RFA Number # CCH-2016-01

HEALTH RESEARCH, INC.
and
New York State Department of Health

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

Request for Applications

Increasing Cancer Screening through Patient Navigation in Targeted New York State Federally Qualified Health Centers

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KEY DATES

RFA Release Date:	**June 9, 2016**
Letter of Interest Due:	**June 23, 2016**
Questions Due:	**June 23, 2016**
Applicant Conference On:	**N/A**
Questions, Answers and Updates Posted:	**July 6, 2016**
Applications Due:	**July 14, 2016, 3:00 p.m.**
Contact Name & Address:	**Shayna Guzewski** NYSDOH Bureau of Cancer Prevention and Control 150 Broadway, Riverview Center Room 350 Menands, New York 12204

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Introduction

The New York State Department of Health (NYSDOH) Bureau of Cancer Prevention and Control (BCPC) and Health Research, Inc. (HRI) with funding provided by the Centers for Disease Control and Prevention are seeking applications for a demonstration project entitled "*Increasing Cancer Screening through Patient Navigation in Targeted New York State Federally Qualified Health Centers*." The purpose of this project is to implement systematic approaches to address barriers to cancer screening, with the ultimate goal of improving cancer screening rates among patients in Federally Qualified Health Centers (FQHCs). The Guide to Community Preventive Services (The Community Guide) identifies effective evidence-based interventions (EBIs) to address many screening barriers, including patient and provider reminder systems, reducing structural barriers, and provider assessment and feedback. Other promising strategies include patient navigation to assist people to complete the screening process.

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

This funding opportunity supports efforts to address barriers to colorectal and cervical cancer screening through implementation of patient navigation and implementation of EBIs recommended by The Community Guide. The goal of this comprehensive approach is to support the establishment of organized systems of cancer screening, the results of which will be an increase in the number and quality of colorectal and cervical cancer screenings among awardee patient populations. Successful awardees may use patient navigation and EBIs to improve other cancer screening services among their patient populations should future funding become available.

A. Background/Intent

Need: Cancer is one of the most common chronic diseases in New York State (NYS), and is second only to heart disease as the leading cause of death. Despite the availability of screening tests that can find and

sometimes prevent cancer, each year over 100,000 New Yorkers are diagnosed with and over 35,000 die from cancer (NYS Cancer Registry).

Colorectal Cancer: Colorectal cancer is the third leading cause of cancer deaths for men and women in NYS. There are approximately 9,300 new cases of colorectal cancer diagnosed each year in NYS and about 1,600 men and just under 1,700 women die from the disease annually (NYS Cancer Registry). Early detection of colorectal cancer through regular screening can substantially improve survival rates. When colorectal cancer is found and treated early, it can often be cured. In some cases, screening can actually prevent the development of colorectal cancer by detecting and removing adenomatous polyps before they become cancerous. Men and women ages 50 to 75 and at average risk for colorectal cancer should be screened with one of the following: a take-home, multiple sample, high-sensitivity fecal test (fecal occult blood test [FOBT] or fecal immunochemical test [FIT]) every year, OR a flexible sigmoidoscopy every five years with a high-sensitivity fecal test every three years, OR a colonoscopy every ten years (USPSTF). People with a family history or other risk factors for colorectal cancer should talk to their health care providers about starting colorectal cancer screening earlier and/or undergoing screening more often. The NYSDOH seeks to increase the percentage of adults 50-75 years of age who receive a colorectal cancer screening based on the most recent guidelines (a high-sensitivity blood stool test in the past year or a sigmoidoscopy in the past five years with a high sensitivity blood stool test in the past three years, or a colonoscopy in the past ten years) to 80% by 2018. (Data Source: NYS BRFSS) (Data Availability: state, county), HP 2020 (C-16) target: 70.5% (all adults).

Cervical Cancer: In NYS there are approximately 850 new cases of cervical cancer diagnosed each year, and nearly 300 women die from the disease annually (NYS Cancer Registry). All women are at risk for cervical cancer, but this risk is increased for women ages 30 and older and varies across racial groups. Cervical cancer is preventable through regular screening tests and follow-up. The Pap test (or Pap smear) is one of the most reliable and effective screening tests available to prevent cervical cancer. The Pap test detects cervical cell abnormalities that could become cervical cancer without proper treatment. The USPSTF recommends that all sexually active women ages 21 and older who have a cervix be screened for cervical cancer. It also recommends screening for cervical cancer in women ages 21 to 65 years with a Pap test every three years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of a Pap test and human papillomavirus (HPV) test every five years. In 2014, 82.6 percent of women aged 21 to 65 years reported having a Pap test within the past three years, which is below the Healthy People 2020 goal for 93.0

percent of women aged 21 to 65 years to have received a cervical cancer screening based on the most recent guidelines (NYS BRFSS brief Cervical Cancer screening in New York State Adult Women 2014).

Cancer screening in FQHCs: FQHCs are Health Resources and Services Administration (HRSA) grantees, community-based and patient-directed organizations that serve populations with limited access to health care. HRSA grantee FQHCs must meet the following fundamental criteria:

- Located in or serve a high need community (designated Medically Underserved Area or Population).
- Governed by a community board composed of a majority (51% or more) of patients who represent the population served.
- Provide comprehensive primary health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.
- Provide services available to all with fees adjusted based on ability to pay.
- Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.

FQHCs are required to report specific practice, patient population and clinical measures to HRSA via the Uniform Data System (UDS). According to 2014 UDS reporting, there are 59 FQHC grantees operating in NYS serving a population of 1,769,271 people. Eighty-six percent of patients with known income are at or below 200% of the poverty level, while 68.4% are at or below 100% of the poverty level. Nineteen percent are uninsured while 55.2% receive Medicaid/ Children's Health Insurance Program (CHIP), and another 8.1% receive Medicare. Another 18.0% receive some other third party type of health insurance. Approximately 61.2% of patients are in the adult population, ages 18-64, while 72.4% identify as a racial and/or ethnic minority. Twenty-six percent of patients are best served in a language other than English.

For cervical cancer, 2014 NYS UDS data indicates that 59.4 % of eligible patients are up-to-date with screening, while only 43.7% are up-to-date with colorectal cancer screening.

Need for Accurate Data to Support Screening Improvements: The BCPC has funded patient navigation projects in various health centers in NYS since 2010. Evaluation of these projects indicates a clear need for a robust, complete and effective electronic health record (EHR) or clinical information system as essential to a highly functioning, successful cancer screening patient navigation program. While many of the BCPC projects have shown success, the level of success (increase in cancer screening rates) varies with the robustness of the EHR

and availability of reliable and accurate data. In projects with lower-functioning clinical information systems, patient navigators and other health center staff spent significant time working with their Information Technology (IT) staff to develop the reports necessary for the navigators to begin contacting patients. Thus, this RFA focuses on health centers that have already attained a level of efficacy in their data recording, reporting, and cleaning (data workflow) and EHR/clinical information system functionality which will enhance the success of funded projects resulting from this RFA through significant impact on colorectal and cervical cancer screening rates and will allow for provision of valuable information on the efficacy of the actual patient navigation activities.

In 2012 with funding from the CDC, the NYSDOH and HRI, in collaboration with the Community Health Care Association of New York State (CHCANYS) and IPRO (the Quality Improvement Organization for NYS), began a five-year demonstration project (the Cancer Screening Registry Project) to improve cancer screening rates across FQHCs through use of a cancer screening registry. The overarching premise of the project acknowledges that quality improvement in health care requires a clinical information system that provides reliable measures on key health outcomes. The cancer screening registry was developed within the CHCANYS Center for Primary Care Informatics (CPCI), a data warehouse that extracts information from FQHC EHRs, calculates performance measures using uniform specifications and features a dashboard with expanded functionality where FQHC staff can compare performance internally at multiple levels of drill down and to other connected FQHCs. Project phases include: 1) interfacing FQHC EHRs to the CPCI, 2) ascertaining the accuracy of the screening data (data validation), 3) assessing cancer screening workflow, and 4) twelve months of targeted training and technical assistance with cohorts of up to twelve FQHCs, which also includes provision of data validation results, workflow improvement recommendations, data monitoring, quality improvement coaching and shared learning opportunities. As of December 2015, 47 (73%) FQHCs and their affiliated sites representing every region of the state, and nine EHR products, are interfaced with the CPCI. Two cohorts of FQHCs (23 total FQHCs) have completed all phases of the Cancer Screening Registry project. The first cohort saw a relative increase in their aggregate screening rates from December 2014 to June 2015 by 50.6% for colorectal and 4.6% for cervical cancer screening. The CDC is recognizing this project as a potential model for other states as preliminary data from an ongoing evaluation demonstrate the promise that the establishment of a planned approach to cancer screening across FQHCs can be supported by an EHR-based registry that includes data quality as a focus as well as quality improvement coaching that focuses on improved clinical workflow.

This funding will support implementation of patient navigation in FQHCs that participated in Cohorts 1 and 2

of the above-mentioned Cancer Screening Registry project, as described in *Section II*, *Who May Apply*. These FQHCs are selected as eligible for this funding opportunity because of the demonstrated need for accurate data to; 1) inform quality improvement, 2) effectively implement EBIs, 3) identify patients in need of screening, and 4) assess and evaluate implementation of activities and their effect on screening rates. Although these sites have made progress in increasing their cancer screening rates, they are still in need of additional supports to expand and sustain improvement. Limited time, resources and competing priorities were noted barriers among FQHCs participating in the Cancer Screening Registry project. By supporting staffing to solely focus on this important initiative, they can build upon and sustain the gains they achieved through the Cancer Screening Registry Project.

Project Description: A systematic approach is needed to reach ambitious national and state colorectal and cervical cancer screening goals proposed by Healthy People 2020, the NYS Comprehensive Cancer Control Plan and the NYS Prevention Agenda. To support this increase in colorectal and cervical cancer screening rates, HRI was awarded funding from the CDC to implement evidence-based, evidence-informed and population-based strategies to increase cancer screening rates within health systems (such as, FQHCs). The BCPC seeks to support these activities through awards for implementation of EBIs and patient navigation staff to help patients overcome barriers and support adherence to cancer screening, diagnostics and initiation of cancer treatment as described below in *Section III. Project Narrative, A. Project Summary*. Contracts will be issued to up to six FQHCs that meet the qualifications described below in *Section II. Who May Apply*.

For the purposes of this project, patient navigators are defined as culturally competent trained professionals who work within health care systems, in collaboration with health care providers, and sometimes local community organizations, to identify patients in need of cervical and/or colorectal cancer screening. Patient navigators identify resources to help patients overcome barriers to screening, communicate with patients, providers and office staff to ensure that patients attend their appointments, and assist providers and patients to obtain diagnostic follow-up after abnormal findings.

Successful applicants will develop plans to hire patient navigator staff to implement these tasks and to support integration of navigation activities into the clinical workflow. The applicants will also identify additional evidence-based and/or evidence-informed health systems changes to increase colorectal and cervical cancer screening within their FQHCs. Successful applicants will be required to report on specific activities and clinical data as described in the *Scope of Work* and *Application Content* sections. Reported data will be used for overall

project evaluation purposes.

Benefits of patient navigation: There are many benefits to establishing patient navigation programs:

- **For Medical Practices:** Better coordination of care, improved cervical and colorectal cancer screening rates, improved patient outcomes, and increased screening and diagnostic referrals.
- **For Providers:** Streamlined practices, an increase in their time unencumbered by logistical and educational tasks, patients who are on time and prepared, and improved tracking of interventions and outcomes.
- **For Patients:** Enhanced access to care and conveyance of physician recommendation for services, reduction of barriers to care (e.g., financial, insurance, education), and increased satisfaction with care provided.

B. Funding

It is anticipated that each of six (6) successful applicants will receive between $75,000 and $125,000 each for the twelve-month period of October 1, 2016 through September 30, 2017 for a total project value of up to $750,000. Applicants may apply for $75,000 to support one full time equivalent (FTE) patient navigator within their FQHC and may apply for up to an additional $50,000 to support a second patient navigator at a second clinic site. Successful applicants may receive:

	12-month Project Period (October 1, 2016 – September 30, 2017)
Project implementation and one FTE patient navigator	$75,000
Optional additional patient navigator at second clinic site	$50,000
TOTAL AVAILABLE	$125,000

Total funding is contingent on notice of federal grant award and contractor performance. Pending future grant awards, there is the potential for funding beyond September 30, 2017 such that contracts will be renewed annually for up to four additional years.

II. Who May Apply

A. Minimum Eligibility Requirements

FQHCs located in NYS that have participated in Cohort 1 or 2 of the CDC-funded 2014 NYSDOH/HRI and CHCANYS Cancer Screening Registry project as described above and identified in *Attachment 4: List of FQHCs Participating in Cohorts 1 and 2 of the NYSDOH CDC-Funded Cancer Screening Registry Project.*

One award will be made to six (6) different FQHCs. Only one application will be accepted from each eligible FQHC, listed in *Attachment 4*. Each application may include proposals for activities at multiple sites within the FQHCs.

Please Note: Applications not meeting the minimum eligibility requirements will not be reviewed.

B. Preferred Eligibility Requirements

Preference will be given to applicants that intend to maintain their connection to the CHCANYS Center for Primary Care Informatics (CPCI) for the length of the project. Practices not connected to the CPCI should have an alternative method to produce and report on the required cancer screening measures and should identify this method in the application.

III. Project Narrative/ Work Plan Outcomes

A. Project Summary

Each successful applicant will hire at least one (1) FTE patient navigator. Applicants may also apply for funding to support one (1) additional FTE patient navigator at one (1) additional clinic site. Pending future grant awards, there is the potential for annual funding beyond September 30, 2017, through a four- or five-year period. Successful applicants will be expected to sign a contract with HRI. Applicants should identify the site or sites to which the navigator or navigators will be assigned and at which implementation of EBIs will occur.

Applicants will identify and develop plans for implementation of EBIs (as identified in The Community Guide) to support increased colorectal and cervical cancer screening at each site at which a funded navigator is placed. These EBIs will be implemented in tandem with patient navigation

activities to maximize the impact and sustainability of project activities and support increases in an FQHC's ability to identify patients in need of screening and to move them through the screening continuum. The to-be-hired patient navigator(s) will work with the FQHC's clinical leadership and Information Technology (IT) support to develop systems and processes to identify patients eligible for colorectal and cervical cancer screening. This work includes, but is not limited to, working with the medical practice's EHR system and/or the CPCI to run queries that identify current patients at average-risk and eligible for either of these two cancer screenings based on National Quality Forum (NQF)® Standards for cervical and colorectal cancer screening. A percentage of funding may be allocated to support staff who will implement these supporting activities (see *Application Content, Section 6. Budget* and *Attachment 8. Budget Guidance*). Once patients are identified, the navigator will systematically contact them and educate them about the screening(s) for which they are due. The patient navigator completes an assessment to identify patient barriers to screening and creates an action plan to support the patient. The navigator will help patients overcome identified barriers to screening and, if necessary, to diagnosis and treatment. If patients indicate that they are up-to-date with screening, the navigator will attempt to obtain documentation verifying results and will enter them into the EHR as per FQHC data entry protocols. Initial training and ongoing support for activities related to implementation of EBIs, patient navigation and outreach/education to patients will be provided by the NYSDOH/HRI.

The successful applicant will work with the NYSDOH/HRI to conduct formal process and outcome evaluation activities to assess the impact of the proposed project.

B. Scope of Work

The successful applicant will be required to implement and manage the following activities, under the guidance of the NYSDOH/HRI:

1. Identify the FQHC and clinic site or sites in which project activities will be implemented.
2. Obtain baseline cancer screening rates for the clinic site or sites identified within 60 days of contract start date. Obtain and report annual screening rates for the site or sites where activities are implemented.
3. Review clinical workflow and identify appropriate points for patient navigator intervention with the patient and with the existing health care team.

4. Identify staff at the FQHC and site or sites who will be engaged in project activities (including QI, clinical and IT staff). A portion of project funds may be allocated to support these (QI, clinical and IT) activities. See *Application Content, Section 6. Budget* and *Attachment 8. Budget Guidance*.
    a. Develop process to identify patients in need of colorectal and cervical cancer screening and provide information to patient navigators for implementation of navigation activities.
5. Ensure that an appropriate support and supervisory structure are in place to fulfill the project requirements.
    a. Successful applicants will be required to participate in project implementation activities. Mandatory activities include an introductory webinar for clinical and administrative decision-makers and staff at each FQHC. These may include Chief Medical Officer, Director of Nursing, center or site practice managers, Quality Improvement and/or Quality Assurance staff at the center and/or site. In addition, hired patient navigators will be required to participate in NYSDOH/HRI training and navigators and other staff responsible for project implementation and oversight will participate in regular calls with NYSDOH/HRI staff to discuss project implementation and progress.
6. Identify and/or hire qualified patient navigator staff. See *Attachment 5: Patient Navigator Sample Position Description.*
    a. Ensure that patient navigators, at a minimum, conduct the following activities;
        i. Written assessment of individual patient barriers to cancer screening, diagnostic services and initiation of treatment services, where applicable; include at a minimum, two, but preferably more, contacts with each patient
        ii. Patient education and support
        iii. Resolutions to patient barriers (e.g., transportation assistance, translation assistance, etc.)
        iv. Patient tracking and follow-up to monitor patient progress completing screening, diagnostic testing within 60-90 days of positive screening, and initiation of cancer treatment, where applicable
        v. Collect and submit data to evaluate the primary outcomes of patient navigation-patient adherence to cancer screening, diagnostic testing and treatment initiation. Patients who refuse or are lost to follow-up should also be tracked and reported
7. Assist patient navigators to identify resources to reduce barriers to patient completion of cancer screening and diagnostics as necessary.
    a. Promote the NYSOH for referral of uninsured patients to investigate obtaining health insurance.

b. Promote linkages to local CSP contractor(s) to facilitate referral of uninsured patients to receive free cancer screenings.

8. Identify and implement at least one EBI or evidence-informed health systems change (as defined by The Community Guide) to support increases in colorectal and cervical cancer screening by the end of the project period. Examples include:
    a. Implement patient reminders
    b. Implement provider reminders and/or provider assessment and feedback systems
    c. Reduce structural barriers to cancer screening by modifying hours of service to meet patient needs
    d. Establish and implement a health center protocol/policy and related workflow for cancer screening that encompasses all staff efforts to move eligible patients toward guideline concordant cancer screening at all appropriate points in the health system
9. Collaborate with the NYSDOH/HRI to identify patient education materials that support project activities. Many free resources are available for order from the NYSDOH, CDC (including the Make It Your Own system), the Agency for Healthcare Research and Quality and the American Cancer Society, among others. Existing and already tested materials should be used when available. Creation of new or adaptation of existing patient education materials will not be supported with project funds unless justification is provided and prior approval from the NYSDOH/HRI is received.
10. Conduct formal evaluation of the project under the direction of the NYSDOH/HRI. Monitor and report on project progress and outcomes, successes and best practices in a format and timeframe to be defined by the NYSDOH/HRI, using standard data measures that reflect the effectiveness and impact of project activities and evaluate project implementation and outcomes. Clinics will report screening data using National Quality Forum (NQF) measures for consistency with the work of existing projects and across cervical and colorectal cancer reporting measures. Clinics will report baseline practice demographics, patient navigation activities and outcomes as identified in *Attachment 6, Work Plan Guidance and Template,* and additional project outcome data as defined and required by NYSDOH/HRI.
    a. The successful awardee shall submit the following periodic reports using templates to be provided by the NYSDOH upon execution of the contract:
        i. Evaluation plan within 30 days of contract start date, developed in conjunction with the NYSDOH/HRI.
        ii. Project timeline within 30 days of contract start date.

iii. Baseline clinic data within 60 days of contract start date. Data should reflect 2014 NQF measures specifications. Please report data using trailing year rates.

iv. Interim report reflecting progress towards program objectives due by six months prior to program year end date.

v. Final project year report within 30 days of project year end-date.

Additional reports may be requested as needed.

11. Successful awardees should comply with all administrative requirements and will submit monthly vouchers to the identified NYSDOH/HRI contract managers.
12. Successful awardee will participate in required training, routine oversight meetings, monthly project calls and others as determined by the NYSDOH/HRI.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYS Department of Health Bureau of Cancer Prevention and Control and Health Research, Inc. with funding provided by the Centers for Disease Control and Prevention. HRI/NYS DOH are responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase:

All substantive questions must be submitted in writing to:

Shayna Guzewski, NYSDOH, Bureau of Cancer Prevention and Control, Canserv@health.ny.gov; subject line should read, “RFA # CCH-2016-01”.

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA.

Questions of a technical nature can be addressed in writing or via telephone by calling Shayna Guzewski, (518) 474-1222. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

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

This RFA has been posted on HRI's public website at: http://www.healthresearch.org/funding-opportunities. Questions and answers, as well as any updates and/or modifications, will also be posted on HRI's website. All such updates will be posted by the date identified on the cover sheet of this RFA.

C. Letter of Interest (optional)

If prospective applicants would like to receive notification when updates/modifications are posted (including responses to written questions), please complete and submit a letter of interest (see *Attachment 1*). Prospective applicants may also use the letter of interest to request actual (hard copy) documents containing updated information.

Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest. While not required, letters of intent/interest are strongly encouraged.

D. Applicant Conference

An Applicant Conference will not be held for this project.

E. How to File an Application

Applications must be **received** at the email address below by the dates and times posted on the cover sheet of this RFA. Late applications will not be accepted.

Applicants shall submit an electronic copy of the completed application and supporting attachments and/or appendices. Please submit the application in pdf format or zip the files, as large files may bounce back, jeopardizing receipt by the submission deadline.

Applications will be accepted via e-mail at canserv@health.ny.gov

It is the applicant's responsibility to see that applications are delivered to the email address noted above, prior to the date and time specified. Late applications will not be considered.

The Department/HRI are NOT responsible for undelivered emails, emails that are returned or 'bounced back', or emails that require the Department/HRI to respond or to request a password or other step in order to open the email and application/attachments. Applicants may request an email response confirming receipt of the application email, but, the applications will not be opened to confirm completeness until the application due dates.

F. THE DEPARTMENT OF HEALTH & HRI RESERVE THE RIGHT TO

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at HRI's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should HRI be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.

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

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

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

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

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

19. Award contracts based on geographic or regional considerations to serve the best interests of HRI.

G. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by Health Research, Inc. It is expected that contracts resulting from this RFA will have the following time period: October 1, 2016 through September 30, 2017. HRI reserves the right to revise the award amount as necessary due to changes in the availability of funding. Pending future grant awards, there is the potential for funding beyond September 30, 2017 such that contracts will be renewed annually for up to four additional years. Renewals are dependent upon satisfactory performance and continued funding.

H. Payment Methods and Reporting Requirements

1. The contractor shall submit monthly invoices and required reports of expenditures to:

   Bureau of Cancer Prevention and Control
   NYS Department of Health
   Riverview Center, Room 350
   Menands, NY 12204

2. The contractor shall submit the following periodic reports:

   i. Evaluation plan within 30 days of contract start date, developed in conjunction with the NYSDOH/HRI.
   ii. Project timeline within 30 days of contract start date.
   iii. Baseline clinic data within 60 days of contract start date. Data should reflect 2014 NQF measures specifications built into the CPCI. Please report data using trailing year rates.

iv. Interim report reflecting progress towards program objectives due 6 months prior to program year end date.

v. Final project year report within 30 days of project year end-date.

Vouchering requirements will be detailed in Exhibit C of the final contract.

I. General Specifications

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

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

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

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

5. Provisions Upon Default

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

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

J. HRI General Terms & Conditions

The following will be incorporated as Attachment A into any contract(s) resulting from this Request for Application.

Attachment A
General Terms and Conditions - Health Research Incorporated Contracts

Section 1. Term - This Agreement shall be effective and allowable costs may be incurred by the Contractor from the Contract Start Date through the Contract End Date, (hereinafter, the "Term") unless terminated sooner as hereinafter provided or extended by mutual agreement of the parties.

2. Allowable Costs/Contract Amount –

a) In consideration of the Contractor's performance under this Agreement, HRI shall reimburse the Contractor for allowable costs incurred in performing the Scope of Work, which is attached hereto as Exhibit A, in accordance with the terms and subject to the limits of this Agreement.

b) It is expressly understood and agreed that the aggregate of all allowable costs under the Agreement shall in no event exceed the Total Contract Amount, except upon formal amendment of this Agreement as provided herein below.

c) The allowable cost of performing the work under this Agreement shall be the costs approved in the Budget attached hereto as Exhibit B and actually incurred by the Contractor, either directly incident or properly allocable, to the Agreement, in the performance of the Scope of Work in accordance with cost principles of the Department of Health and Human Services Grants Policy Statement (HHS GPS). To be allowable, a cost must be necessary, cost-effective and consistent (as reasonably determined by HRI) with policies and procedures that apply uniformly to both the activities funded under this Agreement and other activities of the Contractor. Contractor shall supply documentation of such policies and procedures to HRI when requested.

d) Irrespective of whether the "Audit Requirements" specified in paragraph 3(a) are applicable to this Agreement, all accounts and records of cost relating to this Agreement shall be subject to audit by HRI or its duly authorized representative(s) and/or the Project Sponsor during the Term and for three years after the final voucher is submitted for payment. This provision includes the right for HRI to request copies of source documentation in support of any costs claimed. If an audit is started before the expiration of the 3-year period, the records must be retained until all findings involving the records have been resolved and final action taken. Any reimbursement made by HRI under this Agreement shall be subject to retroactive correction and adjustment upon such audits. The Contractor agrees to repay HRI promptly any amount(s) determined on audit to have been incorrectly paid. HRI retains the right, to the extent not prohibited by law or its agreements with the applicable Project Sponsor(s) to recoup any amounts required to be repaid by the Contractor to HRI by offsetting those amounts against amounts due to the Contractor from HRI pursuant to this or other agreements. The Contractor shall maintain appropriate and complete accounts, records, documents, and other evidence showing the support for all costs incurred under this Agreement.

3. Administrative, Financial and Audit Regulations –

a) This Agreement shall be audited, administered, and allowable costs shall be determined in accordance with the terms of this Agreement and the requirements and principles applicable to the Contractor as noted below, including, but not limited to, the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (referred to herein as the "Uniform Guidance") as codified in Title 2 of the Code of Federal Regulations. The federal regulations specified below apply to the Contractor (excepting the "Audit Requirements," which apply to federally- funded projects only), regardless of the source of the funding specified (federal/non-federal) on the face page of this Agreement. For non-federally funded projects any right granted by the regulation to the federal sponsor shall be deemed granted to the Project Sponsor. It is understood that a Project Sponsor may impose restrictions/requirements beyond those noted below in which case such restrictions/requirements will be noted in Attachment B Program Specific Clauses.

Contractor Type	Administrative Requirements	Cost Principles	Audit Requirements Federally Funded Only
College or University	Uniform Guidance	Uniform Guidance	Uniform Guidance
Not-for-Profit	Uniform Guidance	Uniform Guidance	Uniform Guidance
State, Local Gov. or Indian Tribe	Uniform Guidance	Uniform Guidance	Uniform Guidance

For-Profit	45 CFR Part 74	48 CFR Part 31.2	Uniform Guidance
Hospitals	2 CFR Part 215	45 CFR Part 74	Uniform Guidance

b) If this Agreement is federally funded, the Contractor will provide copies of audit reports required under any of the above audit requirements to HRI within 30 days after completion of the audit.

4. Payments -

a) No payments will be made by HRI until such time as HRI is in receipt of the following items:

- Insurance Certificates pursuant to Article 9;
- A copy of the Contractor's latest audited financial statements (including management letter if requested);
- A copy of the Contractor's most recent 990 or Corporate Tax Return;
- A copy of the Contractor's approved federal indirect cost rate(s) and fringe benefit rate (the "federal rates"); or documentation (which is acceptable to HRI) which shows the Contractor's methodology for allocating these costs to this Agreement. If, at any time during the Term the federal rates are lower than those approved for this Agreement, the rates applicable to this Agreement will be reduced to the federal rates;
- A copy of the Contractor's time and effort reporting system procedures (which are compliant with the Uniform Guidance) if salaries and wages are approved in the Budget.
- A copy of equipment policy if equipment is in the approved budget.
- Further documentation as requested by HRI to establish the Contractor's fiscal and programmatic capability to perform under this Agreement.

Unless and until the above items are submitted to and accepted by HRI, the Contractor will incur otherwise allowable costs at its own risk and without agreement that such costs will be reimbursed by HRI pursuant to the terms of this Agreement. No payments, which would otherwise be due under this Agreement, will be due by HRI until such time, if ever, as the above items are submitted to and accepted by HRI.

b) The Contractor shall submit voucher claims and reports of expenditures at the Required Voucher Frequency noted on the face page of this Agreement, in such form and manner, as HRI shall require. HRI will reimburse Contractor upon receipt of expense vouchers pursuant to the Budget in Exhibit B, so long as Contractor has adhered to all the terms of this Agreement and provided the reimbursement is not disallowed or disallowable under the terms of this Agreement. All information required on the voucher must be provided or HRI may pay or disallow the costs at its discretion. HRI reserves the right to request additional back up documentation on any voucher submitted. Further, all vouchers must be received within thirty (30) days of the end of each period defined as the Required Voucher Frequency (i.e. each month, each quarter). Contractor shall submit a final voucher designated by the Contractor as the "Completion Voucher" no later than sixty (60) days from termination of the Agreement. Vouchers received after the 60 day period may be paid or disallowed at the discretion of HRI.

c) The Contractor agrees that if it shall receive or accrue any refunds, rebates, credits or other amounts (including any interest thereon) that relate to costs for which the Contractor has been reimbursed by HRI under this Agreement it shall notify HRI of that fact and shall pay or, where appropriate, credit HRI those amounts.

d) The Contractor represents, warrants and certifies that reimbursement claimed by the Contractor under this Agreement shall not duplicate reimbursement received from other sources, including, but not limited to client fees, private insurance, public donations, grants, legislative funding from units of government, or any other source. The terms of this paragraph shall be deemed continuing representations upon which HRI has relied in entering into and which are the essences of its agreements herein.

5. Termination - Either party may terminate this Agreement with or without cause at any time by giving thirty (30) days written notice to the other party. HRI may terminate this Agreement immediately upon written notice to the Contractor in the event of a material breach of this Agreement by the Contractor. It is understood and agreed, however, that in the event that Contractor is in default upon any of its obligations hereunder at the time of any termination, such right of termination shall be in addition to any other rights or remedies which HRI may have against Contractor by reason of such default. Upon termination of the Agreement by either party for any reason, Contractor shall immediately turn over to HRI any works in progress, materials, and deliverables (whether completed or not) related to the services performed up to the date of termination.

6. Representations and Warranties – Contractor represents and warrants that:

a) it has the full right and authority to enter into and perform under this Agreement;

b) it will perform the services set forth in Exhibit A in a workmanlike manner consistent with applicable industry practices;

c) the services, work products, and deliverables provided by Contractor will conform to the specifications in Exhibit A;

d) there is no pending or threatened claim or litigation that would have a material adverse impact on its ability to perform as required by this Agreement.

a) **7. Indemnity -** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend HRI, its agents and employees, the New York State Department of Health, and the People of the State of New York against all claims, damages, losses or expenses including but not limited to attorneys' fees arising out of or resulting from the performance of the agreement, provided any such claim, damage, loss or expense arises out of, or in connection with, any act or omission by Contractor, or anyone directly or indirectly employed or contracted by Contractor, in the performance of services under this Agreement, and such acts or omissions (i) constitute negligence, willful misconduct, or fraud; (ii) are attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including loss of use resulting there from; (iii) cause the breach of any confidentiality obligations set forth herein; (iv) relate to any claim for compensation and payment by any employee or agent of Contractor; (v) result in intellectual property infringement or misappropriation by Contractor, its employees, agents, or subcontractors; or (vi) are violations of regulatory or statutory provisions of the New York State Labor Law, OSHA or other governing rule or applicable law. The obligation of the Contractor to indemnify any party under this paragraph shall not be limited in any manner by any limitation of the amount of insurance coverage or benefits including workers' compensation or other employee benefit acts provided by the Contractor. In all subcontracts entered into by the Contractor related to performance under this Agreement, the Contractor will include a provision requiring the subcontractor to provide the same indemnity and hold harmless to the indemnified parties specified in this paragraph.

8. Amendments/Budget Changes –

a) This Agreement may be changed, amended, modified or extended only by mutual consent of the parties provided that such consent shall be in writing and executed by the parties hereto prior to the time such change shall take effect, with the exception of changes and amendments that are made mandatory by the Project Sponsor under the sponsoring grant/contract, which will take effect in accordance with the Project Sponsor's requirements and schedule.

b) In no event shall there be expenses charged to a restricted budget category without prior written consent of HRI.

c) The Budget Flexibility Percentage indicates the percent change allowable in each category of the Budget, with the exception of a restricted budget category. As with any desired change to this Agreement, budget category deviations exceeding the Budget Flexibility Percentage in any category of the Budget are not permitted unless approved in writing by HRI. In no way shall the Budget Flexibility Percentage be construed to allow the Contractor to exceed the Total Contract Amount less the restricted budget line, nor shall it be construed to permit charging of any unallowable expense to any budget category. An otherwise allowable charge is disallowed if the charge amount plus any Budget Flexibility Percentage exceeds the amount of the budget category for that cost.

9. Insurance –

a) The Contractor shall maintain or cause to be maintained, throughout the Term, insurance or self-insurance equivalents of the types and in the amounts specified in section b) below. Certificates of Insurance shall evidence all such insurance. It is expressly understood that the coverage's and limits referred to herein shall not in any way limit the liability of the Contractor. The Contractor shall include a provision in all subcontracts requiring the subcontractor to maintain the same types and amounts of insurance specified in b) below.

b) The Contractor shall purchase and maintain at a minimum the following types of insurance coverage and limits of liability:

1) Commercial General Liability (CGL) with limits of insurance of not less than $1,000,000 each Occurrence and $2,000,000 Annual Aggregate. If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor's CGL, using ISO Additional Insured Endorsement CG 20 10 11 85 or an endorsement providing equivalent coverage to the Additional Insureds. The CGL insurance for

the Additional Insureds shall be as broad as the coverage provided for the Named Insured Contractor. It shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.

2) Business Automobile Liability (AL) with limits of insurance of not less than $1,000,000 each accident. AL coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles. HRI and the People of the State of New York shall be included as Additional Insureds on the Contractor's AL policy. The AL coverage for the Additional Insureds shall apply as primary and non-contributing insurance before any insurance maintained by the Additional Insureds.

3) Workers Compensation (WC) & Employers Liability (EL) with limits of insurance of not less than $100,000 each accident for bodily injury by accident and $100,000 each employee for injury by disease.

4) If specified by HRI, Professional Liability Insurance with limits of liability of $1,000,000 each occurrence and $3,000,000 aggregate.

c) Provide that such policy may not be canceled or modified until at least 30 days after receipt by HRI of written notice thereof; and

d) Be reasonably satisfactory to HRI in all other respects.

10. Publications and Conferences –

a) All written materials, publications, journal articles, audio-visuals that are either presentations of, or products of the Scope of Work which are authorized for publication or public dissemination, subject to the confidentiality restrictions herein, will acknowledge HRI, the New York State Department of Health (DOH) and the Project Sponsor and will specifically reference the Sponsor Reference Number as the contract/grant funding the work with a disclaimer, as appropriate, such as: "The content of this publication (journal article, etc.) is solely the responsibility of the authors and does not necessarily represent the official views of HRI or the Project Sponsor. This requirement shall be in addition to any publication requirements or provisions specified in Attachment B – Program Specific Clauses.

b) Conference Disclaimer: Where a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites, "Funding for this conference was made possible (in part) by the <insert Project Sponsor name>. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of HRI, NYS Department of Health or the Project Sponsor, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government."

Use of Logos: In order to avoid confusion as to the conference source or a false appearance of Government, HRI or DOH endorsement, the Project Sponsor, HRI and/or DOH's logos may not be used on conference materials without the advance, express written consent of the Project Sponsor, HRI and/or DOH.

11. Title -

a) Unless noted otherwise in an attachment to this Agreement, title to all equipment purchased by the Contractor with funds from this Agreement will remain with Contractor. Notwithstanding the foregoing, at any point during the Term or within 180 days after the expiration of the Term, HRI may require, upon written notice to the Contractor, that the Contractor transfer title to some or all of such equipment to HRI. The Contractor agrees to expeditiously take all required actions to effect such transfer of title to HRI when so requested. In addition to any requirements or limitations imposed upon the Contractor pursuant to paragraph 3 hereof, during the Term and for the 180 day period after expiration of the Term, the Contractor shall not transfer, convey, sublet, hire, lien, grant a security interest in, encumber or dispose of any such equipment. The provisions of this paragraph shall survive the termination of this Agreement.

b) Contractor acknowledges and agrees that all work products, deliverables, designs, writings, inventions, discoveries, and related materials (collectively, "Works") made, produced or delivered by Contractor in the performance of its obligations hereunder will be owned exclusively by HRI. All copyrightable Works are "works made for hire", which are owned by HRI. Contractor will assign, and hereby assigns and transfers to HRI, all

intellectual property rights in and to Works, including without limitation, copyrights, patent rights, trademark rights, and trade secret rights. The Contractor shall take all steps necessary to effect the transfer of the rights granted in this paragraph to HRI. As set forth in paragraph 18(d) herein, Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R. 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith. The provisions of this paragraph shall survive the termination of this Agreement.

12. Confidentiality - Information relating to individuals who may receive services pursuant to this Agreement shall be maintained and used only for the purposes intended under the Agreement and in conformity with applicable provisions of laws and regulations or specified in Attachment B, Program Specific Clauses. Contractor acknowledges and agrees that, during the course of performing services under this Agreement, it may receive information of a confidential nature, whether marked or unmarked, ("Confidential Information"). Contractor agrees to protect such Confidential Information with the same degree of care it uses to protect its own confidential information of a similar nature and importance, but with no less than reasonable care. Contractor will not use Confidential Information for any purpose other than to facilitate the provision of services under this Agreement, and Contractor will not disclose Confidential Information in an unauthorized manner to any third party without HRI's advance written consent.

13. Equal Opportunity and Non-Discrimination - Contractor acknowledges and agrees, whether or not required by Article 15 of the New York State Executive Law (also known as the Human Rights Law) or any other State or Federal statutory or constitutional non-discrimination provisions, that Contractor will not discriminate against any employee or applicant for employment because of race, color, creed, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic predisposition or carrier status, or marital status. Furthermore, Contractor agrees that neither it nor its authorized subcontractors, if any, shall, by reason of race, color, creed, disability, age, sex, sexual orientation, gender identity, national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this Agreement. Contractor is subject to fines of $50.00 per person per day for any violation of this provision, or of Section 220-e or Section 239 of the New York State Labor Law, as well as possible termination of this Agreement and forfeiture of all moneys due hereunder for a second or subsequent violation.

14. Use of Names - Unless otherwise specifically provided for in Attachment B, Program Specific Clauses, and excepting the acknowledgment of sponsorship of this work as required in paragraph 10 hereof (Publications), the Contractor will not use the names of Health Research, Inc. the New York State Department of Health, the State of New York or any employees or officials of these entities without the express written approval of HRI.

15. Site Visits and Reporting Requirements -

a) Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance of the services under this Agreement (collectively, "Records"). The Records must be kept for three years after the final voucher is paid.

b) HRI and the Project Sponsor or their designee(s) shall have the right to conduct site visits where services are performed and observe the services being performed by the Contractor and any subcontractor and inspect Records. The Contractor shall render all assistance and cooperation to HRI and the Project Sponsor in connection with such visits. The surveyors shall have the authority, to the extent designated by HRI, for determining contract compliance as well as the quality of services being provided.

c) The Contractor agrees to provide the HRI Project Director, or his or her designee complete reports, including but not limited to, narrative and statistical reports relating to the project's activities and progress at the Reporting Frequency specified in Exhibit C. The format of such reports will be determined by the HRI Project Director and conveyed in writing to the Contractor.

16. Miscellaneous –

a) Contractor and any subcontractors are independent contractors, not partners, joint venturers, or agents of HRI, the New York State Department of Health or the Project Sponsor; nor are the Contractor's or subcontractor's employees considered employees of HRI, the New York State Department of Health or the Project Sponsor for any reason. Contractor shall pay employee compensation, fringe benefits, disability benefits, workers compensation and/or withholding and other applicable taxes (collectively the "Employers Obligations") when due. The contractor shall include in all subcontracts a provisions requiring the subcontractor to pay its Employer

Obligations when due. Contractor is fully responsible for the performance of any independent contractors or subcontractors.

b) This Agreement may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet, subjected to any security interest or encumbrance of any type, or disposed of without the previous consent, in writing, of HRI.

c) This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and permitted assigns.

d) Contractor shall have no interest, financial or otherwise, direct or indirect, or engage in any business, transaction, or professional activity, that may create a conflict, or the appearance of a conflict, with the proper discharge of Contractor's duties under this Agreement or the conflict of interest policy of any agency providing federal funding under this Agreement. In the event any actual or potential conflict arises, Contractor agrees to notify HRI in writing within ten (10) days to allow HRI to evaluate any potential or actual conflict. Contractor certifies that it has implemented and is in compliance with a financial conflict of interest policy that complies with 42 CFR Part 50 Subpart F, as may be amended from time to time. Contractor acknowledges that it cannot engage in any work or receive funding from HRI until they have disclosed all financial conflicts of interest and identified an acceptable management strategy to HRI. At HRI's request, Contractor will provide information about how it identified, managed, reduced or eliminated conflicts of interest. Failure to disclose such conflicts or to provide information to HRI may be cause for termination as specified in the Terms & Conditions of this Agreement. HRI shall provide Contractor with a copy of notifications sent to the funding agency under this Agreement.

e) Regardless of the place of physical execution or performance, this Agreement shall be construed according to the laws of the State of New York and shall be deemed to have been executed in the State of New York. Any action to enforce, arising out of or relating in any way to any of the provisions of this Agreement may only be brought and prosecuted in such court or courts located in the State of New York as provided by law; and the parties' consent to the jurisdiction of said court or courts located in the State of New York and to venue in and for the County of Albany to the exclusion of all other court(s) and to service of process by certified or registered mail, postage prepaid, return receipt requested, or by any other manner provided by law. The provisions of this paragraph shall survive the termination of this Agreement.

f) All official notices to any party relating to material terms hereunder shall be in writing, signed by the party giving it, and shall be sufficiently given or served only if sent by registered mail, return receipt requested, addressed to the parties at their addresses indicated on the face page of this Agreement.

g) If any provision of this Agreement or any provision of any document, attachment or Exhibit attached hereto or incorporated herein by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement but this Agreement shall be reformed and construed as if such invalid provision had never been contained herein and such provision reformed so that it would be valid, operative and enforceable to the maximum extent permitted.

h) The failure of HRI to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by HRI or excuse a similar subsequent failure to perform any such term or condition by Contractor.

i) It is understood that the functions to be performed by the Contractor pursuant to this Agreement are non-sectarian in nature. The Contractor agrees that the functions shall be performed in a manner that does not discriminate on the basis of religious belief and that neither promotes nor discourages adherence to particular religious beliefs or to religion in general.

j) In the performance of the work authorized pursuant to this Agreement, Contractor agrees to comply with all applicable project sponsor, federal, state and municipal laws, rules, ordinances, regulations, guidelines, and requirements governing or affecting the performance under this Agreement in addition to those specifically included in the Agreement and its incorporated Exhibits and Attachments.

k) This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Delivery of an executed signature page to the Agreement by facsimile transmission or PDF shall be as effective as delivery of a manually signed counterpart.

17. Federal Regulations/Requirements Applicable to All HRI Agreements -

The following are federal regulations, which apply to all Agreements; regardless of the source of the funding (federal/non-federal) specified on the face page of this Agreement. Accordingly, regardless of the funding source, the Contractor agrees to abide by the following:

a) Human Subjects, Derived Materials or Data - If human subjects are used in the conduct of the work supported by this Agreement, the Contractor agrees to comply with the applicable federal laws, regulations, and policy statements issued by DHHS in effect at the time the work is conducted, including by not limited to Section 474(a) of the HHS Act, implemented by 45 CFR Part 46 as amended or updated. The Contractor further agrees to complete an OMB No. 0990-0263 form on an annual basis.

b) Laboratory Animals - If vertebrate animals are used in the conduct of the work supported by this Agreement, the Contractor shall comply with the Laboratory Animal Welfare Act of 1966, as amended (7 USC 2131 et. seq.) and the regulations promulgated thereunder by the Secretary of Agriculture pertaining to the care, handling and treatment of vertebrate animals held or used in research supported by Federal funds. The Contractor will comply with the *HHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions* and the *U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research and Training*.

c) Research Involving Recombinant DNA Molecules - The Contractor and its respective principle investigators or research administrators must comply with the most recent *Public Health Service Guidelines for Research Involving Recombinant DNA Molecules* published at Federal Register 46266 or such later revision of those guidelines as may be published in the Federal Register as well as current *NIH Guidelines for Research Involving Recombinant DNA Molecules.*

d) Contractor is required to register with SAM.gov and maintain active status as stated in 2 CFR Subtitle A, Chapter 1, and Part 25. Contractor must maintain the accuracy/currency of the information in SAM at all times during which the Contractor has an active agreement with HRI. Additionally, the Contractor is required to review and update the information at least annually after the initial registration, and more frequently if required by changes in information.

e) <u>Equal Employment Opportunity – for all agreements</u>

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.

18. Federal Regulations/Requirements Applicable to Federally Funded Agreements through HRI -

The following clauses are applicable only for Agreements that are specified as federally funded on the Agreement face page:

b) If the Project Sponsor is an agency of the Department of Health and Human Services: The Contractor must be in compliance with the following Department of Health and Human Services and Public Health Service regulations implementing the statutes referenced below and assures that, where applicable, it has a valid assurance (HHS-690) concerning the following on file with the Office of Civil Rights, Office of the Secretary, HHS.

1) Title VI of the Civil Rights Act of 1964 as implemented in 45 CFR Part 80.
2) Section 504 of the Rehabilitation Act of 1973, as amended, as implemented by 45 CFR Part 84.
3) The Age Discrimination Act of 1975 (P.L. 94-135) as amended, as implemented by 45 CFR 1.
4) Title IX of the Education Amendments of 1972, in particular section 901 as implemented at 45 CFR Part 86 (elimination of sex discrimination).

5) Sections 522 and 526 of the HHS Act as amended, implemented at 45 CFR Part 84 (non-discrimination for drug/alcohol abusers in admission or treatment).
6) Section 543 of the HHS Act as amended as implemented at 42 CFR Part 2 (confidentiality of records of substance abuse patients).
7) Trafficking in Persons – subject to the requirement of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104).
8) HHS regulatory requirements on Responsibility of Applicants for Promoting Objectivity in Research and financial conflicts of interest set forth in 42 C.F.R Parts 50 and 94.
9) Contractor agrees to comply with other requirements of the Project Sponsor, if applicable, set forth in the HHS Grants Policy Statement.

c) Notice as Required Under Public Law 103-333: If the Project Sponsor is an agency of the Department of Health and Human Services, the Contractor is hereby notified of the following statement made by the Congress at Section 507(a) of Public Law 103-333 (The DHHS Appropriations Act, 1995, hereinafter the "Act"): It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.

d) Contractor agrees that if the Project Sponsor is other than an agency of the DHHS, items 1, 2, 3 and 4 in subsection a) above shall be complied with as implemented by the Project Sponsor.

d) Contractor agrees that the Standard Patent Rights Clauses under the Bayh-Dole Act (37 C.F.R 401) are hereby incorporated by reference and shall supersede any terms in this Agreement that may conflict therewith.

e) Criminal Penalties for Acts Involving Federal Health Care Programs_- Recipients and sub-recipients of Federal funds are subject to the strictures of 42 U.S.C. 1320A-7B(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, including for making false statements and representations and illegal remunerations.

f) Equipment and Products - To the greatest extent practicable, all equipment and products purchased with federal funds should be American-made.

g) Acknowledgment of Federal Support – When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part by federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

h) Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42. U.S.C. 1320a-7b (b) and should be recognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) and individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) in return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item for which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years or both.

i) Clean Air Act and the Federal Water Pollution Control Act Compliance - If this contract is in excess of $150,000, Contractor agrees to comply and to require that all subcontractors have complied, where applicable, with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401-7671q.) and the Federal Water Pollution Control Act as amended (33 U.S.C. §1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

j) Americans With Disabilities Act - This agreement is subject to the provisions of Subtitle A of Title II of the Americans with Disabilities Act of 1990, 42. U.S.C. 12132 ("ADA") and regulations promulgated pursuant thereto, see 28 CFR Part 35. The Contractor shall not discriminate against an individual with a disability, as defined in the ADA, in providing services, programs or activities pursuant to this Agreement.

k) Whistleblower Policy: Congress has enacted whistleblower protection statue 41 U.S.C. 4712, which applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts. This program requires all grantees, subgrantees and subcontractors to: inform their employees working on any federally funded award they are subject to the whistleblower rights and remedies of the program; inform their employee in writing of employee whistleblower protections under 41 U.S.C. 4712 in the predominant native language of the workforce; and Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

The statue (41 U.S.C. 4712) states that an "employee of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing". In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is defined as making a disclosure "that the employee reasonably believes is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee's disclosure must be made to: a Member of Congress or a representative of a Congressional committee; or an Inspector General; or the Government Accountability Office; or a Federal employee responsible for contract or grant oversight or management at the relevant agency; or an authorized official of the Department of Justice or other law enforcement agency; or a court or grand jury; a management official or other employee of the contractor, subcontractor, grantee or subgrantee who has the responsibility to investigate, discover or address misconduct.

19. Required Federal Certifications –
Acceptance of this Agreement by Contractor constitutes certification by the Contractor of all of the following:

a) The Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.

b) The Contractor is not delinquent on any Federal debt.

c) Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352) – Contracts for $100,000 or more must file the required certifications. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

d) The Contractor shall comply with the requirements of the Pro-Children Act of 1994 and shall not allow smoking within any portion of any indoor facility used for the provision of health, day care, early childhood development, education or library services to children under the age of eighteen (18) if the services are funded by a federal program, as this Agreement is, or if the services are provided in indoor facilities that are constructed, operated or maintained with such federal funds.

e) The Contractor has established administrative policies regarding Scientific Misconduct as required by the Final Rule 42 CFR Part 93, Subpart A as published at the 54 Federal Register 32446, August 8, 1989.

f) The Contractor maintains a drug free workplace in compliance with the Drug Free Workplace Act of 1988 as implemented in 45 CFR Part 76.

g) If the Project Sponsor is either an agency of the Public Health Service or the National Science Foundation, the Contractor is in compliance with the rules governing Objectivity in Research as published in 60 Federal Register July 11, 1995.

h) Compliance with EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009. Recipients and sub recipients of CDC grant funds are prohibited both from texting while driving a Government owned vehicle and/or using Government furnished electronic equipment while driving any vehicle. Grant recipients and sub recipients are responsible for ensuring their employees are aware of this prohibition and adhere to this prohibition.

i) EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services.

j) Equal Employment Opportunity, requires compliance with E.O. 13672 "Further Amendments to Executive Order 11478, Equal Employment Opportunity in the Federal Government, and Executive Order 11246, “Equal Employment Opportunity”, and as supplemented by regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”

The Contractor shall require that the language of all of the above certifications will be included in the award documents for all subawards under this Agreement (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. The Contractor agrees to notify HRI immediately if there is a change in its status relating to any of the above certifications.

V. Completing the Application

A. Application Content

All applications should conform to the format prescribed in RFA *Section V. B., Application Format*, below, and should contain all requested information. Please read each section carefully and be certain to respond to each item included in every section when completing the application. Applicants should provide responses to all questions and statements in each section listed below. Number and letter the narrative response to correspond to each question or statement and all elements within the question in the order presented in each section. An Application Checklist (*Attachment 2*) has been included to help ensure that submission requirements are met. Applicants should review the Application Checklist before and after writing the application but do not need to submit this document with the application.

The application work plan should address the twelve-month contract period from October 1, 2016 through September 30, 2017. The application narrative should cover the twelve-month contract period October 1, 2016 through September 30, 2017, and, should future funding permit, describe activities to be conducted annually through September 30, 2021.

The budget should detail proposed expenses for the twelve-month contract period from October 1, 2016 through September 30, 2017.

Cover Sheet
(Not scored; 1 page template)

A template for the Application Cover Sheet is posted as *Attachment 3* along with this RFA and should be completed and included as the first page of the application.

Section 1. Project Summary
(Not Scored; up to one [1] page)

Briefly describe what your organization expects to accomplish with these funds to achieve measureable improvement in colorectal and cervical cancer screening. Name the clinic site or sites at which implementation of project activities will occur. Identify the EBI(s) you will implement at each identified site and provide a summary of proposed activities to support implementation of the EBI(s) and patient navigation activities. For each of these items, please respond with accomplishments and activities to be implemented in the first, twelve-month contract period and, should funding permit through September 30, 2021.

Section 2. Applicant Description, Mission and Statement of Need
(25 points; up to 3 pages)

Briefly describe your FQHC's mission and the services provided as well as the overall catchment area. Include a listing of all clinic sites, if applicable. Please provide all requested information for each clinic site or sites at which project activities will be implemented in the twelve-month contract period.

a. Describe the site or sites at which the project will be implemented, including demographics of the patient population served (age, gender, race/ethnicity and insurance distribution) at the selected site(s).
b. Describe the percent or number of patients served who are in the eligible population for cervical and colorectal cancer screening based on 2014 NQF measure specifications for cervical and colorectal cancer.
    i. If proposing work at multiple sites, describe the eligible population for each site.
c. Please provide the percent or number of patients within the specified population who are up-to-date on cervical and colorectal cancer screening based on April 2016 trailing year data.
    i. If proposing work at multiple sites, describe the percent or number of patients up-to-date on cervical and colorectal cancer screening for each site.

d. Provide the number of patients you intend to navigate for cervical and colorectal cancer screening within the twelve-month grant period.
    i. If proposing work at multiple sites, provide the number for each cancer at each site.
e. Provide the percent increase in FQHC and/or site cervical and colorectal cancer screening rates you expect to achieve through implementation of this project.
    i. If proposing work at multiple sites, provide the percent increase for each cancer screening rate at each site.

Section 3. Applicant Organizational Capability and Experience
(15 points; up to 3 pages)

a. Describe your FQHC's experience providing patient navigation/care coordination or case management services for any chronic disease category.

b. Briefly describe your FQHC's experience and outcomes from the CDC-funded 2014 CHCANYS and NYSDOH/HRI Cancer Screening Registry Project and any other activities your FQHC has participated in that seek to improve cervical and/or colorectal cancer screening rates, including clinical workflow, health systems, IT, patient-oriented or provider-oriented activities.
    i. Describe how your FQHC intends to maintain its connection to the CPCI. Or, if your FQHC does not intend to maintain its connection to the CPCI, describe the method or program you will use to report on cervical and colorectal cancer screening rates based on 2014 NQF measure specifications.
    ii. Identify the EBI(s) you will implement and include a preliminary plan for implementation of these activities to support increases in cancer screening (for example, implementing a standard screening protocol, developing standard EHR queries to capture screenings, and activities identified as evidence-based interventions in the Guide to Community Preventive Services.
c. Describe your capacity for sustainability of this activity after the project ends.
    i. Include discussion of sustainability of funding for patient navigator staff and/or navigation activities performed by any staff person as well as any beneficial systems changes resulting from this project, both at the end of the first twelve-month contract period and, should funds allow, beyond September 30, 2021.

Section 4. Project Activities and Work Plan
(30 points; up to 10 pages – up to 5 pages for the narrative and up to 5 pages for the work plan)

a. Describe the organizational structure and staffing plan of the proposed program and staff oversight of navigator(s). Ensure that an appropriate support and supervisory structure are in place to allow the navigator and successful applicant to fulfill the project requirements.
b. Identify essential project decision makers (clinical, administrative and IT staff) who will oversee/be involved in the project and their roles, including the ability to provide patient navigator/s with trained medical staff supervision and assistance using the EHR system and/or CPCI. These may include Chief Medical Officer, Director of Nursing, center or site practice managers, Quality Improvement and/or Quality Assurance staff at the center and/or site. A portion of project funds may be allocated to support these functions. See *Application Content, Section 6. Budget* and *Attachment 8, Budget Guidance.*
c. Include your preliminary plan for integrating the patient navigator into the existing clinical workflow.
    i. If proposing that one FTE patient navigator will serve multiple sites, describe what percent of time the FTE patient navigator(s) will devote to each site.
d. Include an attachment with position descriptions/qualifications for to-be-hired staff and resumes and/or other credentials (Licensure, Certification, Curricula Vitae, etc.) for key project staff.
e. Include an organizational chart for the FQHC with participating clinic(s) identified, and staff oversight of navigation services.
f. Provide information on other organizations and/or referral specialist providers you plan to partner with to reduce barriers to and /or increase referrals for cervical and colorectal cancer screening (i.e. New York State Cancer Services Program contractors, New York State of Health Navigators, imaging providers and other supportive services).
    i. Describe a preliminary plan for improving communication and systems with ancillary provider sites (for example, those that perform colonoscopy) to ensure timely reporting of screening or diagnostic results.
g. Work Plan (Required: 5 page limit. No less than single-spaced, 10 point font. Not required: Times New Roman font and 1 inch margins)

    All applicants should complete and submit a work plan using the Work Plan Guidance and Template, included as *Attachment 6*. The work plan should be for the twelve-month period from October 1, 2016 to September 30, 2017.

    Use the work plan to organize the specific activities and timeline your organization will use to meet

project goals and objectives using the available funds. The work plan should include activities which will be conducted, methods used to assess whether or not the activities are successful or effective, timeframes and persons responsible for carrying out each activity.

Section 5. Project Evaluation

(10 points; up to 2 pages)

a. Provide a detailed description of the processes and responsible parties to support reporting of each of the evaluation measures described below under the headings Implementation Measures, Screening Measures and Patient Navigation Activities.

i. Implementation Measures:

- Selection of EBIs completed
- Number and type of EBIs implemented

ii. Screening Measures:

- Successful applicants will be required to report their cervical and colorectal cancer screening rates at the project start and at least annually thereafter, for a period of up to three (3) years beyond project implementation, using the 2014 National Quality Forum (NQF) measure specifications. FQHCs should pull screening rates from the CPCI or other identified clinical information system.

iii. Patient Navigation Activities:

- Number of patients contacted
- Number of patients contacted and identified as already up-to-date with cervical and/or colorectal cancer screening
    - Number of patient records updated with completed screening status based on collection of clinical documentation indicating completed screening
- Number of patients navigated for each cancer screening
- Report on types of patient navigation services provided for each patient (i.e. barrier assessments, scheduling appointments, referrals to community resources, follow-up and care plans, etc.)
    - Additional information may be requested via a to-be-provided reporting template based on the reporting capacity of successful applicants/s.

Section 6. Budget/Cost Sheet
(20 points; no page limits)

The anticipated minimum amount of funding available for each of the up to six (6) awarded grantees is between $75,000 and $125,000 each for the twelve-month period of October 1, 2016 to September 30, 2017, for a total project value of up to $750,000. All applicants may receive $75,000 to support one FTE patient navigator within their FQHC and each may apply for up to an additional $50,000 to support one additional navigator at a second clinic site.

	12-month Project Period (October 1, 2016 – September 30, 2017)
Project implementation and one FTE patient navigator	$75,000
Optional additional patient navigator at second clinic site	$50,000
TOTAL AVAILABLE	$125,000

Total funding is contingent on notice of federal grant award and contractor performance. Pending future grant awards, there is the potential for funding beyond September 30, 2017 such that contracts may be renewed annually for up to four additional years, through September 30, 2021. Renewals are dependent upon satisfactory performance and continued funding.

Applicants should use the provided Budget Template (*Attachment 7*), completed and saved with the following naming convention, "RFA # CCH-2016-01_ApplicantOrganizationName_Budget", and submitted with the application.

Further budget instructions are provided in *Attachment 8. Budget Guidance*.

B. Application Format

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED BELOW. POINTS WILL BE DEDUCTED FROM APPLICATIONS WHICH DEVIATE FROM THE PRESCRIBED FORMAT.

Applications should not exceed 19, 1.5 spaced, typed pages (not including the cover page, budget and attachments), using a 12-point, Times New Roman font (not including work plan and budget). Pages should be consecutively numbered, starting with the cover page and including all attachments. All pages should include a header that is labeled as follows, "RFA # CCH-2016-01 Applicant Organization Name".

The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

Cover Page	(1 page template)	(Not Scored)
Section 1. Project Summary	(up to 1 page)	(Not Scored)
Section 2. Applicant Description, Mission & Statement of Need	(up to 3 pages)	(Maximum Score: 25 points)
Section 3. Applicant Organizational Capability & Experience	(up to 3 pages)	(Maximum Score: 15 points)
Section 4. Project Activities and Work Plan	(up to 10 pages) (5 page Project Activities) (5 pages Work Plan)	(Maximum Score: 30 points) (Project activities = 22 points) (Work plan = 8 points)
Section 5. Evaluation	(up to 2 pages)	(Maximum Score: 10 points)
Section 6. Budget	(No page limit)	(Maximum Score: 20 points)

Formatting point deductions are as follows:

Failure to:

- Adhere to the prescribed page limits: 1 point deduction (Application WILL NOT be reviewed beyond 19 pages, not including the cover page, budget and attachments.)
- Use 1.5 line spacing and 1 inch margins throughout (Except cover page, work plan, budget, and attachments): 1 point deduction
- Consecutively number all pages, beginning with cover page and including attachments: 1 point deduction
- Use 12-point, Times New Roman font throughout (Except work plan, budget, and attachments): 1 point deduction
- Insert prescribed page headers: 1 point deduction

C. Review Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by HRI/the NYSDOH Bureau of Cancer Prevention and Control.

The six highest scoring applicants will be awarded contracts. In the event of a tie score, the applicant with the highest combined score on the 'Applicant Description, Mission and Statement of Need' and "Project Activities and Work Plan" sections will receive an award. Any cost related or in response to this RFA is the obligation of the applicant and not the responsibility of the Department of Health or HRI.

Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

If changes in funding amounts are necessary for this initiative, funding will be modified and awarded in the same manner as outlined in the award process described above. If additional funding becomes available, awards may be made to the next highest scoring applicant/s beyond the first six receiving awards.

Once awards have been made, applicants may request a debriefing of their applications. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than ten (10) business days from date of award or non-award announcement.

VI. Attachments

Attachment 1: Letter of Interest Template
Attachment 2: Application Checklist
Attachment 3: Application Cover Sheet
Attachment 4: List of FQHCs Participating in Cohorts 1 and 2 of the NYSDOH CDC Funded Cancer Screening Registry Project
Attachment 5: Patient Navigator Sample Position Description
Attachment 6: Work Plan Guidance and Template
Attachment 7: Budget Template
Attachment 8: Budget Guidance

Date

Shayna Guzewski
Bureau of Cancer Prevention and Control
NYS Department of Health
150 Broadway, Suite 350
Menands, NY 12204

Re: RFA # CCH-2016-01
RFA Title: Increasing Cancer Screening through Patient Navigation in Targeted New York State Federally Qualified Health Centers

Dear Ms. Guzewski,

This letter is to indicate our interest in the above Request for Applications (RFA) and to request that our organization be notified, via the e-mail address below, when any updates, official responses to questions, or amendments to the RFA are posted on HRI's website: http://www.healthresearch.org/funding-opportunities/.

Name of Federally Qualified Health Center: _____

Main Address of Federally Qualified Health Center: _____

E-mail address: _____

Counties served by the Federally Qualified Health Center: _____

Sincerely,

Please arrange your application in the following order and ensure all documents listed below are included with your application. Applicants are not required to submit this Application Checklist document with the application.

- ☐ Application Cover Sheet
- ☐ Application Content:

Not to exceed the following number of 1.5 spaced pages of text for each:

- ☐ Project Summary – up to 1 page
- ☐ Applicant Description, Mission and Statement of Need – up to 3 pages
- ☐ Applicant Organizational Capability and Experience – up to 3 pages
- ☐ Program Activiites and Work Plan – up to 10 pages (up to 5 pages for Narrative Program Activities and up to 5 pages for Work Plan – work plan may be single-spaced)
- ☐ Project Evaluation up to 2 pages

- ☐ Budget and Justification (no page limit; using Excel workbook template provided)
- ☐ Additional Attachments:

  - ☐ Position Descriptions, Resumes of Key Program Staff
  - ☐ Center Organizational Chart with participating clinic(s) identified

Please make sure that your application adheres to the submission requirements for format.

Points will be deducted for failing to adhere to these requirements as indicated in the RFA.

Please type or print:

Name of Applicant Organization: _____

Agency's Federal ID Number: _____

Agency's Dunn & Bradstreet (D&B) DUNS Number:_____

Project/ Grant Contact Person: _____

Title: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

Name of Individual Authorized to sign the Contract: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

County/Borough: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

Signature: _____

Total Amount of Funding Requested: _____

Signature of Applicant's Executive Director or Chief Executive Officer:

_____

Name Date

Printed Name: _____ Title: _____

1. Access Community Health Center
2. Anthony L. Jordan Health Centers
3. Betances Health Center
4. Brownsville Multi-Service Family Health Center
5. Community Health Center of Richmond
6. Community Health Center of the North Country
7. Community Healthcare Network
8. Damian Family Care Centers
9. Ezra Cholim Health Center
10. Finger Lakes Community Health
11. Greater Hudson Valley Health Center
12. Hometown Health Centers
13. Hudson River Health Care
14. Institute for Family Health
15. Morris Heights Health Center
16. NYU/Lutheran Family Health Centers
17. Oak Orchard Health
18. Open Door Family Medical Centers
19. Project Renewal
20. Regional Primary Care Network
21. Settlement Health
22. Whitney M. Young Health Center
23. William F. Ryan Community Health Network

Job Title: Patient Navigator

Department: Clinical Operations

Immediate Supervisor Title: Supervising Case Manager/Nursing Supervisor

Job Supervisory Responsibilities: N/A

General Summary: This is a non-exempt position which is part of the Health Center Network's Care Management team. This position helps to "navigate" patients through the health care system, including providers' offices, hospitals, insurance and payment systems, patient-support organizations and other components of the health care system. In addition, the Patient Navigator helps to identify barriers that may be preventing patients from receiving timely and high quality healthcare treatment and working to find solutions to those barriers.

Essential Job Responsibilities:

1. Work with Health Center staff and other community resources to become knowledgeable about available services that may be helpful to patients.
2. Assist in overcoming logistical barriers to scheduled diagnosis and treatment appointments.
3. Provide outreach to patients to help them understand the importance of preventive services, based on the age and condition(s).
4. Help patients to understand recommended follow-up of abnormal screening exams, treatment referrals and general preventive behaviors.
5. Contact patients who are "at risk" for missing appointments.
6. Provide educational tools as indicated.
7. Facilitate access to available resources for obtaining insurance coverage and/or sliding fee benefits.
8. Assist to ensure that appropriate information is available in the patient's medical records during scheduled appointments.
9. Facilitate linkages to follow-up services.
10. Coach patients to become advocates for their own care.
11. Build awareness of patient navigator services among the health care team by building professional relationships with team members, providing information about patient navigator service and maintaining communication to identify patients who are "at risk" for barriers to care.
12. Communicate with providers about unique patient needs, (i.e., cultural).
13. Other duties as assigned.

Education: Bachelor's Degree in health care- or human service-related field preferred.

Experience: Knowledgeable about health care systems and the breadth and accessibility of

community resources. Experience working in medical settings and interacting collaboratively with medical teams. Possess a working knowledge of HIPAA regulations; FQHC experience preferred.

Other Requirements: Must have a valid driver's license and be able to travel throughout the Health Center Service Area.

Critical Skills and Abilities

- Strong communication, interpersonal and organizational skills
- Compassionate, articulate and patient
- Computer proficiency
- Strong problem solving, relationship building and advocacy skills
- Ability to work independently
- Dynamic and personable
- Works effectively on teams
- Detail oriented

Equipment Operated: Standard office equipment with emphasis on computer hardware and software

Work Environment: Travel to Health Centers assigned. Frequent contact with individuals from many backgrounds.

Mental/Physical Requirements: Combination of sitting, walking and standing. May require sitting at computer for several hours per day.

Guidance

Please complete the *Activities* fields in the template below to describe the action steps your organization will implement to achieve each objective. **The work plan should cover the contract period from October 1, 2016 to September 30, 2017.** Expand fields as necessary to input activities but do not exceed five pages. This guidance section may be deleted once template is completed.

Do not remove the already populated objectives, outcome and process measures, strategies or completion dates, these are required. You may add additional outcome measures, strategies and process measures should you have additional work you would like to reflect. For each strategy and activity added, complete the *Responsible Position or Party* field.

Work plan for Patient Navigation in Federally Qualified Health Centers			
SECTION 1: Implementation			
Objective 1: *By November30, 2016, implement activities related to project pre-work and start-up.*	**Outcome Measure:** *1. All phases of project pre-work and start-up are completed by November 30, 2016.*		
Strategies:	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. Identify and engage clinical and administrative decision makers	1. Appropriate designated FQHC and clinic site staff participate in initial project kickoff meeting 2. System established for regular contact/updates between patient navigator and decision makers 3. FQHC and clinic site staff participate in bi-weekly calls with NYSDOH/HRI		November 30, 2016 November 30, 2016
Activities:			
2. Hire patient navigator(s)	1. Navigator(s) identified/hiring process in progress		November 30, 2016
Activities:			
3. Assess clinic work flow for cervical and colorectal cancer screening and prepare for integration of patient navigation activities into clinic(s).	1. Clinical and data workflows mapped 2. Patient navigator role/activities in clinic or health system mapped 3. Clinic staff educated about project and role of patient		November 2016

	navigator		
Activities:			
4. Assess EMR/CPCI for availability and accuracy of required project data and participate in required evaluation activities and reporting	1. Reports developed and/or generated identification of patients due for screening 2. Reports developed and/or generated for required project reporting 3. project evaluation plan and timeline submitted 4. Report baseline screening rates for cervical and colorectal cancer screening 5. Report baseline data on implementation of evidence-based interventions		November 30, 2016
Activities:			
5. Identify EBIs to be implemented at clinic site(s)	1. # and type of EBI identified		November 2016
Activities:			
SECTION 2: **Implementation Period**			
Objective 1: *Increased high-quality cervical and colorectal cancer screening among age-appropriate patient population in the FQHC (i.e., fecal test return rate, annual fecal test rescreening rate, and adequate test prep for colonoscopy)*	**Outcome Measure:** *1. Increase in number of patients registered in the FQHC that are up to date on guideline concordant cervical and colorectal cancer screening in accordance with unified measures.*		
Strategies:	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. Train and embed patient navigation staff as part of the health system team to navigate identified patients to age appropriate, guideline concordant cancer screenings; cervical and colorectal.	1. PN staff trained and workflows implemented at FQHC		December 31, 2016
Activities:			
2. Identify via and provide lists patients in need of cervical and colorectal cancer screening for contact by patient navigator(s)	1. # of eligible patients that complete cancer screening; # patient's contacted, number complete screening; cervical and colorectal.		Monthly
Activities:			
Objective 2: *Increased adherence to timely diagnostic Follow up for patients with a positive cancer screening*	**Outcome Measure:** *1. Increase in # of patients with a + screening who achieve complete diagnostic evaluation within 90 days for cervical and colorectal*		

Strategies:	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. PN ensures all + tests are scheduled for diagnostic services within 90 days	1.# of patients with positive tests contacted 2. # of patients contacted complete diagnostic tests		Monthly Monthly
Activities:			
2. PN contacts patients w/+ tests to assess and addresses barriers	1. # of patients contacted, # of barriers addressed, # patients with timely diagnostic follow up w/in 90 days		Monthly Monthly
Activities:			
Objective 3: *Conduct patient-and provider-focused activities to increase cancer screening (reduce structural barriers, implement patient reminders and rescreening protocols, etc.)*	**Outcome Measure:** *1. Increase in cancer screening rates at FQHC facilities*		
Strategies:	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. Implement Evidence-Based Interventions (EBI)	1. # and type of EBI implemented		September 30, 2017
Activities:			
2. Patients contacted, according to appropriate rescreening interval	1. # of cervical and colorectal recalls based on appropriate re-screening guidelines		Monthly
Activities:			
3. Assess work flow and expanded hours access, identify referral partners with expanded hours access	1. # patients contacted that have barrier due to hours access 2. # referral partners with expanded hours for cancer screening services, i.e. imaging facilities		Monthly Monthly
Activities:			
4. Utilizing EHR identify patients in need of rescreening	1. # of patients contacted for rescreens; cervical colorectal, # of completed rescreens; cervical, colorectal		Monthly
Activities:			
Objective 4: *Complete Administrative, Evaluation and Reporting activities to fulfill contract deliverables.*	**Outcome Measure:** *1. Timeliness of responses, vouchers and required reports*		
Strategies:	**Process Measure**	**Responsible**	**Completion**

		Position/Party	**Date**
1. Remit vouchers to contract manager on a monthly basis	1. Vouchers remitted monthly		Monthly
Activities:			
2. Participate in required trainings and project meetings	1. PN participates in NYSDOH training 2. PN and appropriate designated FQHC staff participate in monthly project meetings/calls		December 31, 2016 Monthly
Activities:			
3. Participate in required evaluation activities and reporting	1. Report cervical and colorectal cancer screening rates on an annual basis 2. Submit interim and year-end project reports		September 2017, 2018, 2019, 2020 March 2016, September 2017
Activities:			

See Excel Work Book posted along with this RFA.

Budget Instructions

General Guidance for Completing the Budget

- Please **provide a completed budget workbook** for the twelve-month budget period from October 1, 2016 to September 30, 2017.
- The budget should be valued between $75,000 (if proposing to hire one patient navigator) and $125,000 (if proposing to hire two patient navigators).
- Read all the instructions throughout the budget work book. This includes the instructions at the top of the individual columns and within sections where data entry occurs.
- The budget work book is provided as a template which contains formulas for calculation and auto population of text and totals from each work book page into the **Summary Budget P.1**. Any cell with a red triangle either has a formula or an auto population link. Hovering over the triangle will provide an explanation.
- Any ineligible budget items will be removed from the budget prior to contracting. Ineligible items are those items determined by HRI/the NYSDOH to be inadequately justified in relation to the proposed work plan or not fundable under RFA guidance. The budget amount requested will be reduced to reflect the removal of the ineligible items.
- All budget lines should be accurately calculated, entering figures as whole dollar amounts and percentages to the 100th place.
- All requested funds should directly relate to the proposed project and a detailed justification provided in the budget template where instructions indicate. Costs should be consistent with the scope of work, be aligned with the reach of the proposed project, and be reasonable and cost effective.

Summary Budget P.1

Applicants should not enter any data onto the **Summary Budget P.1.** Please note that the "**Amount Requested**" column is **automatically** populated **AFTER** all subsequent work book pages are completed.

Personal Services P.2

For all existing staff, the Budget Justification should delineate how the percentage of time devoted to this initiative has been determined. Funding should include support for at least 1.0 FTE patient navigator for each grantee.

Applicants may include support for additional staff as related to project implementation, for example, a percentage of Information Technology staff to support development of reports from an EHR or clinical staff to support clinical workflow mapping.

This funding may only be used to expand existing activities or create new activities pursuant to this RFA. These

funds may not be used to supplant currently existing staff activities.

Personnel, with the exception of subcontractors and consultants, contributing any part of their time to the project should be listed on this page. Subcontractors/consultants should be listed on the **Subcontracts/Consultants P.8** work book. Please refer to the instructions at the top of each column regarding the information requested. Below is a description of each column on **Personal Services P.2**:

Column 1- Position Title/Incumbent Name: For each requested position provide the name of staff member, if known. If the position is vacant or has not been filled yet, please indicate to be hired (TBH).

Column 2 – Hours Worked Per Week: For each position, indicate the standard hours worked each week for the agency, regardless of funding source.

Column 3 – Annual Salary: For each position, indicate the total annual salary as paid by the agency, regardless of funding source.

Columns 4 and 5 request information specific to the proposed program/project.

Column 4 – Months or Pay Periods of Effort: Indicate the total estimated number of months the position will work on the proposed project, regardless of funding source; if an existing employee will begin immediately, indicate 12 months; if the employee is a new hire, enter the anticipated number of months based on the anticipated hire date.

Column 5 - % Effort: For each position, provide **only** the percentage of time to be spent on proposed project activities. Full-time equivalent (FTE) is a way to measure a worker's involvement in a project. An FTE of 1.0 (100% FTE) means that a person is equivalent to a full-time employee, while an FTE of 0.5 (50% FTE) signals that the employee is part-time (or half-time). To obtain % FTE, divide the hours per week spent on the project by the number of hours in a work week. For example, an individual working 10 hours per week on the project given a 40 hour work week = 10/40 = .25 (show in whole number format; table will convert to %).

Column 6 –Amount Requested can then be calculated as follows (also see formula at the top of Column 6): Total Annual Salary (col 3) x Months Worked (col 4) x % FTE (col 5) divided by 12 months or 26 pay periods = Grant Amount Requested.

Sample Budget

Position Title/Incumbent Name	*Annual*	*# Months*	*% Effort*	*Amount Requested*
Patient Navigator (TBH)	*$45,000*	*11 months*	*100%*	*$41,250*
Clinical Director *Susan Taylor*	*$100,000*	*12 months*	*10%*	*$10,000*
Information Technology Staff *John Johnson H*	*$87,000*	*12 months*	*5%*	*$4,350*

PS & FRINGE P.3

Fringe Benefit Rate

Enter either the federally approved rate or provide information on the fringe benefit rate used and the basis for the calculation. If the agency has a federally approved rate, a copy should be submitted. Determine the agency fringe rate by specifying the components (FICA, Health Insurance, Unemployment Insurance, Retirement, etc.) and the percentages comprising the fringe benefit rate, then total the percentages to show the fringe benefit rate used in budget calculations. It is generally understood that the amount requested is not always equivalent to the

maximum eligible rate because not all staff are eligible for the same level of benefits and/or the budget may not be sufficient to support all related costs. If different rates are used for different positions, submit additional documentation for each rate and specify which positions are subject to which rate.

Position Descriptions
For each requested position, provide a justification and describe the scope of responsibility for each, relating it to the accomplishment of program objectives.

Sample Justification: *The format may vary, but the description of responsibilities should be directly related to specific program objectives.*

Job Description: Patient Navigator - TBH
This position assists, or "navigates" patients through the health care system, including providers' offices, hospitals, insurance and payment systems, patient-support organizations and other components of the health care system. In addition, the Patient Navigator helps to identify barriers that may be preventing patients from receiving timely and high quality healthcare treatment and working to find solutions to those barriers.

Other than Personal Services (OTPS)
Other than Personal Services (OTPS) expenses are defined as expenses that directly relate to one or more proposed work plan outcomes. There are eight different categories of OTPS expenses in this budget work book: Supplies, Travel, Equipment, Telecommunications, Space, Other, and Subcontracts and Administrative Costs. Applicants should propose a budget for each category and provide a detailed narrative justification.

SUPPLIES P.4

The justification for **Supplies P.4** should provide sufficient detail to establish the need and appropriateness of the expense as well as provide the calculation used to allocate the appropriate portion of the expense to the contract within each category. Insert additional lines if more space is needed for justification detail.

This category should include items such as general office supplies and all computer software. Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, general office supplies may be shown by an estimated amount per month times the number of months in the contract period.

Sample Budget

General office supplies (pens, pencils, paper, etc.)	*12 months x $25/month x 2 staff*		*= $ 600*
Educational Pamphlets (3,000 copies @) $1 each			*= $3,000*
Word Processing Software (@ $400-specify type)			*= $ 400*
		Total	*= $ 4,000*

Sample Justification: *Provide complete justification for all requested supplies, including a description of how it will be used in the program. General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets will be purchased from XXX and used to promote the need for cancer screening and address common concerns and screening barriers. Word processing software will be used to document program activities, process progress reports, etc.*

TRAVEL P.5

Applicants should include travel costs for one overnight trip to Albany for a contractor meeting for the proposed patient navigator(s). Applicants may include travel costs for one additional staff person to attend the meeting.

The justification for **Travel P.5** should provide sufficient detail to establish the need and appropriateness of the expense as well as provide the calculation used to allocate the appropriate portion of the expense to the contract within each category. If proposing funding travel for staff at percent of effort that differs from percent of effort funded under this contract, justification should be provided. Insert additional lines if more space is needed for justification detail.

Funds requested in the travel category should be for staff travel only. Out of state travel reimbursement is only permitted with prior NYSDOH/HRI approval. Reimbursement for proposed client travel expenses should be included in the **Miscellaneous P.7** category. Travel for Subcontractors/Consultants should be shown in the **Subcontracts/Consultants Costs P.8** category.

Staff Mileage - Provide a narrative justification describing the staff mileage proposed, listing the approximate number of trips planned, staff member, the number of miles per trip, the cost per mile and potential date ranges. If public transit is used, list number of trips planned, staff member, cost per trip and approximate date ranges for trips.

Conference – For this contract Applicants should include travel costs for at least one person to travel to Albany, NY once per contract period for statewide training. If mileage is requested, provide number of miles per trip, staff member, per mile cost and potential dates. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Applicants should use their own travel policies. In the absence of a written applicant agency policy, applicants should use federal travel guidelines.

Sample Justification:
Mileage: *QI Director (.5 FTE funded on contract) to practices for provider visits, 1/month, Oct – Jan*
Overnight: *Patient Navigator (1 FTE funded on contract) travel to Albany for reverse site visit, date TBD*

EQUIPMENT P.6

The justification for **Equipment P.6** should provide sufficient detail to establish the need and appropriateness of the expense as well as provide the calculation used to allocate the appropriate portion of the expense to the contract within each category. Insert additional lines if more space is needed for justification detail.

Itemize anticipated equipment purchases, including all items with a unit cost of $1000 or more. Provide justification for the use of each item and relate it to specific program objectives in the space provided. Include additional tabs if more space is needed. For shared costs, contractor should have methodology on file to support the amount requested. Maintenance or rental fees for equipment should be shown in the **Miscellaneous P.7** category. Expenses related to data plans should be shown in the **Miscellaneous P.7** category.

Sample Budget

Item Requested	*How Many*	*Unit Cost*	*Amount*
Computer	*2 ea.*	*$1,000*	*$2,000*
			Total $2,000

Sample Justification: *Provide complete justification for all requested equipment, including a description of how it will be used in the program, percentage of each item to be funded on this contract and how that percentage was calculated.*

Expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure

Note: Equipment—Tangible personal property (including information systems) charged directly to the contract having a useful life of more than one year AND a per unit acquisition cost of $1,000 or more. However, consistent with the recipient's policy, the threshold may be lower or higher but cannot exceed the federal threshold of $5,000 per unit.

MISCELLANEOUS P.7

This category contains items not included in the previous budget categories: **Telecommunications, Other, and Space**. Individually list each item requested and provide appropriate justification related to the program objectives in the space provided. Add or expand lines if more space is needed.

Telecommunications P.7

Detail the methodology and calculation used to allocate telecommunication costs to this contract. Include costs for the number or percentage of telephone lines funded or partially funded by this contract, including fax and modem lines. Also include any telecommunication installation or equipment costs, hotline, long distance, and cell phone or internet expenses that apply to this contract. For shared costs, contractor should have methodology on file to support the amount requested.

Sample Budget Justification

Item	***Amount***
Telephone ($ per month x months x #staff)	*$*
Internet Provider Service ($___ per month x ___ months)	*$*
Cell phone ($ per phone x # of staff)	*$*
Data Plan for cell phones/tablet computers ($ per month x months x #staff)	*$*

Space P.7

In the space section, detail the methodology and calculation used to allocate space costs for each location supported by this contract.

a. Rent: for each instance of property/space rental, enter a separate budget line and the requested amount. Each entry should include the property address.

b. Own: if the property/space is owned enter a separate budget line and the requested amount. Each entry should include the property address.

Other P.7

May include postage, printing, client travel or other appropriate costs related to patient outreach. Please indicate with an "X" if the item requested is a shared cost. For shared costs, contractor should have methodology on file to support the amount requested. If client travel reimbursement is requested, applicants should provide a detailed narrative justification describing the criteria for, and method of client travel, reimbursement including the number and purpose of client trips, method of payment (i.e. gas card or public transit token or trip card) and cost per trip for each type of client travel reimbursement.

Sample Budget

Item	***Shared Cost***	***Amount***
Postage ($ per month x months)		*$*
Printing ($ per x documents)		*$*
200 round trip bus tokens for client travel x $5.00/ea	*X*	*$*
75 gas cards @ $10.00/ea for client POV travel		*$*

Sample Justification

Some items are self-explanatory (postage, equipment rental) unless the unit rate or total amount requested is excessive. If so, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., educational materials, annual reports). For client travel, include the number of clients, number and type of trips, and cost per trip. For example, approximately 175 clients with assessed transportation barriers to screening, diagnostic follow up and/or treatment appointments will be provided with round trip bus tokens (125 clients/200 round trips @ $5/ea.) or gas cards for use in owner vehicle (50 clients/75 gas cards @ $10/ea.) to access appointments.

Subcontracts/Consultants p.8

Provide a listing of all subcontracts, including consultant contracts, a description of the services to be provided and an estimate of the hours worked and rate per hour, if applicable. If the subcontractor/consultant has not been selected, please indicate "TBA" in Agency/Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process. Add or expand lines if more space is needed.

Subcontractors P.6 - Provide a justification of why each service listed is needed. Justification should include the name of the contractor, the specific service to be provided and the time frame for the delivery of services.

1. Name of Contractor
2. Description of services to be rendered
3. Amount of Contract

Sample Description of Services

Costs to maintain the connection to the CPCI through Azara - Health Center Interface to the CPCI, are allowable, up to 50% of the quarterly subscription fees or up to $3,000 a year, whichever is less.

Consultants P.8. - Hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the grantee organization. Indicate *Consultant* in the *Agency/Name* column and include the below information in the *Description of Services* column.

1. Name of Consultant;
2. Organizational affiliation (if applicable);
3. Description of services to be rendered;
4. Relevance of service to the project;
5. Number of Days of Consultation (basis for fee)

Administrative/Indirect Costs P. 9

Funding may be requested under the administrative cost line to support a portion of the agency's overall organizational structure to the extent that it allows a funded applicant to implement program activities. This includes funding for administrative and fiscal staff, supervisors and support personnel and other than personal service costs such as a share of space, supplies, telephone, and other expenses indirectly associated with program implementation and service delivery. ***Administrative costs may not exceed 10% of the total direct costs.***

Show total direct costs by summing totals of each category.

Enter *Total Contract Amount* where designated. Enter *either Federally Approved Administrative Rate* or *Requested Rate* where indicated. *Amount Requested* will be automatically calculated and brought forward to the **Summary Budget P.1**.