
About Treatment Choices - English	100	\$0.00	\$0.00
About Treatment Choices - Spanish	100	\$0.00	\$0.00
Advocates in Science Tri Fold	100	\$0.00	\$0.00
African American Breast Health Bookmark	50	\$0.00	\$0.00
African American Breast Self-Awareness Card	250	\$75.00	\$62.50
African American Poster Set	1	\$10.00	\$8.00
After Breast Surgery - English	100	\$0.00	\$0.00
After Breast Surgery - Spanish	100	\$0.00	\$0.00
Arabic Breast Self-Awareness Card	25	\$6.00	\$5.00
At Last Advertising That Features Breasts For A Valid Reason Post Card	100	\$6.00	\$5.00
Before Breast Surgery - English	100	\$0.00	\$0.00
Before Breast Surgery - Spanish	100	\$0.00	\$0.00
Breast Cancer Has No Borders	25	\$18.75	\$18.75
Breast Health: Learn The Facts Brochure - Bilingual	25	\$22.50	\$18.75
Buena Vida - Protecting Your Family From Breast Cancer	10	\$0.00	\$0.00
Chinese Breast Self-Awareness Card	25	\$6.00	\$5.00
Co-Survivors Brochure	50	\$12.00	\$10.00
Complete Set of Questions to Ask the Doctor - Spanish	1	\$0.00	\$0.00
Don't Your Breasts Deserve More Attention Post Card	100	\$6.00	\$5.00
English Breast Self-Awareness Card	250	\$75.00	\$62.50
Facts For Life (See Above)	50	\$7.50	\$6.00

Feel Better During Treatment	10	\$15.00	\$12.00
French Breast Self-Awareness Card	25	\$6.00	\$5.00
Genes and Inherited Breast Cancer Risk - Spanish	100	\$0.00	\$0.00
Hindi Breast Self-Awareness Card	25	\$6.00	\$5.00
I Know My Normal post card	100	\$6.00	\$5.00
If Someone You Love has Breast Cancer - English	100	\$0.00	\$0.00
If Someone You Love has Breast Cancer - Spanish	100	\$0.00	\$0.00
If You Find A Lump or Change In Your Breast - Spanish	100	\$0.00	\$0.00
Japanese Breast Self-Awareness Card	25	\$6.00	\$5.00
Korean Breast Self-Awareness Card	25	\$6.00	\$5.00
Large Print English Breast Self-Awareness Card	10	\$2.40	\$2.00
Large Print Spanish Breast Self-Awareness Card	10	\$2.40	\$2.00
Mammography - Spanish	100	\$0.00	\$0.00
Men Can Get Breast Cancer Tri-Fold Brochure - English	50	\$7.50	\$6.00
Men Can Get Breast Cancer Tri-Fold Brochure - Spanish	50	\$7.50	\$6.00
Questions to Ask the Doctor About Breast Cancer Folder -	100	\$0.00	\$0.00
Russian Breast Self-Awareness Card	25	\$6.00	\$5.00
Spanish Breast Self-Awareness Card	250	\$75.00	\$62.50
Take Care of Yourself - English	25	\$22.50	\$18.75
Take Care of Yourself - Spanish	25	\$22.50	\$18.75
Take Charge: Older Women and Breast Cancer Booklet - English	10	\$15.00	\$12.00
Take Charge: Older Women and Breast Cancer Booklet -	10	\$15.00	\$12.00
Vietnamese Breast Self-Awareness Card	25	\$6.00	\$5.00
What's Happening to Me Booklet	10	\$15.00	\$12.00
What's Happening to Mom Booklet	10	\$15.00	\$12.00
What's Happening to the Woman I Love Booklet	10	\$15.00	\$12.00
What's Happening to the Woman We Love Booklet	10	\$15.00	\$12.00
When Breast Cancer is Diagnosed - Spanish	100	\$0.00	\$0.00
Young Women Taking Care Poster - English	1	\$10.00	\$8.00
Young Women Taking Care Poster - Spanish	1	\$10.00	\$8.00
Young Women Taking Care Tri-Fold Brochure - English	100	\$14.00	\$12.00
Young Women Taking Care Tri-Fold Brochure - Spanish	100	\$14.00	\$12.00
Your Life After Breast Cancer Booklet - Bilingual	10	\$15.00	\$12.00
<u>Support Issues</u>			
Co-Survivors Brochure	50	\$12.00	\$10.00
Facts For Life: Coping with a Cancer Diagnosis	50	\$7.50	\$6.00
Facts For Life: Getting the Support You Need	50	\$7.50	\$6.00
Facts For Life: Sexuality & Intimacy	50	\$7.50	\$6.00

Facts For Life: Talking With Your Children	50	\$7.50	\$6.00
Facts For Life: Talking With Your Doctor	50	\$7.50	\$6.00
Facts For Life: Talking With Your Partner	50	\$7.50	\$6.00
Feel Better During Treatment	10	\$15.00	\$12.00
If Someone You Love has Breast Cancer - English	100	\$0.00	\$0.00
If Someone You Love has Breast Cancer - Spanish	100	\$0.00	\$0.00
What's Happening to Me Booklet	10	\$15.00	\$12.00
What's Happening to Mom Booklet	10	\$15.00	\$12.00
What's Happening to the Woman I Love Booklet	10	\$15.00	\$12.00
What's Happening to the Woman We Love Booklet	10	\$15.00	\$12.00
Your Life After Breast Cancer Booklet - Bilingual	10	\$15.00	\$12.00
Educational Materials Catalog	1	\$3.00	\$3.00
Miscellaneous			
Advocates in Science Tri Fold	100	\$0.00	\$0.00
African American Breast Health Bookmark	50	\$3.00	\$2.50
At Last Advertising That Features Breasts For A Valid Reason Post Card	100	\$6.00	\$5.00
Don't Your Breasts Deserve More Attention Post Card	100	\$6.00	\$5.00
General Audience Breast Health Bookmark	50	\$3.00	\$2.50
I Know My Normal post card	100	\$6.00	\$5.00



Attachment E: SAMPLE Memorandum of Understanding

[INSERT Grantee Name]

And

[INSERT Screening/Treatment Partner]

Purpose: Throughout the 22-county service area of Susan G. Komen Colorado, medically underserved communities face barriers to breast cancer screening services which can provide early detection of the disease when it is more treatable and less likely to have spread to other regions. Culturally and linguistically appropriate educational services are a crucial component of informing women of the importance of annual screening and in turn providing them a referral to a screening facility that can offer them appropriate services.

Background: **[INSERT Grantee Name]** and **[INSERT Screening/Treatment Partner]** agree to collaborate to ensure that medically underserved women in **[INSERT the region(s) covered by applicant]** are provided the education and knowledge about the importance of early detection of breast cancer and, following this, the appropriate medical screening services and, if needed, diagnostic services. It is imperative that women who are provided this education are linked with a screening provider that is able to provide appropriate services and provide follow up to **[INSERT Grantee Name]** on the number of women screened and those that require follow up care or services. Specific objectives of the collaboration are **(EXAMPLES):**

Objective 1: Establish a tracking mechanism for **[INSERT Grantee Name]** to provide to **[INSERT Screening/Treatment Partner]** with pertinent information on patients that were referred for screening through education and outreach activities

Objective 2: Follow up with all patients referred for screening to ensure they schedule a screening appointment

Objective 3: Provide appropriate screening services to women referred and follow-up services to those with abnormal findings

Objective 4: Create a reporting structure where **[INSERT Screening/Treatment Partner]** will inform **[INSERT Grantee Name]** of the number of referred women

who were provided screening or treatment services and those that require follow-up care

Objective 5: Provide appropriate screening or diagnostic services to a Women's Wellness Connection or Medicaid Breast and Cervical Cancer Treatment provider [INSERT Screening/Treatment Partner] if a woman is eligible to receive services under either program

Objective 6: Demonstrate compliance with Susan G. Komen Colorado's insurance and liability requirements for grant-receiving organizations

Specific Responsibilities:

- Both parties will respect patient privacy according to HIPAA regulations in their reporting mechanisms.
- Both parties will provide culturally and linguistically appropriate services to patients served.

[INSERT Grantee Name]:

- Provide XXX patients with a referral to screening services at [INSERT Screening/Treatment Partner]
- Create a [weekly] report for [INSERT Screening/Treatment Partner] with the appropriate contact information on the women who were referred for screening
- Follow up via phone, email, or mail with patients referred for screening to ensure they schedule and attend their screening session
- Receive weekly report from [INSERT Screening/Treatment Partner] regarding, the outcome of screening, and whether any patients require follow up services

[INSERT Screening/Treatment Partner]:

- Receive [weekly] report from [INSERT Grantee Name] with the appropriate contact information on women who were referred for screening
- Provide appropriate screening or treatment services to referred patients including clinical breast exams, mammograms, diagnostic procedures, surgical consults, surgery, radiation, hormone therapy, and oral chemotherapy
- Accept as payment in full for provided services the Medicare reimbursement rate for treatment for breast cancer or rates published by Women's Wellness Connection for screening and diagnostic procedures so as to refrain from billing patients for any remaining balance for provided services.
- Create a [weekly] report for [INSERT Grantee Name] with appropriate contact information on patients that received screening, including the outcome, and any follow up services recommended
- Work with [INSERT Grantee Name] to follow up with patients in need of additional services and schedule appropriate appointments

[INSERT Appropriate Party Name]:

- Provide certificate(s) of insurance showing proof of coverage for amounts required by Susan G. Komen Colorado for the type of funded breast health project for the full grant period, or not less than April 1, 2016 – March 31, 2017.

Terms of Understanding:

- A. **Key Personnel:** Each organization shall identify one key contact to represent their organization in this collaboration
 - B. *Period of Effectiveness:* This MOU shall expire March, 31 2017.
 - C. *Provisions for Review and Change:* This Memorandum of Understanding may be revised by approval of all parties and may be terminated by a 60-day advance notification from any party.
-

NAME
TITLE
Grantee Name

NAME
TITLE
Screening/Treatment Partner

Attachment E: Definitions

This section expands on terminology and concepts mentioned in this Request for Applications (RFA). Having a clear understanding of these terms is vital in completing a well-written response to this RFA.

- Affiliate: Susan G. Komen® Colorado
- Applicant: Agency, foundation or organization responding to this RFA. All Applicants must provide proof of non-profit status.
- Medicaid Breast & Cervical Cancer Treatment Program (Medicaid BCCP): A specialty Medicaid program administered by the Colorado Department of Health Care Policy & Financing. The program provides treatment for qualified women aged 40-64 who have been diagnosed with breast or cervical cancer, have incomes under 250% of the federal poverty level, be uninsured or lack creditable insurance for breast or cervical cancer treatment, and meet federal residency requirements. Applicants who contract with HCPF to provide BCCP can only apply for Komen funds directly related to breast cancer treatment for individuals not eligible for BCCP.
- Breast Self Awareness: Susan G. Komen®'s core concepts to increase public awareness to promote improvements in breast cancer outcomes:
 - know your risk
 - get screened
 - know what is normal for you; and
 - make healthy lifestyle choices.
- Breast Health Awareness: The Affiliate considers Breast Health Awareness to be a comprehensive approach that combines Breast Self Awareness with overall health literacy concepts to increasing public understanding of:
 - risk of breast cancer
 - breast cancer screening recommendations
 - evaluating self-risk and noting changes in breasts that differ from an individuals' "normal"
 - factors that increase or reduce risk
 - how to navigate the health care system to see a health care provider in the event of changes to the breast
 - what breast health care services are covered by insurance plans; and
 - how to use health insurance to minimize out-of-pocket costs for breast health care.
- Coalition/Consortium: For the purpose of this RFA a Coalition is defined as one of several regional partnerships or alliances comprised of distinct parties, persons or organizations coming together for the joint action of improving the continuum of care within the region.
- Colorado Indigent Care Program (CICP) is administered by the Colorado Department of Health Care Policy & Financing to provide discounted health care services to low-income people and families. CICP is not a health insurance program. Discounted health care services are provided by Colorado hospitals and clinics that participate in the CICP. To identify participating facilities and learn about eligibility parameters, visit <https://www.colorado.gov/pacific/hcpf/colorado-indigent-care-program>.
- Commercial Health Insurance / Connect for Health Colorado: Subsidized commercial health insurance plans for individuals, families and small groups is available for purchase through

Connect for Health Colorado – Colorado’s healthcare marketplace. Plans can be purchased during annual open enrollment periods (November 1 – February 15), as well as outside those periods if uninsured individuals experience certain qualifying life events. For information about pro-rated financial assistance to offset costs of care for these plans, as well as qualifying life events for purchase of plans outside of open enrollment periods, visit <http://connectforhealthco.com/get-started/new-customers/>. Applicants applying for Komen funds directly related to breast cancer clinical services must demonstrate internal processes to evaluate patients for eligibility to purchase and/or refer for assistance in considering purchase of commercial plans.

- **Community Review Panel:** The Community Review Panel is an independent group comprised of health care professionals, breast cancer survivors, educators, advocates, community members, representatives from other nonprofits, and other types of professionals (including accountants, attorneys, financial professionals, etc), who are invited by the Affiliate to review all incoming grant applications and make funding recommendations to the Affiliate’s Board of Directors.
- **Continuum of Care:** The continuum of care refers to the range of services available within the health care sector, and to some extent, outside of it, that address services and access to breast health, breast screening, diagnostics, breast cancer treatment and survivorship services. The continuum of care is a theoretical model rather than an actual system of care delivery.
- **Evaluation Plan:** A detailed plan of how you will measure achieving the program objectives and how the impact of the program will be assessed. It includes who will conduct data collection, when data will be collected and what methods will be used, such as surveys, intake forms, etc.
 - A strong evaluation plan measures the quantity (i.e. numbers served) and quality (i.e. satisfaction) of the implementation and effectiveness) of the outcomes (i.e. all follow up completed within 60 days). Staff members responsible for evaluation need the ability to:
 - Assess program outcomes
 - Monitor program processes and performance of program
 - Analyze evaluation data and results
 - Present evaluation findings
- **Evidence-Based Practices:** Strategies have been tested, evaluated, and found to be effective in improving access, promoting behavioral change and/or empowering individuals to make good breast health decisions. Evidence-based strategies are peer reviewed, and usually published in a public health or medical journal.
- **Funding Slate:** Rank-order listing of grant applications as determined by the Community Review Panel.
- **Mission Initiatives Committee (MIC):** The role of the MIC is to develop and oversee the Strategic Mission Initiatives Plan, which aligns all mission programs, and to advise the Board of Directors. The MIC advises the Affiliate on grantmaking initiatives and assures that the RFA seeks Applicants that address Community Profile priorities.
- **Medically Underserved:** A term that refers to individuals who lack access to routine primary and medically recommended specialty care because they are:
 - socioeconomically disadvantaged
 - live in areas with high poverty rates
 - reside in rural areas
 - are foreign-born
 - use a language other than English when seeking information about health and health care

The term also refers to individuals who reside in geographic areas where the Index of Medical Underservice (IMU) is 62 or less. Health Resource Services Administration (HRSA) criteria designate a service area with an IMU of 62 or less as a "medically underserved area (MUA)." For more information go to: <http://www.hrsa.gov/shortage/mua/index.html>.

- **Measurable Outcomes:** Program proposals must include a detailed evaluation plan that outlines proposed outcome measures that are relevant to program services and include the number of services provided as well as individuals served as well as more qualitative measures like changes in a patient's ability to better engage in everyday life or satisfaction with services provided. These projections may be derived from previous, comparable project outcomes, from data from programs providing similar services or from information provided by a community needs assessment. Funded Applicants must report how many actual services were provided during the granting cycle, as compared to the estimates made in this application. You must also be able to report all information applicable to your application category listed in the Reporting Templates and the Data Outcomes Sheet Included with the RFA.
- **MOU:** Memorandum of Understanding. Community Health Worker/Navigation and some Screening category Applicants must provide a Memorandum of Understanding (MOU) a (sub)contract or Letter of Agreement. Please refer to specific requirements under specific Application Instructions. A sample MOU is provided for reference. You do not need to use this template but your MOU must address all requirements under the funding category for which you are applying.
- **Proof of Insurance:** In circumstances, such as a grant, where the Affiliate does not have direct control over an activity and cannot therefore manage the risk associated with the activity, The Affiliate should ensure that the third-party adequately manages the risk. In the grant context, the grant agreement provides that the Affiliate is only responsible for funding the grant, and all activities of the grantee and any problems that arise from those activities are the exclusive responsibility of the grantee. Therefore, we require that grantees indemnify or defend the Affiliate if someone claims that the Affiliate is responsible for the actions of the grantee, by providing proof of insurance coverage to cover any potential claims. Please see the RFA for more information.
- **Promising Practices:** Innovative approaches that are likely to be effective but have not yet been fully evaluated. They may also be called "emerging best practices."
- **RFA:** Request for Applications.
- **Scoring Rubric:** The template used by the Community Review Panel that is used to objectively score RFA responses in a consistent manner. All applicants have access to the scoring rubrics upon request.
- **Underinsured:** Applicant organizations should use the following as guidance when determining whether patients are underinsured for purposes of benefiting from Komen Colorado grant funds:
 - "For families earning at least twice the federal poverty level (FPL), the Colorado Health Access Survey defines underinsurance as spending at least 10 percent of annual income on out-of-pocket medical expenses. For families below that threshold, underinsurance is defined as spending at least five percent of annual income on out-of-pocket medical expenses."
- When Insurance Is Not Enough: How Underinsurance Impacts Health and Finances, at http://www.coloradohealthinstitute.org/uploads/postfiles/CHAS/CHAS_Underinsurance_brief_2014.pdf

- Applicant organization's policy to evaluate whether cost would prevent or delay an individual from seeking clinically recommended medical care, with consideration given to household income, savings and other assets.

- Women's Wellness Connection: Women's Wellness Connection (WWC) is a program administered by the Colorado Department of Public Health and Environment (CDPHE) and part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). WWC provides breast and cervical cancer screening (clinical breast exams, Pap tests and pelvic exams and mammograms) and diagnostic procedures to eligible women at over 130 sites through cooperative efforts of multiple statewide providers. The program provides services for qualified women aged 40-64 who have incomes under 250% of the federal poverty level, are uninsured or are uninsured, and meet state residency requirements. The providers of WWC operate under the HIPPA confidentiality laws (Health Insurance Portability and Accountability Act of 1996). Applicants who contract with CDPHE to provide WWC screening services can only apply for Komen funds directly related to breast cancer screening and diagnostics for individuals not eligible for WWC funding.

Updated August 2015