I. BREAST AND CERVICAL CANCER NAVIGATION SERVICES (BCCNS)
   A. Patient Navigation (PN) Program Concepts:
      1. PN addresses a patient’s individual barriers to receiving needed care by linking them to available resources, not by creating new resources or services.
         - Promotes a “bridge” to receiving services
         - Navigation targets a defined set of health services that are required to complete an “episode of care”
         - Navigator assists clients to access the healthcare system to complete an “episode of care”
         - Providers access navigators to provide client assistance in completing the “episode of care”
      2. PN is a model of care that aims to reduce an existing health disparity as defined in a particular community.
         - Health Disparity defined for the BCCNS are insured women, ≤ 250% FPL requiring assistance to access the health care system to receive needed breast/cervical services
   B. BCCNS Navigation Definition:
      Individualized support and assistance provided to INSURED women, ≤ 250% FPL, aimed at identifying and addressing individual barriers that may impede their access to breast/cervical screening, diagnosis and/or treatment services.
   C. Patient “Navigation Only” Staff Requirements:
      1. PN services can be provided by one person or shared by several individuals depending upon the type of navigation services required. (E.g. addressing non-clinical barriers (i.e. transportation) does not need a health care professional to provide services.).
      2. May, at times, require clinical oversight by a health care professional to assure timely and appropriate delivery of diagnostic services for an abnormal breast or cervical screening abnormality.
      3. Defines the episode of care needed by the client (Table 1) to include at LEAST TWO client encounters:
         - Assessment of Needs/Barriers to receiving services
         - Barrier Intervention/Receipt of needed services
         - Termination of services
      4. PN duties DO NOT include:
         - Obtaining screening/diagnostic test results on services provided to the client
## Table 1: Defining the Episode of Care

<table>
<thead>
<tr>
<th>Episode of Care</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Encounter # 1:</strong> Define the Episode of Care</td>
<td>Assessment</td>
</tr>
<tr>
<td>Assess Client’s Needs/Barriers to Receiving Services</td>
<td>Identify from client, provider referral, own observation:</td>
</tr>
<tr>
<td></td>
<td>- Client needs (i.e. receipt of screening, diagnostic, and/or treatment services)</td>
</tr>
<tr>
<td></td>
<td>- Client barriers (problems) that prevent her from obtaining needed services</td>
</tr>
<tr>
<td></td>
<td>Explain the Outreach Navigation program services and assistance provided by navigator based on the information provided to the navigator by the client.</td>
</tr>
<tr>
<td><strong>Encounter # 2:</strong> (may need additional encounters based on assessment)</td>
<td>Planning the Episode of Care</td>
</tr>
<tr>
<td>Coordinate resources for the Episode of Care</td>
<td>Act as a bridge that integrates a fragmented health care system for the individual client.</td>
</tr>
<tr>
<td>Barrier Intervention/receipt of needed services</td>
<td>- Cultivates a network of provider, health system, and community resources support over time.</td>
</tr>
<tr>
<td></td>
<td>- Works with community providers and agencies to locate women in need of breast/cervical cancer screening services.</td>
</tr>
<tr>
<td></td>
<td>- Problem-solves obstacles that prevent patients from getting the care they need. (I.e. Make the connection between providers and the community).</td>
</tr>
<tr>
<td></td>
<td>- Understands resources that could be used to overcome common barriers in the community and how to access these resources.</td>
</tr>
<tr>
<td><strong>Final Encounter:</strong> Episode of Care Ends</td>
<td>Episode of Care Termination</td>
</tr>
<tr>
<td>Termination of Navigation Services</td>
<td>Were outcomes achieved?</td>
</tr>
<tr>
<td></td>
<td>- Were barriers resolved satisfactorily so client could receive the needed services?</td>
</tr>
<tr>
<td></td>
<td>- Did the client verbalize receipt of the needed services?</td>
</tr>
<tr>
<td></td>
<td>NOTE: Client statement that services received is accepted; verification of receipt by reviewing imaging/biopsy reports and/or progress notes is NOT required.</td>
</tr>
<tr>
<td></td>
<td>- Is further follow-up (short-term) required at a later date?</td>
</tr>
<tr>
<td></td>
<td>- Ends “Episode of Care” by returning client to PCP/Healthcare provider.</td>
</tr>
</tbody>
</table>
II. BCCNS GENERAL INFORMATION

- Women provided Navigation Only Services will NOT count as part of the agencies’ Caseload Services allocation.
- All insured women ≤ 250% FPL ARE eligible to receive Navigation Only services.
- Women may be referred by medical and community providers requesting navigation assistance for their clients to receive breast and/or cervical services.

III. BCCNS REIMBURSEMENT – EFFECTIVE JULY 1, 2015

A. Reimbursement for Navigation Only Services*

1. Agencies will be reimbursed $60.00/client upon completion of all required data entered into the Michigan Breast and Cervical Information System (MBCIS) (See Appendix B – Intake Assessment and Encounter Form Guidelines)

2. Billing for Navigation Only Services

   Agencies can bill for Outreach Navigation Reimbursement AFTER all required documentation AND the Navigation END Date (last contact with client) is entered in MBCIS for the client.
   - Authorization for payment is generated when Navigation End Date entered
   - Billing date is the same as the Navigation End Date (last contact with client)
   - Use CPT G9012 – Coordinated Care; Case Management Services – Not Elsewhere Classified (NEC).
   - From July 1 – September 30, 2015 use ICD-9 code V65.49
     - Beginning October 1, 2015 use ICD-10 code Z71.89 (Other specified counseling).

3. Agencies that billed Medicaid for client navigation prior to July 1, 2015:
   - Cannot bill both Medicaid and BCCCNP for Outreach Navigation Services
     - Should ONLY bill BCCCNP for Outreach Navigation Services

NOTE:
If insured client receives an abnormal breast or cervical screening result but cannot obtain diagnostics through her insurance company, because of a high deductible, she is eligible to enroll in BCCCNP Caseload Services.

- Agency will NOT be reimbursed $60.00 for this client.
- Client WILL count in Agency’s Caseload if diagnostic services are paid by BCCCNP.
  - Agency will receive $175.00 for this client.

IV. ANNUAL RE-SCREENING FOR INSURED NAVIGATION ONLY CLIENTS

A. For HMP referred clients:

1. Beginning 2016, the Michigan BCCCNP will be able to receive Medicaid data on screening services provided to former BCCCNP clients now enrolled in HMP.
NAVIGATION ONLY CLIENTS PROTOCOL

- This information will be used to determine if the client is eligible to receive navigation only services.
- If the HMP client has not received screening services, she will be contacted by the navigator and offered services to assist her with completing the needed breast/cervical services.

B. For all other INSURED clients
   1. The client will be placed on a recall list and contacted by the agency navigator at a specified date (yearly) to determine if she has obtained insurance.
      - If she has obtained insurance, she will be asked if she has obtained the needed screening services through her insurance provider. If screening services have not been received, she will be assisted to complete these services.
      - If she does not have insurance, she may be re-enrolled in BCCCNP to receive these screening services.

V. NAVIGATION ONLY SERVICES FOR MEDICAID TREATMENT ACT CLIENTS
A. Effective July 1, 2015 ALL BCCCNP NEW and RENEWING/RE-ENROLLING MTA clients will become Outreach Navigation Clients
   1. New MTA clients: BCCNS navigator is required to follow the procedure for verifying program eligibility, cancer diagnosis, identity, citizenship and treatment start date as described in the BCCCNP MTA Policy.
   2. Renewing/re-enrolling MTA clients: BCCNS navigator is required to verify continued MTA program eligibility and active receipt of cancer treatment.
   3. See Appendix B: MTA Client Encounter Form Completion Guidelines.

VI. QUALITY IMPROVEMENT EVALUATION
A. Data will be collected, analyzed, and evaluated on:
   1. The total number of women provided Outreach Navigation Services in BCCCNP, as a whole; goal is 4,000 women for Fiscal Year 2016 (October 1, 2015 – September 30, 2016)
   2. The total number of women provided Outreach Navigation Services, per agency.
   3. Number of days (time period) for navigation services to be completed. (Calculated as number of days from Navigation Start Date to End Date)
   4. Types of barriers encountered by the client.
   5. Client receipt of cancer screening, diagnostic testing, and/or treatment services. Reasons for not completing services (refused, cannot locate, other) will be documented in Outreach Navigation MBCIS.
APPENDIX A

BARRIERS TO RECEIVING HEALTHCARE
KEY CONCEPTS WHEN ADDRESSING BARRIERS

1. Leave assumptions at the door.
   - Patient Navigation is not a one-size-fits-all model.
   - “Newly Insured” clients do not know how to access the health care system; they are uncertain about choosing a provider; may have other health issues and screening services that were not a priority for them.

2. Health care providers, as a group, are quick to label clients non-compliant. Need to identify what “life issues” the client is facing; understand their world.
   - Was an appointment missed due to child care problems?
   - Is the woman unable to get time off from work to schedule a screening?
   - Does she understand the importance of cancer screening or does misinformation limit her knowledge?

3. May need to gently pry to get at the root cause preventing the woman from completing screening tests: E.g. she may not ask about transportation assistance out of embarrassment.
   - Reasonable Transportation assistance can be paid for with BCCCNP funds by providing fuel cards, bus passes, taxi vouchers, etc.

4. Need to identify resources available to help clients and how to access these resources. Questions to consider:
   - How do you identify barriers for a specific patient?
   - What do you do when you have identified a barrier?
   - How do you identify and access internal and external resources for patients?
   - How do you know if you have addressed a barrier?

5. Need to help clients take care of their health. Questions to consider:
   - How do you help clients find reasons to take charge of their health?
   - How do you overcome resistance by the client?
   - How do you build a trusting relationship the client?
   - How do you get clients to reflect on how they handle their own health care?
# Barriers to Receiving Healthcare

<table>
<thead>
<tr>
<th>Barrier Type</th>
<th>Barrier Detail</th>
<th>Ideas for Barrier Resolution</th>
</tr>
</thead>
</table>
| System Barriers   | 1. Has trouble scheduling appointments                                           | 1. a.) Determine reason for scheduling difficulties. “Phone tag”, provider not answering calls – assist as necessary  
2. No health care provider  
3. Difficulty getting time off from work  
4. Complexity of health care system (not sure where to start)  
5. Other… | 2. Assist with finding and scheduling with a provider that takes client’s insurance.  
3. Assist client with finding facility that can schedule at times convenient to client and advocate for provision of services a time that does not risk a client losing her job  
4. Identify what the client needs (screening or diagnostics), and what are the barriers to getting that done. (Who to call, where to go, what paperwork is needed)  
5. Refer client to health care facilities in a neighborhood or near public transportation whenever possible |
| Financial Barriers | 1. Insurance Issues  
2. Transportation Problems  
3. Family Care issues | 1. a.) Provide education on how to use insurance  
 b.) Assist with finding a provider; how to determine services covered/not covered by insurance, arrange for appointments  
2. Identify transportation options, friends, family, church  
3. a.) Identify child care options including family, friends, church and other community organizations.  
b.) Identify appointment times that will not create child care issues and advocate for appointment times that are not a conflict. |
### Psychosocial Barriers

1. Education importance of screening
2. Education on diagnostic procedures to decrease fear
3. Address concerns re: abnormal result/cancer diagnosis
4. Other…

1. a.) Provide education to BCCCNP clients regarding cancer and the importance of cancer prevention and early detection
   b.) Provide education on the process of cancer screening
   c.) Assess client beliefs/fears about cancer and the tests/treatment associated with it; provide education and emotional support

2. Provide education and answer questions on the importance and process of follow-up care on abnormal screening results

3. Provide support, education and referrals to a client with abnormal results or a cancer diagnosis

4. Advocate in the health care system for culturally competent care for women who need alternations to normal care process to meet the client’s cultural customs

### Communication Barriers

1. Need interpreter
2. Literacy issues
3. Communication concerns with medical personnel

1. a.) Provide translation services as required for non-English speaking clients
   b.) Multi-media education messages (i.e. web links) available in languages common to your area

2. Clients typically will not identify to you literacy issues, however, identify where possible literacy issues. Provide low-literacy clients alternative learning materials through verbal instruction, pictures and video.

3. Identify where clients have concerns around provider communication. Educate, advocate and refer as appropriate to resolve communication concerns.
APPENDIX B

Outreach Navigation Forms Completion Guidelines

Intake Form

Encounter Summary Form

MTA Client Encounter Form
OUTREACH NAVIGATION INTAKE FORM
COMPLETION GUIDELINES

I. FORM GUIDELINES
   A. Purpose: Used by the Breast and Cervical Cancer Navigator (BCCN) to document breast and/or cervical screening and/or diagnostic services required by the client, as well as actual or potential barriers that may interfere with obtaining these services, through the healthcare system.

   B. Complete the Outreach Navigation Intake Form on:
      1. All new “Navigation Only” insured clients
      2. Current “Navigation Only” insured clients being monitored for short-term follow-up but now requiring diagnostic services for a new or worsening breast or cervical problem
      3. Previous “Navigation Only” insured clients returning for assistance with receiving annual re-screening of breast/cervical services

II. COMPLETION OF FORM
   A. Client Contact Information Section: Complete the following:
      1. Client name, birth date, address, phone number
      2. Household Members and Income: Record number of people in household and yearly income. Client ineligible if income > 250% FPL.
      3. Race and Ethnicity:
         - Check appropriate boxes
         - If client prefers not to answer race/ethnicity questions check Unknown or Prefer not to answer
      4. Client Verbal Acknowledgement for Services Obtained: Client information provided to the BCCNS navigator will be confidential
         - Informed consent is not required but the disclaimer in Table 1 must be read to the client
         - Document “Yes” in the Client Verbal Acknowledgement for Services Obtained box on the Outreach Navigation Intake Form
TABLE 1: Client Verbal Acknowledgement for Services Obtained: Navigator Statement to Client

“Based on the information that you are telling me, here is what I can do for you”.
- Explain services that can be provided to the client based on her identified needs
- Inform the client that any information she provides to you will be confidential

“I made suggestions for you based on the information you gave me. If, for some reason, that information is not correct or if your situation changes, that may affect what I told you. In that case, please call me and we will talk about this further.”

B. Client Assessment: Services Required section: Complete the following:
   1. Screening Services RECEIVED (prior to BCCNS enrollment)
      - Check None if client has not received a Mammogram or Pap test
      - Record month/year client received a Mammogram and/or Pap test
      - Check appropriate result box: Normal or Abnormal or Unknown

      NOTE: Client verbal report stating she received a mammogram and/or Pap test is all that is required. No imaging tests or pathology reports need to be obtained.

   2. Screening Services NEEDED section:
      - Check None if no screening services are needed
      - If needed, check type of service (Mammogram and/or Pap test)

   3. Diagnostic Services NEEDED section:
      - Based on discussion with client, check the appropriate box for the diagnostic services needed as follow-up to an abnormal breast or cervical screening result
      - Under Other: document additional procedures required but not listed (E.g. ductogram)
      - Assist client with arranging for diagnostic services

C. Barriers Assessed/Addressed section: Check all barriers that apply in each of the following categories:
   1. System Barriers
   2. Financial Barriers
   3. Psychosocial barriers
   4. Communication Barriers

   “Comments” section can be used to document additional information

D. Next Encounter Date:
   1. Document the date and type of next encounter
   2. Check the “Referred to BCCCNP Caseload Services” for UNDERINSURED clients requiring BCCCNP reimbursement for diagnostic services due to high co-pays/deductibles.
Note: Checking this box in MBCIS transfers all client socio-demographic data from the Navigation database to MBCIS database

E. Comments section:
   1. Add pertinent comments/information that will assist you in navigating the client
   2. Sign and date the form
OUTREACH NAVIGATION  
**ENCOUNTER SUMMARY FORM**

**COMPLETION GUIDELINES**

I. **FORM GENERAL INFORMATION**
   A. **Purpose:** This form is used by BCCNS navigator to document navigation services/referrals provided to resolve barriers by the client and all screening, diagnostic, and/or treatment services received by the client.
   
   B. Complete the Outreach Navigation Encounter Summary Form on:
      1. Each client encounter; Exception: If multiple client phone calls are made within one day use ONE form per 24 hour period to document summary of calls.
      2. At least 2 encounters are required for navigation only services to be reimbursed.

II. **COMPLETION OF FORM**
   A. **Client Contact Information Section:** Complete the following:
      1. Client name, MBCIS #, etc.
   
   B. **Navigation Services Completed section:** Screening Services Completed:
      1. Check Not Applicable if no screening services received
      2. If services received, record date (month/year ONLY) of screening mammogram and/or Pap test
         - Boxes for Facility/Provider are for use by BCCN ONLY. Do NOT enter Facility/Provider data in MBCIS
   
   C. **Navigation Services Completed section:** Breast/Cervical Diagnostic Services Completed
      1. Check Not Applicable if no breast and/or cervical diagnostic services are required
         - Under Outreach Navigation Service(s) Status section, check NO to the question “Based on information thus far, is it necessary to contact the client again?” See Appendix E
      2. Check Yes if services completed and record the date/month of services received.
         - Boxes for Facility/Provider are for use by BCCN ONLY. Do NOT enter Facility/Provider data in MBCIS
      3. Boxes checked for No, Refused, or Cannot locate require documentation of reason not completed under Additional Comments.
         - Contact MDHHS Navigation Consultant, Debbie Webster (517-335-8517) or E.J. Siegl, Program Director (517-335-8814) to discuss case.
         - Administrative approval override by Debbie or E.J. required to reimburse for navigation services
D. Navigation Services Completed section: Cancer Diagnosis Section:

1. If Service/Diagnostic Results Normal (NO Cancer diagnosed) Navigation Ends
   - Check the box for **Not Applicable**
   - Under Outreach Navigation Service(s) Status section check **NO** to the question “Based on information thus far, is it necessary to contact the client again?” See Appendix E

2. If Screening/Diagnostic Results **Abnormal** (Breast Cancer, Cervical Cancer, Cervical Pre-cancer Diagnosed)
   - Check the box for the cancer diagnosis
   - Initiate appropriate referrals
     - For Breast Cancer Clients: Contact MDHHS Navigation Consultant (Debbie Webster or E.J. Siegl in her absence) for assistance with referral to breast cancer patient navigator in client’s community
     - Refer clients (as appropriate) to ACS for additional resources
     - Document date referrals initiated

3. Determine treatment coverage: Is client’s cancer treatment covered by insurance?
   - Client assisted with obtaining treatment through insurance or, if underinsured, client given option to terminate insurance coverage and enroll in BCCNP MTA. (Contact Michele Barton, 517-241-8164, to discuss client transfer to BCCNP MTA)
   - Record treatment start date
   - Under Outreach Navigation Service(s) Status section check **YES** to the question “Based on information thus far, is it necessary to contact the client again?”
   - Enter date for next encounter. Usually within 2-4 months post MTA effective date to verify client is receiving treatment or establish MTA end date
   - The date of the LAST CONTACT with the client = Navigation Completion Date
   - ENTER NAVIGATION COMPLETION DATE IN MBCIS for authorization of payment for navigation services

E. Outreach Navigation Services Status

1. Check **Yes or No** in response to the question “Based on information thus far, is it necessary to contact the client again?”
2. If **Yes** check, navigation continues
   - Document date and type of next encounter with the client
   - Enter pertinent notes/information under Navigation Services/Referrals to Resolve Barriers
3. If No checked, navigation ends
   - Navigation is completed. Document the completion date. (Date of Last Contact with the client).
   - ENTER NAVIGATION COMPLETION DATE IN MBCIS for authorization of payment for navigation services
     - Agency can bill BCCCNP for reimbursement of “navigation only” services for the client
   - Client added to agency’s recall list to contact in one year to determine if navigation assistance is required in obtaining screening services
OUTREACH NAVIGATION  

**MTA CLIENT ENCOUNTER FORM**

**COMPLETION GUIDELINES**

I. **FORM GENERAL INFORMATION**
   A. **Purpose:** This form is used to record navigation services provided to ALL NEW MTA clients or MTA clients Re-enrolling/Renewing MTA coverage after JULY 1, 2015.

II. **COMPLETION OF FORM**
   A. **MTA Client Contact Information Section:** Complete the following:
      1. MTA client contact information: name, birth date, address, phone number
      2. Household Members and Income: Record number of people in household and yearly income.
         - Client ineligible if income > 250% FPL
      3. Race and Ethnicity (if not completed previously). If client prefers not to answer race/ethnicity questions check *Unknown* or *Prefer not to answer*

   B. **FIRST ENCOUNTER—Navigation Begins:** FOR ALL MTA client enrollments
      1. Check the appropriate box for *NEW MTA Enrollment* OR *Re-Enrollment/Renewal*
      2. Document the date the client signs the MTA application form

   C. **SECOND ENCOUNTER—Navigation Ends**
      1. **Definition of Terms**
         - Follow-up Encounter: Client contacted by BCCNS navigator within 2-4 months after treatment is initiated (or application is renewed) to verify client is receiving treatment and to determine if additional navigation resources are needed (E.g. all breast)
         - MTA Discontinued: Date client’s MTA coverage ends

      2. Check appropriate box for documenting client follow-up or end date.
         - Document the date in the space provided
         - Enter Follow-up Encounter /MTA Discontinued Date in MBCIS for authorization of payment for navigation services
**OUTREACH NAVIGATION INTAKE FORM**

**Encounter # 1 Date:** ________________

**Type of Encounter:**
- Face-to-Face
- Telephone
- Email
- Other

**CLIENT CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Day</th>
<th>Evening</th>
<th>Work</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Day</th>
<th>Evening</th>
<th>Work</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Members &amp; Income (&lt; 250% FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td># people in the household</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Client Verbal Acknowledgement for Services Obtained**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Race and Ethnicity**

- Are you Hispanic or Latino? Yes No Unknown
- Race: Unspecified Prefer not to answer
  - White
  - Black
  - Asian
  - American Indian/Alaskan Native
  - Native Hawaiian/Other Pacific Islander

- Ethnicity – mark all that apply:
  - European
  - Middle Eastern, North African, Arab
  - African, Caribbean Islander
  - Canadian/Latin American Indian
  - Spaniard, Mexican, Central, South, or Latin American
  - Puerto Rican, Cuban

**CLIENT ASSESSMENT: SERVICES REQUIRED**

**Screening Services**

<table>
<thead>
<tr>
<th>Received:</th>
<th>Mammogram Date (mo/year)</th>
<th>Result:</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pap Date (mo/year)</th>
<th>Result:</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BREAST Diagnostic Services Needed:**

- None
- Diagnostic
- Mammogram
- Ultrasound
- MRI
- Breast Consult
- Biopsy
- Other

**CERVICAL Diagnostic Services Needed:**

- None
- Cervical Consult
- Colposcopy
- Biopsy
- Other

**BARRIERS Assessed/Addressed (Check all that apply)**

**System Barriers**

- Has trouble scheduling appointments
- No health care provider
- Difficulty in getting time off from work
- Complexity of healthcare system (not sure where to start)
- Other

**Financial Barriers**

- Insurance Issues
- Transportation Problems
- Family Care Issues
- Other

**Psychosocial Barriers**

- Education importance of screening
- Education on diagnostic procedures to decrease fear
- Address concerns re: abnormal result/cancer diagnosis
- Other

**Communication Barriers**

- Need interpreter
- Literacy issues
- Communication concerns with medical personnel
- Other

**Next Encounter Date:** ________________

**Type of Next Encounter:**
- Face-to-Face
- Telephone
- Email
- Other

**Referral to BCCCNP Caseload Services**

**COMMENTS:**

<table>
<thead>
<tr>
<th>Navigator Name:</th>
<th>Date Signed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### OUTREACH NAVIGATION ENCOUNTER SUMMARY FORM

**Follow-up Encounter Date:**

**Type of Encounter:**
- Face-to-Face
- Telephone
- Email
- Other

### CLIENT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>MBCIS #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NAVIGATION SERVICES COMPLETED

#### Screening Services Completed:
- Not Applicable

#### Mammogram Date (mo/yr)

#### Facility/Provider (Do not enter in MBCIS)

#### Pap Date (mo/yr)

#### Facility/Provider (Do not enter in MBCIS)

#### BREAST Diagnostic Services Completed:
- Not Applicable
- Yes
- No
- Refused
- Cannot locate

#### Procedure
- Diagnostic Mammogram
- Ultrasound
- MRI
- Breast Consult
- Biopsy
- Other

#### Date of Service month/year

#### Facility/Provider (Do not enter in MBCIS)

#### Procedure
- Cervical Consult
- Colposcopy
- Biopsy
- ECC
- Diagnostic LEEP/Cone
- Other

#### Date of Service month/year

#### Facility/Provider (Do not enter in MBCIS)

#### CERVICAL Diagnostic Services Completed:
- Not Applicable
- Yes
- No
- Refused
- Cannot locate

#### Procedure
- Diagnostic LEEP/Cone
- Other

#### Date of Service month/year

#### Facility/Provider (Do not enter in MBCIS)

#### Cancer Diagnosis:
- Not Applicable
- Breast Cancer
- Cervical Cancer
- Cervical Pre-Cancer

#### Treatment:
- Start Date
- Pending
- Refused
- Moved out of area
- Cannot Locate

#### Referrals:
- BCCNS Navigation Consultant (date)
- ACS (date)
- Other

### OUTREACH NAVIGATION SERVICE(S) STATUS

Based on information thus far, is it necessary to contact the client again?

- Yes, complete below
- No, complete below

<table>
<thead>
<tr>
<th>Next Planned Encounter Date:</th>
<th>Navigation Completed Date (Last Contact with Client)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_______________________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Encounter:</th>
<th>Face-to-Face</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Navigation Services/Referrals Provided to Resolve Barriers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Needed  Yes (Describe)</td>
</tr>
</tbody>
</table>

Additional Comments:

Nama Nager: ____________________________

Date Signed: __________________________

*Date entered in MBCIS will generate authorization for payment
# OUTREACH NAVIGATION MTA CLIENT ENCOUNTER FORM

**Encounter Date:** ____________________  
**Type of Encounter:**  
- Face-to-Face  
- Telephone  
- Email  
- Other ___________________________

## MTA CLIENT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number ( ) -</th>
<th>Day</th>
<th>Evening</th>
<th>Work</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number ( ) -</th>
<th>Day</th>
<th>Evening</th>
<th>Work</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Household Members & Income (< 250% FPL)

<table>
<thead>
<tr>
<th>Number of people in household</th>
<th>Household Yearly Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>#___________</td>
<td>$_______________</td>
</tr>
</tbody>
</table>

## Race and Ethnicity

- Are you Hispanic or Latino?  
  - Yes  
  - No  
  - Unknown  
  - Prefer not to answer

- Race:  
  - Unspecified  
  - Prefer not to answer  
  - White  
  - Black  
  - Asian  
  - American Indian/Alaskan Native  
  - Native Hawaiian/Other Pacific Islander

- Ethnicity – mark all that apply:  
  - Unspecified  
  - Prefer not to answer  
  - European  
  - Middle Eastern, North African, Arab  
  - African, Caribbean Islander  
  - Canadian /Latin American Indian Spaniard, Mexican, Central, South, or Latin American  
  - Puerto Rican, Cuban

## MTA CLIENT ENROLLMENT INFORMATION

**FIRST Encounter:**  
- Navigation Begins  
  - Check one:  
    - New Enrollment  
    - Re-Enrollment/Renewal (Client actively receiving treatment)
  
  Date application signed: _________________

**SECOND Encounter:**  
- Navigation Ends  
  - Check one:  
    - Follow-up Encounter (Contact within 2-4 months to verify treatment status)  
    - MTA Discontinued
  
  Follow-up date OR MTA Discontinued Date:* _________________

## COMMENTS:

**Navigator Name:**  
**Date Signed:**

*Date entered in MBCIS will generate authorization for payment*
APPENDIX C

Outreach Navigation Services Client Flow Chart
Navigation Services for INSURED CLIENTS (< 250% FPL)

Needs Assessment: Screening/Diagnostic Services Identified

1st navigation encounter: Client sociodemographic data documented in MBCIS

BCCNP Agency Navigator assesses/addresses potential barriers that may prevent client from receiving identified services

Assist with scheduling for screening/diagnostic services as needed. Assistance includes resolution of barriers if any identified.

BCCNP navigator determines why services not received. Further contacts, if needed, determined by BCCNP navigator based on patient needs and adherence to screening/diagnostic services.

2nd navigation encounter: Client data documented in MBCIS

Client Did NOT receive Services

Client Completed Services

Cancer diagnosed?

Cancer treatment is covered by insurance

Client assisted with obtaining treatment. Navigation ends when client begins treatment


Cancer treatment partially/not covered by insurance. Client given option to terminate insurance and enroll in BCCNP MTA

No cancer diagnosed

Navigation Ends

Client added to recall/anniversary list to contact in one year to determine if navigation required in obtaining screening services.

NOTE:
- If client no shows for scheduled services x 2 or
- Decides not to obtain a scheduled service (refuses)

Contact MDHHS BCCCN Program Director or BCCNS Navigation Consultant