

## **BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP) SPECIAL REQUIREMENTS**

### **Contractor Requirements**

The BCCCP (Breast and Cervical Cancer Control Program) is a program designed to provide comprehensive breast and cervical cancer screening and diagnostic services to low-income women between the ages of 40-64. Although the BCCCP serves all income eligible women between the ages of 40-64, recruitment efforts are focused on hard to reach populations, such as minorities, particularly African American and Native American women, and women aged 50-64, as well as women who have never before been screened for either breast or cervical cancer.

For specific BCCCP requirements, refer to the most current BCCCP Policies and Procedures Manual.

### **Contractor Requirements – Ingham County Health Department**

The Administrative Support funding should be used to augment currently existing administrative and staffing functions required for the adequate maintenance of the BCCCP in Ingham County and other counties served by ICHD services/funding.

The Cancer Prevention and Control Section has approved additional funds to be allocated to the Ingham County Health Department to provide administrative support and staffing for the BCCCP. The amount of **\$40,000** will be added to the agency's FY 2012/2013 BCCCP Coordination Funding Allocation.

The Administrative support allocation will **not** be subject to the caseload performance requirement. Therefore, these funds will not be included in the settlement that may be required if screening levels do not meet budgeted caseload.

## **CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS) SPECIAL REQUIREMENTS**

### **Program Management:**

#### **1. Reporting Requirements**

**A.** The contractor shall submit:

##### **i. Annual Narrative Progress Report**

1. A brief annual narrative report is due by November 15 following the end of the fiscal year. The reporting period is October 1, 2012 – September 30, 2013. The annual report will be submitted to the Department and shall include:
  - a. Summary of CSHCS successes and challenges
  - b. Technical assistance needs the LHD is requesting the State to address
  - c. Brief description of how any local MCH funds allocated to CSHCS were used (e.g., CSHCS salaries, outreach materials, mailing costs, etc.) **(if applicable)**
  - d. The duplicated number of clients referred for diagnostic evaluations
  - e. The unduplicated number of CSHCS eligible clients assisted with CSHCS enrollment
  - f. The unduplicated number of CSHCS clients in the CSHCS renewal process.

**Duplicated Number of Clients Referred for Diagnostic Evaluation** is defined as: Number of individuals the local health department (LHD) referred for and/or assisted in obtaining a diagnostic evaluations during the fiscal year. Those eligible for this service must have symptoms and medical history indicating the information. Individuals currently enrolled in a commercial Health Maintenance Organization (HMO), Medicaid Health Plan (MHP) or with other commercial insurance coverage must seek an evaluation by an appropriate physician sub-specialist through their respective health insurer. A diagnostic may be issued for insured persons to cover the cost of the evaluation that is by policy not covered by the health insurance (e.g. co-pay, deductible).

**Unduplicated Number of CSHCS Eligible Clients Assisted with CSHCS Enrollment** is defined as: Number of CSHCS eligible clients the LHD assisted in the CSHCS enrollment process during the fiscal year. This assistance includes but is not limited to helping the family obtain necessary medical reports to determine clinical eligibility, completing the CSHCS Application for Services, completing the CSHCS financial assessment forms, etc. "Assisted" refers to help provided either over the telephone or in person with the client.

**Unduplicated Number of CSHCS Clients Assisted in the CSHCS Renewal Process** is defined as: Number of CSHCS enrollees the LHD assisted in the completion and/or submission of the documents required for MDCH to make a determination whether to continue/renew CSHCS coverage during the fiscal year. "Assisted" refers to help provided either over the telephone or in person with the client.

**ii. Quarterly Care Coordination and Case Management Logs**

1. Submit the Care Coordination and Case Management Logs electronically in an encrypted manner to the Contract Manager. The quarterly logs will be submitted in coordination with the FSRs no later than thirty (30) days after the close of the quarter.

<b>Reporting Time Period</b>	<b>Quarterly Logs Due</b>
October 1, 2012 – December 31, 2012	January 30, 2013
January 1, 2013 – March 31, 2013	April 30, 2013
April 1, 2013 – June 30, 2013	July 30, 2013
July 1, 2013 – September 30, 2013	October 30, 2013

**B.** Unless otherwise stated, all reports and information shall be submitted electronically or via US mail to:

Courtney Lawler  
Quality and Program Services Section  
Children's Special Health Care Services  
Michigan Department of Community Health  
Lewis Cass Building, 6<sup>th</sup> Floor  
320 S. Walnut  
Lansing, Michigan 48933  
Phone: (517) 241-7182  
Fax: (517) 241-8970

**C.** The Contract Manager shall evaluate the reports submitted as described in A above, for their completeness and adequacy. The Contract Manager will conduct case management and care coordination log audits on a quarterly basis.

**Relationship between Local Public Health Departments and Medicaid Health Plans:**

The Local Health Department (LHD) must enter into agreements with all Medicaid Health Plans for CSHCS enrollees in the LHD service area. Local Health Departments and the Contractor may share enrollee information to facilitate coordination of care without specific, signed authorization from the enrollee. The enrollee has given consent to share information for purposes of payment, treatment and operations as part of the Medicaid Beneficiary Application.

The agreement must address all of the following topics:

- Data sharing
- Communication on development of Care Coordination Plan
- Reporting requirements
- Quality assurance coordination
- Grievance and appeal resolution
- Dispute resolution
- Transition planning for youth

The agreement shall be in place by January 1, 2013 and will take effect for FY13. A copy of the agreements should be sent to:

CSHCS  
Attn: Orlene Christie  
Lewis Cass Building  
320 S. Walnut Street  
6<sup>th</sup> Floor  
Lansing, Michigan 48913

**COMPREHENSIVE CANCER CONTROL (CCC) COMMUNITY IMPLEMENTATION PROJECT**  
**SPECIAL REQUIREMENTS**

**(DISTRICT HEALTH DEPARTMENT #10, HEALTH DEPARTMENT OF NORTHWEST MICHIGAN,  
AND WESTERN UPPER PENINSULA HEALTH DEPARTMENT)**

**Program Purpose:**

Community Implementation/Collaboration – Community implementation is defined as using an evidence-based intervention within a community. Collaboration is defined as a process where two or more organizations work together to realize shared goals.

Strategies should be based upon a recent evaluation of the community's cancer burden and the community's clearly identified and specific gaps and needs. Health inequities need to be considered. Input from affected community members should be sought. Implementation of successful strategies will involve the coordination and collaboration of multiple community-based groups.

**Contractor Requirements:**

Quarterly Progress Reports and one Final Report of Results and Program Issues, including the following information:

First Progress Report: no later than January 30, 2013

Second Progress Report: no later than April 30, 2013

Third Progress Report: no later than July 30, 2013

Final Report: no later than October 29, 2013

Reports shall be submitted to the Contract Manager at:

Polly A. Hager, MSN RN, Manager