



Where the end of breast cancer begins.™

2020-2021 COMMUNITY GRANTS REQUEST FOR APPLICATIONS

APPLICATION DEADLINE: December 6, 2019

PERFORMANCE PERIOD: April 1, 2020 – March 31, 2021

AWARD NOTIFICATION: March 2020

**OUR MISSION: SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES
AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER**

**OUR BOLD GOAL: REDUCE THE CURRENT NUMBER OF BREAST CANCER DEATHS BY 50% IN
THE U.S. BY 2026.**

Susan G. Komen® Chicago
213 West Institute Place, Suite 302
Chicago, IL 60610
www.komenchicago.org

Questions:
Community Programs Manager
(773) 444-0061
Mission@komenchicago.org

TABLE OF CONTENTS

Contents

About Susan G Komen® and Komen Chicago	3
Eligibility Requirements	3
Eligible Service Area.....	4
Funding Priorities.....	4
Allowable Costs	5
Non-Allowable Costs	6
Breast Cancer Education.....	7
Project Objectives.....	7
Project Narrative.....	7
Review Process	8
Required Reporting Metrics	9
Submission Requirements	10
Checklist For Application Completion	10
Appendix A: Writing SMART Objectives	13
Appendix B: Definition of Good Standing.....	15
Appendix C: Sample Memorandum of Understanding	16
Appendix D: Citation Guidelines.....	19
Appendix E: Breast Cancer Services Medicare Reimbursement Rates	21

ABOUT SUSAN G KOMEN® AND KOMEN CHICAGO

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit outside of the U.S. government while providing real-time help to those facing the disease. Komen has set a Bold Goal to reduce the current number of breast cancer deaths by 50 percent in the U.S. by 2026. Since its founding in 1982, Komen has funded more than \$988 million in research and provided more than \$2.2 billion in funding to screening, education, treatment and psychosocial support programs. Komen has worked in more than 60 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Komen Chicago has invested \$18.2 million in community breast health programs in Cook, DuPage, Kane, Lake and McHenry Counties and has helped contribute to the more than \$988 million invested globally in research.

ELIGIBILITY REQUIREMENTS

- Individuals are not eligible to apply.
- Applications will only be accepted from governmental organizations under Section 170(c)(1) or nonprofit organizations under Section 501(c)(3) of the Internal Revenue Service (IRS) code. Applicants must prove tax-exempt status by providing a letter of determination from the IRS.
- Proposed projects must be specific to breast health and/or breast cancer and address the priorities identified within this RFA. If a project includes other health issues along with breast cancer, such as a breast and cervical cancer project, funding may only be requested for the breast cancer portion.
- All past and current Komen-funded projects must be in compliance with Komen requirements.
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety in the 12 months prior to the submission deadline for the application, then applicant is not eligible to apply for a grant until 12 months after the conviction. After such 12-month period, applicant must demonstrate in its application that appropriate remedial measures have been taken to ensure that any criminal misconduct will not recur.
- A representative must attend/view the Komen Chicago Affiliate Grant Application Workshop.
- Funds for mammograms and clinical breast exams will be allocated only if alternative sources are not available. All direct services must be calculated at the current Medicare rate. For a list of current Medicare rates, please see Attachment E: Medicare Rates.
- If proposed project included genetic risk assessment or testing, you must define "high risk" for patients.

- Applications proposing outreach activities must link clients with medical care providers to offer mammograms and clinical breast exams. This link must be clearly stated and outlined in a letter of support/collaboration. Provisions must be made for recall and follow-up case management for patients who are screened and have abnormal findings.

ELIGIBLE SERVICE AREA

Applicants must provide services to **residents** of one or more of the following locations in Illinois:

- o Cook County
- o DuPage County
- o Kane County
- o Lake County
- o McHenry County

FUNDING PRIORITIES

Komen Chicago supports breast cancer projects that address the funding priorities below, which were selected based on data from our current Community Profile Report, found on our website at <https://komenchicago.org/about-us/history/our-community-need/>.

The funding priority areas are listed below in no particular order:

- **Patient Navigation**

Projects that provide evidence-based patient navigation for uninsured and underinsured populations that reside in Cook and McHenry Counties, Illinois. Patient navigation must follow the individual from abnormal screening to diagnostic resolution and through treatment, if necessary.

Patient navigation is a process by which a trained individual- patient navigator- guides patients through and around barriers in the complex breast cancer care system. The primary focus of a patient navigator is on the individual patient, with responsibilities centered on coordinating and improving access to timely diagnostic and treatment services tailored to individual needs. Patient navigators offer interventions that may vary from patient to patient along the continuum of care and include a combination of informational, emotional, and practical support (i.e., breast cancer education, counseling, care coordination, health system navigation, and access to transportation, language services and financial resources).

Komen Chicago seeks to support the increased utilization of culturally relevant patient navigation through the Breast Cancer Continuum of Care for uninsured and under-insured populations through the usage and/or in partnerships with community-based navigation programs.

- o Note: Programs that only address awareness/outreach and/or education only programs will not be considered. Direct breast health services must be provided and tracked.

- **Reducing Barriers to Care**

Evidence-based projects that reduce barriers to quality breast cancer care experienced by uninsured and underinsured individuals residing in Cook and McHenry Counties, Illinois. Underinsured is defined as having some insurance coverage but not enough, or when one is insured yet unable to afford the out-of-pocket responsibilities not covered by his or her insurer.

Komen Chicago seeks to fund projects that build the capacity for the Breast Cancer Continuum of Care by increasing access to low or no cost breast cancer screening/diagnostics/treatment services, diagnostic/treatment co-pay or deductible assistance, and survivorship support through reducing financial barriers for uninsured and under-insured populations

- Priority populations include African American/Black; Hispanic/Latina and low-income individuals.

Examples of successful projects include those that result in:

- An increase in breast cancer action due to knowledge gained;
- An increase the number of “never screened” women getting breast cancer screening;
- A reduction in the number of women “lost to follow-up;”
- A reduction in time from abnormal screening to diagnostic procedures;
- A reduction in time from diagnostic resolution to treatment;
- An increase in treatment compliance.

Komen Chicago accepts applications for programs outside of the defined **priority** counties (Cook and McHenry). While these priority areas are of interest to Komen Chicago, funding will be allocated to the highest ranked applications throughout all counties in the service area as intended to address the greatest needs in our communities.

ALLOWABLE COSTS

Applicants may request funding up to \$50,000 (total combined direct and indirect costs) for one year. All requested costs must be directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives:

- **Salaries and Fringe Benefits**
Project staff responsible for achieving project objectives with salary and fringe benefits adjusted to reflect the percentage of effort on the project.
- **Consultants/ Sub-contracts**
Consultants are persons or organizations that offer specific expertise for achieving project objectives not provided by project staff and are usually paid by the hour or day. Subcontractors have substantive involvement with a specific portion of the project for achieving project objectives, often providing services not provided by the applicant.
- **Supplies**
Resources needed to achieve project objectives.

- **Travel**
Conference registration fees/travel or mileage reimbursement by project staff or volunteers necessary to achieve project objectives.
- **Patient Care**
Costs for providing direct services for a patient to achieve project objectives.
- **Other Direct Costs**
Direct costs directly attributable to the project that cannot be included in existing budget sections.
- **Indirect Costs, not to exceed 10 percent of direct costs**
These include costs for supporting the project such as, allocated costs such for facilities, technology support, communication expenses and administrative support. |

NON-ALLOWABLE COSTS

- Research, defined as any project activity with the primary goal of gathering and analyzing data or information.
 - Specific examples include, but are not limited to, projects or programs designed to:
 - Understand the biology and/or causes of breast cancer
 - Improve existing or develop new screening or diagnostic methods
 - Identify approaches to breast cancer prevention or risk reduction
 - Improve existing or develop new treatments for breast cancer or to overcome treatment resistance, or to understand post-treatment effects
 - Investigate or validate methods or tools
- Education regarding breast self-exams/use of breast models. According to studies, teaching breast self-exam (BSE) has not been shown to be effective at reducing mortality from breast cancer
- Development of educational materials or resources that either duplicate existing Komen materials or for which there is not a demonstrated need. Applicants can view, download and print all of Komen's educational materials by visiting <http://ww5.komen.org/BreastCancer/KomenEducationalMaterials.html>. If an applicant intends to use supplemental materials, they should be consistent with Komen messages.
- Education via mass media (e.g., television, radio, newspapers, billboards), health fairs and material distribution. Evidence-based methods such as one on one and group sessions should be used to educate the community and providers.
 - Construction or renovation of facilities/ land acquisition
- Political campaigns or lobbying
- General operating funds (in excess of allowable indirect costs) |
- Debt reduction
- Fundraising (e.g., endowments, annual campaigns, capital campaigns, employee matching gifts, events)
- Event sponsorships
- Projects completed before the date of grant approval
- Project-related investments/loans
- Scholarships

-
- Thermography
 - Equipment over \$5,000 total
 - Projects or portions of projects not specifically addressing breast cancer

BREAST CANCER EDUCATION

To reduce confusion and reinforce learning, Komen will only fund projects that use approved educational messages and materials that are consistent with Komen messages. Please be sure that your organization can agree to promote the messages listed here:

<http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>.

If an applicant wants to develop educational resources, they must discuss with Komen prior to application submission and provide evidence of need for the resource.

Komen has developed breast cancer education toolkits for Black and African-American communities and Hispanic/Latino communities. They are designed for health educators and organizations to meet the needs of their communities. The Hispanic/Latino toolkit is available in both English and Spanish. To access these toolkits, please visit <http://komentoolkits.org/>.

PROJECT OBJECTIVES

All applicants are required to develop project objective(s) to:

Reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.

All projects must have at least one **Specific Measurable Attainable Realistic Time-bound (SMART)** objective that will be accomplished with Komen funding and can be evaluated including an estimated timeline and the anticipated number of individuals to be served.

Guidance on crafting SMART objectives is located here: (see Appendix A)

<https://ww5.komen.org/WritingSMARTObjectives.html>.

PROJECT NARRATIVE

Statement of Need

- Describe the need for the project and explain the target population (including age, race, ethnicity, geographic location) to be served using demographic and breast cancer mortality statistics.
- Explain how project objectives will address the stated funding priorities.
- Describe how this project aligns with Komen Chicago's target communities.

Project Design

- Describe what will be accomplished with project funding and the strategy to reduce breast cancer mortality and increase the percentage of people who enter, stay in or progress through the continuum of care.
- Explain how the project incorporates evidence-based practices providing citations for all references. (see Appendix D)

- Explain how the requested budget and budget justification support the project objectives.
- Explain how project staff are best suited to accomplish project objectives.
- Explain how the project is designed to meet the needs of specific communities and reflects the cultural and societal beliefs, values, and priorities of each community.

Partners and Sustaining the Project

- Explain how collaboration strengthens the project including roles and responsibilities of all partnering organizations and why those organizations are qualified to assist in accomplishing the goal and objectives. Organizations mentioned here should correspond with those providing letters of support/collaboration or MOUs.
- Describe past accomplishments with breast cancer projects that address our funding priorities. If the proposed project is new, describe success with other breast cancer projects.
- Describe the resources to be used to implement the project.

Impact and Evaluation

- Describe how the project objectives will reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
- Describe how specific project outcomes will be evaluated.
- Describe the resources and expertise that will be used for monitoring and evaluation during the performance period.

REVIEW PROCESS

Each grant application will be reviewed by at least three reviewers from the community, who will consider each of the following criteria:

Statement of Need 20%:

- How well has the applicant identified the need for the project and explained the target population to be served?
- To what extent do project objectives address the stated funding priorities?
- Has the applicant described how this project aligns with Komen Chicago's target communities?

Project Design 25%:

- How successful was the applicant at describing the strategy to reduce breast cancer mortality?
- How well has the applicant described what will be accomplished with project funding?
- To what extent does the project include evidence-based practices?
- How well does the budget and budget justification support project objectives?

- Did the applicant explain how the project is designed to meet the needs of specific communities and reflects the cultural and societal beliefs, values, and priorities of each community? |

Partners and Sustaining the Project 20%: |

- How well does the applicant explain the roles, responsibilities and qualifications of project partners?
- How well has the applicant demonstrated evidence of success in delivering services consistent with the stated funding priorities?
- How well has the applicant described the resources to implement the project?
- Does the applicant have the capacity to manage the project? | |

Impact and Evaluation 35%: |

- To what extent do project objectives reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation?
- To what extent does the evaluation plan aim to collect the relevant required metrics?
- To what extent are the applicant's monitoring and evaluation resources likely to adequately evaluate project success? | |

REQUIRED REPORTING METRICS

If awarded project funding, grantees will be required to report on the Demographics in addition to the metrics related to approved objectives listed below. For example, if the project has screening and diagnostic services objectives, the grantee will report on the Demographics, Screening Services and Diagnostic Services metrics.

Demographics

State of residence; County of residence; Age; Gender; Race; Ethnicity; Special Populations.

Education & Training

Type of session; Number of individuals reached by topic area; Follow-up completed; Action taken; If health care provider training, total number of providers trained in each session and number by provider type.

Screening Services

First time to facility; Number of years since last screening; Screening facility accreditation; Count of screening services provided; Screening result; Referred to diagnostics; Staging of breast cancer diagnosed resulting from screening services.

Diagnostic Services

Time from screening to diagnosis; Diagnostic facility accreditation; Count of diagnostic services provided; Staging of breast cancer diagnosed resulting from diagnostic services; Referred to treatment.

Treatment Services

Time from diagnosis to beginning treatment; Treatment facility accreditation; Count of treatment services provided; Count of patients enrolled in a clinical trial.

Treatment Support

Count of treatment support services provided: system management, individual or group psychosocial support, complementary and integrative therapies, palliative care, durable medical equipment.

Barrier Reduction

Count of barrier reduction assistance services provided: transportation, interpretation/translation services, co-pay/deductible assistance, daily living expenses, childcare.

Patient Navigation, Care Coordination & Case Management

Time from referral to screening; Accreditation of screening facility navigated to; Time from abnormal screening to diagnostic resolution; Accreditation of diagnostic facility navigated to; Staging of breast cancer diagnosed resulting from community or patient navigation; Time from diagnostic resolution to beginning treatment; Accreditation of treatment facility navigated to; Patient enrolled in a clinical trial; Individual completed physician recommended treatment; Survivorship care plan provided.

SUBMISSION REQUIREMENTS

All applications must be submitted online through the Komen Grants Portal at komen.smartsimple.com before the application deadline to be considered.

Extensions to the submission deadline will not be granted, with the rare exception made for severe extenuating circumstances at the sole discretion of Komen.

The application process is competitive, regardless of whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

CHECKLIST FOR APPLICATION COMPLETION

- **Eligibility Requirements** – Applicant meets all eligibility requirements as stated in the Komen Grants Portal and in this Request for Applications.
- **Allowable Costs** – All proposed costs are directly attributable to the project, provide an estimated cost calculation and include a brief justification explaining why the costs are necessary to achieve project objectives.
- **Non-Allowable Costs** – non-allowable costs are not included in the application.

-
- **Breast Cancer Education** – Applicant can agree to promote Komen’s education messages listed here: <http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html>
 - **Project Narrative** – Applicant has addressed each question in the Statement of Need, Project Design, Partners and Sustaining the Project, and Impact and Evaluation sections.
 - **Project Objectives** – Proposed objectives are SMART, will be accomplished with Komen funding, and aim to reduce breast cancer mortality by addressing disparities, increasing access to quality and timely care, and/or improving outcomes through patient navigation.
 - **Proof of Tax-Exempt Status** – To document the applicant’s **federal tax-exempt status**, provide a letter of determination from the Internal Revenue Service. Evidence of state or local exemption will not be accepted. Please do not provide a Federal tax return.
 - **Resume/Job Description** – For key personnel that are currently employed by the applicant organization, provide a resume or *curriculum vitae* that includes education level achieved and licenses/certifications obtained. For new or vacant positions, provide a job description (*Two-page limit per individual*).
 - **Letters of Support / Memoranda of Understanding** – From project partners identified in the Project Narrative / Partners and Sustaining the Project section.
 - **Assurances** – Applicant assures compliance with the following policies if awarded project funding:
 - Recipients of services must reside in the Affiliate Service Area.
 - The effective date of the grant agreement is the date on which Komen fully executes the grant agreement and shall serve as the start date of the project. No expenses may be accrued against the project until the grant agreement is fully executed. The contracting process can take up to six weeks from the date of the award notification letter.
 - Any unspent funds over \$1.00 must be returned to Komen.
 - Grant payments will be made in installments pending acceptance of and compliance with terms and conditions of a fully executed grant agreement.
 - Grantee will be required to submit a minimum of one semi-annual progress report and one final report that will include, among other things, an accounting of expenditures and a description of project achievements. Additional reports may be requested.
 - At the discretion of Komen, the grantee may request one no-cost extension of no more than six months per project. Requests must be made by grantee no later than 30 days prior to the end date of the project.
 - Certain insurance coverage must be demonstrated through a certificate of insurance at the execution of the grant agreement, if awarded. Grantee is required at minimum to hold:
 - Commercial general liability insurance with combined limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate for bodily injury, including death, property damage and advertising injury;

-
- Workers' compensation insurance in the amount required by the law in the state(s) in which its workers are located and employers' liability insurance with limits of not less than \$1,000,000; and
 - Excess/umbrella insurance with a limit of not less than \$5,000,000.
 - To the extent any transportation services are provided, \$1,000,000 combined single limit of automobile liability coverage will be required.
 - To the extent medical services are provided, medical malpractice coverage with combined limits of not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate will be required.
 - Grantees are also required to provide Komen with a certificate of insurance with Susan G. Komen Breast Cancer Foundation, Inc., Susan G. Komen [Chicago], its officers, employees and agents named as Additional Insured on the above policies solely with respect to the project and any additional policies and riders entered into by grantee in connection with the project.

APPENDIX A: WRITING SMART OBJECTIVES

A **SMART** objective is:

- **Specific:**
 - Objectives should provide the “who” and “what” of project activities.
 - Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured.
 - Avoid verbs that may have vague meanings to describe intended output/outcomes (e.g., “understand” or “know”) since it may prove difficult to measure them. Instead, use verbs that document action (e.g., identify three of the four Komen breast self-awareness messages).
 - The greater the specificity, the greater the measurability.
- **Measurable:**
 - The focus is on “how much” change is expected. Objectives should quantify the amount of change expected.
 - The objective provides a reference point from which a change in the target population can clearly be measured.
- **Attainable:**
 - Objectives should be achievable within a given time frame and with available project resources.
- **Realistic:**
 - Objectives are most useful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame.
 - Objectives that do not directly relate to the project goal will not help achieve the goal.
- **Time-bound:**
 - Objectives should provide a time frame indicating when the objective will be measured or time by which the objective will be met.
 - Including a time frame in the objectives helps in planning and evaluating the project.

SMART Objective Examples

Non-SMART objective 1: Women in Green County will be provided educational sessions.

This objective is not SMART because it is not specific, measurable, or time-bound. It can be made SMART by specifically indicating who is responsible for providing the educational sessions, how many people will be reached, how many sessions will be conducted, what type of educational sessions will be conducted, who the women are and by when the educational sessions will be conducted.

SMART objective 1: By September 30, 2019, Pink Organization will conduct 10 group breast cancer education sessions reaching at least 200 Black/African American women in Green County.

Non-SMART objective 2: By March 30, 2020, reduce the time between abnormal screening mammogram and diagnostic end-result for women in the counties of Jackson, Morse and Smith in Illinois.

This objective is not SMART because it is not specific or measurable. It can be made SMART by specifically indicating who will do the activity and by how much the time will be reduced.

SMART objective 2: By March 30, 2020, Northern Region Hospital breast cancer patient navigators will reduce the average time from abnormal screening mammogram to diagnostic conclusion from 65 days to 30 days for women in the counties of Jackson, Morse and Smith in Illinois.

SMART Objective Checklist

Criteria to assess objectives	Yes	No
1. Is the objective SMART?		
<ul style="list-style-type: none"> • Specific: Who? (target population and persons doing the activity) and What? (action/activity) 		
<ul style="list-style-type: none"> • Measurable: How much change is expected? 		
<ul style="list-style-type: none"> • Achievable: Can be realistically accomplished given current resources and constraints 		
<ul style="list-style-type: none"> • Realistic: Addresses the scope of the project and proposes reasonable programmatic steps 		
<ul style="list-style-type: none"> • Time-bound: Provides a time frame indicating when the objective will be met 		
2. Does it relate to a single result?		
3. Is it clearly written?		

Source: Department of Health and Human Services- Centers for Disease Control and Prevention. January 2009. Evaluation Briefs: Writing SMART Objectives.
<http://www.cdc.gov/healthyouth/evaluation/pdf/brief3b.pdf>

APPENDIX B: DEFINITION OF GOOD STANDING

The following information applies to any organization that has been a Komen Chicago Grantee in the past.

During the application compliance check, the Chicago Affiliate may determine whether the organization submitting an application is in good standing. In good standing for this purpose is defined below. If an organization is not in good standing with the Affiliate, the organization cannot apply for funding until it receives prior approval from the Affiliate and has corrected any outstanding issues. Grantees whose funds have been rescinded or whose contract has been terminated due to a breach in contract cannot apply for a Komen Chicago grant in the subsequent grant year.

Category	Definition	In Good Standing	Not In Good Standing
Reporting Timely Reporting Complete Reporting Meets Goals and Objectives	As a grantee their last required progress and final reports were approved. Reports are generally approved when grantee: <ul style="list-style-type: none"> • Submits them at due date or receives an approved extension • Submits all documents required for the progress or final report • Meets Goals and Objectives outlined in their application unless • Adequately justified • Uses approved funds appropriately (might include excessive returned funds) 	Last progress and final reports were approved	Last progress and final reports were not approved
Rescinded funding and/or Termination of Contract	Grant programs that have been identified as no longer viable for which the grant contract is terminated early and grant funds may or may not be requested for return. Audit findings which demonstrate misappropriation of funds.	No history of rescinded funds due to poor performance.	Funds were rescinded from the last grant cycle because the program was no longer viable, and contract was terminated-organization has not satisfactorily documented how they will improve the viability of the program. Audit findings which demonstrate misappropriation of funds.
Corrective action*	An action taken to address grant performance and insufficiencies that are negatively affecting grantee's ability to meet the obligations of their grant agreement.	Applicant is not currently under a written warning.	Applicant is currently under a form of written warning or has outstanding progress reports that have not been approved.

APPENDIX C: SAMPLE MEMORANDUM OF UNDERSTANDING

[INSERT Grantee Name]

And

[INSERT Screening/Treatment Partner]

Purpose: Throughout the Susan G. Komen® Chicago five-county service area, medically underserved communities face barriers to breast cancer screening services which can provide early detection of the disease when it is more treatable and less likely to have spread to other regions. Culturally and linguistically appropriate educational services are a crucial component of informing women of the importance of annual screening and in turn providing them a referral to a screening facility that can offer them appropriate services.

Background: [INSERT Grantee Name] and [INSERT Screening/Treatment Partner] agree to collaborate to ensure that medically underserved women in [INSERT the region(s) covered by applicant] are provided the education and knowledge about the importance of early detection of breast cancer and, following this, the appropriate medical screening services and, if needed, diagnostic services. It is imperative that women who are provided this education are linked with a screening provider that is able to provide appropriate services and provide follow up to [INSERT Grantee Name] on the number of women screened and those that require follow up care or services. Specific objectives of the collaboration are (EXAMPLES):

Objective 1: Establish a tracking mechanism for [INSERT Grantee Name] to provide to [INSERT Screening/Treatment Partner] with pertinent information on patients that were referred for screening through education and outreach activities

Objective 2: Follow up with all patients referred for screening to ensure they schedule a screening appointment

Objective 3: Provide appropriate screening services to women referred and follow up services to those with abnormal findings

Objective 4: Create a reporting structure where [INSERT Screening/Treatment Partner] will inform [INSERT Grantee Name] of the number of referred women who were provided screening services and those that require follow up care

Objective 5: Provide appropriate screening or diagnostic services to a Women's Wellness Connection provider [INSERT Screening/Treatment Partner] if a woman is eligible to receive services under this program.

Specific Responsibilities:

Both parties will respect patient privacy according to HIPAA regulations in their reporting mechanisms.

Both parties will provide culturally and linguistically appropriate services to patients served.

[INSERT Grantee Name]:

Provide XXX patients with a referral to screening services at [INSERT Screening/Treatment Partner]

Create a [weekly] report for [INSERT Screening/Treatment Partner] with the appropriate contact information on the women who were referred for screening

Follow up via phone, email, or mail with patients referred for screening to ensure they schedule and attend their screening session

Receive weekly report from [INSERT Screening/Treatment Partner] regarding, the outcome of screening, and whether any patients require follow up services

[INSERT Screening/Treatment Partner]:

Receive [weekly] report from [INSERT Grantee Name] with the appropriate contact information on women who were referred for screening

Provide appropriate screening services to referred patients including Clinical Breast Exams, Mammograms, and diagnostic procedures

Create a weekly report for [INSERT Grantee Name] with appropriate contact information on patients that received screening, including the outcome, and any follow up services recommended

Work with [INSERT Grantee Name] to follow up with patients in need of additional services and schedule appropriate appointments

Terms of Understanding:

Key Personnel: Each organization shall identify one key contact to represent their organization in this collaboration

Period of Effectiveness: This MOU shall expire March 31, 2021.

Provisions for Review and Change: This Memorandum of Understanding may be revised by approval of all parties and may be terminated by a 60-day advance notification from any party.

NAME

TITLE

Grantee Name

NAME

TITLE

Screening/Treatment Partner

APPENDIX D: CITATION GUIDELINES

APA Style

What is it? Developed by the American Psychological Association, APA style is widely used, not only in the social science and management but also in the humanities and natural sciences.

How do I do it? There are two parts to APA citation: in-text reference and the list of reference at the end. See *The Purdue Online Writing Lab* (<http://owl.english.purdue.edu/>) for detailed guidelines.

Don't forget - you must cite your source both 1. In-Text and in a 2. Reference List

1. In-text Citation

The in-text component of APA citation includes two main elements: the author's last name and the year of the publication (e.g., Ross, 1997). And the page number whenever quoting directly or paraphrasing a specific section of the text (e.g., Ross, 1997). For more than one author, list the names in the order they appear in the source. Refer to <http://libguides.uncfsu.edu/APAintext>.

[2. Reference List](#)

The list of references on your paper's last page is titled "References" and should be arranged in alphabetical order. Refer to the Reference List page for more information on how to cite works accurately at <http://libguides.uncfsu.edu/referencelist>.

Useful APA Links

[APA Formatting and Style Guide](#)

From the Online Writing Lab (OWL) at Purdue University. Includes formatting, in-text citations, references lists, and more.

[APA Examples from Research and Documentation Online](#)

by Diana Hacker with research sources by Barbara Fister, Bedford St. Martin's Press.

[APA Style for Electronic Resources](#)

Excerpts from the APA Style Guide to Electronic Resources and Publication Manual. Covers commonly asked questions regarding how to cite electronic media.

[How to Prepare an Annotated Bibliography](#)

From Cornell University. Includes guidelines and example citations and annotations.

[The Basics of APA Style](#)

A free tutorial for those who are new to APA style

[APA Style Update, 2009](#)

A LibGuide from the University of Maine, Augusta

[APA Citation Examples](#)

from the University of Maryland libraries

Source: <http://libguides.uncfsu.edu/apa>

APPENDIX E: BREAST CANCER SERVICES MEDICARE REIMBURSEMENT RATES

Breast Cancer Services Medicare Reimbursement Rates

Effective February 2018

These Medicare reimbursement rates are from Allowable CPT Codes for the Illinois Breast and Cervical Cancer Program. These rates are only provided as guidance; they are NOT required to be used by grantees.

- The following reimbursement rates are based on the highest allowable Medicare rates for Illinois.
- Providers must accept the CPT rate as full payment for services. Balances may not be billed to the client.
- IBCCP clients are responsible for paying the bills for CPT codes not included on this list. A written estimate of the additional charges must be provided to the client. Providers are encouraged to write-off the charges not reimbursed by IBCCP.
- All services must be provided on an outpatient basis.
- TC = Technical Component or the cost of performing the test or procedure.
26 = Professional Component or the cost of interpretation of the test or procedure by a physician.

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees			
		TC	26	Total	
Office Visits					
99201	Office Visit, New Patient - Breast Exam Only	F S			\$48.06
99202	Office Visit, New Patient - Pelvic Exam Only	F S			\$80.61
99203	Office Visit, New Patient - Breast and Pelvic Exam	F S			\$117.01
99212	Office Visit, Established Patient - Breast or Pelvic Exam Repeat CBE (Considered a Dx Procedure) – 10 minutes	F S			\$46.99
99213	Office Visit, Established Patient - Breast and Pelvic Exam	F S			\$78.02
Consultation Visits					
99202	Office Consultation Visit (Considered a Dx Procedure) – 20 minutes	F S			\$80.61
99203	Office Consultation Visit (Considered a Dx Procedure) – 30 minutes	F S			\$117.01
99204	Office Consultation Visit (Considered a Dx Procedure) –	F S			\$177.87

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees			
		TC	26	Total	
	45 minutes				
BREAST - Radiology Codes – Mammography/MRI/Ductogram					
77063	Screening breast tomosynthesis, bilateral	F S	\$26.43	\$32.04	\$58.47
G0202*	Screening Mammogram, , Bilateral	F S	\$105.29	\$40.77	\$146.06
G0204*	Diagnostic Mammogram, , Bilateral (includes CAD)	F S	\$127.25	\$54.22	\$181.47
G0206*	Diagnostic Mammogram, , Unilateral (includes CAD)	F S	\$99.71	\$44.02	\$143.73
G0279	Diagnostic breast tomosynthesis, unilateral or bilateral	F S	\$26.43	\$32.04	\$58.47
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	F S	\$42.76	\$19.29	\$62.04
77058	Magnetic Resonance Imaging, breast, with and/or without contrast, unilateral**	F S	\$485.61	\$87.72	\$573.33
77059	Magnetic Resonance Imaging, breast, with and/or without contrast, bilateral**	F S	\$483.01	\$87.72	\$570.73
<p>*CPT Codes G0202, G0204, and G0206 will continue to be in use until a new version of Cornerstone is released in late March 2018 – Once the new version is released the G0202, G0204, and G0206 will be replaced with CPT Codes 77067, 77066, and 77065 respectively.</p>					
<p>**Use of these codes is restricted. They are reimbursed in special circumstances with prior approval only.</p>					
BREAST - Radiology Codes – Diagnostics					
76098	Radiological exam, surgical specimen	F S	\$9.63	\$8.73	\$18.36
76641	Ultrasound breast, complete exam including axilla, unilateral	F S	\$75.51	\$39.31	\$114.82
76642	Ultrasound breast, limited exam including axilla, unilateral	F S	\$57.65	\$36.75	\$94.40
76942	Ultrasonic guidance-needle placement (biopsy aspiration or localization device); imaging supervision and interpretation	F S	\$29.36	\$34.58	\$63.94

CPT Code	Description and Payers (F = Federal/BCCP, S = State)	Fees			
		TC	26	Total	
BREAST - Surgical Codes					
10021	Fine Needle Aspiration (FNA) <u>without</u> imaging guidance	F S			\$133.43
10022	Fine Needle Aspiration (FNA) <u>with</u> imaging guidance	F S			\$151.88
19000	Puncture aspiration of breast cyst	F S			\$121.86
19001	Puncture aspiration of breast cysts, <u>each additional cyst</u>	F S			\$29.87
19100	Breast biopsy, percutaneous needle core, not using imaging guidance	F S			\$167.80
19101	Breast biopsy, <u>open incisional</u>	F S			\$382.95
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, <u>open</u> ; one or more lesions	F S			\$566.13
19125	Excision of breast lesion identified by preoperative placement of radiological marker, single; open; lesion	F S			\$628.40
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; <u>each additional lesion separately</u> identified by a preoperative radiological marker	F S			\$193.54
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	F S			\$739.17
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion	F S			\$607.94
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	F S			\$718.28
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	F S			\$582.88

CPT Code	Description and Payers (F = Federal/BCCP, S = State)		Fees		
			TC	26	Total
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	F S			\$1068.15
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	F S			\$863.67
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	F S			\$258.14
19282	Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion	F S			\$178.39
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	F S			\$292.23
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	F S			\$219.50
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	F S			\$552.17
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	F S			\$481.90
	BREAST - Surgical Codes (continued)				
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	F S			\$914.36
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	F S			\$737.12

Preoperative Testing					
71045	Chest x-ray, 1 view	F S	\$11.49	\$9.83	\$21.32
71046	Chest x-ray, 2 views	F S	\$20.79	\$11.65	\$32.45
80048	Basic metabolic panel	F S			\$10.44
80053	Comprehensive metabolic panel	F S			\$13.04
84520	BUN (Assay of Urea Nitrogen)**	FS			\$4.88
82565	Creatinine Assay**	FS			\$6.33

81001	Urinalysis	F S			\$3.92
81025	Pregnancy test	F S			\$8.61
85014	Hematocrit	F S			\$2.93
85018	Hemoglobin	F S			\$2.93
85025	CBC with differential WBC count	F S			\$9.59
85027	CBC without differential	F S			\$7.98
36415	Venipuncture	F S			\$3.00
93000	EKG	F S			\$18.35
**Use of these codes is restricted. They are reimbursed in special circumstances with prior approval only.					
Additional Procedure Fees					
99152	Conscious Sedation	S			\$200.00
00400	General Anesthesia	F S			\$300.00
99070	Surgical supplies (not covered in the above CPT codes)	F S			\$500.00

Appendix E – (b) Allowable CPT Codes for IBCCP (Provider/Public Use Only) February 2018