Background and Introduction

Cancer is the second leading cause of death in Colorado behind cardiovascular disease. In 2015, there were 7,597 cancer deaths in Colorado. The lifetime risk of being diagnosed with cancer in Colorado is approximately 1 in 2 for males and 2 in 5 for females. Socioeconomic status, race/ethnicity and gender are important factors in determining the relationship between cancer risk and outcomes, and poverty contributes significantly to the racial/ethnic disparities evident in the burden of cancer. The Cancer Prevention and Early Detection Program will initially focus on three of the cancers with recommended screening tests by the United States Preventive Services Task Force (USPSTF): breast, cervical and colorectal cancer. Screening for cancer can detect cancer before an individual shows symptoms and when the cancer is easier to treat. In some cases, it can prevent the abnormalities detected during the screening from developing into cancer.

Among Colorado women, breast cancer is the most commonly diagnosed cancer and is the second leading cause of cancer death. Colorado averages about 3,500 new breast cancer cases and about 550 breast cancer deaths each year. Of Colorado women over age 50, 72.4 percent have received a mammogram in the last two years, which leaves 200,000 women in Colorado in need of a screening mammogram.

Colorado averages about 150 new cervical cancer cases and about 45 cervical cancer deaths each year. Of Colorado women between the ages of 21 and 65, 84.9 percent have received a cervical cancer screening through a Pap test, which leaves nearly 230,000 Colorado women in need of a screening Pap test.

For both men and women in Colorado, colorectal cancer is the second leading cause of death from cancer and the third most common cancer. In Colorado, one in 19 men and one in 24 women will develop colorectal cancer in their lifetimes. Colorado averages about 1,700 new colorectal cancer cases and about 300 colorectal cancer deaths each year. Of Colorado men and women over age 50, only 66 percent have received a colorectal cancer screening, which leaves approximately 500,000 Coloradans in need of colorectal screening.

1 Colorado Central Cancer Registry
2 Colorado Central Cancer Registry
3 Cancer and Poverty Report, 2007-2012, Colorado Department of Public Health and Environment
4 Colorado Central Cancer Registry
5 Colorado Central Cancer Registry
6 Colorado Behavioral Risk Factor Surveillance System 2014
7 Colorado Central Cancer Registry
8 Colorado Behavioral Risk Factor Surveillance System 2014
9 Colorado Central Cancer Registry
10 Colorado Behavioral Risk Factor Surveillance System 2014
The Colorado Department of Public Health and Environment (CDPHE) recognizes that cancer prevention and early detection are impacted by different levels of influence, from characteristics and behaviors of an individual to the policies that support or hinder cancer prevention and early detection. The socio-ecological model framework recognizes these different influences on individual health and includes policy, community, organizational, interpersonal and individual levels of influence (Figure 1). The intent of the Cancer Prevention and Early Detection Program is to fund organizations to implement strategies to address cancer prevention and early detection at one or more levels of the socio-ecological framework, depending on the needs of the underserved population served by and living within the service area of the organization. Further details regarding these strategies can be found below in the project description section below.

Figure 1: Socio-Ecological Framework for Cancer

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11 https://www.cdc.gov/cancer/crccp/sem.htm
Program Overview

Assessment and Planning Process

All organizations are required to complete the Assessment and Planning Process to identify:

1. The needs of the underserved population served by and living within the organization’s service area.
2. Ongoing activities and gaps related to promoting and improving prevention and early detection of breast, cervical and colorectal cancer.
3. A strategic plan for the organization to apply to continue, discontinue or include new additional strategies to improve cancer prevention and early detection based upon the Assessment and Planning Process results.

Each organization’s assessment and strategic plan is the foundation for understanding the needs of the organization’s patient population and community. More detail regarding is outlined in the Assessment and Planning Process section of the program manual.

Additional Strategies

CDPHE has established a set of additional strategies at four levels of the socio-ecologic framework aimed at addressing breast and cervical cancer (women) and colorectal cancer (women and men) prevention and early detection.

<table>
<thead>
<tr>
<th>Level of the Socio-Ecological Model Framework</th>
<th>RFA Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Level</td>
<td>Targeted Community Outreach</td>
</tr>
<tr>
<td>Organizational Level</td>
<td>Clinic Quality Improvement</td>
</tr>
<tr>
<td>Interpersonal Level</td>
<td>Patient/Health Navigation</td>
</tr>
<tr>
<td>Individual Level</td>
<td>Clinical Services</td>
</tr>
</tbody>
</table>

More detail regarding each of these additional strategies is outlined in their respective sections of the program manual.

The annual Assessment and Planning Process will guide organizations in identifying the needs of the underserved population served by and living within the service area of their organization. Based on these results, the organization will complete the continuing application to request funding to continue, discontinue or include new additional strategies. Continuation of these additional strategies after completion of the Assessment and Planning Process is not guaranteed. Further detail regarding eligibility to apply for these additional strategies is found in each additional strategy’s respective section of the program manual.
Implementation Timeline

Table 1: Timeline for Award Implementation

<table>
<thead>
<tr>
<th>Activity</th>
<th>Option 1: Early Submission</th>
<th>Option 2: Standard Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and Planning Process funding start (all funded organizations).</td>
<td>Jan. 1, 2018</td>
<td>Jan. 1, 2018</td>
</tr>
<tr>
<td>Eligible organizations begin Targeted Community Outreach, Patient/Health Navigation and Clinical Services strategies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit draft CDPHE Cancer Prevention and Early Detection continuing application (including budget) for FY19 budget period funding (July 1, 2018 to June 30, 2019).</td>
<td>Jan. 15, 2018</td>
<td>Jan. 15, 2018</td>
</tr>
<tr>
<td>CDPHE will review and provide feedback on the continuing application (including budget) for FY19 budget period funding (July 1, 2018 to June 30, 2019).</td>
<td>Feb. 14, 2018</td>
<td>Feb. 14, 2018</td>
</tr>
<tr>
<td>Submit final CDPHE Cancer Prevention and Early Detection continuing application for FY19 budget period funding (July 1, 2018 to June 30, 2019).</td>
<td>Feb. 28, 2018</td>
<td>Feb. 28, 2018</td>
</tr>
<tr>
<td>Submit DRAFT CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool.</td>
<td>March 1, 2018</td>
<td>Oct. 1, 2018</td>
</tr>
<tr>
<td>CDPHE will review and provide feedback on the DRAFT Assessment and Planning Tool.</td>
<td>March 31, 2018</td>
<td>Oct. 31, 2018</td>
</tr>
<tr>
<td>Submit FINAL CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool.</td>
<td>April 30, 2018</td>
<td>Dec. 15, 2018</td>
</tr>
<tr>
<td>If organization chooses to contract for additional strategies, submit draft CDPHE Cancer Prevention and Early Detection continuing application (including budget) for funding of additional strategies (Oct. 1, 2018 to June 30, 2019).</td>
<td>May 15, 2018</td>
<td></td>
</tr>
</tbody>
</table>

12 Only organizations that were previously funded to implement these strategies were eligible to apply for these additional strategies at the initial postings of the request for applications (RFA).
Activity | Option 1: Early Submission | Option 2: Standard Submission
--- | --- | ---
CDPHE will review and provide feedback on the continuing application (including budget) for funding of additional strategies (Oct. 1, 2018 to June 30, 2019). | June 14, 2018 |  
Submit final CDPHE Cancer Prevention and Early Detection continuing application for the next funding year (June 30 through July 1). | June 29, 2018 |  
Changes to funded additional strategies begin. | Oct. 1, 2018 |  
Submit draft CDPHE Cancer Prevention and Early Detection continuing application (including budget) for FY20 budget period funding (July 1, 2019 to June 30, 2020). | Jan. 15, 2019 | Jan. 15, 2019
CDPHE will review and provide feedback on the continuing application (including budget) for FY19 budget period funding (July 1, 2018 to June 30, 2019). | Feb. 14, 2019 | Feb. 14, 2019
Submit final CDPHE Cancer Prevention and Early Detection continuing application for FY19 budget period funding (July 1, 2018 to June 30, 2019). | Feb. 28, 2019 | Feb. 28, 2019
Changes to funded additional strategies begin. | July 1, 2019 | July 1, 2019

Organizations will begin the Assessment and Planning Process starting January 1, 2018. Only certain eligible organizations\(^{13}\) will begin the Targeted Community Outreach, Patient/Health Navigation and Clinical Services strategies on January 1, 2018.

** Continuing Application Process **

According to the timelines in Table 1 above, organizations must complete the Assessment and Planning Process, and, based on the results, must submit a draft continuing application and proposed budget to continue, discontinue or include new additional strategies (Targeted Community Outreach, Clinic Quality Improvement, Patient/Health Navigation, and Clinical Services) identified through the assessment and planning process. Organizations will be scored within each additional strategy for which the organization is eligible and has applied. CDPHE staff will serve as the review team for continuing applications. CDPHE will review and provide feedback on the draft continuing application with 30 days.

\(^{13}\) Only organizations that were previously funded to implement these strategies were eligible to apply to begin these additional strategies Jan. 1, 2018.
Priority for funding will be given to organizations serving populations or counties disproportionately burdened by the risk for cancers addressed through the additional strategies. Once the draft continuing application and budget are reviewed, the organization will be required to submit a final version of the continuing application reflecting the strategies and budget for which the organization was funded. Additional guidance on the continuing application will be sent to organizations closer to the application date.

Continuing Application for July 1, 2018 through June 30, 2019 Funding

All organizations must submit a draft continuing application and budget by Jan. 15, 2018 to continue their existing efforts into fiscal year 2019 (FY19: July 1, 2018 to June 30, 2019). Organizations cannot add additional strategies at that time.

When Can My Organization Apply to Continue, Discontinue or Include New Additional Strategies?

CDPHE has created two options for organizations to complete and submit their CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool and apply to continue, discontinue or include new additional strategies: option 1, early submission or option 2, standard submission.

Early Submission (Option 1): To continue, discontinue or include new additional strategies starting on October 1, 2018:

To be considered for funding for one or more additional strategies starting October 1, 2018, organizations must submit drafts of their completed CDPHE Cancer Prevention and Early Detection Assessment and Planning Tools to CDPHE by March 1, 2018. CDPHE will review and provide feedback on the draft tool within 30 calendar days. Final tools must be submitted to CDPHE by April 30, 2018. These organizations must then submit an additional draft continuing application and budget by May 15, 2018 to adjust funding for additional strategies to be implemented from Oct. 1, 2018 through June 30, 2019. CDPHE will review and provide feedback on the draft tool within 30 calendar days and the organization will be required to submit a final continuing application and budget by June 29, 2018. If early submission deadlines are not met, organizations will then follow the standard submission timeline.

Standard Submission (Option 2): To continue, discontinue or include new additional strategies starting on July 1, 2019:

To meet contractual requirements and to be considered for funding beginning July 1, 2019, all organizations that do not follow option 1 must submit drafts of their completed CDPHE Cancer Prevention and Early Detection Assessment and Planning Tools to CDPHE by Oct. 1, 2018. CDPHE will review and provide feedback on the draft tools within 30 calendar days. Final tools must be submitted to CDPHE by Dec. 15, 2018.

Continuing Application for July 1, 2019 through June 30, 2020 Funding (Required of All Organizations)

All organizations (option 1 or option 2) must submit a continuing application and budget by January 15, 2019 to be considered for July 1, 2019 through June 30, 2020 funding. CDPHE will review and provide feedback on the draft tool within 30 calendar days and the organization will be required to submit a final continuing application and budget by Feb. 28, 2019.
Cancer Prevention and Early Detection Program Manual: 
Grant Management

Annual Submission of the CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool and Continuing Applications - Fiscal Year 2021 (July 1, 2020 through June 30, 2021) and beyond

Annual submission and review of the CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool and continuing application will begin the October prior to each fiscal year as outlined below:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit DRAFT CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool</td>
<td>October 1</td>
</tr>
<tr>
<td>Submit FINAL CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool</td>
<td>December 15</td>
</tr>
<tr>
<td>Submit draft continuing application (including budget)</td>
<td>January 15</td>
</tr>
<tr>
<td>Submit final continuing application (including budget)</td>
<td>February 28</td>
</tr>
<tr>
<td>Funding begins</td>
<td>July 1</td>
</tr>
</tbody>
</table>

Reimbursement

The Assessment and Planning Process and all additional strategies are cost reimbursable only, meaning the organization must provide the service or purchase the item to be reimbursed by CDPHE through monthly submission of a CDPHE Reimbursement Invoice Form. Project expenses will be reimbursed on a monthly basis for approved expenses incurred during the prior month. Allocable project expenses will be reimbursed monthly upon receipt and approval of invoices submitted. At the time of a grant award, a customized invoice will be provided. Invoices are due 45 days after the completion of the month. For example, a July invoice is due no later than September 15. All expenditures must be reasonable and necessary for the performance of the grant and comply with the Uniform Administrative Requirements, Cost principles and Audit Requirements for Federal awards.

Source documentation demonstrating actual expenses incurred will be subject to review during the grant period.

Organizations are reimbursed for services to individual clients under the Patient/Health Navigation and Clinical Services strategies according to a Bundled Payment System through the eCaST data system. Additional information about Patient/Health Navigation and Clinical Services reimbursement and the Bundled Payment System can be found in the Patient/Health Navigation and Clinical Services strategies section of the program manual.

Organizations are reimbursed for other costs through submission of a monthly invoice as described above.
Reporting Requirements

Progress Reports
All organizations must submit progress reports for the Assessment and Planning Process and additional strategies according to specified timelines twice per year using the template provided by CDPHE. Organizations must respond to all CDPHE inquiries related to progress reports. Progress reports may help identify implementation problems, allowing for mid-course corrections.

Cancer Screening Data Reporting Requirements
Health systems must submit information on breast, cervical and colorectal cancer screenings provided to their screening-eligible patient population annually, including:

- For each primary care clinic:
  - Count of active patients eligible for cancer screening (breast, cervical and colorectal).
  - Count of active patients screened for cancer (breast, cervical and colorectal).
- For each non-primary care clinic, health systems will provide the following where available:
  - Number of patients who receive any kind of clinical services (not just cancer screening) and kinds of clinical services provided.
  - Number of Pap tests and CBEs performed onsite.

Within each health system’s initial Assessment and Planning process, they will indicate preferred annual reporting interval (calendar or contract fiscal year) for reporting cancer screening data. Once a reporting interval is approved, information on breast, cervical and colorectal cancer screening data must be submitted by the health system no later than 90 calendar days after the reporting interval has ended. See “Clinic Quality Improvement Strategy” section of the program manual for funded support available for health systems to increase reporting capacity to meet this reporting requirement.

Program Monitoring and Evaluation

All organizations must participate in program monitoring and evaluation for funded additional strategies.

Program monitoring and evaluation enables CDPHE and organizations to track progress and measure outcomes. Program monitoring and evaluation will facilitate: 1) assessing the extent to which the strategies and activities were successfully implemented; 2) demonstrating whether activities led to expected outputs and projected outcomes, such as an increase in high-quality cancer screening and diagnostics services; and 3) informing program planning, decision making and continuous quality improvement.

All organizations must:

1. Collect and report data related to the Assessment and Planning Process and any funded additional strategies through routine progress reporting and submission of clinic-level screening rates, when applicable (see Reporting).

<table>
<thead>
<tr>
<th>Funding Area</th>
<th>How Will Performance Be Evaluated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and Planning Process</td>
<td>Completion of CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool</td>
</tr>
<tr>
<td>Funding Area</td>
<td>How Will Performance Be Evaluated</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>that incorporates CDPHE feedback regarding quality and thoroughness of content in tool. Alignment of strategic plan with results of assessment.</td>
</tr>
<tr>
<td>Targeted Community Outreach</td>
<td>Proposed measures for work with communities, including the number and description of disparate populations targeted and served with improvement in screening rates.</td>
</tr>
<tr>
<td>Clinic Quality Improvement</td>
<td>Performance on clinic quality improvement will be measured by baseline and annual clinic-level data that assess changes in clinic-level screening rates. Performance will also be measured on the steps taken toward successful evidence-based intervention (EBI) implementation.</td>
</tr>
<tr>
<td>Patient/Health Navigation</td>
<td>Proposed measures include the number and description of women who receive only patient/health navigation services who complete the screening process, annual clinic screening rates following implementation of patient/health navigation interventions, and the number and description of disparate populations targeted with improvement in screening rates.</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>Clinical data (known as Minimal Data Elements) to meet quality indicators that diagnostic services and treatment services are provided in a timely fashion. These data will be used to measure quality of services and allow for quality improvement interventions as indicated. These data will be reported to CDC twice a year.</td>
</tr>
</tbody>
</table>

2. Participate in any CDPHE-led evaluation activities, such as surveys, interviews or focus groups.

The type of and timing for evaluation activities may differ for each funded strategy as indicated in the program manual.
Contract Monitoring and Quality Assurance

Program Risk Assessments
CDPHE performs a program risk assessment annually to determine monitoring levels and which organizations may receive site visits.

Program Site Visits
CDPHE staff members conduct site visits with a sub-set of organizations each fiscal year. Site visits serve as an opportunity to highlight program successes, challenges encountered, lessons learned, useful tools, and technical assistance needs. Site visits are conducted by each organization’s assigned program coordinator, and the nurse consultant will be available by phone, if needed. Find more information on the website.

Performance Improvement Plans
Organizations out of compliance with the contract may be placed under a performance improvement plan.

Colorado Contract Monitoring System
Pursuant to Colorado state law, the Colorado Department of Public Health and Environment (CDPHE) must report performance ratings to the contract management system (CMS). The rating is developed based on five performance categories:

- Quality of Service.
- Budget/Cost Management.
- Timeliness of Service.
- Customer Service.
- Contract Deliverables.

Organizations will receive either a standard or below standard score in each category each performance period.

A final Contractor Performance Evaluation will be conducted at the end of the life of the contract. This rating will be posted on the state CMS website.

Financial Monitoring
Organizations are subject to a CDPHE desk audit or onsite audit determined by financial risk.

The CDPHE Prevention Services Division (PSD) Fiscal Compliance Unit performs routine financial monitoring. The purpose of these reviews are to:

- Provide CDPHE with assurances that the organization’s financial systems provide adequate internal controls, and its accounting policies and procedures are in accordance with generally accepted accounting principles (GAAP).
- Examine the organization’s financial compliance with contract obligations.
- Provide the organization with technical assistance as needed or requested.
The PSD Compliance Unit uses a monitoring checklist to perform reviews. This checklist includes a review of prior PSD fiscal monitoring recommendations, cost allocation methodologies, internal controls, accounting processes, policies and procedures, and review of financial records to ensure compliance with contract requirements. The unit also requests supporting documentation for invoices such as ledgers, travel expense reports, memorandums of understanding documents, payroll data, invoices, time sheets and receipts for various operating expenses.

**Technical Assistance and Professional Development**

CDPHE offers technical assistance in addition to this program manual to help organizations run a successful cancer screening program. Technical assistance topics include program orientation, data entry, outreach, and programmatic best practices.