

REQUEST FOR APPLICATION (RFA) NOTICE

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF FAMILY HEALTH SERVICES

NEW JERSEY CANCER EDUCATION AND EARLY DETECTION PROGRAM (NJCEED)

APPLICATION FOR NJCEED PROGRAM LEAD AGENCY STATUS FOR CANCER EDUCATION, OUTREACH AND SCREENING INITIATIVES

PROJECT PERIOD: JULY 1, 2010 – JUNE 30, 2013

I. Purpose and Background

The intent of this multi-year application request is to identify agencies to serve as Lead Agencies throughout New Jersey to provide the delivery of cancer education, early detection, screening, outreach, case management, follow-up and tracking services to underserved residents for the NJCEED Program. In light of the current Administration's priority to maximize and efficiently utilize resources through regionalization and cost-sharing, this RFA encourages applications from organizations that can provide cost effective cancer screening services on a regional or multi-county basis. This grant is not intended to be used for service expansion. Priority for funding will be given to current NJCEED Lead Agencies that are satisfactorily meeting the terms and conditions of their current Health Services Grants.

Currently, the New Jersey Department of Health and Senior Services (NJDHSS) provides Health Services Grants to twenty-one (21) organizations to act as Lead Agencies for the NJCEED Program. Funds are awarded to develop and deliver comprehensive breast, cervical, colorectal and prostate cancer education and screening services to residents of the State of New Jersey who are low income, uninsured and underinsured, with emphasis on service provision to disadvantaged racial and ethnic minority populations. Additionally, funds are awarded for the provision of follow-up diagnostic services required as a result of positive cancer screening findings.

The NJDHSS has been providing comprehensive breast and cervical cancer education, outreach, screening, tracking and follow-up in the State of New Jersey since 1993. This endeavor became a statewide initiative in all 21 counties on September 1, 1997. The full complement of screening services include breast, cervical, prostate and colorectal cancer screening tests; follow-up; tracking; public education; professional education; quality assurance; surveillance; and, program evaluation. All services adhere to the official Centers for Disease Control and Prevention (CDC) approved program guidelines regarding age eligibility for mammography screening. In addition, there is a requirement for coalition building and involvement, at the community level, to bring together a broad

spectrum of community resources to provide input and to support the efforts of the project.

The currently funded projects (**Attachment I**) are comprised of a variety of healthcare providers. Through their grassroots efforts, county-wide coalitions encompassing community agencies, consumers and volunteers have been developed. These coalitions have now joined forces with the county coalitions supported by the Office of Cancer Control and Prevention (OCCP) to develop and evaluate strategies to increase the availability, accessibility, awareness and utilization of cancer screening services in accordance with the New Jersey Cancer Control Plan. The plan can be found at: http://www.nj.gov/health/ccp/ccc_plan/index.shtml.

In the past three decades, the development of screening tests that prevent and detect some cancers at an early, more treatable stage, and treatment advances have increased the 5-year relative survival rate for all cancers combined from 50% in 1975-1977 to 66% in 1996-2004. However, racial and ethnic minorities and people of low socioeconomic status are less likely to have early stage cancer diagnoses as they are less likely to have access to health care services related to cancer prevention, early detection, and high-quality treatment.

Breast cancer is the most frequently diagnosed non-skin cancer in women. The American Cancer Society (ACS) has estimated that 192,370 new cases of invasive breast cancer are expected to occur among women in the United States during 2009. In addition to invasive breast cancer, 62,280 new cases of in situ breast cancer are expected to occur in 2009. Aside from being female, age is the most important factor affecting breast cancer risk. Potentially modifiable risk factors include being overweight or obese after menopause, use of menopause hormone therapy (especially combined estrogen and progestin therapy), physical inactivity, and consumption of one or more alcoholic beverages per day. Medical findings that predict higher risk include high breast tissue density, high bone mineral density, and biopsy-confirmed hyperplasia (especially atypical hyperplasia). High-dose radiation to the chest, typically related to a medical procedure, also increases risk. Reproductive factors that increase risk include a long menstrual history (menstrual periods that start early and/or end late in life), recent use of oral contraceptives, never having children, and having one's first child after age 30. Risk is also increased by a personal or family history of breast cancer and inherited genetic mutations in the breast cancer susceptibility genes BRCA1 and BRCA2.

Breast cancer early detection tools, recognized by the ACS, are age-appropriate screening tests including breast self-exams (BSE), clinical breast exams (CBE) and mammography.

Cervical cancer incidence rates have decreased over most of the past several decades in both white and African American women. The 5-year survival rate for patients diagnosed with localized cervical cancer is 92%. The ACS reports that

approximately 11,270 cases of invasive cervical cancer will be detected in the U.S. in 2009. As Pap screening has become more common, preinvasive lesions of the cervix are detected far more frequently than invasive cancer.

Early detection of precancerous cells by Pap smears prevents at least 70 percent of the potential cervical cancers. The primary cause of cervical cancer is infection with certain types of human papillomavirus (HPV). Women who begin having sex at an early age or who have many sexual partners are at increased risk for HPV infection and cervical cancer. However, a woman may be infected with HPV even if she has had only one sexual partner. Importantly, HPV infections are common in healthy women and only rarely result in cervical cancer. Persistence of HPV infection and progression to cancer may be influenced by many factors, such as immunosuppression, high parity (number of childbirths), and cigarette smoking. Long-term use of oral contraceptives is also associated with increased risk of cervical cancer. Cervical cancer is usually detected through annual Pap smears.

Prostate cancer is the most frequently diagnosed cancer in men. The ACS estimates that 192,280 new cases of prostate cancer will be diagnosed in 2009. More than 90% of all prostate cancers are discovered in the local and regional stages; the 5-year relative survival rate for patients whose tumors are diagnosed at these stages approaches 100%. Over the past 25 years, the 5-year survival rate for all stages combined has increased from 69% to almost 99%. According to the most recent data, relative 10-year survival is 93% and 15-year survival is 79%. The dramatic improvements in survival, particularly at 5 years, are partly attributable to earlier diagnosis and improvements in treatment.

The only well-established risk factors for prostate cancer are age, race/ethnicity, and family history of the disease. About 63% of all prostate cancer cases are diagnosed in men aged 65 and older. African American men and Jamaican men of African descent have the highest prostate cancer incidence rates in the world. The disease is common in North America and northwestern Europe, but less common in Asia and South America. Recent genetic studies suggest that strong familial predisposition may be responsible for 5%-10% of prostate cancers. International studies suggest that a diet high in animal fat may also be a risk factor.

No major scientific or medical groups (including the ACS) recommend routine testing for prostate cancer at this time. The ACS recommends that health care providers discuss the potential benefits and limitations of prostate cancer early detection testing with men and offer the PSA blood test (which detects a protein made by the prostate called prostate-specific antigen) and the digital rectal examination annually, beginning at age 50, to men who are at average risk of prostate cancer, do not have any major medical problems, and have a life expectancy of at least 10 years. Men at high risk of developing prostate cancer (African Americans or men with a close relative diagnosed with prostate cancer before age 65) should have this discussion with their health care professional beginning at age 45. Men at even higher risk

(because they have several close relatives diagnosed with prostate cancer at an early age) should have this discussion with their provider at age 40. All men should be given information about the benefits and limitations of testing so they can make informed decisions.

Colorectal cancer is the third most common cancer found in men and women in this country, with a 5-year relative survival rate of 64%. When colorectal cancers are detected at an early, localized stage, the 5-year survival is 90%; however, only 40% of colorectal cancers are diagnosed at this stage, mostly due to underuse of screening. The ACS estimates that there will be about 106,100 new cases of colon cancer and 40,870 new cases of rectal cancer in 2009 in the United States. Colorectal cancer incidence rates have been decreasing for most of the past two decades (from 66.3 cases per 100,000 population in 1985 to 46.4 in 2005). The decline accelerated from 1998-2005 (2.8% per year in men and 2.2% per year in women), in part because of increases in screening that allow the detection and removal of colorectal polyps before they progress to cancer.

The risk of colorectal cancer increases with age; 91% of cases are diagnosed in individuals aged 50 and older. Several modifiable factors are associated with increased risk of colorectal cancer. Among these are obesity, physical inactivity, a diet high in red or processed meat, heavy alcohol consumption, and possibly smoking and inadequate intake of fruits and vegetables. Colorectal cancer risk is also increased by certain inherited genetic mutations [familial adenomatous polyposis (FAP) and hereditary non-polyposis colorectal cancer (HNPCC), also known as Lynch syndrome], a personal or family history of colorectal cancer and/or polyps, or a personal history of chronic inflammatory bowel disease. Studies have also found an association between diabetes and colorectal cancer.

Beginning at age 50, men and women who are at average risk for developing colorectal cancer should begin screening. Screening can result in the detection and removal of colorectal polyps before they become cancerous, as well as the detection of cancer that is at an early stage. Thus, screening reduces mortality both by decreasing the incidence of cancer and by detecting a higher proportion of cancers at early, more treatable stages. The ACS's joint guidelines, issued in March 2008, emphasize cancer prevention and draw a distinction between colorectal screening tests that primarily detect cancer and those that can detect both cancer and precancerous polyps. There are a number of recommended screening options that vary by the extent of bowel preparation, as well as test performance, limitations, time interval, and cost.

Screening Data

The NJCEED Program screens an average of 16,500 women for breast cancer and 13,464 for cervical cancer annually. Ninety-eight percent (98.1 %) of the women screened were uninsured. The racial/ethnic composition of women screened was 16.4% African American and 47.9% were of Hispanic origin. Over eighty-four percent

(84.6%) of the screening mammograms were provided to women over 50 years of age. Since January 1, 1996, a total of 1,166 cases of in situ and invasive breast cancer have been diagnosed through the program. Additionally, 88 cases of invasive cervical cancer and 1,836 cases of cervical intraepithelial neoplasia (CIN) I to III have been detected.

The Program screens an average of 3,361 women and 1,196 men for colorectal cancer annually. Additionally, approximately 1,404 men are screened for prostate cancer through the Program each year. African Americans accounted for 19.4% of the colorectal cancer screenings and 21.5% of the prostate cancer screenings. Hispanics accounted for 46.87% of the prostate cancer and 42.2% of the colorectal cancer screenings. Nearly three-quarters of the screenings were provided to persons 50 years of age or older (73% for prostate and 70.3% for colorectal). A total of 81 cases of prostate cancer and 17 cases of colorectal cancer have been diagnosed to date.

Eligibility Guidelines and Screening Services

In order to be eligible for participation in the NJCEED Program, men and women must be residents of New Jersey, have income levels at or below 250% of the Federal Poverty Level (**Attachment II**), and be uninsured or have no health benefits for preventive screening. Special screening emphasis and outreach efforts are focused on racial/ethnic minority populations, individuals between the ages of 50-64 years, the disabled and persons who have never or rarely ever been screened for breast, cervical, prostate and/or colorectal cancers. A client must be enrolled in the NJCEED Program in order for cancer screening and/or diagnostic procedures to be paid for; the NJCEED Program will not pay for services rendered to a client prior to their enrollment and acceptance into the Program.

Under this Program, cancer education, outreach and screening services are as follows:

1. Breast cancer screening services include education on the risk factors for breast cancer and the methods for early detection and treatment. Screening tests, inclusive of Clinical Breast Examinations (CBEs), mammography, and instructions on Breast Self-Examinations (BSEs), are offered to eligible women ages 40-64, with a special emphasis placed on women 50-64 years of age. Younger women who are at increased risk for breast cancer and/or have symptoms of breast cancer may be screened.
2. Cervical cancer screening services include education on the risk factors for and prevention of cervical cancer; and, the methods for early detection and treatment. Screening tests, inclusive of Pap tests and pelvic examinations, are offered to eligible women over the age of 18 years, with special emphasis on women age 40-64 years of age.
3. Prostate cancer screening services include education on the risk factors for prostate cancer and the methods for early detection and treatment. Screening tests, inclusive of the Digital Examination and the Prostate Specific Antigen (PSA) test are

offered to eligible men over the age of 50 years. Special emphasis is placed on African American men and other men at high risk for prostate cancer, beginning at 45 years of age.

4. Colorectal cancer screening services include education on the risk factors for and prevention of colorectal cancer and the methods for early detection and treatment. Screening tests offered may include the Fecal Occult Blood Test (FOBT), Fecal Immunochemical Test (FIT), flexible sigmoidoscopy or colonoscopy, and are offered to eligible men and women age 50 years and older, and at earlier ages to high risk persons.

The NJCEED Program cancer screening guidelines (**Attachment III**) are based on the ACS cancer screening recommendations. These recommendations are available at:

http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp?sitearea=PED. The specific screening tests that are authorized for payment under this RFA are listed in **Attachment IV** (CPT Code Fees Based on the NJ Medicare Reimbursement Rates, 1/1/09). *Please note that these CPT codes will be reimbursed at the 2010 rates which, once published, will be available on-line at the following URL: https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp.

All authorized tests are reimbursed using the Medicare Reimbursement Rate for the program's respective area; these fees are the maximum allowable fees that can be charged to the grant. **This Health Service Grant is the "payor of last resort" on all claims.**

II. Goals and Objectives

The overall goal of this initiative is to increase adherence to routine cancer screening guidelines through low cost screening, increased public and professional education/awareness, outreach, and follow-up of women and men at high risk for breast, cervical, prostate and/or colorectal. The specific goals of this program are to:

- A. Increase participation in routine breast, cervical, colorectal and prostate cancer screenings according to guidelines described by the ACS, particularly by those at high risk; those with limited incomes; persons without health insurance or inadequate coverage; and, racial/ethnic minority populations, with particular emphasis on African American, Hispanic and Native American persons 40 years of age and older.
- B. Develop components of a comprehensive cancer screening program which must address the following elements:
 1. Community-Based Public and Provider Education
 2. Comprehensive and Coordinated Outreach
 3. Screening

4. Case Management for participants Needing Diagnostic Procedures and Treatment
 5. Referral for Treatment
 6. Tracking and Follow-up of Participants
 7. Quality Assurance and Program Monitoring
 8. Surveillance and Program Evaluation
- C. Develop and/or maintain a coalition of community representatives comprised of service providers and consumers to facilitate the development, implementation, and continuity of cancer program activities among the high-risk population targeted for this initiative.
- D. Expand cancer education, outreach and screening services to decrease the disparity in morbidity and mortality in racial/ethnic minority populations due to prostate, breast, cervical and colorectal cancers.

Specific Program objectives include:

1. One-hundred percent (100%) of the women referred to the program who are eligible for program services will receive comprehensive screening for breast and cervical cancers through mammography, clinical breast examinations, pelvic examinations and PAP smears, as per the recommended screening guidelines. Women age 50 and older will also be educated with regard to colorectal cancer and will be offered appropriate screening tests.
2. One hundred percent (100%) of the women who are diagnosed with breast and/or cervical cancer will be referred to Medicaid for treatment. Based on Medicaid eligibility requirements, most women will receive Medicaid coverage for the duration of their cancer treatment. However, each Lead Agency will be responsible for referring Medicaid ineligible women who are diagnosed with cancer through their site for treatment.
3. One hundred percent (100%) of the men who are referred to the program and are eligible for program services will receive comprehensive education of the risk factors, screening tests and treatment options for prostate and colorectal cancers. Upon receiving educational materials, men will be offered age and risk factor appropriate screening for prostate and colorectal cancer utilizing Prostate Specific Antigen (PSA) testing, Digital Rectal Examinations (DRE) and Fecal Occult Blood Tests (FOBT). Men that receive prostate cancer and/or colorectal cancer screenings are to be educated regarding breast cancer in men. Men with concerns regarding breast cancer may be eligible for diagnostic work-up (clinical breast exam or any other appropriate covered services) if they meet program eligibility guidelines.

4. One hundred percent (100%) of the persons who need diagnostic and/or treatment services, as a result of their screening test results, will be appropriately case managed, referred for diagnostic and/or treatment services and provided with medical follow-up.

Contingent upon the receipt of funding, the following methods will be used to accomplish these goals and objectives using the NJCEED Program Breast, Cervical, Prostate and Colorectal Cancer Screening Guidelines (See **Attachment III**):

- A. Initiate routine annual screenings for breast and/or cervical cancer to women who meet the eligibility guidelines including having incomes less than 250% of the Federal Poverty Level.
- B. Offer appropriate colorectal cancer screening services, after appropriate counseling, to persons 50 years of age and older who meet the eligibility guidelines.
- C. Have in place a mechanism to provide extensive counseling on prostate cancer screening and treatment to program eligible African American, and other high risk men, 45 years of age and older.
- D. Have in place a mechanism to ensure access to prostate cancer screening services to program eligible men over the age of 50 years (age 45 and above for African American men and those men at high risk).
- E. Develop a mechanism to ensure that men presenting for prostate cancer or colorectal cancer screening(s) are educated regarding breast cancer in men. Men with concerns regarding breast cancer may be eligible for screening (clinical breast exam or any other appropriate covered services) if they meet program eligibility guidelines.
- F. Provide culturally sensitive and age-appropriate education and outreach services for prostate, breast, cervical and colorectal cancer early detection and screening via partnerships with Minority Community Based Organizations (MCBOs), Faith-Based Organizations (FBOs) and other Community Based Organizations (CBOs).

The baselines for these objectives will be determined using the Cancer Screening and Tracking System (CaST) database, the Prostate and Colorectal System (PCS), the Behavioral Risk Factor Surveillance Survey (BRFSS), the American Cancer Society (ACS) data, and the New Jersey State Cancer Registry (NJSCR).

III. Target Population

The target populations to be served for this program are: residents of New Jersey who are of racial/ethnic minority populations, individuals between the ages of 50-64 years, the disabled and persons who have never or rarely ever been screened for breast,

cervical, prostate and/or colorectal cancers and who meet the eligibility guidelines set forth below.

Cancer education is provided to all individuals desiring information. However, screening test eligibility is based on:

- Having no health insurance coverage or having no health benefits for preventive screenings;
- Income at or below 250% of the Federal Poverty Level;
- Age criteria based on the screening tests offered; and,
- New Jersey residency.

Major emphasis must be placed on:

1. Breast and/or Cervical Cancer: African American and Hispanic women with limited or no health insurance coverage who are at risk.
2. Prostate Cancer: African American men, age 45 years of age and older, and other men at higher risk for prostate cancer (such as those with a strong family history), with limited or no health insurance. All other men 50 year of age or older.
3. Colorectal Cancer: Men and women, age 50 years and older, with limited or no health insurance coverage who are at risk for colorectal cancer.

IV. Applicant Eligibility

Eligible applicants include non-profit health agencies, Federally Qualified Health Centers (FQHCs), and institutions that have 501(c) 3 status in New Jersey. Eligible applicants include:

- Local Health Departments (LHDs)
- Hospitals
- Federally Qualified Health Centers (FQHCs)
- Title X Family Planning Programs
- Visiting Nurse Associations (VNAs)
- Community Based Organizations (CBOs)

The applicant must demonstrate previous experience with cancer screening, outreach, education and treatment. The applicant must be the direct administrator of grant activities under this RFA. The two (2) key positions necessary to administer this grant, the Project Coordinator and the Data Manager, must be employed by the grantee. The applicant must also assure that the Case Management responsibilities are assigned to a specific employee(s) who is a licensed medical professional (M.D., R.N., P.A., L.C.S.W.). The applicant must

indicate the service area (which must include the entire county for which funds are being applied) and the manner in which services will be provided to the entire service area. The application must demonstrate that the organization can effectively:

- A. Coordinate service provision for comprehensive cancer screening services within the service area identified in the application.
- B. Provide treatment services and/or make the appropriate referrals and follow-up for the treatment of all individuals diagnosed with cancer under this grant.
- C. Design and target interventions that will elicit and insure participation from populations at high risk for cancer, focusing on racial/ethnic minority populations and other high-risk groups.
- D. Target unmet areas of need for the service area, as guided by the Countywide Needs Assessment under the New Jersey Office of Comprehensive Cancer Control and Prevention (NJ-OCCP).
- E. Continue follow-up and case management services for those clients receiving NJCEED-funded services under the current Health Service Grants that will be ending June 30, 2010.
- F. Coordinate service provision with the currently contracted subgrantees as needed.
- G. Work cooperatively with the Susan G. Komen For the Cure's Central and South Jersey Affiliate on the "*Reach Out For Life – Somebody Needs You*" campaign." Where applicable. In accordance with the New Jersey Department of Health and Senior Services contractual agreement with the Susan G. Komen For the Cure's Central and South Jersey Affiliate, agencies providing services in the counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem and Somerset will be required to participate in the "*Reach Out For Life – Somebody Needs You*" campaign. This campaign features the CancerCare information line which allows callers to receive social service referrals over the telephone. The mission for the Central and South Jersey Affiliate is to assist the CancerCare information line in the provision of breast health and breast cancer screening information. Additionally, Komen is providing funding to the NJCEED Program to conduct breast cancer screenings for women with incomes >250 and ≤ 300 of the Federal Poverty Level who meet all other NJCEED eligibility guidelines and are referred to the Program through the campaign. It is anticipated that the "*Reach Out For Life – Somebody Needs You*" campaign will be funded through June 30, 2011.

This application is a "comprehensive package". Should an applicant elect NOT to apply for comprehensive cancer education, outreach, screening, diagnosis,

case management, follow-up, treatment and quality assurance services, their application WILL NOT be accepted.

V. Additional Applicant Requirements:

In order to be eligible for renewal of the current Health Service Grant each organization will be required to:

1. Demonstrate sustainability before and after the project period of this request.
2. Provide comprehensive breast and cervical cancer screening, education and outreach services for uninsured women within its service area who meet program eligibility guidelines. Special emphasis must be placed on women from racial/ethnic minority populations. Men at risk for breast cancer who meet the eligibility guidelines will receive the appropriate diagnostic services.
3. Provide prostate education and outreach services that are targeted toward program eligible men in within its catchment area with special emphasis placed on African American men age 45 years and older and other men at high risk for prostate cancer.
4. Provide colorectal cancer screening services that are targeted to those residents age 50 and older and participating in either the breast, cervical or prostate cancer screening portion of the program. Special emphasis must be placed on racial/ethnic minority populations.
5. Provide targeted outreach and referral efforts to the underserved persons in within its service area. Cancer prevention and early detection that places emphasis on these special populations may improve cancer control and ultimately reduce mortality. Those providing outreach and referral services must ensure that tracking, case management, treatment and follow-up services are provided.
6. Provide assurances that grant funds will not be used to replace or supplant funds currently available for categorical services provided by the agency.
7. Determine if persons screened under this grant have any third party reimbursement that covers screening for breast, cervical, prostate and colorectal cancers and bill such payers. Funding from this grant shall be used as the “**payor of last resort**”. Any program income generated by the program must be used to offset the direct costs of the program.

8. Furnish written subcontract agreements for any services that will be provided to NJCEED eligible persons under this grant that are not performed directly by the grantee.
9. Grantees will be required to contract for services with any Federally Qualified Health Centers and Family Planning Agencies located within the county that request such an agreement.
10. Provide assurances that treatment will be provided for any NJCEED Program client who is diagnosed with breast, cervical, colorectal and/or prostate cancer through the Program. Funds from this grant **cannot** be expended to provide inpatient hospital or treatment services. All agencies that are funded will receive both federal and state funds.
11. Abide by the Federal funds matching requirement of the grant. The applicant will be required to provide and document a match of one (\$1.00) for every three (\$3.00) of federal grant funds awarded. A match will not be required for state funding. Federal funds from other sources may not be used as a match requirement.
12. Ensure that the Centers for Disease Control and Prevention (CDC) Cooperative Agreement funds under this RFA will be used to reimburse the following patient services, for eligible women only, who are asymptomatic:
 - Clinical Breast Examinations (CBEs) annually for all eligible women.
 - Annual mammograms for all eligible women based on the ACS screening guidelines.
 - Pelvic examinations and a Pap smear test based on ACS screening guidelines for all eligible women.
 - Women who require diagnostic services following an abnormal screening result will be eligible for:
 - a. Breast Cancer - repeat screening mammogram, diagnostic mammogram, fine needle aspiration, breast ultrasound, breast biopsies, cyst aspirations, clinical breast examination and evaluation, and surgical consultations, as needed.
 - b. Cervical Cancer - repeat Pap smear, colposcopy, colposcopy-directed biopsy and surgical consultations, as needed.
13. Provide appropriate case management and referrals for medical treatment to women and men screened in the program, and ensure the timely provision of follow-up services in accordance with established CDC guidelines.

- 14.** Provide educational opportunities to health professionals in areas related to the detection, control and/or treatment of breast, cervical, prostate and colorectal cancers.
- 15.** Track women and men screened through the Program utilizing the NJCEED Program's Cancer Screening and Tracking (CaST) and Prostate Colorectal System (PCS) software. The software and training will be provided by the NJCEED Program.
- 16.** Implement quality assurance measures that are specific to early detection of breast cancer and adhere to Mammography Quality Standards Act (MQSA).
- 17.** Implement quality assurance measures that are specific to the early detection of breast and cervical cancer and adhere to the Clinical Laboratory Improvement Act (CLIA) of 1988.
- 18.** Partner with the existing County Cancer Coalition funded by the Office of Cancer Control and Prevention (OCCP). The applicant is required to attend the County Cancer Coalition's quarterly meetings and share information regarding activities conducted under the grant. Evidence of collaboration between these coalitions is required and will be monitored.
- 19.** Deliver breast, cervical, colorectal and/or prostate cancer screening, referral, tracking, case management, follow-up, and treatment services to the target populations within its service area.
- 20.** Comply with the rules for Medicare coverage of screening mammography.
- 21.** Utilize mammography facilities certified by the Food and Drug Administration (FDA) and the American College of Radiology (ACR); register all mammography equipment with the NJ Department of Environmental Protection (NJDEP), if applicable; and, ensure that all technologists are licensed.
- 22.** Use the six (6) ACR LEXICON Breast Imaging Reporting Categories for reporting the interpretation of mammographic examinations and the Bethesda Reporting System 2001 for reporting Pap smear results.
- 23.** Ensure that a copy of the report of the results of all screening and diagnostic tests performed is placed in the participants' permanent medical records that are maintained by their healthcare provider. Provide professional and consumer workshops on breast, cervical, colorectal and/or prostate cancer.
- 24.** Develop a written outreach plan detailing how high risk persons within the service area will be educated and informed about the breast, cervical colorectal and prostate

cancer screening services that are available through the Program. This plan must be submitted annually with the Health Service Grant application.

25. Establish or maintain a system for the appropriate and timely follow-up, tracking and referral of participants with abnormal or suspicious screening test results.
26. Comply with all data collection requirements that are developed by the NJCEED Program for this initiative.
27. Participate in public and professional educational activities developed by the NJCEED Program, including those for quality assurance, grants management and cultural awareness/competency.
28. Provide all services delivered to the public in a smoke-free environment.

VI. Funding Information

This grant will be comprised of a three-year project period (July 1, 2010 – June 30, 2013). The Year-01 budget period will run from July 1, 2010 – June 30, 2011. The Year-01 budget is due with the current application. Annual renewals for budget periods 02 and 03 will be based on grantee performance, need, and the availability of funds and will begin July 1, 2011 and July 1, 2012, respectively.

This RFA is contingent upon the availability of funds. The NJCEED Program anticipates receiving level funding from both the CDC and State for this budget period; therefore, current organizations should apply for level funding. Available funding amounts will be disclosed at the Technical Assistance meeting to be held on December 8, 2009.

Funding for this RFA is from two (2) sources:

1. The CDC Cooperative Agreement for Breast and Cervical Cancer Education and Screening. Approximately \$1.7 million is expected to be allocated for screening services for the period July 1, 2010 – June 30, 2011. CDC funds are to be used to screen eligible women age 50-64 years of age for breast and cervical cancer; screen eligible women 18-64 years of age for cervical cancer; and, to rescreen women previously screened under this program.
2. Approximately \$5.4 million is expected to be allocated to the NJCEED Program for screening services for the period July 1, 2010 to June 30, 2011. State funds are to be used to screen:
 - Eligible women, ages 49 years and younger, for breast and cervical cancer;
 - Eligible men over the age of 50 years for prostate cancer, with a special emphasis on African American men and other high risk men beginning at age 45 years; and,

- Eligible persons age 50 years and older for colorectal cancer with earlier screenings being made available to high-risk persons.

Funds from this grant cannot be expended to provide inpatient hospital or treatment services. All agencies that are funded will receive both federal and state funds. **The applicant will be required to provide and document a match of one (\$1.00) for every three (\$3.00) of federal grant funds awarded.** A match will not be required for state funding and other federal funds may not be used as a match requirement.

Funding must be budgeted so that a minimum of 80% of the awarded funds are utilized for Direct Services which include: screening, tracking, follow-up and other one-on-one patient services.

The amount of funding is also contingent upon need and the ability to effectively utilize funds. **Subsequent annualized funding levels may be adjusted based on targeted areas of need, as defined by the data.**

VII. Application Process

Each interested applicant must submit a letter of intent to the NJCEED Program office by December 4, 2009. The letter of intent must be placed on the applicant's official letterhead and should include the agency name, contact person and a description of the service area that the applicant intends to pursue funding for. The letter of intent should be sent to the NJDHSS Contact:

Marge Rojewski, Coordinator
New Jersey Cancer Education & Early Detection (NJCEED) Program
Chronic Disease Prevention and Control Services
Division of Family Health Services
New Jersey State Department of Health and Senior Services
50 E. State Street, 6th Floor
P.O. Box 364
Trenton, New Jersey 08625-0364

Health service grant applications can be obtained by going to the following website: <http://www.state.nj.us/health/forms/grantapp.pdf>. By using the website, the forms are easier to complete. All original documents requiring signatures must be signed in "blue" ink.

Application forms will only be mailed to interested applicants who cannot download the application. These will be provided only upon request by calling David Ridolfi at (609) 292-8540. **The deadline for submission of the completed application will be February 5, 2010 at 4:00 PM.**

All grant applications must include, at a minimum, the following:

- A. Cover Letter***—the cover letter must be written and signed by the Chief Executive Officer or Director of the applicant agency. The letter must contain the **original signature** of the Chief Executive Officer or Director of the applicant agency. This letter must be written on the official agency's letterhead and signed in blue ink. ***Please see the attached sample cover letter (Attachment V) for items that must be included in the cover letter.**
- B. Applicant Organization**—the agency by which the funds will be administered is designated as the applicant. The agency designated as the applicant is the only agency eligible to receive the funding. All other funds disbursed by the applicant must be done so through Letters of Agreement, subcontracts, etc.
- C. Abstract**—a summary of the program must be described in the application. This summary should not exceed one page.
- D. Target Area**—the county and specific catchment areas designated to reach the target population must be described.
- E. Needs Assessment**—Identify the proposed catchment area and target population (i.e., race, age, average income), and describe the current need for breast, cervical, prostate and colorectal cancer screening (i.e. cancer incidence and mortality), as well as the projected need over the next year. Data obtained will establish baseline criteria for interventions such as the development of educational activities, need for bi-lingual materials, and media campaigns. The Needs Assessment should not exceed 3 pages.

Listed below are appropriate sections of the "**New Jersey Department of Health and Senior Services Application for Health Service Grant**" and documents required for the grant application. The completion of these sections is addressed within the "Instructions for Completion of Application for Health Service Grant" which is located at the following url: <http://www.state.nj.us/health/forms/grantapp.pdf>.

Required sections of the application are to be completed according to the general instructions, in addition to any corresponding instructions indicated which are specific to this initiative. The following are the components of the application:

A. Face Sheet (Page 1)

The Proposed Grant Title (Item #8): “(Your County) Cancer Education and Early Detection Program”.

Budget Period: July 1, 2010 – June 30, 2011

Project Period: July 1, 2010 – June 30, 2013

The NJDHSS Contact as listed above is Marge Rojewski.

Any questions about financial requirements should be directed to:

Carlton Schooley, Grants Management Officer
Office of the Assistant Commissioner
Division of Family Health Services
New Jersey State Department of Health and Senior Services
P.O. Box 364
Trenton, New Jersey 08625-0364
Telephone (609) 984-1315

B. Needs, Objectives, Methods, and Evaluation of Projects (Pages 3 & 4)

1. Assessment of Needs: (Limit 3 pages) Briefly list the needs which document the reason for the project.
2. Objectives of the Project: (Limit 2 pages) These are the same as objectives for the grant application. Objectives must be specific, measurable, and reflect activities to be accomplished during the funding cycle, (i.e., estimated number to be screened, numbers and types of public and professional educational programs to be conducted, types and number of public educational materials to be developed and the population they intend to target, etc.). *A grantee that demonstrates its inability to meet goals and objectives in any year of a multi-year award may be deprived of continuation of its award and will revert to a single year award.
3. Methods: (Limit 3 pages)
 - a. Describe the major activities planned, which will accomplish the objectives. Include letters of support and agreement related to program methods and evaluation that fully describe and spell out the terms of the relationship between the grantee and agency.

- b.** Provide a detailed description and time line of all activities for development of the project. (Time line may be included with the required long-range plan as described on page 22:L-7.)
- c.** The following activities are essential and integral components of program activities. It is expected that the successful grantee will adhere to the following provisions in providing services to New Jersey residents:
- Screening - Women are eligible for breast, cervical and colorectal cancer screening and men are eligible for breast, prostate and colorectal cancer screening, if payment for screening and follow-up services can not reasonably be expected to be made with respect to such items or services:
 - Under an insurance policy or under any Federal or state health benefits program; and/or, by any entity that provides health services on a prepaid basis.
 - Applicants are to use $\leq 250\%$ of Federal Poverty Guidelines in establishing income eligibility requirements. If a sliding fee scale for payment of services is available, please include the schedule of costs for breast, cervical, prostate and colorectal cancer screening services.
- d.** Caseload – It is expected that the client caseload for each agency will vary according to the service area need and the amount of funding requested. Projected screening numbers and funding amounts for each county will be provided at the Technical Assistance meeting.
- e.** Public and Professional Education - This section should include a plan to enhance participants' knowledge, attitudes, and practices regarding risk factors and adherence to routine screening regimens. In addition, this component should include a plan to educate the public and health care professionals about breast, cervical, prostate and colorectal cancer screening criteria and quality assurance.

Public education programs should include a systematic design and sustained delivery of methods, which will influence participants' knowledge, attitudes and practices, related to adherence to breast, cervical, prostate and colorectal cancer screening in the target population. This may include the development of bi-lingual survey instruments, low literacy educational materials and media campaigns that consider background and specific needs of the target population. Professional education programs should include information on the efficacy and appropriate use of screening procedures and demonstrate an influence on practice. This may include the development of survey

instruments and educational programs on topics such as improving the level of test interpretation and adherence to screening guidelines.

- f. Outreach - An Outreach Plan (3 pages maximum) is required to be submitted with the application. There is a strong link between increased awareness of cancer and the utilization of screening services. A system must be in place to communicate prevention and early detection awareness messages to the high-risk community, as well as to assist participants in overcoming barriers to accessing participation in screening. This element should include a plan to promote cancer awareness, market the program among high risk populations, and stress adherence to ACS screening guidelines among the target population, as well as, utilize existing partners of the NJ Breast and Cervical Cancer Control Program. Some such partners include American Cancer Society, YWCA Encore Plus, AARP and Me Too. Collaboration is strongly encouraged with community-based organizations with a proven history of providing services to minority populations and those with limited incomes
- g. Case Management and Referral - Persons warranting follow-up diagnostic testing and/or treatment must have access to care. This program does not include payment for treatment. If treatment is needed, health agencies funded through this initiative are expected to provide and/or refer for treatment. A letter(s) of agreement or intent between the applicant and referral agency(s) must be included in the application. Each individual needing follow-up care must be appropriately case managed.
- h. Follow-up and Tracking - This element must include a plan to track all participants receiving screening services. It is important to document the methodology for tracking participants with negative and non-negative screening results in order to determine that participants are coming back for screening at recommended intervals. If participants are referred to an agency for follow-up testing and/or treatment, the follow-up plan must describe how results will be obtained from these agencies.
- i. Quality Assurance - Include a description of the existing quality assurance program and provide documentation of FDA and ACR certification and CLIA'88 compliance. This element should describe measures to ensure quality assurance of cancer screening procedures.
- j. Data Collection and Reporting – This element should describe the methods that will be utilized to collect demographic and other program related data. Programmatic information is collected and reported using the CaSt and PCS data systems.
- k. Program Monitoring - This element should describe how the cancer-screening program will be monitored for effectiveness, including costs and benefits.

- I. Coalition Building - This element should describe how the community members, volunteer agencies, and other relative representatives will be involved in development, implementation, and continuity of program activities among the high risk population.

C. Evaluation (Limit 3 pages)

This section should contain the evaluation methodology to be used by the applicant in answering the following types of questions about the project:

- Did the project accomplish all goals and objectives?
- What impact foreseeable and/or unforeseeable did it have?
- What were the key factors that made the project a success or failure?
- How should the project be modified?

Applicants are also encouraged to develop evaluation components tailored specifically to the evaluation needs of the proposed project. For example, number of women screened for breast cancer by race/ethnicity and age, number of negative and non-negative cases, number of cancers detected, staging of cancers detected, number of consumers and professionals reached with education programs, change in participants' knowledge, attitudes, and practices regarding risk factors and adherence to routine screening regimens, and cost analysis of services. (Please bullet point in list form.)

- E. **Cost Summary (Page 6) – A match of \$1 is required, and must be documented, for every \$3 federal dollars received under this initiative. State funds do not require a match.** In the application narrative, you must describe the source(s) of your required match. Acceptable sources of match are non-federal sources including cash or in-kind contributions and grant-related program income. For the purposes of this grant, you may not consider the state funds that you are applying for as a match. Additionally, other federal funding may not be used as a source of the match.

- F. **Funds and Program Income from Other Sources Related to this Application (Page 7) –** If revenue is generated by this project, it is required that it will be utilized to pay for expanded cancer screenings. A report of income generated will be reported to the New Jersey Cancer Education and Early Detection (NJCEED) program twice a year. Budgeted costs must be within the provisions of applicable cost principles. The grant will require submission of progress reports, expenditure reports, and invoices on a quarterly basis. All data submissions will be due on the first business day of each month. The grant will be monitored for compliance by the New Jersey Cancer Education and Early Detection (NJCEED) program staff. All relevant federal and New Jersey State laws and regulations must be observed. These include, but are not limited to, statutes pertaining to confidentiality, safety and

health standards, equal opportunity in recruitment and salary standards, affirmative action and the Hatch Act, lobbying, and debarment. In addition, all services delivered to the public under funding from this grant must be delivered in a smoke free environment. The Department of Health and Senior Services must conform to the enabling legislation authorizing the Comprehensive Breast and Cervical Cancer Early Detection and Control Program. Therefore, the Department of Health and Senior Services must reimburse grantees for screening services in accordance with the Schedule of Fee/Charges for Services. All states receiving funding for the Comprehensive Breast and Cervical Cancer Early Detection and Control Program must reimburse grantees for related procedures in accordance with the Medicare rates for their state. **Attachment IV** lists related procedures and their reimbursement rate by each of the two-(2) Medicare areas in New Jersey. Grantees must bill the Department of Health and Senior Services at these rates.

- G. Schedule A: Personal Costs and Justification (Pages 1 and 2)** – If the project requires the employment of full or part-time personnel, indicate the positions to be filled and the duties or responsibilities of each. Include a detailed resume or curriculum vita for each person selected to work on the project. If personnel are not selected at time of submission, describe position qualifications. Resumes of applicants are to be submitted to the NJCEED Program and will become part of the official file. Also, include a copy of agency personnel policy for salary increases and Fringe Benefit Rate Justification. Salary and fringe benefits for staff participating in the delivery of services (should not exceed more than 20% of the total grant award).
- H. Schedule B: Consultant Service Costs and Justification** – All relevant federal and state statutes must be observed in hiring consultants. Subgrants, if applicable, are to be identified in this category. Draft agreements are to be provided in accordance with the provisions of “Terms and Conditions for Administration of Health Service Grants” with particular attention to Subpart P.
- I. Schedule C: Other Cost Categories and Justification** – Budgeted costs must be within the provisions of applicable cost principles. The grant will require submission of progress reports, expenditure reports, and invoices on a quarterly basis. All data submissions are required to be sent to the state on weekly basis each Friday. The grant will be monitored for compliance by the New Jersey Cancer Education and Early Detection (NJCEED) program staff. All relevant federal and New Jersey State laws and regulations must be observed. These include, but are not limited to, statutes pertaining to confidentiality, safety and health standards, equal opportunity in recruitment and salary standards, affirmative action and the Hatch Act, lobbying, and debarment. In addition, all services delivered to the public under funding from this grant must be delivered in a smoke free environment. The Department of Health and Senior Services must conform to the enabling legislation authorizing the Comprehensive Breast and Cervical Cancer Early Detection and Control Program. Therefore, the Department of Health and Senior Services must reimburse grantees for screening services in accordance with the Schedule of Fee/Charges for Services.

All states receiving funding for the Comprehensive Breast and Cervical Cancer Early Detection and Control Program must reimburse grantees for related procedures in accordance with the Medicare rates for their state. **Attachment IV** lists related procedures and their reimbursement rate by each of the two-(2) Medicare areas in New Jersey. Grantees must bill the Department of Health and Senior Services at these rates. Costs include but are not limited to:

1. Breast, cervical, prostate and colorectal cancer screening; i.e., clinical breast exams, mammograms, pelvic exams, Pap smears, instructions on breast self-examinations, the Prostate Specific Antigen tests (PSAs), the Digital Rectal Examinations (DREs), and fecal occult blood tests (FOBTs). Amounts paid for such services may not exceed the amount that would be paid under Part B of Title XVIII of the Social Security Act (maximum **Medicare Rates** in the state). Refer to **Attachment IV**.
2. Travel directly related to screening.
3. Educational supplies related to one-on-one patient education.

J. Schedule D: Officers and Directors List – This form is now mandatory and must be submitted with the application.

K. Certification Sheet – **The following documents are to be executed as directed and maintained on file by the applicant.** The “Certification Sheet” is then to be initialed and signed by the responsible agency official as indicated and forwarded with the application.

1. **Statement of Local Health Officer** – This form should be forwarded to the Health Officer of the local health department in whose jurisdiction the applicant resides, along with a copy of the application for his/her review and approval. The Health Officer’s original signature must be on this form. The signed form must be submitted with the application.
2. **Schedule G:** Certification Regarding Debarment and Suspension
3. **Schedule H:** Certification Regarding Lobbying
4. **Schedule K:** Certification Regarding Environmental Tobacco Smoke

L. Attachments – Place these at the back of the application in the order identified below:

1. A copy of the justification of fringe benefits costs.
2. Copies of travel regulations if travel expenses are requested.

3. Copies of job descriptions, curriculum vita (CV), and verification of New Jersey licensure and certification of persons selected to work on the project.
4. Copies of agency personnel policy for salary increases.
5. Copies of executed consultation agreements if funds are requested for this cost category; if not completed indicate in cover letter that they will be forthcoming.
6. Copies of any applicable lease agreements (e.g. telephones, etc.) if requesting grant funds for same.
7. A long-range plan for the project period (7/2010 – 6/2013). (Limit 2 pages)

M. Method of Payment Request – Payment for this initiative will be based on a cost reimbursement method of payment only.

N. Reference Requirements – The following documents are addressed in the general instructions and will become binding upon acceptance of Notice of Grant Award for applicants awarded funding:

1. Terms and Conditions for Administration of Health Service Grants, January 1, 1989.
2. Applicable Cost Principles - Addendum to Terms and Conditions for Administration of Health Service Grants, July 1, 1986.
3. Provisions and Conditions of Multi-Year Awards, January 1, 1988.

O. Compliance Requirements – Cancer Control Activities Funding Authorization No. 46.93991.

1. Indicate the title of the program. The Proposed Grant Title is “**(Your County) Cancer Education and Early Detection Program**”.
2. Indicate the services that will be provided i.e. breast, cervical, prostate and colorectal cancer education, screening, etc.
3. Amount of the request.
4. Project period.

P. Sub-contracts and/or Consultant Agreements – Please provide a three column chart detailing the name of each Subcontractor/Consultant, the amount of money they will receive, and the services that they will provide (see sample provided in

Attachment VI). If available, copies of all sub-contracts and/or consultant agreements should be attached to the cover letter. If these documents are not available at the time that the application is being submitted, a statement must be made in the cover letter indicating, "Copies of these documents will be forthcoming upon completion." **All funding that is to be awarded to a sub-grantee must be placed on the "Sub Grantee" line, i.e. do not add sub-grantee's money to personnel, travel, etc. on your agency's budget lines.**

Q. Quarterly Progress Report – The most current Quarterly Progress Report must be included in the application if you are a currently funded program requesting funds.

R. Letters of Support – A minimum of three letters of support must be submitted with the grant application; a maximum of six letters of support may be submitted. The submission of additional letters of support will not increase an applicant's review score.

VIII. Submission of Applications

You must submit **five (5) copies** of the application (including attachments). This is inclusive of **one (1) original application plus four (4) photocopies (including attachments)** to be sent to the Department of Health and Senior Services. Agencies may make additional copies to keep for their own records. **As stated earlier, applications are due on February 5, 2010. Mail applications to:**

Marge Rojewski, Coordinator
New Jersey Cancer Education & Early Detection (NJCEED) Program
Chronic Disease Prevention and Control Services
Division of Family Health Services
New Jersey State Department of Health and Senior Services
50 E. State Street, 6th Floor
P.O. Box 364
Trenton, New Jersey 08625-0364

Hand delivered applications should be given directly to:
David Ridolfi at the address above no later than 4:00 P.M. on Friday, February 5, 2010. Please notify Mr. Ridolfi at (609) 292-8540 if the application is to be hand delivered.

Late Application Policy: In order to ensure the quality and continuity of services, the Department reserves the right to accept late applications.

IX. Application Review

A. Pre-Review Process – All applications will be screened by the NJCEED staff for completeness and compliance with the Programmatic Criteria identified in Section V.

If an application is not completed in compliance with “Instructions for Completion of Application for Health Service Grant” and does not meet the eligibility requirements the application will be rejected. Additionally, if an application does not clearly address breast and cervical cancer outreach, education, screening, and follow-up activities for minority and/or socioeconomically disadvantaged women; prostate and breast cancer education and screening for eligible men; colorectal cancer education and screening; and, specifically target minority and disadvantaged populations within the organization’s catchment area the review of the application will end and the submitting agency will not be considered for funding.

B. Competitive Review Process – In cases where the number agencies applying for grant funding exceeds the available number of awards for a particular county, these applications will be reviewed by the NJCEED staff and an external review body utilizing a standard set of criteria (**Attachment VII**). These review criteria assist in focusing the intent and scope of the RFA. They serve as a valuable tool in application development and appropriate targeting of relevant information. Consider reviewing your own application utilizing these criteria before finalizing it as a method of identifying application strengths and weaknesses. The point rating assigned by the external review body, plus the points assigned by the internal review body, will be averaged, and this number will be the final applicant score.

The application with the highest score will be recommended for funding. The final decision for funding rests with the Commissioner of the Department of Health and Senior Services.

X. Time Schedule

Letters of Intent Due	December 4, 2009
Technical Assistance Session	December 8, 2009
Applications Due	February 5, 2010
Agency Notification	May 2010
Funding Begins	July 1, 2010

Attachment I - Currently Funded Lead Agencies (9/2009)

New Jersey Department of Health & Senior Services Cancer Education and Early Detection Program

ATLANTIC COUNTY

Shore Memorial Hospital
1 E. New York Ave
Somers Point, NJ 08244
Phone: (609) 653-3484

CAPE MAY COUNTY

Cape May County Health Dept
4 Moore Rd
Cape May Court House, NJ 08210
Phone: (609) 465-6825

HUDSON COUNTY

Hoboken Family Planning
Second and Grand Streets
Hoboken, NJ 07030
Phone: (201) 963-0300

MORRIS COUNTY

Morristown Memorial Hospital
100 Madison Avenue, Box 18
Morristown, NJ 07962-1956
Phone: (973) 971-6581

SUSSEX COUNTY

St Clare's Hospital -Sussex
20 Walnut Street-Linn House
Sussex, NJ 07461
Phone: (973) 702-2740

BERGEN COUNTY

Bergen County Dept. of Health
327 Ridgewood Ave
Paramus, NJ
Phone: (201) 634-2660

CUMBERLAND COUNTY

SJH Bridgeton Health Center
333 Irving Ave
Bridgeton, NJ 08302
Phone: (856) 575-4434

HUNTERDON COUNTY

Hunterdon Regional Cancer Center
2100 Westcott Drive
Flemington, NJ 08822
Phone: (908) 237-5409

OCEAN COUNTY

Community Medical Center
99 Route 37 West
Toms River, NJ 08755
Phone: (732) 557-3208

UNION COUNTY

Hoboken Family Planning
Second and Grand Streets
Hoboken, NJ 07030
Phone: (201) 963-0300

BURLINGTON COUNTY

Virtua Health
15 Pioneer Blvd
PO Box 287
Mt. Holly, NJ 08060
Phone: (609) 265-1953

ESSEX COUNTY

SAVE Program
UMDNJ Medical School
Stanley Bergen Bldg. Suite, GA 207
65 Bergen Street
Newark, NJ 07103
Phone: (973) 972-0308

MERCER COUNTY

Capital Health System-Mercer
446 Bellevue Avenue
PO Box 1658
Trenton, NJ 08618
Phone: (609) 815-7188

PASSAIC COUNTY

St. Joseph's Hospital & Medical Ctr.
DePaul Ambulatory Center
275 Hospital Plaza (Getty Ave)
Paterson, NJ 07503
Phone: (973) 754-2706

WARREN COUNTY

NORWESCAP
350 Marshall Street
Phillipsburg, NJ 08865
Phone: (908) 387-9888

CAMDEN COUNTY

Cooper University Hospital
3 Cooper Plaza, Suite 310
Camden, NJ 08103
Phone: (856) 968-7308

ESSEX COUNTY

St. Michael's Medical Center
In The Pink Program
111 Central Ave.
Newark, NJ 07102
Phone: (973) 877-2989

MIDDLESEX COUNTY

Middlesex County Public
Health Dept.
75 Bayard Steet, 5th Floor
New Brunswick, NJ 08901
Phone: (732) 745-5936

SALEM COUNTY

Salem County Department of Health
98 Market Street
Salem, NJ 08079
Phone: (856) 935-7510 ext. 8480

CAMDEN COUNTY

Virtua Health
6 e. Clementon Rd, Suite F-1
Gibbsboro, NJ 08026
Phone: 1-888-847-8823

GLOUCESTER COUNTY

Underwood Memorial Hospital
509 N. Broad St
Woodbury, NJ 08096
Phone: (856) 845-0100 ext 2450

MONMOUTH COUNTY

VNA of Central Jersey
176 Riverside Drive
Red Bank, NJ 07701
Phone: (732) 224-6905


SOMERSET COUNTY

Women's Health & Counseling Ctr.
71 Fourth Street
Somerville, NJ 08876
Phone: (908) 526-2335 ext. 119

Attachment II

2009 Federal Poverty Guidelines

To be eligible for the NJCEED Program, clients' incomes can be up to but not over the amounts listed under the 250% columns below.



Family Size	100%		250%	
	Annual	Monthly	Annual	Monthly
1	10,830	903	27,075	2,256
2	14,570	1,214	36,425	3,035
3	18,310	1,526	45,775	3,815
4	22,050	1,838	55,125	4,594
5	25,790	2,149	64,475	5,373
6	29,530	2,461	73,825	6,152
7	33,270	2,773	83,175	6,931
8	37,010	3,084	92,525	7,710
Each Additional Person	3,740	312	9,350	779

SOURCE: *Federal Register*, Vol. 74, No. 14, January 23, 2009, pp. 4199–4201.

New Jersey Cancer Education and Early Detection Program Screening Guidelines



Revised June 2009

Background:

The New Jersey Cancer Education and Early Detection (NJCEED) Program, with funding from the Centers for Disease Control and Prevention (CDC) and the State, provides funding to all twenty-one (21) counties in the State for comprehensive breast, cervical, prostate and colorectal cancer education, outreach and screening. The Program goal is to increase the awareness of each person's risk for breast, cervical, prostate and/or colorectal cancer; and to decrease the morbidity and mortality due to cancer by encouraging the use of screening services for early detection and more effective treatment.

NJCEED provides statewide coverage through twenty-three (23) screening providers known as County Lead Agencies. Screening services for women include: screening mammograms, clinical breast examinations, instruction on breast self-examinations, Pap tests, pelvic examinations, and colorectal cancer screening tests. Men may receive Prostate-Specific Antigen (PSA) tests for prostate cancer and colorectal cancer screening tests. If symptomatic, men can also receive breast cancer diagnostic tests. Diagnostic testing is performed, if needed and case management, tracking and follow-up services are provided.

Federal funds provide breast cancer screening and education activities for women who are between 50 and 64 years of age and cervical cancer screening and education activities for women between the ages of 18 and 64. State funding provides breast and cervical cancer screening and education activities for women ages 18 years and older and covers diagnostic testing that is not covered under Federal funding; colorectal cancer outreach, education and screening for men and women over the age of 50 years; and, prostate cancer outreach, education and screening for men over the age of 50 years. Men who are at risk for breast cancer and meet program criteria may receive breast cancer diagnostic services. Persons determined to be at a high risk for any of these cancers may be screened at younger ages, based on physician recommendations.

NJCEED bases its recommendations on the American Cancer Society's (ACS) cancer screening guidelines; the Program guidelines are reviewed annually and updated accordingly. These guidelines are the minimum standards for the provision of screening and/or diagnostic services under NJCEED and these guidelines must be included in each Lead Agency's NJCEED Program Policy and Procedure manual. The ACS cancer screening guidelines can be accessed via the internet at:

www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp

The screening and diagnostic procedures that are covered under NJCEED are updated and distributed annually to the NJCEED Lead Agencies; reimbursement fees for covered procedures are based on the Medicare Current Procedural Terminology (CPT) Codes. CPT Codes designated as (SF) must be paid for using State funds; certain procedures as noted on the CPT Code list require prior State approval in order for coverage under NJCEED. Payment for additional procedures not included on the CPT Code list requires prior State approval and are reviewed on a case by case basis.

Eligibility Guidelines:

To be eligible to qualify for cancer screenings under NJCEED, a person must meet all of the following criteria:

- Be a resident of the State of New Jersey who is 18 years of age or older;
- Have an income < to 250% of the Federal Poverty Level; and
- Have no health insurance or have limited health insurance coverage (does not have coverage for the cancer screening procedures provided by the Program or has a high deductible).

All residents requesting services under NJCEED must sign a declaration of income and insurance that includes an attestation stating that they meet the Program eligibility guidelines.

Prior to receiving services under the NJCEED Program all participants must receive education with regard to cancer awareness and screening. Client education will include, at a minimum, a review of the risk factors related to the specific cancer(s) for which they will be screened and an explanation of the screening test procedure(s).

Notification of Screening and Diagnostic Test Results:

- Positive test results:

All patients must be notified of positive tests results within 5 business days of the results being returned to the screening site. If a site is unable to contact the client by phone it must:

- a. Call the patient's emergency contact for the new address or phone number.
- b. If unable to reach the emergency contact, send a letter to the patient.
- c. If there is no response to the letter, send a certified letter with return receipt guarantee.
- d. If these steps fail, a home visit should be considered.

- Negative test results:

All patients must be notified of negative tests results within 30 calendar days of the results being returned to the screening site. If a site is unable to contact the client by phone it must:

- a. Call the patient's emergency contact for the new address or phone number.
- b. If unable to reach the emergency contact, send a letter to the patient.
- c. If there is no response to the letter, send a certified letter with return receipt guarantee.

- All attempts to notify a client of her/his test results, whether the results are negative or positive, must be documented in the client's medical record/chart.

Breast Cancer Screening Guidelines:

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exam (CBE) should be part of a periodic health exam, about every 3 years for women in their 20s and 30s and every year for women 40 and over.
- Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women who are at higher than average risk of breast cancer should seek expert medical advice about whether they should begin screening before age 40 and the frequency of screening.
- **MRI Recommendations (All MRIs require State pre-approval):**

Women at high risk (greater than 20% lifetime risk) should get an MRI and a mammogram every year. Women at moderately increased risk (15% to 20% lifetime risk) should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15%. The Breast Cancer Risk Assessment (BCRA) Tool, an interactive tool designed by scientists at the National Cancer Institute (NCI), can be used to estimate a women's risk of developing invasive breast cancer.

The BRCA Tool can be found at: <http://www.cancer.gov/bcrisktool/Default.aspx>

Breast Cancer Screening Procedures Include:

1. Age-appropriate annual clinical breast examination (CBE).
2. Screening mammography or breast ultrasound (if indicated), based on age appropriateness.
3. Women with an abnormal CBE **must** be referred for a medical consultation.
4. Women with a normal CBE and abnormal screening mammogram **must** be referred for a diagnostic imaging session. This may include: additional mammographic views, diagnostic mammography, ultrasound and/or aspiration.
5. Patients who have had a lumpectomy or mastectomy as a result of a previous breast cancer should be screened annually with a diagnostic mammogram for three (3) years post-surgery after which they should receive annual screening mammography.
6. Women in whom a screening mammography is contraindicated (pregnancy) may be screened by CBE and ultrasound.

Cervical Cancer Screening Guidelines:

- All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Papanicolaou (Pap) test or every 2 years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years. Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, plus the Human Papilloma Virus (HPV) Deoxyribose Nucleic Acid (DNA) test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, Human Immunodeficiency Virus (HIV) infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.
- Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.
- Under the NJCEED Program, priority for Pap tests must be given to never and rarely screened eligible women. (Never and rarely screened women are defined as women who have never had a Pap test, or who have not had a Pap test within the past five years.) Women who are 18 – 64 years of age, with an intact cervix, are eligible for an annual Pap test and pelvic examination, using CDC funding. While the incidence of precancerous lesions is higher among younger women, older women have higher rates of invasive cancer and cervical cancer mortality; and, are less likely to be screened regularly. Hence, programs must provide a balanced distribution in the ages of women receiving Pap tests.
- All women found to have abnormal cervical cancer screenings are to receive follow-up in accordance with the American Society for Colposcopy and Cervical Pathology's (ASCCP) "2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests" and the "2006 Consensus Guidelines for the Management of Women with Cervical Intraepithelial Neoplasia or Adenocarcinoma in situ". These guidelines can be accessed via the internet at the following URL: <http://www.asccp.org/consensus.shtml>

Specific Procedures for Cervical Cancer Screening:

Screening for cervical cancer consists of the following information:

1. Patient History – A risk assessment must begin with a review of the patients' risk factors for cervical cancer. These risk factors include, but are not limited to: previous routine and abnormal Pap smears; high risk sexual behavior, such as early first coitus, multiple partners, male partner with multiple partners, and bisexual partners; HIV and/or HPV positive; DES exposure; history of smoking; history of sexually transmitted diseases.

2. Patient Education

Prior to the visit, the following patient instructions must be given:

- a. No douching within 24 – 48 hours of the procedure.
- b. No intercourse within 24 – 48 hours of the procedure.
- c. No intravaginal medication within 72 hours of the procedure.
- d. If client has her menses, she needs to reschedule her appointment because the Pap smear cannot be done as the specimen will not be adequate.
- e. Clients should be advised to call the office, in advance, if they need to reschedule their appointment.

Day of examination, the patient must be instructed on:

- a. The importance of having a pelvic exam and Pap smear on a regular basis.
- b. Teach the patient what is normal and abnormal.
- c. Explain all the procedures to be performed and the purpose of having Pap smears and pelvic exams.
- d. Explain the importance of notifying the physician, or health care provider, if there are signs or symptoms of cervical cancer.

2. Pelvic Examination – During the interview and examination, privacy must be provided to the client. A physician, an advanced practice nurse, or other qualified health care provider must perform this procedure. During this time, a Papanicolaou smear must be done. Based on examination and Pap smear results, appropriate follow-up tests must be ordered.

3. Pap Test – All facilities providing laboratory services must meet the standards and regulations promulgated by the Health Care Financing Administration (HCFA) under the Clinical Laboratory Improvement Amendments (CLIA) of 2003. All cervical cytology interpretation is required to be done on the premises of a qualified laboratory. Pathologists participating in the program will record their Pap test findings using the Bethesda System which specifies specimen adequacy and incorporates these categories:

- (1) Negative for intraepithelial lesion or malignancy
- (2) Other
- (3) Epithelial cell abnormalities
- (4) Other malignant neoplasms

4. Explanation of how the notification of the Pap test results will be done at the time of the

screening. All test results must be returned in a timely fashion from the laboratory or hospital. The laboratory or hospital facility must notify the screening site within 14 calendar days on all normal test results and 72 hours for abnormal test results.

Specific Cervical Cancer Reimbursement Policies:

1. CDC Cooperative Agreement funds must not be used to pay for Pap test screenings for women who have had a hysterectomy and do not have a cervix, unless the hysterectomy was performed due to cervical neoplasia.
2. Following a negative liquid-based Pap test result, NJCEED will only reimburse for liquid based Pap tests every other year. Each Lead Agency is responsible for assuring that the NJCEED Program is not charged for a Pap test on the “off” year.
3. After a woman has had three (3) consecutive normal Pap tests in a row, documented in the program’s Minimum Data Elements (MDEs), the Pap test shall be performed every three years, with CDC/NJCEED funding. High-risk women, as prescribed by the ACS guidelines, may be screened more frequently.
4. CDC funds can be used to pay for an initial examination (i.e., pelvic exam) to determine if a woman has a cervix. A small percentage of women have had a “supracervical hysterectomy” and have an intact cervix. (The presence of a cervix is easily determined on physical exam.) These women are at risk of developing cervical cancer; therefore, cooperative agreement funds may be used to pay for Pap smear screening for women who meet all other eligibility requirements.
5. Women who have had a hysterectomy for cervical neoplasia need to be followed with Pap smears to detect recurrence. CDC Cooperative Agreement funds may be used to pay for Pap tests for women whose reason for hysterectomy was cervical neoplasia.
6. For diagnostic services following an abnormal screening test result, policies related to follow-up of abnormal Pap tests and reimbursement of diagnostic procedures should be followed.

Colon and Rectal Cancer Screening:

Although the ACS states that the tests that are designed to find both early cancer and polyps are preferred if these tests are available and the client is willing to have one of these more invasive tests, these tests are cost-prohibitive in a mass-population screening initiative such as NJCEED. Therefore, for annual routine screenings for persons at average risk, NJCEED recommends the use of tests that mainly find cancer such as the fecal occult blood test (FOBT) or fecal immunochemical test (FIT).

Beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of the screening tests below:

Tests that find polyps and cancer:

- Flexible sigmoidoscopy every 5 years*
- Colonoscopy every 10 years
- Double contrast barium enema every 5 years*
- CT colonography (virtual colonoscopy) every 5 years*

Tests that mainly find cancer:

- Fecal occult blood test (FOBT) every year*
- Fecal immunochemical test (FIT) every year* , * *
- Stool DNA test (sDNA), interval uncertain*

* Colonoscopy should be done if test results are positive.

* * For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.

People should talk to their doctor about starting colorectal cancer screening earlier and/or being screened more often if they have any of the following colorectal cancer risk factors:

- A personal history of colorectal cancer or adenomatous polyps;
- A personal history of chronic inflammatory bowel disease (Crohn's disease or ulcerative colitis);
- A strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative (parent, sibling, or child] younger than 60 or in 2 or more first-degree relatives of any age); or,
- A known family history of hereditary colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC).

Prostate Cancer Screening Guidelines:

- Both the Prostate-Specific Antigen (PSA) blood test and Digital Rectal Examination (DRE) should be offered annually, beginning at age 50, to men who have at least a 10-year life expectancy.
- Men at high risk (African-American men and men with a strong family of one or more first-degree relatives [father, brothers] diagnosed before age 65) should begin testing at age 45.
- Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45.

Information should be provided to all men about what is known and what is uncertain about the benefits, limitations, and harms of early detection and treatment of prostate cancer so that they can make an informed decision about testing.

Men who ask their doctor to make the decision on their behalf should be tested. Discouraging testing is not appropriate. Also, not offering testing is not appropriate.

Specific Procedures for Prostate Cancer Screening:

1. Screening for prostate cancer will include the Prostate-Specific Antigen (PSA) and a Digital Rectal Examination (DRE).
2. If the DRE demonstrates a nodule, induration, other abnormality suspicious for malignancy, or gross asymmetry in size the patient is to be referred to urologist, regardless of PSA result.
3. If the PSA is outside age specific reference ranges (see below), or if the velocity of increase in values obtained one year to the next is greater than 0.75 ng/mL/year, refer to urologist.

Age-specific reference range of serum PSA

<u>AGE</u>	<u>PSA ng/mL</u>	
	<u>White</u>	<u>Black</u>
40-49	0 to 2.5	0 to 2.0
50-59	0 to 3.5	0 to 4.0
60-69	0 to 4.5	0 to 4.5
70-79	0 to 6.5	0 to 5.5

4. Patients **must** be seen by a urologist within sixty (60) days of an abnormal DRE or PSA, as defined above.

5. Further testing covered by NJCEED includes consultation visit(s), office visit(s), transrectal ultrasound guided biopsy, pathological review and interpretation of biopsy specimen.

ATTACHMENT IV
NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
NJCEED
2009 SCHEDULE OF FEES BASED ON THE NEW JERSEY MEDICARE REIMBURSEMENT RATES
originally accessed December 22, 2008

CPT CODES - BREAST		AREA 01**	AREA 99**
Bilateral Screening Mammograms			
77057	Global	\$95.37	\$89.62
7705726	Professional	\$39.41	\$38.07
77057TC	Technical	\$55.96	\$51.55
Diagnostic Unilateral Mammogram			
77055	Global	\$99.40	\$93.28
7705526	Professional	\$39.41	\$38.07
77055TC	Technical	\$59.99	\$55.21
Diagnostic Bilateral Mammogram			
77056	Global	\$126.17	\$118.35
7705626	Professional	\$48.95	\$47.30
77056TC	Technical	\$77.22	\$71.04
THE DIGITAL FEES LISTED ARE 80% OF THE ACTUAL MEDICARE RATES AND ARE THE MAXIMUM RATES THAT NJCEED WILL REIMBURSE AT:			
G0202 Screening Mammogram, Digital, Bilateral			
G020226	Professional	\$30.82	\$29.81
G0202TC	Technical	\$92.96	\$85.42
G0204 Diagnostic Mammogram, Digital, Bilateral			
G020426	Professional	\$38.10	\$36.86
G0204TC	Technical	\$107.13	\$98.43
G0206 Diagnostic Mammogram, Digital, Unilateral			
G020626	Professional	\$30.82	\$29.81
G0206TC	Technical	\$84.48	\$77.63
Breast MRI Unilateral, STATE PREAPPROVAL REQUIRED (SF) with and/or without contrast material(s)			
77058	Global	\$1,017.46	\$940.53
7705826	Professional	\$91.53	\$88.44
77058TC	Technical	\$925.93	\$852.09
Breast MRI Bilateral, STATE PREAPPROVAL REQUIRED (SF) with and/or without contrast material(s)			
77059	Global	\$1,095.89	\$1,013.52
7705926	Professional	\$91.53	\$88.44
77059TC	Technical	\$1,004.36	\$925.08
Stereotatic Localization for Breast Biopsy, Each Lesion, Radiological Supervision and Interpretation			
77031	Global	\$227.50	\$214.32
7703126	Professional	\$89.48	\$86.53
77031TC	Technical	\$138.02	\$127.79
Preoperative Placement of the Needle Localization Wire, Breast Radiological Supervision and Interpretation			
77032	Global	\$69.70	\$65.69
7703226	Professional	\$31.45	\$30.38
77032TC	Technical	\$38.25	\$35.31
Radiological Examination, Surgical Specimen Surgical Specimen			
76098	Global	\$23.25	\$21.84
7609826	Professional	\$9.16	\$8.85
76098TC	Technical	\$14.09	\$12.99
Ultrasound-Echograph, Breast Unilateral or Bilateral) B - Scan &/ or Real Time with Image Documenation			
76645	Global	\$106.63	\$99.46
7664526	Professional	\$30.25	\$29.22
76645TC	Technical	\$76.38	\$70.24

ATTACHMENT IV
NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
NJCEED
2009 SCHEDULE OF FEES BASED ON THE NEW JERSEY MEDICARE REIMBURSEMENT RATES

		AREA 01**	AREA 99**
Ultrasound Guidance for Needle Biopsy, Radiological Supervision and Interpretation			
76942	Global	\$221.22	\$205.04
7694226	Professional	\$37.82	\$36.54
76942TC	Technical	\$183.40	\$168.50
19000 - Aspiration of Cyst of Breast			
		\$120.72/48.53*	\$113.17/46.97*
19001-Aspiration of Cyst-each additional cyst			
		\$29.14/24.26*	\$27.95/23.49*
19100 - Biopsy of Breast: Needle Core Not using imaging guidance (Surgical Procedure Only)			
		\$146.54/71.24*	\$138.23/69.19*
19101 - Incisional Biopsy of Breast			
		\$332.12/219.18*	\$314.24/210.68*
19102 - Biopsy of Breast, percutaneous			
		\$240.44/114.21*	\$226.19/110.44*
19103 - Perc. Breast Biopsy automated vacuum assisted			
		\$614.25/209.88*	\$573.92/203.14*
19120 - Excision of Cyst, Fibroadenoma, or other benign or Malignant Tumor Aberrant Breast Tissue, Duct or Nipple Lesion			
		\$472.14/400.39*	\$450.69/384.90*
19125 - Excision of Breast Lesion - Identified by Preoperative Placement of Radiological Marker - Single Lesion			
		\$521.71/443.31*	\$498.35/426.47*
19126 - Excision of Breast Lesion - Identified by Preoperative			
		\$164.64	\$159.93
19291 - Preop. Placement of Wire, breast; each additional lesion			
		\$77.00/35.81*	\$72.40/34.63*
19295 - Image Guided Placement, metallic clip, percutaneous, during breast biopsy			
		\$104.48	\$95.84
10021 -Fine needle aspiration; without imaging guidance			
		\$147.66/71.49*	\$139.07/69.22*
10022 - Fine needle Aspiration with imaging guidance			
		\$151.73/70.68*	\$142.73/68.41*
Evaluation of Fine Needle Aspiration			
88172	Global	\$59.92	\$56.65
8817226	Professional	\$32.54	\$31.48
88172TC	Technical	\$27.38	\$25.17
Interpretation and Report of Fine Needle Aspiration			
88173	Global	\$152.80	\$143.99
8817326	Professional	\$74.93	\$72.53
88173TC	Technical	\$77.87	\$71.47
CPT CODES - CERVIX			
88141 - Pap test (Conventional) cytopathology, cervical or vaginal in the Bethesda (2001) System; requiring interpretation by physician (If applicable, add this code to 88164 or 88165)			
		\$30.55	\$29.18
88164 - Cytopathology(Conventional Pap test) slides, cervical or vaginal in the Bethesda (2001)System; manual screening under physician supervision (includes repeat pap 88165)			
		\$15.42	\$15.42
88142 - Cytopathology, (Liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision (includes repeat thin-prep pap 88143)***			
		\$29.58	\$29.58
***CDC only funds this procedure on a biennial basis (once every 2 years) can only be paid out of state funds at conventional pap rate on "off" year.			
57452 - Colposcopy without Biopsy (surgical Procedure Only)			
		\$118.02/98.09*	\$112.76/94.48*
57454 - Colposcopy with Biopsy and/or Endocervical Curettage (Surgical Procedure Only)			
		\$165.64/145.71*	\$158.94/140.66*

ATTACHMENT IV
 NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
 NJCEED
 2009 SCHEDULE OF FEES BASED ON THE NEW JERSEY MEDICARE REIMBURSEMENT RATES

		AREA 01**	AREA 99**
CPT CODES - PROSTATE			
G0103 - Screening Prostate Specific Antigen(PSA) (SF)		\$26.85	\$26.85
84154 Free Prostate Specific Antigen(PSA) (SF)		\$26.85	\$26.85
G0102 - Digital Rectal Examination (DRE) (SF) (may be used when an office visit is not billable)		\$21.94/9.54*	\$20.60/9.23*
Transrectal Ultrasound (SF)			
76872	Global	\$159.98	\$148.94
7687226	Professional	\$40.32	\$38.91
76872TC	Technical	\$119.66	\$110.02
55700 - Biopsy, Prostate; (SF) needle punch Single or Multiple, any approach		\$273.74/156.82*	\$258.15/150.93*
Ultrasonic Guidance for Needle Biopsy (SF)			
-			
76942	Global	\$221.22	\$205.04
7694226	Professional	\$37.82	\$36.54
76942TC	Technical	\$183.40	\$168.50
CPT CODES - COLORECTAL			
82270 - Fecal Occult Blood Test (SF)		\$4.75	\$4.75
82274 - Fecal Immunochemical Test (SF)		\$23.22	\$23.22
45330 - Flexible Sigmoidoscopy; Diagnostic (SF) with or without Collection of Specimen(s) by Brushing or Washing (Separate Procedure)		\$147.44/66.39*	\$137.98/63.66*
45331 - with Biopsy, Single or Multiple (SF)		\$187.86/80.68*	\$175.58/77.30*
45333 - with removal of Tumor(s), Polyp(s) or other (SF) Lesion(s) by Hot Biopsy Forceps or Bipolar Cautery		\$311.23/116.79*	\$290.58/112.29*
45334 - with control of bleeding any method (SF)		\$176.79	\$169.94
45335 Flexible Sigmoidoscopyw/submucosal injection (SF)		\$266.48/97.73*	\$248.54/93.82*
45338 - with Removal of Tumor(s), Polyp(s), or other (SF) Lesion(s) by Snare Technique		\$345.32/151.77*	\$323.42/145.95*
45339 - with Ablation of Tumor(s), Polyp(s), other Lesion(s) (SF) not amendable to removal by Hot Biopsy Forceps, Bipolar Cautery or Snare Techniques		\$354.28/200.59*	\$333.96/193.04*
45378 - Diagnostic Colonoscopy, Flexible, Proximal to Splenic (SF) Flexure;Diagnostic, with or without Collection of Specimen(s) by Brushing or washing with or without Decompression (Separate Procedure)		\$429.11/231.58*	\$404.16/223.04*
45380 - with Biopsy, Single or Multiple (SF)		\$515.14/279.08*	\$485.16/268.70*
45381 - with Submucosal Injection (SF)		\$501.77/263.93*	\$472.09/254.01*
45382 - with Control of Bleeding, any method (SF)		\$679.48/356.16*	\$639.32/342.86*
45383 - with Ablation of Tumor(s), Polyp(s) or other (SF) Lesion(s) not Amendable to Removal by Hot Biopsy Forceps, Bipolar Cautery or Snare Techniques		\$609.88/357.87*	\$576.21/345.14*
45384 - with Lesion Removal (SF)		\$504.12/289.31*	\$475.83/278.87*
45385 - with Removal of Tumor(s), Polyp(s) or other (SF) Lesion(s) by Snare Technique		\$579.03/331.01*	\$546.25/318.83*
Contrast Barium Enema (SF)			
74270	Global	\$146.73	\$136.76
7427026	Professional	\$39.03	\$37.70
74270TC	Technical	\$107.70	\$99.06

ATTACHMENT IV
 NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
 NJCEED
 2009 SCHEDULE OF FEES BASED ON THE NEW JERSEY MEDICARE REIMBURSEMENT RATES

		AREA 01**	AREA 99**
CPT CODES BIOPSY INTERPRETATION			
BREAST, CERVIX,			
(PROSTATE AND COLORECTAL - SF ONLY)			
Biopsy Interpretations			
88305 - Surgical Pathology, Gross & Microscopic Examination	Global	\$122.65	\$114.66
8830526	Professional	\$40.88	\$39.55
88305TC	Technical	\$81.77	\$75.12
88307 - Breast Excision of lesion, Surgical Pathology, gross &	Global	\$244.82	\$229.06
8830726 microscopic examination requiring microscopic eval. of	Professional	\$86.95	\$84.10
88307TC surgical margins	Technical	\$157.87	\$144.96
88331 - Surgical Pathology, 1st block with frozen section(s) single	Global	\$101.29	\$96.27
8833126	Professional	\$65.58	\$63.39
88331TC	Technical	\$35.71	\$32.88
88332 - Surg.Path., each additional block with frozen section(s)	Global	\$44.92	\$42.87
8833226	Professional	\$32.16	\$31.10
88332TC	Technical	\$12.76	\$11.77
CPT CODES - OFFICE VISITS -			
BREAST, CERVIX,			
(PROSTATE AND COLORECTAL - SF ONLY)			
New Patient Visits			
99201 Ten Minutes		\$42.28/25.89*	\$40.05/25.02*
99202 Twenty Minutes		\$72.32/49.73*	\$68.79/48.08*
99203 Thirty Minutes		\$104.31/75.08*	\$99.47/72.66*
Established Patient Visits			
99211 Five Minutes		\$21.94/9.54*	\$20.60/9.23*
99212 Ten Minutes		\$42.72/25.45*	\$40.46/24.62*
99213 Fifteen Minutes		\$69.50/49.12*	\$66.22/47.56*
Consultation Visits			
99241 Fifteen Minutes		\$55.64/36.60*	\$52.87/35.41*
99242 Thirty Minutes		\$102.94/77.25*	\$98.24/74.69*
99243 Forty Minutes		\$141.12/107.46*	\$134.77/103.91*
The following Preventive Medicine Codes can only be used if specifically required by an institution -			
>>They can only be reimbursed at the rate of the new & established 992XX codes listed above.			
99385 - Initial Preventive Medicine Evaluation C 18-39 years		>>	>>
99386 - Initial Preventive Medicine Evaluation C 40-64 years		>>	>>
99387 - Initial Preventive Medicine Evaluation C 65 years & older		>>	>>
99395 - Periodic Preventive Medicine Evaluation C 18-39 years		>>	>>
99396 - Periodic Preventive Medicine Evaluation C 40-64 years		>>	>>
99397 - Periodic Preventive Medicine Evaluation C 65 years & older		>>	>>
00400 Anesthesia Billing (CDC funded for age-appropriate women otherwise SF) \$250.00 per procedure			

*The lower amount applies when service is performed in a facility setting as follows:
 21 Inpatient Hospital, 22 Outpatient Hospital, 23 Emergency Room-Hospital, 24 Ambulatory Surgical Center, 51 Inpatient Psychiatric Facility
 61 Comprehensive Inpatient Rehabilitation Facility, 62 Comprehensive Outpatient Rehabilitation Facility
 HPV testing is reimbursable by State and Federal funds, under the following conditions. Federal funds can only be used for follow-up of an ASC-US result from the screening exam.

AREA 01 AND AREA 99 LISTED

****Area 01 includes the following counties:**

**** Area 99 includes the following counties:**

Bergen, Essex, Hudson, Hunderdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren

Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Monmouth, Mercer, Ocean, Salem

Please Note: (1). NJCEED is the payer of last resort for those clients who meet the eligibility requirements. Claims can ONLY be up to the Medicare amount allotted (this includes any insurance the client may have). Medicaid clients are not covered by this plan. However, women in the CEED program may be eligible for treatment under Medicaid. In regards to Medicare, these services are ONLY reimbursable with state funds for eligible men and women NOT enrolled in Medicare, Part B. (2). CPT Codes marked with "SF" indicate that payment can ONLY be made by state funds. All other Breast and Cervical CPT Codes may be paid for by the Centers for Disease Control and Prevention funding or state funding, according to the guidelines. (3). These are payment guidelines. They should NOT influence clinical practice.

Attachment V

(Your Agency's Letterhead)

Date

Ms. Marge Rojewski, Coordinator
New Jersey Cancer Education and Early Detection Program
New Jersey Department of Health and Senior Services
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364

Dear Ms. Rojewski:

Enclosed please find (your agency's) health service grant application for the provision of Cancer Education and Early Detection services for (insert name) County/Counties for the July 1, 2010 – June 30, 2011 budget period of the grant which will have a project period of July 1, 2010 through June 30, 2013. We are requesting a total of \$200,000 in grant funding (\$150,000 in State funds and \$50,000 in Federal funds). Our Program will provide 700 breast cancer screenings, 750 cervical cancer screenings, 400 colorectal cancer screenings (300 women and 100 men), and 100 prostate cancer screenings with these funds to our targeted populations.

As per your request, I have also enclosed copies of the required laboratory and radiology certifications, a letter of professional licensure verification, and the letters of agreement that have been received to date. Copies of the remaining letters of agreement will be forwarded to you as soon as they are received. (If these documents are not available at the time that the application is being submitted, a statement must be made in the cover letter indicating, "Copies of the letters of agreement will be forthcoming upon completion."

Should you have any questions or concerns with regard to this application, please contact (Program Coordinator or Agency Official) at (555)123-4567.

Sincerely,

Coordinator or Agency Official

Subcontractor Services for (Your Agency) FY2009

Name of Subcontractor	Services Provided	Amount of Contract
World Pathology Inc.	Pap Smear Pathology	\$ 7,500
ABC Imaging	Radiology Services	\$20,000
X-Ray Spec Inc.	Radiology Services	\$15,000
XYZ Labs	Pap Smear Pathology, PSA processing	\$10,000
XXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	Total: \$52,500

This total should equal your sub-grant total on the Cost Summary Sheet

Sample Subcontractor Chart

Attachment VII

NEW JERSEY STATE DEPARTMENT OF HEALTH AND SENIOR SERVICES

NEW JERSEY CANCER EDUCATION AND EARLY DETECTION (NJCEED) PROGRAM

2010 APPLICATION REVIEW AND RATING GUIDELINES

I. IDENTIFICATION OF NEED (15 Points)

- A.** The number of: (1) women at high risk for breast and cervical cancer, (2) men at high risk for prostate cancer; and, (3) persons at risk for colorectal cancer (i.e., minority, low-income) targeted for intervention is described. **(3 Points)**
- B.** A description of existing community based resources is provided; i.e., on-going breast and cervical cancer screening, outreach, education, referral, and follow-up efforts for women at high risk for breast and cervical cancers; prostate cancer screening services for men; and colorectal cancer screening services for those at high risk. **(3 Points)**
- C.** The role and potential impact of outreach, public and provider education, case management, tracking and follow-up are described. **(3 Points)**
- D.** A minimum of three letters of support from professional organizations, community organizations, and/or health agencies are included. **(3 Points)**
- E.** Applicant identifies the source of the required matching funds. **(3 Points)**

II. GOALS AND OBJECTIVES (20 Points)

- A.** The goals and objectives are consistent with the intent of the RFA. **(5 Points)**
- B.** The goals and objectives are stated in realistic and measurable terms. **(5 Points)**
- C.** The goals and objectives are related to specific costs enumerated in the project budget. **(5 Points)**
- D.** A long-range plan for the project period (7/2010 - 6/2013) is included. **(5 Points)**

III. METHODS (35 Points)

- A.** The activities are well conceived and are accompanied by realistic timelines. **(10 Points)**
- B.** Activities described include planned involvement in the County Cancer Coalition and/or the development of a community consortium representative of the populations' needs regarding breast, cervical, prostate and colorectal cancer. **(5 Points)**

- C. Services provided through this initiative are coordinated regionally and the applicant adequately describes how these services will be coordinated within the catchment area. **(5 Points)**
- D. An estimated number of persons to be served with screening, outreach, education, case management, referral, tracking and follow-up are described, and emphasis is placed on targeting high risk populations. **(5 Points)**
- E. Staffing is appropriate to conduct program activities, including justification and job responsibilities. **(5 Points)**
- F. Job descriptions of all project positions/consultants are included, and CV/Resume of project staff are included. **(5 Points)**

IV. EVALUATION PLAN (15 Points)

- A. The proposal establishes criteria (indicators or measures) that will demonstrate the degree to which stated goals and objectives were achieved. The evaluation plan relates to goals, objectives and methods detailed within the application. **(5 Points)**
- B. The applicant has demonstrated adequate data collection and data analysis capabilities, including the ability to collect and report utilization of screening services. **(5 Points)**
- C. The application demonstrates that it will provide a quarterly evaluation of budget activities and can effectively provide and document matching funds. **(5 Points)**

V. BUDGET (15 Points)

- A. All costs are reasonable and allowable under RFA criteria and NJDHSS grants policy. **(5 Points)**
- B. Proposed budget is adequate to accomplish proposed objectives. **(5 Points)**
- C. Applicant demonstrates commitment to the program, as evidenced by contribution of local resources. **(5 Points)**

(Total 100 Points)