

Cancer Community Implementation Projects 2015-2017
Frequently Asked Questions

Question 1:

Are federally qualified health centers or community health centers eligible under the health systems organizations? Usually they are listed as an eligible applicant, so I wanted to double check.

Answer: Yes federally qualified health centers and community health centers are eligible to apply. In fact, any Michigan-based organization serving Michigan residents is eligible to apply. This could include non-profit organizations, physician groups as well as traditional health care and community based organizations.

Question 2: Why is there a need to submit separate applications based upon component?

Answer: The funding sources are broken down by component type (e.g., comprehensive cancer control, colorectal cancer control, breast and cervical cancer control); therefore, distinct proposals must be submitted based upon funding source. If you are awarded 2 or more projects, you will have a separate contract for each funding source.

Question 3: Can grant money be used to cover salary costs?

Answer: Grant money can be used to cover salary costs. Specific information pertaining to this part of the budget may be found in Attachment 6 (Budget Worksheet B.1 and B.2 Instructions), page 4, Expenditure Categories, letters G – L.

Question 4: For component 1, is the RFP to address a minimum of one evidence-based strategy in each group of strategies (prevention, early detection, diagnosis and treatment and survivorship)? So there would be a minimum of one strategy selected from Prevention, one or more selected from Early Detection, one or more selected from Diagnosis and Treatment and one or more selected from Survivorship? Or could 1.1 and 1.6 be selected with no others? Components 2 and 3 are straightforward but Component 1 seems like it could have several variables in selecting the strategies.

Answer: Among the strategy types in component 1 (prevention, early detection, diagnosis and treatment and survivorship) there are a total of 11 strategies (1.1 – 1.11) that could be addressed in the RFP. You may choose only 1 strategy. For example an application with only strategy 1.2 HPV vaccination by itself is acceptable and will be considered for funding. You may choose to address any additional component one strategy but this is not required. 1. There is no limit to the number of strategies you can address in component one; however, you must address a minimum of one of the 11 presented to be considered for funding.

Question 5: In regards to Component 1- Comprehensive Cancer Control- it states that organizations currently funded for two or more years with Comprehensive Cancer Control Community Implementation funding are eligible to apply for this funding, but only with a new project focus. Does this mean that communities NOT currently funded with Comprehensive Cancer Control Community Implementation funding are not eligible?

Answer: You do not need to be currently funded to apply for Component 1. Any Michigan-based organization serving Michigan residents is eligible to apply.

Question 6: My question is regarding those community agencies that are BCCCP coordinating agencies. I know they are ineligible to write for the breast cancer prevention component, but can they write breast cancer screening navigation into the cancer control component 1.7 (1.7 Provide Patient Navigation Services: Diagnostic, Treatment, Clinical Trials and Follow-up Care)?

Answer: BCCCP coordinating agencies will not be eligible for breast cancer screening navigation in the comprehensive cancer control component. Beginning July 1, 2015, agencies will begin receiving reimbursement for these navigation services from the BCCNP; therefore, agencies will already be receiving reimbursement for these services.

Question 7: In the strategies listed, explain why we would need to pick between client reminder and/or provider reminder systems, aren't they the same?

Answer: The difference between the two strategies is who the intervention is targeting. A client reminder is a postcard or letter generated to the client that may indicate they are due or past due for their screening. With a provider reminder system, this may be a note in the chart or a flag in the EMR for the provider reminding them to follow up with the client to recommend screening.

Question 8: Why is small media not listed as an option for evidence-based interventions?

Answer: Though use of small media is an evidence-based intervention in the Community Guide, CDC is not supporting small media as a stand-alone option in future funding agreements. However, small media can be used in combination with other listed strategies (i.e. client reminders).

Question 9: Could you clarify if screening services would be covered in early detection strategy 1.6 Lung Cancer Screening: Increase Referrals for Screening and Tobacco Cessation? Would we be able to include group sessions, the Freedom From Smoking facilitation or anything in a clinical setting (which is billable through the Affordable Care Act) in our application?

Answer: Services that can be billed to an insurance company cannot be paid for by this RFP as they meet our definition of "clinical service" The intent of this strategy is the development of referral systems to lung cancer screening along with tobacco cessation referrals for current smokers.

Clients should be asked about their tobacco use status, and can be referred to a Quitline or other evidence based programs as necessary; however, any clinical service including cessation programming billed to insurance will not be an allowable expense. This strategy is designed as a policy and system change intervention and is aimed at making changes in systems or starting a system for screening and

cessation referrals; the referral system could be set up in a variety of clinical settings (e.g., a therapist, OB/GYN or primary care).

Question 10: In strategy 1.5 Family History Information: Collection, Documentation and Referrals for Genetic Counseling for Hereditary Cancers, the recommendations suggests that this happens in a primary care setting, can it happen in a community setting?

Answer: The purpose in promoting the collection of family history is that it be used in association with clinical care. The purpose of this strategy is the assessment for hereditary cancers with associated documentation of that assessment and referrals made for genetic counseling by health care providers.

Question 11: Looking at strategy 1.2 as well, Increase Provider Recommendations and Series Completion, are all of these targeting the provider?

Answer: Overall, look at the role the community can play with series completion, but also look at how you are including providers in the process. The strategy is focused both on providers making the recommendation for HPV vaccines as well as completion of the 3 dose series. Your proposal will be stronger if you include health care providers within the scope of your application.

Question 12: When applying for multiple components with multiple community partnerships, should we apply under one agency or should each partner apply separately for each piece?

Answer: Every contract that is put in place should be with the organization that is doing the work; whoever, is going to manage the contract should apply. If a high percentage of the funding requested will be going to another organization, it is recommended that each apply separately. Funding cannot be passed through one organization to another.

Question 13: Can you clarify budget line items the indirect rate should be applied to?

Answer: Indirect should be applied to the total of line items salary, wages and fringe benefits. This rate should not be applied to any amounts in the contractual line, for example.

Question 14: If we do not have an approved indirect cost rate, can we apply that 10% to the in-kind requirement instead of adding an indirect rate to the budget?

Answer: Yes, that is acceptable.

Question 15: Are the strategies for survivorship linked to working with providers or can they be done in the community? Does it involve referrals only or also offering programming?

Answer: The PATH Program as well as the Enhance Fitness program would both fit with this strategy. It would be acceptable to promote the program, implement the program or both.

Question 16: In looking at interventions with healthy life styles management and weight loss, are you looking for a clinical connection or community based work?

Answer: Evidenced –based community work would be sufficient (i.e. the PATH Program in Michigan).

Question 17: Why is it that those that Local Coordinating agencies that are under the BCCCP program are ineligible to apply for Component 3?

Answer: Agencies that are funded under the BCCCP program will be eligible to receive reimbursement for many of these types of interventions starting July 1, 2015 therefore; you cannot be paid twice for providing the same services.

Question 18: Who can we contact after today if we have questions?

Answer: There is no plan to accept further questions past today. You have the remainder of today (June 5, 2015) to submit your questions. All questions received within the allotted time will be answered and posted on the website.

Question 19: Is there a specific structure required for the notification of the intent to apply?

Answer: There is not a defined structure for this notification. Please note that although notification of intent to apply is not required, it is requested by June 30, 2015 to Sandie Richardson at RichardsonS2@michigan.gov. Please include in your name, organization and which components and strategies you will be applying for in an email. This will help us determine how many applications to expect and how many reviewers we will need.