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CONTRACTOR REPORTING REQUIREMENTS

A. Reporting and Communication

Cancer control specialists must:

- Submit clinical data to the MCCP office using the site data system.
- Submit a proposed one year work plan to further implement MCCP activities by July 10th.
- Submit quarterly and final progress reports related to work plan activities by October 10th, January 10th, April 10th and July 10th.
- Participate in all telephone consultations, on-site visits and program evaluation activities.
- Provide documentation of supplemental program resources received through in-kind and monetary contributions using the in-kind form provided in the MCCP PPM. Submit completed in-kind form with quarterly reports.
 - In-kind funds include, but are not limited to: donated rent, administrative or indirect charges, volunteer time, staff time, communication expenses and computer access.
 - Other non-federal funds documented could include: community funds, indigent funds, United Way contributions, local grants, treatment funds or other non-federal funding available for breast, cervical, colorectal cancer screening and health education.

B. Record Maintenance

The cancer control specialist is responsible for keeping a client file for every Cancer Screening Program participant including an “Informed Consent and Authorization to Disclose Health Care Information” form and all completed MCCP data collection forms. The file must be confidential, secured by lock when not in use and be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.

C. Record Retention

To comply with MCCP record retention and audit requirements, cancer control specialists must retain all client records for a period of not less than five (5) years from the date of the last entry made in the client record.

D. Payment for Task Order Work Completed

The MCCP office will send a Payment Summary document by confidential fax that lists clients served through the screening program during the quarter time period. The cancer control specialist will review and submit corrections or approve the Payment Summary.

1. If the Payment Summary is COMPLETE and ACCURATE:

- The cancer control specialist or contract liaison will sign and date the signature page.
- Return the signature page to the MCCP state office by confidential fax.

2. If the Payment Summary is NOT COMPLETE or is INACCURATE:

- Write the corrections on the Payment Summary. Remember clients may not be on the payment summary if the:
 - screening cycle is pending.
 - case is not eligible for patient navigation.
 - client was paid in a previous cycle.
- Return the corrected Payment Summary to the MCCP state office. Mark the first page "corrected". Do not sign or initial the last page.
- The MCCP state office will review the suggested corrections.
 - If agreed upon, a corrected Payment Summary will be sent for signature.
 - If not agreed upon, an explanation will be returned.

Timely payment is contingent upon:

- Work plan quarterly report being submitted and approved by MCCP staff.
- Payment summary being reviewed, signed and returned to the MCCP office.

Due dates:

- Payment summary sent by MCCP to regional contractor: October 5th, January 5th, April 5th and July 5th
- Cancer control specialist submits signed payment summary or corrections to payment summary to state office by: October 10th, January 10th, April 10th and July 10th.
- Payment will be processed by MCCP by: October 30th, January 30th, April 30th and July 30th.

A final end of year Payment Summary will be sent by August 15th. The cancer control specialist will have until the August 20th to review, submit corrections or approve the Payment Summary. The MCCP office will process the final payment by August 31st.

E. Work Plans

The cancer control specialist must submit a proposed one year work plan by July 10th of each year. The approved work plan will be followed over the course of the year to further implement MCCP activities.

- The work plan is submitted at the end of each quarter as a cumulative record of work performed.
- Any required supporting documentation to be included with quarterly report (coalition minutes, copies of articles, educational materials, etc.) is listed in the supporting documentation column of the work plan.
- Additional optional activities will need to be evidence-based.
- Screening numbers are reported through the site data system as well as being included in the quarterly progress updates of the work plan.

Montana Cancer Control Programs

Attachment 1 Work Plan for July 1, 2011 through June 30, 2012

Qtr 1 Due: 10/10/11 Qtr 2 Due: 01/10/12 Qtr 3 Due: 04/10/12 Qtr 4 Due: 07/10/12

Region: _____

Staff:

Cancer Control Specialist (Name): _____ . _____ FTE

Cancer Control Specialist (Name): _____ . _____ FTE

Additional Staff:

(Name): _____ . _____ FTE

(Name): _____ . _____ FTE

DELIVERABLE 3: Screening Support Activities	
Targets to be met: Quarter 2: 40% Quarter 3: 60% Final: 100%	
Deliverables	Quarterly Progress
Breast & Cervical Goal: # Screened/%Met: AI Goal: # Screened/%Met:	If screening goal met , list 'met'. If screening goal not met , explain why not and describe plan to meet goals. Q1 Q2 Q3 Q4
Colorectal Goal: # Screened/%Met: FOBT Goal: Completed: Colonoscopy Goal: Completed:	If screening goal met , list 'met'. If screening goal not met , explain why not and describe plan to meet goals. Q1 Q2 Q3 Q4
DELIVERABLE 3f: Patient Navigation Pilot Project	If applicable, see attached documentation.

DELIVERABLE 5: Regional Coalitions

Build and maintain one (1) regional comprehensive cancer control coalition (or more depending on geography) to develop, help implement, revise and evaluate the Contractor's regional work plan. Ensure quarterly that:

Deliverables	Required Documentation Include in quarterly report	Quarterly Progress
A. Coalition(s) meet as demonstrated by meeting agendas.	<input type="checkbox"/> Meeting agendas	Q1 Q2 Q3 Q4
B. Attendance of coalition members is recorded on meeting minutes or sign-in sheet.	<input type="checkbox"/> Meeting minutes or sign-in sheet	Q1 Q2 Q3 Q4
C. A professionally and regionally diverse membership is recruited from each county in the Contractor's multi-county area.	<input type="checkbox"/> Updated coalition roster including member names, town names and professional or personal affiliation	Q1 Q2 Q3 Q4
D. Coalition(s) seek and track local-level policy changes regarding important cancer control outcomes including physical activity, nutrition, tobacco, screening, tanning, insurance coverage, and professional education within the work plan.		List short policy description, organization/town/county where applicable, and date identified. Q1 Q2 Q3 Q4
E. Coalition(s) members will identify and accomplish regional activities to strengthen community capacity and support implementation of evidence-based cancer control activities consistent with the Montana CCC Plan priorities as recorded on meeting minutes.	<input type="checkbox"/> Meeting minutes	Q1 Q2 Q3 Q4

DELIVERABLE 6a: Non-medical Systems Change Activities

Partner with a minimum of one (1) new non-medical systems change organization in addition to continuing activities with the two (2) previously established systems change organizations from the 2010-11 contract year. **The new non-medical systems change organization must be identified and implementation must begin by the end of the first quarter of the task order year.** Follow-up activities with previous non-medical systems change partners will continue over multiple years and be included in the contractor work plan.

Non-medical systems change activities increase breast, cervical and colorectal cancer (or a combination thereof) screening rates in the general population. Implement at least two (2) of the following activities in each organization:

- 1) Evaluate insurance coverage for cancer screening with the goal of expanding coverage to include colorectal, breast and cervical cancer screening
- 2) Work with organizational management to adopt policies that support preventive care (e.g. time off for cancer screening, no or reduced co-pays)
- 3) Include cancer screening information to expand current wellness program or work with management to establish a wellness program that includes information on cancer screening
- 4) Implement small media campaign(s) to increase awareness of personal need of cancer screening and insurance coverage

Quarterly progress must be shown in each activity.

Systems Change Activity 1

What Will be Measured Include name of partner system/organization and which 2 activities to be implemented.	Documentation/ Data Source(s)	Baseline data	12 month data	24 month data	Lead Personnel Assigned	Key Partners Assigned
Activities for System/Organization 1:		Scheduled Completion Dates	Quarterly Progress			
Planned activities for Quarter 1			Q1			
Planned activities for Quarter 2			Q2			
Planned activities for Quarter 3			Q3			
Planned activities for Quarter 4			Q4			

Systems Change Activity 2						
What Will be Measured Include name of partner system/organization and which 2 activities to be implemented.	Documentation/ Data Source(s)	Baseline data	12 month data	24 month data	Lead Personnel Assigned	Key Partners Assigned
Activities for System/Organization 2:		Scheduled Completion Dates	Quarterly Progress			
Planned activities for Quarter 1			Q1			
Planned activities for Quarter 2			Q2			
Planned activities for Quarter 3			Q3			
Planned activities for Quarter 4			Q4			

Systems Change Activity 3						
What Will be Measured Include name of partner system/organization and which 2 activities to be implemented.	Documentation/ Data Source(s)	Baseline data	12 month data	24 month data	Lead Personnel Assigned	Key Partners Assigned
Activities for System/Organization 3:		Scheduled Completion Dates	Quarterly Progress			
Planned activities for Quarter 1			Q1			
Planned activities for Quarter 2			Q2			
Planned activities for Quarter 3			Q3			
Planned activities for Quarter 4			Q4			

DELIVERABLE 6b: Medical Systems Change Activities

- 1) Increase colorectal cancer screening by assisting a minimum of one (1) clinician office during the task order year to implement the *How to Increase Colorectal Cancer Screening Rates in Practice Toolbox* as documented on Toolbox forms 1 and 2. **Toolbox sites must be identified and implementation must begin by the end of the first quarter of the task order year.**
- 2) Educate clinician office on using the Toolbox to provide recommendations and referrals for breast and cervical cancer screening.
- 3) In partnership with clinician offices, utilize small media to educate patients with the goal to increase breast, cervical and colorectal cancer (or a combination thereof) screening rates.

Quarterly progress must be shown in each activity.

Documentation/ Data Source(s) Include updated Forms 1 and 2 in each quarterly report		Lead Personnel Assigned	Key Partners Assigned
<input type="checkbox"/> Form 1 <input type="checkbox"/> Form 2			
Activities	Scheduled Completion Dates	Quarterly Progress	
Planned activities for Quarter 1		Q1	
Planned activities for Quarter 2		Q2	
Planned activities for Quarter 3		Q3	
Planned activities for Quarter 4		Q4	

DELIVERABLE 7: MTCCC Participation

One cancer control specialist from each multi-county area will participate as an active member in the Montana Cancer Control Coalition (MTCCC) by participating on a team or committee and attending two (2) semiannual all-member meetings and any scheduled trainings or meetings.

Team/ Committee Name	Person(s) Participating	Meeting Dates	Activities to Demonstrate Your Involvement
		Q1 Q2 Q3 Q4	Q1 Q2 Q3 Q4

OPTIONAL ACTIVITY 1					
Evidence Base/Rationale					
What Will be Measured	Documentation/Data Source(s)	Baseline & Target		Direction of Change	Completion Date
		Starting point:		Increase, decrease or maintain	
		End target/goal:			
Optional Activity		Lead Personnel Assigned	Key Partners Assigned	Quarterly Progress	
				Q1	
				Q2	
				Q3	
				Q4	

OPTIONAL ACTIVITY 2					
Evidence Base/Rationale					
What Will be Measured	Documentation/Data Source(s)	Baseline & Target		Direction of Change	Completion Date
		Starting point:		Increase, decrease or maintain	
		End target/goal:			
Optional Activity		Lead Personnel Assigned	Key Partners Assigned	Quarterly Progress	
				Q1	
				Q2	
				Q3	
				Q4	

Quarterly Report of In-Kind Donations and Non-Federal Matching Funds

This form tracks non-federal in-kind contributions and matching funds by groups or individuals of their time, travel expense, or other goods or services donated in support of your regional Montana Cancer Control Programs.

- Match funds must not include contributions from any other federally assisted program or be paid by the federal government under another award.
- If an annual contribution is received, such as an Avon grant, show annual amount; do not report annual amounts on more than one quarterly report.
- Do not include donations reported to the Montana Cancer Control Coalition.
- If using WORD, you may add additional rows to the e-version of this table. Any similar table in another software program will do. Examples, values and definitions are shown below.
- Select ONE category per donation: "Screening" or "Coalition/Systems Change".
- List all coalition members individually.

Use Your Best Estimate for Value of Each Item

Wage Estimates from US Dept of Labor http://stats.bls.gov/oes/current/oes_mt.htm

Examples of reportable donations	
Meeting/Office space	\$50/hour or \$125/meeting
Copies of Documents/flyers/etc.	10¢/page
Office or media equipment	\$25/hour
Food or drinks	\$ actual value
Contributions from private for-profit entities	\$ actual value
Donations from national or professional organizations	\$ actual value
Donated media	\$ actual value
Donated educational or promotional supplies	\$ actual value
Administrative, overhead, computer or indirect charges	\$ actual value

Estimated hourly rates for donated staff, supervisory and volunteer time			
Administrative Support	\$15.60	Librarians	\$23.40
Administrative Service Manager	\$23.17	Media/Communications Worker	\$11.74
Bookkeeping/Accounting Clerks	\$11.23	Medical Director	\$97.50
Chief Executive (private, public orgs)	\$91.00	Medical / Health Services Manager	\$45.50
Dietitians	\$26.00	Medical Social Worker	\$26.00
Educational professionals	\$26.00	Nurse Practitioners	\$39.00
Executive Directors – Non-profit Organizations	\$45.50	Nurses - Registered	\$32.50
Faculty / Researcher / Scientist	\$52.00	Pharmacists	\$52.00
Grant Writer	\$26.00	Physicians – Assistant	\$30.50
Governmental Agency Official	\$45.50	Physicians - General	\$104.00
Governmental Agency Staff	\$26.00	Physicians - Specialist	\$130.00
Health Care Practitioner & Technical Occupations	\$28.60	Private Corporation Staff	\$52.00
Health Educator	\$20.80	Professional Association Staff	\$32.50
Legal Support Workers	\$19.90	Tumor Registrar	\$26.00
Legislator - State	\$26.00	Volunteer	\$13.00

