



CONTRACT NUMBER
KCHD - N19523 FY 12-13

**AGREEMENT
BETWEEN
YAKIMA HEALTH DISTRICT
AND
KITITAS COUNTY HEALTH DEPARTMENT**

THIS AGREEMENT made by and between the Yakima Health District, BREAST CERVICAL COLON HEALTH PROGRAM, hereinafter referred to as "YHD" AND Kittitas County Health Department, hereinafter referred to as the "Contractor"

CONTRACTOR: KITITAS COUNTY HEALTH DEPARTMENT

IRS TAX ID # 91-6001349

**Address: 507 Nanum Street, #102
Ellensburg, WA 98926**

IT IS MUTUALLY AGREED THAT:

STATEMENT OF WORK: The Contractor shall participate as a service provider in the BCCHP as described in the following Exhibits:

Attached hereto and incorporated herein:

- Exhibit A DOH Contract N19523 Specific Terms and Conditions
- *Kittitas County Quarterly Report Form*
- *Kittitas County Budget Work Sheet*
- *BCCHP Screening Guidelines/Income guidelines*

Allowable Costs

The funding formula requires that 25% of dollars are used for management costs and 75% for operational costs.

Management costs are those related to assuring the infrastructure development to optimize the use of program resources. This includes management and program planning activities, as well as administrative costs. Management costs include costs

incurred to develop and disseminate public information and education, improve the education, training, and skills of health professionals, and monitoring for the quality of screening procedures, including interpretation of such procedures. Management costs also include costs incurred developing and building partnerships and coalitions, as well as surveillance and evaluation activities.

Operational costs are those related to providing screening services, including the tracking and follow-up for individuals with abnormal screening results, diagnostic services, laboratory services, essential screening support services (such as client intake, tracking, counseling, case management, transportation, and translation) and 1:1 recruitment activities. Operational costs also include reimbursement of health care provider time or fees for office visits and clinical evaluation.

PERIOD OF PERFORMANCE

Subject to its other provisions, the period of performance under this contract shall be from July 1, 2012 through June 30, 2013 unless sooner terminated as provided herein. Billing may not take place until this contract has been signed by both parties.

PAYMENT

Reimbursement to the contractor will be based on completed invoices using the current Kittitas County Financial Workbook, **and will not exceed \$25,000.00. Indirect costs shall be limited to 10% of the operation costs.**

BILLING PROCEDURE

Payment to the Contractor for approved services rendered will be made by warrant from YHD within 60 days of receipt of KCHD invoice. Upon expiration of the contract, any claim for payment shall be submitted to YHD by the 15th day of the month following termination.

AGREEMENT ALTERATIONS AND AMENDMENTS

This agreement may be amended by mutual agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

ASSIGNMENT

The work to be provided under this Agreement, and any claim arising there under, is not assignable or delegable by either party in whole or in part, without the express prior written consent of the other party, which consent shall not be unreasonably withheld.

CONTRACT MANAGEMENT

The contract manager for each of the parties shall be responsible for and shall be the contact person for all communication and billings regarding the performance of this Agreement.

YHD Contract Manager:

Sheryl DiPietro
Community Health Director
1210 Ahtanum Ridge Drive, Union Gap 98903
(509) 249-6517
(509) 249-6617 (fax)
sheryl.dipietro@co.yakima.wa.us

KCHD Contract Manager:

Name: _____
Title: _____
Address: _____
Phone: _____
Fax: _____

GOVERNANCE

In the event of conflict or inconsistency with this agreement, the following order of precedence shall apply:

- a. Applicable Washington state and federal statutes and rules;
- b. Statement of work; and
- c. Any other provisions of the agreement, including materials attached and incorporated by reference.

The venue of any legal action or suit concerning this agreement shall be the Yakima County Superior Court and all actions or suits thereon shall be brought therein.

HOLD HARMLESS

The Subcontractor shall defend, protect and hold harmless the State of Washington, the District, or any employees thereof, from and against all claims, suits or actions arising from any intentional or negligent act or omission of the Contractor, or subcontractor, or agents of either while performing under the terms of this agreement. Claims shall include, but not be limited to, assertions that the use or transfer of any software, book, document, report, film, tape or sound reproduction or material of any kind, delivered hereunder, constitutes an infringement of any copyright, patent, trademark, trade name, or otherwise results, in an unfair trade practice.

INDEPENDENT CAPACITY

The employees or agents of each party who are engaged in the performance of this Agreement shall continue to be employees or agents of that party and shall not be considered for any purpose to be employees or agents of another party.

PRIVACY

Personal information collected, used or acquired in connection with this contract shall be used solely for the purposes of this contract. Contractor and its subcontractors agree not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized person personal information without the express written consent of the agency or as provided by law. Contractor agrees to implement physical, electronic and managerial safeguards to prevent unauthorized access to personal information.

YHD reserves the right to monitor, audit or investigate the use of personal information collected, used or acquired by the contractor through this contract.

Any breach of this provision may result in termination of the contract. The contractor agrees to indemnify and hold harmless YHD for any damages related to the contractor's unauthorized use of personal information.

RECORDS MAINTENANCE

The parties to this contract shall each maintain books, records, documents and other evidence which sufficiently and properly reflect all direct and indirect costs expended by either party in the performance of the services described herein. These records shall be subject to inspection, review or audit by personnel of both parties, other personnel duly authorized by either party, the Office of the State Auditor, and federal officials so authorized by law. All books, records, documents, and other material relevant to the Agreement will be retained for six years after expiration and the Office of the State Auditor, federal auditors, and any persons duly authorized by the parties shall have full access and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one party to this agreement to the other party, will remain the property of the furnishing party, unless otherwise agreed. The receiving party will not disclose or make available this material to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. Each party will utilize reasonable security procedures and protections to assure that records and documents provided by the other party are not erroneously disclosed to third parties.

RIGHT IN DATA

Unless otherwise provided, data, which originates from the Agreement shall be "works for hire" as defined by the U.S. Copyright Act of 1976 and shall be owned by Department of Health and shall include, but not be limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes and/or sound reproductions. Ownership includes the right to copyright, patent, register, and the ability to transfer these rights.

NON-DISCRIMINATION

The Contractor shall, during the performance of the contract, comply with the American's with Disabilities Act (42 U.S.C. Section 12101 et seq.), Washington State Law Against Discrimination, Chapter 49.60 RCW, and shall not discriminate on the grounds of race, color, sex, sexual orientation, religion, national origin, alien status, creed, marital status,

age, Vietnam era or disabled veterans status, or the presence of any sensory, mental or physical handicap:

- a. Deny an individual any service(s) or other benefits provided under this Agreement.
- b. Provide any service(s) or other benefits to an individual which are different, or are provided in a different manner from those provided to others under this Agreement.
- c. Subject an individual to segregation or separate treatment in any manner related

SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of the Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this agreement, and to this end the provision of this Agreement are declared to be severable.

TERMINATION

Either party may terminate this Agreement upon 30 days prior written notification to the other party. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

TERMINATION FOR CAUSE

If for any cause, either party does not fulfill in a timely and proper manner its obligations under this Agreement, or if either party violates any of these terms and conditions, the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given the opportunity to correct the violation or failure within 15 working days. If the failure or violation is not corrected, this Agreement may be terminated immediately by written notice of the aggrieved party to the other.

WAIVER

A failure by either party to exercise its rights under this agreement shall not preclude that party from subsequent exercise of such rights and shall not constitute a waiver of any other rights under the Agreement unless stated to be such in a writing signed by an authorized representative of the party and attached to the original Agreement.

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the contracting organization) certifies to the best of his or her knowledge and belief, that the contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- 1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

- 2) have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- 4) have not within a 3-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

The undersigned also agrees that it will include, without modification, the clause titled "Certification Regarding Debarment, suspension, in eligibility, and voluntary exclusion—Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transaction with sub-grantees and or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 79.

ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of the Agreement shall be deemed to exist or to bind any of the parties hereto.

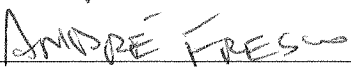
IN WITNESS WHEREOF, the parties have executed the Agreement

Yakima Health District

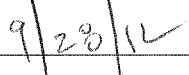
Kittitas County Health Department



Signature - Administrator



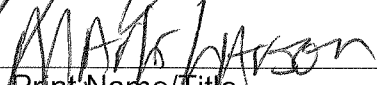
Print Name



Date



Signature



Print Name/Title



Date

EXHIBIT A**YAKIMA HEALTH DISTRICT
DOH Contract N19523
July 1, 2012 to June 30, 2013****SPECIFIC TERMS AND CONDITIONS****WASHINGTON BREAST, CERVICAL AND COLON HEALTH PROGRAM**

Note: See GENERAL TERMS AND CONDITIONS for additional terms that apply to contracts administered by the Department of Health.

I. PROGRAM ADMINISTRATION

The Contractor shall perform the services defined in the 2012-13 BCCHP Renewal of Funding Application, as amended and approved by the Department. At a minimum, program and fiscal performance will be monitored and evaluated monthly by the assigned DOH staff based on the Prime Contractor Semi-Annual Report, and Monthly Expenditure Report and Request for Reimbursement Form (A-19). Department staff will also monitor and evaluate program performance during on-site visits.

Approval from the Department must be obtained before any change is implemented in Contractor site location, enrollment level, and service area.

The Contractor shall notify the Department of the local program administrator who shall be responsible for the performance of this contract. The Contractor shall provide the Department with the program administrator's name, address, telephone number, and any subsequent changes. This contract information will be kept in an internal Department database, along with the same information of all staff supported in part/full with BCCHP funds.

Failure of the Contractor to perform services as described in the approved 2012-13 BCCHP Renewal of Funding Application and subsequent amendments, and in accordance with BCCHP Administrative and Program Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, or the termination of this contract. The Department reserves the right to determine the amount of any reduction, based on Contractor performance, and to unilaterally amend the contract to effect any reduction. Any reduction shall be based on a review of the Contractor's expenditure patterns and actual performance.

The Contractor shall include these requirements in all approved subcontracts.

II. PROGRAM MANAGEMENT

The assigned Department staff will monitor the performance of this contract, approve billings submitted by the Contractor, and determine the acceptability of any reports provided by the Contractor. DOH staff will provide and facilitate assistance and guidance to the Contractor, as necessary.

III. PERFORMANCE REQUIREMENTS

- A. The Contractor shall establish a designated local Health Screening Program Manager who will be responsible for project coordination.
- B. The Contractor shall establish a designated local BCCHP Data Manager who will be responsible for data management, using the Breast and Cervical Cancer Med-IT System, provided by the Department and require the Data Manager to participate in BCCHP Data Manager meetings scheduled and published annually by the Department.
- C. The Contractor shall establish and maintain a Community Needs Assessment, based on data, related to target populations in service areas.

EXHIBIT A

- D. The Contractor shall use data to develop written Recruitment (public education/outreach/in-reach) plans.
- E. The Contractor shall maintain provision of initial breast and cervical screening services and follow-up to eligible new clients.
- F. The Contractor shall maintain provision of rescreening services and follow-up to women previously enrolled in the program.
- G. The Contractor shall require the Program Manager and other local project participants as designated, to participate in monthly BCCHP Prime Contractor meetings scheduled and published annually by the Department. Where applicable the Department will reimburse the Contractor for travel to and from the scheduled meetings.
- H. The Contractor shall require confidentiality of all medical records and other data about clients served.
- I. The Contractor shall require informed consent to be obtained yearly from clients prior to the provision of clinical services.
- J. The Contractor shall make an effort to ensure that clients receive from all staff members' effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
- K. The Contractor shall ensure that clients with limited English-speaking skills receive Language Access Services as outlined in Title VI of the Civil Rights Act of 1964, including but not limited to:
 - a. Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each client with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
 - b. Provide to clients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
 - c. Assurance that the competence of language assistance provided to limited English proficient clients by interpreters and bilingual staff. Family and friends shall not be used to provide interpretation services (except on request by the client).
 - d. Make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the Contractor's service area.
- L. The Contractor shall require client and provider data are maintained using the Breast and Cervical Cancer Med-IT System.
- M. The Contractor will comply with the policy for "Timeliness of Diagnosis for Cervical Cancer Screening" from the Centers for Disease Control and Prevention, as interpreted and outlined in the BCCHP Administrative and Program Performance Manual.

The Contractor shall include these requirements in all approved subcontracts.

The Department shall provide the Contractor with the appropriate and necessary forms for informed consent and for data collected using the Med-IT System.

The Contractor shall ensure that:

1. Services will be provided for eligible women in accordance with the Health Screening Program's Fee Schedule (based on Medicare reimbursement rates) published by the Department.

EXHIBIT A

2. All cytological screening is required to be done on the premises of a qualified laboratory that meet the standards and regulations for implementing the Clinical Laboratory Improvement Act (CLIA).
3. Mammography screening is required to be done by a facility that maintains compliance with the Mammography Quality Standards Act and Washington State Certification, and must be accredited by the American College of Radiology and the Food and Drug Administration.
4. Health care professionals providing services to women under this contract shall maintain current licensure and/or certification. Contractor shall maintain documentation of current licensure or certification.
5. Health care professionals providing services to women under this contract shall maintain liability insurance and may be required to provide proof of liability to the Contractor.
6. Providers will submit to the Contractor a completed Client Enrollment Form, and when applicable, the Radiology – Breast Evaluation Reporting Form and the completed Breast and/or Cervical Diagnostic and Reimbursement Form(s) with final diagnosis or disposition of abnormal or suspicious breast or cervical cancer within (60) days of the date of abnormal finding and a Release and Consent for Breast and Cervical Cancer Treatment Form. Documentation of services performed and resulting outcomes on a woman shall be placed in her permanent medical records that are maintained by the provider.
7. Patient tracking systems that adhere to BCCHP screening policies are in place to identify and recall women for exams.
8. The Contractor will ensure that clinical providers performing breast and cervical screening examinations shall establish patient tracking systems to ensure timely and appropriate referral and follow-up of women with abnormal or suspicious breast or cervical cancer test results.
9. Breast and cervical screening examinations, and follow-up where needed, will be performed in accordance with guidelines established by the Health Screening Program of Washington and the Centers for Disease Control and Prevention.
10. All stool test (FOBT/FTT) results are due within a 30-day period. The contractor is expected to work with providers to insure that results are entered in Med-IT within the 30 day period.
11. Reimbursement requests for breast and cervical cancer screening services performed shall be submitted by the subcontractor to the Contractor within 10 days of the date of service. Reimbursement requests submitted later than ten days by the subcontractor to the Contractor, at the discretion of the Contractor, may be denied payment. All billings must be submitted within 45 days of the end of the budget period. In order to close out the fiscal year all subcontractor claims must be received by the Contractor no later than August 15 each year.
12. Claims submitted for payment for costs due and payable under the previous program year and budget cycle by a subcontractor that are received after August 15 shall be considered a "belated claim" and may be paid at the discretion of the Contractor, contingent upon the availability of funds (either state, Komen or Breast Cancer Prevention).

By June 30, of each fiscal year, the following activities must be completed:

- i. Establish subcontracts with providers, as applicable;
- ii. Establish subcontracts for recruitment and other services, as applicable;
- iii. Perform scheduled electronic data entry.
- iv. Perform monetary reimbursement for client services.

The Contractor shall include these requirements in all approved subcontracts.

EXHIBIT A**Evaluation of Contractor's Performance**

Contractor performance will be evaluated on the following:

- Submittal of Prime Contractor Annual Work Plans by December 15 (with the RFA) for each current fiscal year.
- Submittal of Prime Contractor Semi-Annual Report as outlined under item "VII. Required Reports" of this contract.
- Submission of updates on subcontracted providers, when changes occur, through email to the Department. Updates include:
 - ✓ Mailing address;
 - ✓ Billing address if different;
 - ✓ Contact person with phone number;
 - ✓ Type of service authorized to provide;
 - ✓ Any certification expiration dates for authorization to provide particular services;
- Complete listing of clinicians providing services under each provider contract, including professional credentials and/or licenses (e.g., ARNP, MD, PA) documented and on file in the office of the Contractor, available for review upon request by Department staff.
- Other reports, as required by the Health Screening Program of Washington; and
- Contractor compliance with the Centers for Disease Control and Prevention Performance Indicators, as interpreted and outlined in the BCCHP Administrative and Program Performance Manual.

IV. COMMUNITY RESOURCES

The Contractor shall make a reasonable and ongoing effort, throughout the contract period, to secure resources from private and public entities to supplement the administrative, operational, and development and training costs under this program. Documentation of any collaborative efforts and securing of resources that benefit this program shall be kept current and on file in the office of the Contractor and shall be available for review upon request by Department staff.

V. WRITTEN POLICIES AND PROCEDURES/DOCUMENTS ON FILE

Written policies and procedures, consistent with federal and state regulations, as applicable, shall be kept on file in the office of the Contractor and available for review at the request of Department staff. Such policies and procedures shall include, but not be limited to, as appropriate:

- Job Descriptions
- Confidentiality Policy
- Community Needs Assessment

In addition, the Contractor shall keep on file and available for review upon request by Department staff, documents, consistent with federal and state regulations, which shall include, but not be limited to:

- Latest Agency Audit
- Subcontractor Agreements

The Contractor shall include these requirements in all approved subcontracts.

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VI. ESSENTIAL RECORD RETENTION

The Contractor shall keep on file and available for review upon request by the Department client screening and referral files (completed and closed) and client case files (treatment completed and case closed) for a minimum of eight (8) years. Records (including electronically scanned documents) should be protected from damage or loss by off-site storage or a security copy or by documenting the natural dispersal of copies inside and outside the organization. (Reference RCW 4.16.350)

The Contractor shall include these requirements in all approved subcontracts.

VII. REQUIRED REPORTS

The Contractor shall submit required reports by the date due using required forms according to procedures issued by the Department. These reports and their due dates shall include, but not be limited to:

REPORT	DATE DUE
1. Expenditure Report and Request for Reimbursement	The 30th of the month following the month in which costs were incurred, except for the Final Expenditure Report and Request for Reimbursement in each fiscal year.
2. Quarterly Monitoring of Expenditures Report	October 30, 2012 January 30, 2013 April 30, 2013
3. Final Expenditure Report and Request for Reimbursement (Closeout)	July 10, 2013
4. Subcontractor Information Form	Any changes in subcontractor information or addition of new subcontractors should be documented in Med-IT at the time the change occurs.
5. BCCHP Prime Contractor Semi-Annual Report	December 15, 2012 July 15, 2013
6. Monthly Statewide Tracking form (used to record data on all in-coming calls from people inquiring about the program)	By the end of the first week of the month for the previous month.

The Contractor shall be obligated to submit required reports after the close of the contract period, during the transfer of obligations to another Contractor, or upon termination of the contract for any reason.

The Contractor shall include these requirements in all approved subcontracts.



July 1, 2012 – June 30, 2013
Kittitas County Annual Work Plan and Quarterly Report



Summary Form

Please list 3 to 5 highlights and/or accomplishments your program has achieved during the appropriate quarter. Describe clearly so DOH knows how great your program is and can share these highlights with CDC.

QUARTER	MAJOR HIGHLIGHTS AND ACCOMPLISHMENTS
Jul 1 – Sep 30	
Oct 1 – Dec 31	
Jan 1 – Mar 31	
Apr 1 – Jun 30	

Please list 3 to 5 challenges or barriers your program experienced during each quarter, possible solutions, if challenge was resolved, any technical assistance needed from DOH.

QUARTER	MAJOR CHALLENGES AND BARRIERS
Jul 1 – Sep 30	
Oct 1 – Dec 31	
Jan 1 – Mar 31	
Apr 1 – Jun 30	



July 1, 2012 – June 30, 2013 Kittitas County Annual Work Plan and Quarterly Report



Quarterly Report Due Dates
October 19, 2012
December 14, 2012
April 19, 2013
July 15, 2013

GLOSSARY:

Component, Objective and Measure align with the Annual Work Plan

Target is what is potentially within reach for your program by the end of the program year. If the Target is filled in, it is required by DOH or CDC. Otherwise, each Contractor is to set a realistic target for their program.

Strategies are specific actions for the entire year that you will use in order to achieve the target. These strategies can be bulleted but need to be specific because this section is in lieu of you writing a complete plan for each component.

Current is where you are each quarter in working toward your annual target. Use the same gauge as the Target; e.g., if the Target is expressed as a percent, then use a percentage to show where you currently are within the quarter/year.

Narrative is where you will note any special activities, barriers, and issues, as well as any evaluations you may have done.



July 1, 2012 – June 30, 2013
Kittitas County Annual Work Plan and Quarterly Report



BCCHP Annual Action Plan and Quarterly Reporting

Completed By:	Reporting Year: 2012-13
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Component: I. RECRUITMENT					
I. Objective:	Recruitment and enrollment efforts successfully reach women throughout Kittitas County				
I. Measure:	Maintain current BCCHP enrollment numbers for Kittitas County.				
Target:					
Strategies:	<ul style="list-style-type: none"> • Distribute BCCHP promotional materials to providers and other community organizations/businesses regularly. • Send PSA, media release, or article to local newspapers and/or radio stations to increase awareness of current breast, cervical, and colon cancer screening recommendations. • Offer BCCHP enrollment at local event for Breast Cancer Awareness month. • Coordinate outreach efforts with Yakima Health District BCCHP staff. 				
		Not MET	Part Met	On-Going	
1st Qtr					Current:
					Narrative:
2nd Qtr					Current:
					Narrative:
3rd Qtr					Current:
					Narrative:
4th Qtr					Current:
					Narrative:



July 1, 2012 – June 30, 2013 Kittitas County Annual Work Plan and Quarterly Report



I (a) Objective:	Recruitment efforts successfully reach ethnically/racially/culturally diverse women for enrollment and rescreening. (should reflect the demographics of Kittitas County)							
1. Measure:	Increase screenings for racial minority women. (Hispanic women are addressed in measure #2)							
Target:	% Black: 1% of total enrollees % Asian: 2% of total enrollees % Pacific Islander: 1% of total enrollees % Indian/Alaskan: 1% of total enrollees							
Strategies:	<ul style="list-style-type: none">Distribute BCCHP promotional materials at specific locations to target ethnically/racially/culturally diverse women.Collaborate with other organizations that serve ethnically/racially/culturally diverse women to provide BCCHP information.Provide one-on-one enrollment services at specific places of employment that are known to employ ethnically/racially/culturally diverse women.							
	MET	Not MET	Part Met	On-Going				
1 st Qtr					Current:	% Black: % Asian: % Pacific Islander: % Indian/Alaskan:		
					Narrative:			
2 nd Qtr					Current:	% Black: % Asian: % Pacific Islander: % Indian/Alaskan:		
					Narrative:			
3 rd Qtr					Current:	% Black: % Asian: % Pacific Islander: % Indian/Alaskan:		
					Narrative:			
4 th Qtr					Current:	% White % Black: % Asian: % Pacific Islander: % Indian/Alaskan:		
					Narrative:			

2. Measure:	Increase screenings for Hispanic women.
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July 1, 2012 – June 30, 2013 Kittitas County Annual Work Plan and Quarterly Report



Target:	The target for Hispanic women will be 7% of total enrollees.				
Strategies:	<ul style="list-style-type: none"> • Distribute BCCHP promotional materials at specific locations to target Hispanic women. • Collaborate with other organizations that serve Hispanic women to provide BCCHP information. • Provide one-on-one enrollment services at businesses that employ Hispanic women. • Offer education and one-on-one enrollment services through group settings with Hispanic women. • Identify gatekeepers or leaders with in the Hispanic community and recruit them to distribute BCCHP promotional materials. 				
	MET	Not MET	Part Met	On-Going	
1st Qtr					Current:
					Narrative:
2nd Qtr					Current:
					Narrative:
3rd Qtr					Current:
					Narrative:
4th Qtr					Current:
					Narrative:

3. Measure:	Increase screenings for women ages 50 and older.				
Target:	Women 50 years and older will comprise 60% of total enrollees.				
Strategies:	<ul style="list-style-type: none"> • Distribute BCCHP promotional materials at specific locations to target women 50 and older. • Collaborate with other organizations that serve women 50 and older to provide BCCHP information. • Provide educational events and one-on-one enrollment services in places of employment and other known community events/organizations serving women 50 and older. 				
	MET	Not MET	Part Met	On-Going	
1st Qtr					Current:
					Narrative:
2nd Qtr					Current:
					Narrative:
3rd Qtr					Current:
					Narrative:
4th Qtr					Current:
					Narrative:

4. Measure:	Increase screenings among those women of diverse cultures.				
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July 1, 2012 – June 30, 2013 Kittitas County Annual Work Plan and Quarterly Report



Target:	Culturally diverse women will comprise 2% of total enrollees.					
Strategies:	<ul style="list-style-type: none"> Distribute BCCHP promotional materials at businesses/events who serve diverse cultures, i.e. gay/lesbian/transgender. 					
	MET	Not MET	Part Met	On-Going		
1 st Qtr					Current:	
					Narrative:	
2 nd Qtr					Current:	
					Narrative:	
3 rd Qtr					Current:	
					Narrative:	
4 th Qtr					Current:	
					Narrative:	

5. Measure:	Increase screenings among women with disabilities.					
Target:	Disabled women will comprise 10% of total enrollees.					
Strategies:	<ul style="list-style-type: none"> Distribute BCCHP promotional materials at agencies/events serving women with disabilities. 					
	MET	Not MET	Part Met	On-Going		
1 st Qtr					Current:	
					Narrative:	
2 nd Qtr					Current:	
					Narrative:	
3 rd Qtr					Current:	
					Narrative:	
4 th Qtr					Current:	
					Narrative:	



July 1, 2012 – June 30, 2013 Kittitas County Annual Work Plan and Quarterly Report



I-B Objective:	Engage in specific recruitment (public education, outreach, in-reach) activities to increase the number of insured women receiving breast, cervical and colon screening					
1. Measure:	Increase cancer screenings among insured individuals.					
Target:	Recommendation: 25% increase					
Strategies:	a. Recruit businesses to participate in the Ask Me Project for the insured. b. Coordinate efforts with Yakima Health District BCCHP staff.					
	MET	Not MET	Part Met	On-Going		
1st Qtr					Current:	
					Narrative:	
2nd Qtr					Current:	
					Narrative:	
3rd Qtr					Current:	
					Narrative:	
4th Qtr					Current:	
					Narrative:	

III-B Objective:	Screen eligible women who have never been or rarely been screened for cervical cancer.					
1. Measure:	Increase cervical cancer screening among women who do not receive regular cancer screening.					
Target:	20% (required)					
Strategies:	<ul style="list-style-type: none"> Conduct targeted outreach and one-on-one enrollment services to women never or are rarely screened for cervical cancer. Provide one-on-one outreach and enrollment services to self-employed, uninsured women. Provide one-on-one outreach and enrollment services at places like bars, taverns, clubs, in Kittitas County. 					
	MET	Not MET	Part Met	On-Going		
1st Qtr					Current:	
					Narrative:	
2nd Qtr					Current:	
					Narrative:	
3rd Qtr					Current:	
					Narrative:	
4th Qtr					Current:	



July 1, 2012 – June 30, 2013 Kittitas County Annual Work Plan and Quarterly Report



					Narrative:	
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III-B Objective:	Screen eligible individuals for colon cancer who have never received screening.					
1. Measure:	Increase colon screening in men and women who have not received screening for cancer.					
Target:	20% (required)					
Strategies:	<ul style="list-style-type: none"> Conduct targeted outreach and one-on-one enrollment services to men and women never or are rarely screened for colon cancer. Provide one-on-one outreach and enrollment services to self-employed individuals. Provide one-on-one outreach and enrollment services at places like bars, taverns, clubs, in Kittitas County. 					
	MET	Not MET	Part Met	On-Going		
1st Qtr					Current:	
					Narrative:	
2nd Qtr					Current:	
					Narrative:	
3rd Qtr					Current:	
					Narrative:	
4th Qtr					Current:	
					Narrative:	

Component: II. CASE MANAGEMENT						
II. Objective:	Assure women with an abnormal CBE or a mammogram obtain a definitive diagnosis in a timely manner.					
1. Measure:	BCCHP Contractors will perform case management to assure that women with abnormal breast findings reach a diagnosis within 60 days.					
Target:	Required: 80% of enrollees receive a definitive diagnosis within 60 days.					
Strategies:	Coordinate with BCCHP staff at Yakima Health District in tracking BCCHP clients.					
	MET	Not MET	Part Met	On-Going		
1st Qtr					Current:	
					Narrative:	
2nd Qtr					Current:	



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Component: II. CASE MANAGEMENT					
					Narrative:
3 rd Qtr					Current:
					Narrative:
4 th Qtr					Current:

II. Objective:	Assure women with an abnormal Pap test obtain a definitive diagnosis in a timely manner.				
1. Measure:	BCCHP Contractors will perform case management to assure that women with abnormal cervical findings reach a diagnosis within 60 days.				
Target:	Required: 80% of enrollees receive a definitive diagnosis within 60 days.				
Strategies:	Coordinate with BCCHP staff at Yakima Health District in tracking BCCHP clients.				
	MET	Not MET	Part Met	On-Going	
1 st Qtr					Current:
					Narrative:
2 nd Qtr					Current:
					Narrative:
3 rd Qtr					Current:
					Narrative:
4 th Qtr					Current:

II. Objective:	Assure individuals with a positive FOBT or FIT test obtain a definitive diagnosis in a timely manner.				
1. Measure:	BCCHP Contractors will perform case management to assure that individuals with abnormal colon results reach a diagnosis within 60 days.				
Target:	Required: 80% of enrollees receive a definitive diagnosis within 60 days.				
Strategies:	Coordinate with BCCHP staff at Yakima Health District in tracking BCCHP clients.				
	MET	Not MET	Part Met	On-Going	
1 st Qtr					Current:
					Narrative:



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2 nd Qtr					Current:	
					Narrative:	
3 rd Qtr					Current:	
					Narrative:	
4 th Qtr					Current:	

II.	Transition women with a diagnosis of either breast or cervical cancer to Medicaid and work to assure treatment will begin within 60 days of diagnosis.					
Objective:						
1. Measure:	BCCHP Contractors will perform case management to assure that women with a diagnosis of cancer receive treatment within 60 days of the diagnosis.					
Target:	Required: 80% of women with cancer will begin treatment within 60 days.					
Strategies:	Coordinate with BCCHP staff at Yakima Health District in tracking BCCHP clients.					
	MET	Not MET	Part Met	On-Going		
1 st Qtr					Current:	
					Narrative:	
2 nd Qtr					Current:	
					Narrative:	
3 rd Qtr					Current:	
					Narrative:	
4 th Qtr					Current:	



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Component: II. PARTNERSHIPS						
II. Objective:	Enhance local and state partnerships.					
1. Measure:	BCCHP Prime Contractors will demonstrate effective partnerships and collaboration with local agencies, committees, and coalitions to reduce the cancer burden in Kittitas County.					
Target:	n/a					
Strategies:	<ul style="list-style-type: none"> • Distribute BCCHP referrals evenly among providers. • Conduct in-services with local providers about BCCHP as needed. • Communicate changes in program with local providers as needed. • Recruit new BCCHP providers. • Act a liaison between providers and clients. 					
	MET	Not MET	Part Met	On-Going		
1st Qtr					Current:	
					Narrative:	
2nd Qtr					Current:	
					Narrative:	
3rd Qtr					Current:	
					Narrative:	
4th Qtr					Current:	
					Narrative:	

Contractor: Kittitas County Health District

BCCHP Budget Work Sheet FY 12-13

8/1/2012

Date Entered	July-12	August	Sept	Oct	Nov	Dec	January-13	Feb	Mar	April	May	June	FY 2012			
Report#/Rev	1	2	3	4	5	6	7	8	9	10	11	12				
MGMT	FY 12-13	FY 12-13	FY 12-13	FY 12-13	FY 12-13	FY 12-13	FY 12-13	FY12-13	FY 12-13	FY 12-13	FY 12-13	FY 12-13	Total	Contract	Amount	Percent
Costs	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Expenditure	Remaining	Remaining	Remaining
Salaries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	0	4,310.00	4,310.00	
Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	0	1,440.00	1,440.00	
Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	0	150.00	150.00	
Good & Ser	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	0	350.00	350.00	
													0		-	
Sub-Total													0	6,250.00	6,250.00	
														25%		
OPER																
Costs																
Salaries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	0	12,656.00	12,656.00	
Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	0	4,219.00	4,219.00	
Indirect (10%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	0	1,875.00	1,875.00	
													0		-	
Sub-Total	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	18,750	18,750.00	
														75.00%		
TOTAL	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		25,000.00		

Health Screening Program of Washington
 South Central Washington Region - Yakima Health District
Total Budget and Clinical Services Projections
 July 1, 2011 through June 30, 2012

Contractor:

#REF!

SOURCE	
SALARIES	\$ 16,966
BENEFITS	\$ 5,659
TRAVEL	\$ 150
MANAGEMENT (goods & Services)	\$ 350
Administrative Costs (\leq to 10%)	\$ 1,875
Total Budget	\$ 25,000

\$ 25,000

Monthly Projections
 Operations
 (Direct) Management
 Services Services

Jul	\$ 1,563	\$ 521
Aug	\$ 1,563	\$ 521
Sep	\$ 1,563	\$ 521
Oct	\$ 1,563	\$ 521
Nov	\$ 1,563	\$ 521
Dec	\$ 1,563	\$ 521
Jan	\$ 1,563	\$ 521
Feb	\$ 1,563	\$ 521
Mar	\$ 1,563	\$ 521
Apr	\$ 1,563	\$ 521
May	\$ 1,563	\$ 521
Jun	\$ 1,563	\$ 521
TOTAL	\$ 18,750	\$ 6,250
	75%	25%

Authorized Signature for Applicant	Date	Printed Name and Title
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Prime Contractor: Kittitas County Public Health Department

Budget Summary Total (July 1, 2012 through June 30, 2013)

	75% Direct Services (1 to 1)	25% Management	TOTAL
SALARIES (row totals from below)	\$ 12,656	\$ 4,310	\$ 16,966
Outreach Worker	\$ 12,656		\$ 12,656
Comm Health Manager		\$ 4,310	\$ 4,310
BENEFITS	\$ 4,219	\$ 1,440	\$ 5,659
TRAVEL		\$ 150	\$ 150
MANAGEMENT (row totals from below)	\$ -	\$ 350	\$ 350
Goods & Services		\$ 350	\$ 350
			\$ -
			\$ -
			\$ -
OPERATIONS (row totals from below)			\$ -
Administrative Costs (\leq to 10%) aka Indirect		\$ 1,875	\$ 1,875
Total Budget	\$ 16,875	\$ 8,125	\$ 25,000
Total 74/26	68%	33%	100%

FEDERAL POVERTY LEVEL TABLES

Effective July 1, 2012 – June 30, 2013

The Federal Poverty Level (FPL) Tables determine income eligibility for the Breast, Cervical and Colon Health Program:

% Gross Yearly Income		
Family Size	250%	300%
1	\$ 27,925.00	\$ 33,510.00
2	\$ 37,825.00	\$ 45,390.00
3	\$ 47,725.00	\$ 57,270.00
4	\$ 57,625.00	\$ 69,150.00
5	\$ 67,525.00	\$ 81,030.00
6	\$ 77,425.00	\$ 92,910.00
7	\$ 87,325.00	\$ 104,790.00
8	\$ 97,225.00	\$ 116,670.00
8+ Add per each additional member	\$ 9,900.00	\$ 11,880.00

% Gross Monthly Income		
Family Size	250%	300%
1	\$ 2,327.00	\$ 2,793.00
2	\$ 3,152.00	\$ 3,783.00
3	\$ 3,977.00	\$ 4,773.00
4	\$ 4,802.00	\$ 5,763.00
5	\$ 5,627.00	\$ 6,753.00
6	\$ 6,452.00	\$ 7,743.00
7	\$ 7,277.00	\$ 8,733.00
8	\$ 8,102.00	\$ 9,723.00
8+ Add per each additional member	\$ 825.00	\$ 990.00