I. Entity Name: To be determined via RFA

II. Project Description:
This project serves 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 or living within the service area of the contractor. All Contractors are required to conduct an annual Assessment and Planning Process to identify: 1) the needs of the underserved population served 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, and 3) a strategic plan for the organization to apply to continue, discontinue to include new Additional Strategies to improve cancer prevention and early detection based upon the Assessment and Planning results. The results of the Assessment and Planning Process will be used to determine which Additional Strategies will be implemented by the contractor.

III. Definitions:
   a. Breast and cervical cancer screening procedures: Procedures performed to either diagnose an individual with or to rule out breast or cervical cancer. For the Patient Navigation and Clinical Services Strategies, qualifying breast and cervical cancer screening procedures are outlined in the Current Procedural Terminology (CPT) list. The CPT list for FY2016-2017 is located at https://www.colorado.gov/cdphe/ddwwc-providers-resources.
   b. Cancer screening data: Data on the Contractor’s breast, cervical and colorectal cancer screenings provided to their screening-eligible patient population. Additional information can be found in the Program Manual.
   d. Evidence-based interventions (EBIs): Activities and strategies that have been tested and reviewed as effective at improving cancer screening rates.
   e. Patient navigation: Individualized assistance offered to clients to help overcome their client’s self-identified psychosocial, cultural and system barriers (e.g., health literacy, financial, transportation, etc.) to healthcare and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for persons diagnosed with cancer.
      a. Quality cancer screenings: Timely completion of all required procedures needed to determine whether or not an individual has cancer. Information about what constitutes timely completion and clinically appropriate pathways through screening can be found in the Program Manual.
      b. Systems changes: Implementation and maintenance of clinical and operational workflow, policies and procedures which define standards and methods for services that should be provided across the entire eligible population as well as defined implementation and quality assurance processes for tracking cancer in the organization’s eligible population.

IV. Work Plan: The following Work Plan includes the Planning and Assessment Process required of all contractors, and all Additional Strategies (Targeted Community Outreach, Clinic Quality Improvement, Patient Navigation and Clinical Services) and related contract standards and requirements. Be advised this Sample Statement of Work is inclusive of all Additional Strategies to demonstrate expectations; however, Contractors will likely not be working on all Additional Strategies. Each Contractor’s final Work Plan will show the Assessment and Planning Process and any Additional Strategies, and their corresponding standards and requirements, that the Contractor has been funded to implement as determined via the annual Assessment and Planning Process. Over the life of the contract, the SOW may be amended to add or remove Additional Strategies as needs change based on the results of each Contractor’s annual Assessment and Planning Process and continuing application.

Goal #1: Reduce breast, cervical and colorectal cancer health disparities, and morbidity and mortality rates, in Colorado.

Objective #1: No later than the expiration date of the contract, the Contractor shall promote and improve prevention and early detection of breast, cervical and colorectal cancer among underserved Coloradans served by and living within the service area of the Contractor.
<table>
<thead>
<tr>
<th>Primary Activity #1</th>
<th>Assessment and Planning - required</th>
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<tr>
<td></td>
<td>The Contractor shall complete the annual CDPHE Cancer Prevention and Early Detection Assessment and Planning Process to identify needs of and existing activities related to promoting and improving prevention and early detection of breast, cervical and colorectal cancer among underserved women and men served by and living within the service area of the Contractor.</td>
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</table>

| Sub-Activities #1 | 1. The Contractor shall conduct an annual assessment.  
2. The Contractor shall prepare a strategic plan based on results of the assessment with proposed activities.  
3. The Contractor shall prepare for implementation of approved strategies included in the Contractor’s plan. |

<table>
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<tr>
<th>Primary Activity #2</th>
<th>Targeted Community Outreach Strategy – Breast and Cervical Focus</th>
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<td>The Contractor shall provide education in the community about breast, cervical and colorectal cancer prevention and early detection (including during cancer awareness months), and provide direct assistance to eligible low-income women to access breast and cervical cancer screening services at a health system.</td>
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| Sub-Activities #2 | 1. The Contractor shall provide presentations, trainings, and distribution of information at a minimum number of community organizations and events, as approved by CDPHE.  
2. The Contractor shall provide direct assistance to a minimum number of women from the identified community subpopulation to access cancer screening services, as approved by CDPHE.  
3. The Contractor shall provide aggregate data on education provided in the community and individual-level data on women receiving direct assistance to access cancer screening. |

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<tr>
<th>Primary Activity #3</th>
<th>Clinic Quality Improvement Strategy- Health System</th>
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<td>The Contractor shall establish and maintain system changes to increase quality breast, cervical, and colorectal cancer screenings.</td>
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| Sub-Activities #3 | 1. The Contractor shall implement evidence-based interventions (EBIs) for the cancer(s), as approved by CDPHE.  
2. The Contractor shall identify steps needed to complete as part of EBI implementation  
3. The Contractor shall utilize quality improvement tools, such as Plan-Do-Study-Act cycles, to implement evidence-based interventions. |

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<th>Primary Activity #4</th>
<th>Clinic Quality Improvement Strategy- Network Organization</th>
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<td>The Contractor shall support health systems to establish and maintain system changes to increase quality breast, cervical, and colorectal cancer screenings.</td>
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| Sub-Activities #4 | 4. The Contractor shall implement EBIs for the cancer(s), as approved by CDPHE, at each health system partnering with.  
5. The Contractor shall identify steps needed to complete as part of EBI implementation  
6. The Contractor shall utilize quality improvement tools, such as Plan-Do-Study-Act cycles, to implement evidence-based interventions at each health system partnering with. |

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<th>Primary Activity #5</th>
<th>Patient Navigation Strategy – Breast and Cervical Only</th>
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<td>The Contractor shall navigate eligible low-income women to timely and complete breast and cervical cancer screening procedures.</td>
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| Sub-Activities #5 | 1. The Contractor shall provide patient navigation to the group(s) of eligible women as approved CDPHE.  
2. The Contractor shall enter client-level data on qualifying breast and cervical cancer screening procedures and patient navigation services, performed on or before June 29, into the eCaST data system no later than July 29, annually and in the final year by December 31. |
Primary Activity #6
Clinical Services Strategy – Breast and Cervical Only
The Contractor shall provide CDPHE-funded breast and cervical cancer screening procedures to eligible low-income women.

Sub-Activities #6
1. The Contractor shall enter data on qualifying procedures, performed on or before June 29, into the eCaST data system no later than July 29, annually and in the final year by December 31.

Standards and Requirements
1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The Contractor shall monitor documents and website content for updates and comply with all updates.
2. Any aspect of the CDPHE Cancer Prevention and Early Detection Program is subject at any time to changes, revisions, inclusions, exclusions, etc., as needed and/or pursuant to directives or changes required by rule, regulation, statute or guidance, and the Contractor shall comply with any such changes, revisions, inclusions, exclusions, etc.
3. The Contractor shall comply with all requirements stated in the Program Manual. This document is incorporated and made part of this contract by reference and is available on the following website: www.colorado.gov/cdphe/cancer-prevention-funding.
4. The Contractor shall use all CDPHE-required forms.
5. The Contractor shall utilize the CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool Template to complete their annual Assessment and Planning Process. The template is incorporated and made part of this contract by reference and is located on the following website: www.colorado.gov/cdphe/cancer-prevention-funding.
6. CDPHE will provide written feedback of the CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool within thirty (30) calendar days of the submission deadline.
7. The Contractor shall be guided by the annual CDPHE Cancer Prevention and Early Detection Continuing Application that indicates CDPHE-approved planned strategies. The annual CDPHE Cancer Prevention and Early Detection Continuing Application shall be based on the annual Assessment and Planning Process. The Cancer Prevention and Early Detection Continuing Application template shall be incorporated and made part of this contract by reference and is located on the following website: www.colorado.gov/cdphe/cancer-prevention-funding.
8. CDPHE will provide written notice of approval or rejection of the CDPHE Cancer Prevention and Early Detection Continuing Application within thirty (30) calendar days of the receipt.
9. The Contractor shall attend a post-award orientation provided by CDPHE as well as other required meetings, trainings, webinars and telephone calls for the purpose of information-sharing, training, technical assistance and contract monitoring.
10. The Contractor shall notify CDPHE within fifteen (15) days of a change in key staff responsible for the performance of services provided.
11. The Contractor shall ensure that new staff members receive required training within two (2) months of hire.
12. The Contractor shall participate in CDPHE evaluation efforts.
13. The Contractor shall compile required evaluation and program monitoring data.
14. The Contractor shall send all submittals via email to CDPHE Cancer Prevention and Early Detection staff at email address: CDPHE_CancerRFA@state.co.us.
15. If purchasing gift cards, the Contractor shall provide to CDPHE upon request written procedures related to gift card purchasing and handling. At a minimum, the procedures must include the following:
   a. How the gift card inventory is tracked and maintained
   b. Gift card storage and safeguards against theft
   c. The primary person responsible for securing and distribution of gift cards
   d. A gift card distribution log that records each gift card number, dollar amount, and the printed name and signature of each gift card recipient.
Targeted Community Outreach Strategy – community level
1. Contractors that provide direct services to individuals 18 years of age and older shall ensure they only provide services of benefit to individuals lawfully present in the United States. The Contractor shall maintain documentation demonstrating the individual’s establishment of lawful presence, which shall include documentation of an appropriate identification document and an affidavit as required by section 24-76.5-103, C.R.S.

Clinic Quality Improvement Strategy – organizational level
1. The Contractor shall run PDSA cycles or other CDPHE approved quality improvement method to test changes in clinic workflows or protocols.
2. The Contractor shall utilize the Implementation Action Plan.
3. If applicable, Contractor shall submit Clinic Improvement Implementation Toolkit, using a CDPHE-provided template no later than the first of every month.

Clinical Services and Patient Navigation Strategies:
2. The Contractor shall comply with required current national clinical guidelines. Current national clinical guidelines are incorporated and made part of this Contract by reference and are available on the following website at [https://www.colorado.gov/cdphe/wwc-provider-resources](https://www.colorado.gov/cdphe/wwc-provider-resources)
3. Contractors that provide direct services to individuals 18 years of age and older shall ensure they only provide services of benefit to individuals lawfully present in the United States. The Contractor shall maintain documentation demonstrating the individual’s establishment of lawful presence, which shall include documentation of an appropriate identification document and an affidavit as required by section 24-76.5-103, C.R.S.
4. For Clinical Services only, the Contractor shall comply with the requirements for enrollment of eligible women with an eligible breast or cervical cancer diagnosis into Health First Colorado’s Breast and Cervical Cancer Treatment Program (BCCP).
5. For Clinical Services only, the Contractor shall offer clients printed resource and referral materials that direct them to the nearest community Medicaid and Connect for Health Colorado enrollment location(s), including online enrollment options. Printed resource materials for Medicaid and Connect for Health Colorado shall be available for clients with Limited English Proficiency. Contractors that routinely offer enrollment services onsite are exempt from this requirement because the services go beyond this minimum requirement. Information on enrollment resources, referral locations, LEP and outreach and promotional materials is available at [https://www.colorado.gov/cdphe/wwc-provider-resources](https://www.colorado.gov/cdphe/wwc-provider-resources), which is incorporated and made a part of this contract by reference

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<th>Expected Results of Activity(s)</th>
<th>Measurement of Expected Results</th>
<th>Completion Date</th>
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| 1. Increased number of individuals screened for breast, cervical and colorectal cancer.  
2. Increased number of quality breast, cervical and colorectal cancer screenings provided within priority populations | Analysis of programmatic data submissions, including progress reports, annual assessments, continuing applications and evaluation information. | |

<p>| Deliverables | |
|--------------|---------------------------------|-----------------|
| 1. Contractor shall submit a draft of the annual completed CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool for CDPHE review and approval. | Annually, no later than October 1 | |
| 2. Contractor shall submit the final annual CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool. | Annually, no later than December 15 | |
| 3. Contractor shall submit a CDPHE Cancer Prevention and Early Detection Continuing Application for the next fiscal year (July 1 through June 30) for CDPHE review and approval. | Annually, no later than January 15 | |</p>
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<td>4. Contractor shall submit progress reports using a CDPHE-provided template.</td>
<td>Twice per year, no later than January 15 and August 15</td>
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<td>5. Contractor shall submit breast, cervical and colorectal cancer screening data, if applicable.</td>
<td>Annually, no later than within 90 calendar days of end of CDPHE-approved reporting period</td>
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