

Michigan WISEWOMAN Program Request for Proposals

A. Background and Introduction

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program is an extension of the Michigan Department of Community Health's (MDCH) Breast and Cervical Cancer Control Program (BCCCP). The BCCCP provides breast and cervical cancer screening and follow-up services including cancer treatment to low income, underinsured and uninsured women aged 40-64. Both programs are funded by the Centers for Disease Control and Prevention (CDC). *Women are only eligible for the **WISEWOMAN Program** if they are first enrolled and receive cancer screening services in the **BCCCP**.*

The Michigan WISEWOMAN Program began conducting cardiovascular disease (CVD) and stroke risk factor screening on October 1, 2001. Since then, the program has screened over 13,000 women. Almost 2,000 of those women were newly identified with high blood pressure, and almost 5,600 were newly identified with borderline high or high total cholesterol. All program participants received information regarding their risk factors at the time of screening, and almost 12,000 women have received additional lifestyle counseling focused on improving nutrition, increasing time spent engaged in physical activity and quitting smoking.

The Michigan WISEWOMAN program is in Year 2 of a five year grant cycle. The program is releasing this Request for Proposals (RFP) in anticipation of increased funding from CDC. Funding for these proposals for Michigan WISEWOMAN is contingent upon availability of funds.

Only sites that currently provide BCCCP screening services are eligible to apply for these funds. This includes health departments, federally qualified health centers, clinics, hospitals, and private providers. Individual BCCCP screening sites should work with their Local Coordinating Agency (LCA) to submit a single proposal. If the BCCCP LCA which contracts with these sites is not applying for funding, proposals from individual BCCCP screening sites will be accepted.

New organizations that apply under this RFP and are successfully funded will be eligible to begin screening on or after November 1, 2010.

Michigan WISEWOMAN is committed to the CDC WISEWOMAN goals for the current grant cycle. These goals are:

1. Maximizing the reach of the program.
2. Working to eliminate health disparities.
3. Decreasing heart disease and stroke risk factors of the WISEWOMAN population.
4. Maximizing the number and variety of settings that deliver WISEWOMAN services.
5. Ensuring that WISEWOMAN is delivered as intended.
6. Sustaining the benefits of WISEWOMAN over time at the individual level and the community/environmental level.

B. WISEWOMAN Program Overview

See the WISEWOMAN Program Description (Attachment 1) for more details.

For each participant, the WISEWOMAN Program begins with an accurate assessment of chronic disease risk factors by conducting a health history, a lifestyle assessment, and a clinical

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screening.

The health history and lifestyle assessment allow the participant to tell us about her personal and family medical history as well as her current health behaviors.

At the clinical screening, the clinical staff:

1. measure the participant's height and weight in order to calculate her body mass index (BMI),
2. measure her blood pressure,
3. assess her pulse regularity, and
4. collect a drop of blood from the participant's finger in order to determine her total cholesterol, high density lipoprotein (HDL) cholesterol, and glucose

The program participant receives appropriate medical referrals based on the results of her clinical screening.

A lifestyle counselor at the screening site communicates the participant's risk factors to her in a risk reduction counseling session and works with the participant to identify small steps she can take toward better health.

Each participant, regardless of her risk factors will:

1. receive risk reduction counseling;
2. agree on how she can make small steps toward better health; and
3. receive referrals to Michigan State University Extension Supplemental Nutrition Assistance Program Education (SNAP-ed) and other community resources

After that, her participation in lifestyle interventions (follow-up by a lifestyle counselor) depends on her self-reported readiness to make changes and her risk factors as determined by the lifestyle counselor. See WISEWOMAN Program Health Partnership Lifestyle Counseling Protocols (Attachment 2) for details of the three levels of lifestyle interventions.

Participants who are ready to make changes are offered lifestyle counseling to assist them in making healthy lifestyle behavior changes. The focused areas of change are:

1. dietary behavior,
2. physical activity and
3. smoking cessation

Each participant is encouraged to determine the area in which she wants to make changes. The lifestyle counselor works with her to develop a goal related to one of these areas.

Lifestyle counselors make referrals to smoking cessation counseling, low/no-cost physical activity programs, and low/no-cost nutritional counseling/classes as appropriate. Lifestyle counselors provide face-to-face and telephone lifestyle counseling contacts to support the participant in making progress toward her identified goals.

C. Program Focus Areas

The Michigan WISEWOMAN program has three main focus areas:

1. Identify and communicate risk factors for cardiovascular disease (CVD), stroke, diabetes, and other chronic diseases. The participant is better able to determine where she wants to

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focus her change efforts if she understands her chronic disease risk factors.

2. Encourage healthy lifestyle choices. Lifestyle counselors assist participants in making lifestyle behavior changes that will positively impact their current chronic disease risk factors and symptoms as well as prevent or delay the development of new chronic disease risk factors.
3. Work with partners to create healthy lifestyle opportunities in WISEWOMAN communities. WISEWOMAN organizations partner within their own communities to bring about policy and environmental changes that benefit the WISEWOMAN participant and the entire community.

D. 5 A's

Each participant will receive each of the 5 A's.

1. Assess each participant using her Healthy Lifestyle Assessment, Health History, and Screening results
2. Advise each participant by conducting Risk Reduction Counseling
3. Agree with each participant on small steps she can take toward better health based on the Risk Reduction Counseling
4. Assist the participant with tools and tips that will help her achieve the small steps she has decided to take toward better health
5. Arrange connections with community resources to help the participant with health behavior change

E. Lifestyle Intervention

The participant's risk factors and willingness to change will determine the type of lifestyle intervention she receives.

Level 3 Intervention – for participants who are ready to make changes:

- The lifestyle counselor will help the participant develop goals using the Healthy Lifestyle Goals form.
- The lifestyle counselor will conduct at least two and up to five additional lifestyle-counseling contacts following healthy lifestyle goals development. The purpose of these contacts is to provide support and assistance related to lifestyle behavior change goals.
- Agency staff will develop a tracking system to ensure Level 3 program participants develop Healthy Lifestyle Goals and receive **at least two** lifestyle-counseling contacts (following completion of the Healthy Lifestyle Goals form).

Level 2 Intervention – for participants who are not ready to make changes but have at least two risk factors:

- The participant will NOT develop goals. Instead, she will agree on small steps she can take toward better health.
- The participant will receive health education information related to her risk factors and information about community resources that can assist her with making healthy behavior changes when she is ready.

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- The lifestyle counselor will contact the participant two to four weeks after her initial baseline screening visit to provide encouragement and offer assistance as the participant works on her small steps toward better health.

Level 1 Intervention – for participants who are not ready to make changes and have less than two risk factors:

- The participant will NOT develop goals. Instead, she will agree on small steps she can take toward better health.
- The participant will receive health education information related to her risk factors and information about community resources that can assist her with making healthy behavior changes when she is ready

F. Reimbursement and Billing

Reimbursement for WISEWOMAN will occur in two ways.

1. Performance Grant

- Organizations will be reimbursed \$108 times budgeted caseload for Screening and Intervention Management through the State of Michigan's Comprehensive Planning Budgeting & Contracting Agreement (CPBC).
- Organizations are required to meet 95% of budgeted caseload in order to earn the full amount for Screening and Intervention Management.
- Example:
 - An organization with a budgeted caseload of 100 will receive $\$108 \times 100 = \$10,800$.
 - If the organization's earned caseload (number of women screened) is at least 95, the organization will receive the entire \$10,800.
 - If the organization's earned caseload is 91, they will lose \$108 for each caseload slot below the performance requirement.
 - Instead of \$10,800, they would earn \$10,368. ($\$10,800 - (\$108 \times 4) = \$10,368$).

2. Direct Service Reimbursement

- Organizations will be reimbursed for the direct services they perform for the participants.
 - These services **must** be billed through the WISEWOMAN Third Party Administrator.
- For a complete list of reimbursable services, see the WISEWOMAN Unit Cost Reimbursement Rate Schedule (Attachment 3).
- For an explanation of billing and reimbursement policy, see the WISEWOMAN Billing and Reimbursement Protocols (Attachment 4).

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G. WISEWOMAN Program Requirements

Organizations funded by the Michigan Department of Community Health (MDCH) to implement the WISEWOMAN Program must adhere to the following Program Requirements:

1. Administrative Requirements

- a. Identify one person as the organization's Local WISEWOMAN Coordinator. The Coordinator's responsibilities are listed in the Local WISEWOMAN Coordinator Responsibilities document. (Attachment 5)
- b. Agree to follow all program policies and procedures:
 - Clinical Screening Procedures (Attachment 6)
 - Screening and Referral Protocols (Attachment 7)
 - Medical Care Case Management Protocols (Attachment 8)
 - Lifestyle Counseling Protocols (Attachment 2)
 - Billing and Reimbursement Protocols (Attachment 4)
 - Participant Rescreening Policy (Attachment 9)
- c. Meet or show significant progress toward meeting performance indicators (Attachment 10) established by the Centers for Disease Control and Prevention (CDC) and MDCH.
- d. MDCH WISEWOMAN Program staff must train all staff members involved in the implementation of the WISEWOMAN Program **prior** to their participation in the implementation of the program.
- e. The organization must inform the MDCH WISEWOMAN Program Manager of any WISEWOMAN Program staff changes (including extended sick leave).
- f. Provide to MDCH written documentation from each staff member involved in the implementation of the WISEWOMAN Program that WISEWOMAN Program Policies and Procedures will be followed. Documentation must be provided using the WISEWOMAN Program Assurances Checklist (Attachment 11).
 - Provide documentation to MDCH of the qualifications of staff members who will perform:
 - Cholesterol, Glucose, and Blood Pressure Screening
 - Lifestyle Counseling
 - Case Management (for women with alert values)
 - Program Coordination
- g. Actively participate in the WISEWOMAN Quality Improvement Process. This includes quality improvement related to:
 - Blood pressure measurement
 - Measurement of cholesterol and glucose using the Cholestech[®] machine
 - Lifestyle Counseling
- h. Show evidence of written plans and procedures for the management of medical and non-medical emergencies.

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- i. Provide contact information for all local WISEWOMAN staff in order for the state WISEWOMAN staff to maintain contact.
- j. Collect all data elements required by MDCH.
- k. Enter WISEWOMAN data into the WISEWOMAN module of the Michigan Breast and Cervical Cancer Information System (MBCIS).
- l. Retain all WISEWOMAN Program participant paperwork for at least seven years from the date of the screening associated with the paperwork.
- m. Submit monthly and final Financial Status Reports (FSR) in a timely manner. (See Attachment 12 for FSR instructions and a sample FSR.)
- n. Provide non-federal match (cash or in-kind) totaling 33% of the Coordination dollars received for their WISEWOMAN Program caseload. Documentation of the 33% match requirement of the Coordination dollars must be provided to MDCH on an **annual** basis using the Matching Funds Reporting Form. The Matching Funds Reporting Form is submitted with the Final FSR. (See Attachment 13 for current fiscal year WISEWOMAN Budgeting Instructions and a sample Matching Funds Report.)
- o. Develop an annual WISEWOMAN work plan (Attachment 14) that addresses at least two objectives in each program focus area:
 - Recruitment, Screening, and Risk Reduction
 - Lifestyle Counseling
 - Community Partnerships

2. Recruitment and Risk Factor Screening Requirements

- a. Show evidence of a plan for effective recruitment of women from the Breast and Cervical Cancer Control Program to participate in the WISEWOMAN Program.
 - Focus on recruiting and serving underserved populations in order to reduce health disparities.
 - The recruitment activities should include recruitment to underserved populations which bare the burden of health disparities. Underserved populations include:
 - Racial/Ethnic populations
 - Impoverished populations
 - Geographically Isolated populations (i.e. Medically Underserved Areas)
- b. Provide WISEWOMAN screening services **at the same office visit** where BCCCP screening services occur.
- c. Achieve an earned caseload of at least 95% of budgeted caseload.
- d. Conduct the Total and HDL Cholesterol and Glucose screenings using the Cholestech LDX Machine. Training must occur through at least one of the following ways:
 - Cholestech LDX Training Video (available on cholestech.com)
 - Another agency staff person who has been trained to use the machine

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- MDCH staff
- e. Ensure that WISEWOMAN participants receive all 5 of the 5-A's (Assess, Advise, Agree, Assist, and Arrange).
- f. Provide risk reduction counseling to all participants at the time of screening.
- g. Provide a referral to the Michigan State University Extension Supplemental Nutrition Assistance Program Education (SNAP-ed) and other community resources that will help the participant make small steps toward better health.

3. Lifestyle Counseling Requirements

- a. Provide WISEWOMAN lifestyle counseling services to participants according to Michigan WISEWOMAN protocols.
- b. Develop a system to track lifestyle counseling contacts to ensure each program participant receives the appropriate number of lifestyle counseling contacts based on her intervention level.
- c. Update changes in a participant's status in the WISEWOMAN module of MBCIS if her status changes prior to the completion of required interventions.
A participant's status will be considered inactive if:
 - The agency is unable to locate or contact the participant
 - The participant refuses further participation
 - The participant moves outside of the agency's area (i.e. out of county or out of state)
 - The participant is deceased
 - The participant is no longer eligible for the program.**A participant's status can be returned to active if her status changes.**
- d. Regularly contribute participant or agency Success Stories to MDCH for inclusion in reports to the Centers for Disease Control and Prevention (CDC) and/or to be published on the WISEWOMAN website.
- e. Actively participate in the WISEWOMAN Quality Improvement Process.
- f. Participate in and track Continuing Education activities
- g. Attend WISEWOMAN Annual meeting

4. Medical Network for Diagnostic and Follow-up Services Requirements

- a. Provide to MDCH copies of contracts or letters of agreement with health care providers who indicate willingness to:
 - See program participants who require a diagnostic exam for reimbursement at the current WISEWOMAN Program rate
 - See program participants free or at reduced fees following the diagnostic exam if additional care is required

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- b. Ensure that health care providers to whom program participants are referred, will follow treatment and clinical follow-up care guidelines as recommended by Adult Treatment Panel III (ATP III) for treatment of cholesterol, Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7), and Standards of Medical Care in Diabetes (published by American Diabetes Association). This includes drug therapy and periodic re-evaluation and re-administration of diagnostic tests.
ATP III – <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>
JNC 7 – <http://www.nhlbi.nih.gov/guidelines/hypertension/>
ADA – http://care.diabetesjournals.org/content/33/Supplement_1/S11.full.pdf
- c. Ensure that health care providers will refer participants diagnosed with pre-diabetes and diabetes to a local diabetes self-management training (DSMT) program.
- d. Provide to MDCH copies of contracts or letters of agreement with diabetes self-management training programs that indicate willingness to see program participants free or at reduced fees following a diagnosis of diabetes. *NOTE: WISEWOMAN funds may not be used to reimburse for diabetes self-management training.*
- e. Obtain prescription assistance for women who indicate need for such services. This may include providing prescription assistance directly and/or ensuring participating health care providers are able to secure prescription assistance for the women.

5. Community Partnerships Requirements

- a. Provide written documentation to MDCH of referral options for free or low-cost physical activity, nutrition and smoking cessation resources to support program participants in accomplishing their lifestyle behavior change goals.
- b. Provide to MDCH a record of community partnerships and collaborations made on behalf of WISEWOMAN participants. Agencies are expected to demonstrate active working relationships with community organizations/agencies. (examples: MSU Extension, Coalition Against Domestic Violence and Sexual Assault, YMCA, etc.)

6. Rescreening Requirements

- a. Ensure that priority is given to women returning for BCCCP screening services within 12 to 18 months after their initial baseline WISEWOMAN screening.
- b. Ensure that at least 95% of WISEWOMAN program participants who return to be screened by BCCCP within 12 to 18 months of their initial baseline WISEWOMAN screening receive WISEWOMAN rescreening services.

H. Technical Assistance

There will be a technical assistance call on July 26, 2010 from 10:00 a.m. to 11:00 a.m.

Dial: 1-877-336-1828

Enter: Pass Code No. 3288992#

You may also submit questions in writing to Robin Roberts, WISEWOMAN Program Manager at RobertsRobi@michigan.gov

All questions and answers will be posted on the WISEWOMAN website:

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<http://www.michigancancer.org/bcccp/WiseWomanProgram> under Program Overview.

The last day to submit questions in writing is August 20, 2010.

I. Timeline

July 19, 2010 – Request for Proposals released

July 26, 2010 – Technical Assistance Call from 11:00 a.m. to 11:00 a.m.

Dial: 1-877-336-1828

Enter: Pass Code No. 3288992#

August 20, 2010 – Last day to submit questions in writing related to the RFP

August 27, 2010 – Deadline to submit proposals. All proposals must be received by 5:00 p.m. in order to be considered. Submit proposal by email to: RobertsRobi@michigan.gov.

September 30, 2010 – Announcement of organizations to be funded

October 1, 2010 – Begin training for new organizations funded to implement the WISEWOMAN program.

November 1, 2010 – New agencies may begin screening

J. Submission Requirements

Submit proposal by email to: RobertsRobi@michigan.gov.

Only electronic submissions will be accepted. Proposals may be in Microsoft Word or Adobe Acrobat format.

All proposals must be received by 5:00 p.m. August 27, 2010 in order to be considered.

K. Proposal Content Requirements

There is no page minimum or maximum for the proposal. Submit the proposal by email to RobertsRobi@michigan.gov. The proposal submitted to MDCH must include the following items in this order:

1. Background and Introduction

a. Describe your organization including:

- Type of organization (e.g. local health department, federally qualified health center, clinic, hospital, or private provider)
- The geographical area (county or counties) your organization proposes to cover
- Demographic characteristics of the geographical area your organization proposes to cover (e.g. race, ethnicity, education level, income)
- The approximate number of BCCCP clients your organization screens each year
- Your relationship to your BCCCP local coordinating agency (i.e. is your organization a coordinating agency or a contracted provider)

b. Describe how your organization will ensure the WISEWOMAN staff will provide culturally/linguistically appropriate services to WISEWOMAN participants.

c. Provide the name and resume of the person who will be responsible for coordinating WISEWOMAN activities at your organization.

- Include information on cultural competency/health disparity training attended.

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- d. Provide the proposed number of BCCCP women to be served in the WISEWOMAN Program by your organization for Fiscal Year 2011 (November 1, 2010 to September 30, 2011). *This number cannot exceed the number of BCCCP clients the applying organization screens each year.*

2. WISEWOMAN Participant Recruitment

- a. Describe how your organization will recruit BCCCP women to participate in the WISEWOMAN program.
- b. Describe your organization's experience with recruiting and serving underserved populations.
- c. Describe how your organization will target, recruit and serve underserved populations.

3. Screening Capacity – Describe your organization's capacity to provide screening services. This includes:

- a. A description of the facilities where screening will take place
- b. A description and resumes of existing clinical staff and a description of additional staff (if necessary) that will be required to ensure program success.
 - o Include the qualifications of staff who will perform:
 - Blood pressure screening
 - Cholesterol and glucose screening
 - o Include information on cultural competency/health disparity training attended.
- c. A list of equipment your organization will need to purchase in order to conduct clinical screening services.
 - o Blood pressure screening equipment
 - o Cholesterol and glucose screening equipment (WISEWOMAN uses the Cholestech LDX to conduct cholesterol and glucose screening. There will be limited funds available to purchase Cholestech LDX machines for organizations that do not currently have one.)
- d. A description of how you will implement the WISEWOMAN Program in your organization. Be sure to include how your organization will:
 - o Coordinate WISEWOMAN activities
 - o Handle the anticipated impact on clinic flow
 - o Conduct risk reduction counseling
 - o Conduct case management
 - o Handle data entry
- e. Assurance that WISEWOMAN screening services will take place during the same office visit as the BCCCP screening services. (NOTE: It is a CDC program requirement that WISEWOMAN Program screening services **must** take place during the same office visit as the BCCCP screening services.)
- f. A description of how your organization will follow-up to ensure women who qualify for Medical Care Case Management are seen for a diagnostic exam and that treatment is initiated. See Medical Care Case Management Protocols (Attachment 8) for more information.

4. Lifestyle Counseling Capacity – Describe your organization's capacity to provide lifestyle counseling services. This includes:

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- a. A description of lifestyle counseling staff (existing or additional) that will be required to ensure program success.
 - Please discuss their training and/or experience in behavior change.
 - Include the percentage of their time that will be dedicated to the WISEWOMAN program.
 - Include information on cultural competency/health disparity training attended.
- b. A description of how lifestyle counseling services will take place at the time of screening. Please discuss the ability of lifestyle counselors to be available to counsel WISEWOMAN participants at the time of screening.
- c. A description of how your organization will track lifestyle counseling contacts to ensure each program participant receives the appropriate number of lifestyle counseling contacts based on her intervention level. Follow-up lifestyle contacts should be made as follows:
 - First contact made 2 – 4 weeks after the goal setting visit (Intervention levels 2 and 3)
 - Second contact made 2 – 4 weeks after first contact (Intervention level 3)
 - Subsequent contacts scheduled as needed (Intervention level 3)
- d. A description of how your organization will, at a minimum, refer participants to Michigan State University Extension's SNAP-ed Program.
- e. A description of how your agency will refer participants to other community resources.

5. Medical network for diagnostic and follow-up services

- a. Provide copies of contracts or letters of agreement with local health care providers. You are encouraged to work with federally qualified health centers and county health plans where available. Contracts or letters of agreement should indicate the health care provider will:
 - See program participants who require a diagnostic exam for reimbursement at the current WISEWOMAN program rate.
 - See program participants free or at reduced fees following the diagnostic exam if additional care is required.
 - Follow treatment and clinical follow-up care guidelines as recommended by the Adult Treatment Panel III for treatment of cholesterol, the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7), and Standards of Medical Care in Diabetes (published by American Diabetes Association).
 - Refer clients diagnosed with pre-diabetes or diabetes to a local diabetes self-management training (DSMT) program.
- b. Describe how your organization will obtain prescription assistance for women who indicate need for such services. The plan may include the organization providing prescription assistance and/or ensuring participating health care providers are able to secure prescription assistance for the women.

6. Community Partnerships

- a. Describe organization's experience developing community partnerships and collaborations, especially those related to WISEWOMAN activities. Describe the outcomes of these community partnerships.

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- b. Demonstrate active working relationships with community organizations/agencies that will benefit WISEWOMAN participants. (examples: MSU Extension, Coalition Against Domestic Violence and Sexual Assault, YMCA, etc.)
- c. Discuss the policy and environmental change activities your organization currently pursuing and those your organization will be pursuing with your community partners during the grant year.
- d. Provide a list of free or low-cost physical activity, nutrition and smoking cessation resources to which program participants can be referred to support lifestyle behavior change goals

7. Work Plan

- a. Complete a Work Plan for your organization. (Attachment 14)
- b. The Work plan should contain at least two objectives for each program component:
 - o Recruitment and Risk Factor Screening
 - o Lifestyle Counseling
 - o Community Partnerships

L. Proposal Evaluation Criteria (Total 100 points)

1. WISEWOMAN Participant Recruitment (15 points)

Points are based on:

- Feasibility and acceptability of recruitment plan
- Acceptability of experience recruiting and serving underserved populations
- Acceptability of plan to recruit and serve underserved populations
- Past success at recruiting underserved populations

2. Screening Capacity (20 points)

Points are based on:

- Acceptability of screening facilities
- Acceptability of clinical staff
- Acceptability of implementation plan
- Assurance that WISEWOMAN and BCCCP services will be conducted at the same time
- Acceptability of medical care case management follow-up plan

3. Lifestyle Counseling Capacity (20 points)

Points are based on:

- Acceptability of lifestyle counseling staff
- Acceptability of plan for how initial lifestyle counseling will take place at the time of screening
- Acceptability of system for tracking lifestyle counseling contacts
- Acceptability of plan for referral to MSU Extension, and plan for referring participants to other community resources
- Demonstration of adequate staff time designated for lifestyle counseling follow-up

4. Medical network for diagnostic and follow-up services (15 points) – **Note:** If no medical network exists, the proposal cannot be funded.

Points are based on:

- Health care provider willingness to see program participants at current WISEWOMAN reimbursement rate

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- Health care provider willingness to see program participants free or at a reduced rate following the diagnostic exam,
- Health care provider willingness to follow national treatment and clinical care guidelines
- Health care provider willingness to refer clients to DSMT programs as appropriate
- Acceptability of organization's plan for obtaining prescription assistance for women who need it

5. Community Partnerships (15 points)

Points are based on:

- Acceptability of experience developing community partnerships
- Acceptability of active working relationships with community organizations and the outcomes of those activities.
- Acceptability of free or low-cost physical activity, nutrition, and smoking cessation resources

6. Work Plan (5 points)

Points are based on:

- Adequately addressing all areas
- Objectives are specific, measurable, and achievable
- Activities and timelines are realistic

7. Past performance with BCCCP (~~15 points~~) (10 points) (Revised July 26, 2010 RR)

Points are based on:

- Abnormal Cervical Screening Results with Complete Follow-Up (at least 90%)
- Abnormal Cervical Screening Results; Time from Screening to Diagnosis < 60 Days (at least 75%)
- Abnormal Breast Screening Results with Complete Follow-Up (at least 90%)
- Abnormal Breast Screening Results; Time from Screening to Diagnosis < 60 Days (at least 75%)