

RFA #20218 / Grants Gateway # DOH01-CSP2-2023

New York State Department of Health
Center for Community Health/Division of Chronic Disease Prevention
Bureau of Cancer Prevention and Control

Breast, Cervical and Colorectal Cancer Services Program (CSP)

Questions and Answers
December 2, 2022

Q1. We are looking to be a subcontractor or partner on this. How can we find out who the current contractors are? How can we find out who in our service region is interested in applying?

A1. Applicants are encouraged to contact the current Cancer Services Program (CSP) grantees for the service region for which they are interested in applying. Contact information for the CSPs is listed by county on the Department of Health website at [New York State Department of Health Cancer Community Programs List \(ny.gov\)](#).

Q2. Where can I find data about breast, cervical, and colorectal cancer and screening for these cancers in my county? Where can I find data about how many New Yorkers are screened by the Cancer Services Program?

A2. The New York State Department of Health maintains data dashboards and publishes reports with state- and county-level data on cancer, cancer screening, and risk factors among New Yorkers. A sampling of these publicly available data is below.

The following reports offer data on New Yorkers who report having been screened for breast, cervical, and colorectal cancers:

- [BRFSS Brief Breast Cancer 2020 \(ny.gov\)](#)
- [BRFSS Brief Colorectal Cancer 2020 \(ny.gov\)](#)
- [BRFSS Brief Cervical Cancer Screening 2020 \(ny.gov\)](#)

County-level data on cancer screening from 2018 is available on Health Data New York at:

- <https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data>.

The following reports provide county-level data on cancer screening from 2016:

- [IFA # 2019-05: Percentage of NYS adults ages 50-75 screened for colorectal cancer by county, BRFSS 2016](#)
- [IFA # 2019-04: Percentage of NYS women ages 21-65 screened for cervical cancer by county, BRFSS 2016](#)

- [IFA # 2019-03: Percentage of NYS women ages 50-74 screened for breast cancer by county, BRFSS 2016](#)

The New York State Community Health Indicator Reports (CHIRS) offers county-level cancer indicators and information about the social determinants of health:

- [CHIRS Dashboard \(ny.gov\)](#).

New York State data about screening detectable cancers is available in the following report:

- https://www.health.ny.gov/statistics/cancer/docs/screening_detectable_cancers_2015-2019.pdf.

More data on cancer in New York State is available from the New York Cancer Registry at:

- <https://www.health.ny.gov/statistics/cancer/registry/>.

The most recent information about screening and services provided by the New York State Department of Health Cancer Services Program is available at:

- [New York State Department of Health Cancer Services Program Report for April 1, 2018 to March 31, 2020](#).

Q3. We are in the process of working on the Breast, Cervical, and Colorectal Cancer Services Program (CSP) RFA # 20218/Grants Gateway #DOH1-CSP2-2023 grant application and are reaching out for some assistance and clarification on page 5 of the RFA; Section D, “Available Funding and Anticipated Awards”. Can you please elaborate further as to what is expected from us? Are we able to apply on our own or do we have to apply with the other facilities in our region?

A3. Please refer to RFA Section II A, “Minimum Eligibility” for applicant eligibility criteria. There is no requirement to apply with other facilities in the selected service region. Applicants should demonstrate that they are able to meet all program expectations and outcomes and implement the full scope of work throughout the entire selected service region. The required scope of work is listed in RFA Section III, “Project Narrative/Work Plan Outcomes”. In addition, applicants should partner with health care providers and community partners throughout their service region as stated in RFA Section V A 5.1 a, “CSP Provider Network and Provision of Cancer Screening and Diagnostic Services”, and RFA Section V A 5.2 b, “Community Outreach”. Applicants may choose to subcontract with other organizations within their service region to implement the scope of work, but 30% of the total budget must be retained by the applicant.

Q4. If we currently serve CSP patients in Westchester through our Sun River Health partnership, are we eligible for this grant?

A4. Please refer to RFA, Section II A, “Minimum Eligibility” for applicant eligibility criteria.

Q5. With the new immigrants coming over, will this grant be geared toward those folks, or can we create a segue for them with the grant?

A5. The CSP-eligible populations are described in RFA Section III A 1, "Populations to be served". Any person meeting those criteria may be enrolled in and receive services through the CSP. In addition, awardees will select at least one of three specific sub groups of the CSP-eligible population as the focus of outreach efforts, as described in RFA Section III A 2, "Populations of Focus", and RFA Section III B 3, "Community Outreach". Immigrants are not one of the three populations of focus listed in the RFA, but grantees may select them as a focus of outreach efforts, in addition to one of the three required populations of focus listed in the RFA.

Q6. What is the role of the organization in ensuring treatment - is it referral, patient navigation, and follow-up?

A6. Please refer to RFA Section III, "Provision of Cancer Screening and Diagnostic Services, Case Management, and Referrals to the Medicaid Cancer Treatment Program (MCTP)" a, c, and d. These sections in the RFA state that the grantees are responsible for ensuring that eligible clients diagnosed with cancer are enrolled in the MCTP for full Medicaid coverage for the duration of their cancer treatment. Please also refer to RFA Attachment 7, "Participating Provider Requirements". This Attachment outlines that health care providers that enter into agreements to participate in the CSP are, "committed to treat or refer to treatment any clients diagnosed with breast, cervical, and colorectal cancer and precancerous cervical lesions who do not qualify for the MCTP, regardless of the client's ability to pay."

Q7. Grant funding for up to five (5) years will be for the coordinator; however, can teams of licensed providers be under that guise for NPs, PAs?

A7. Please refer to RFA Section III B 1, "Program Management and Administration". No. Per the staffing requirements listed, "The grantee is required to hire and employ a professional position, recommended at 1.0 full time equivalency, for a Program Coordinator; exceptions to the recommended FTE will be considered with strong justification."

Q8. Can funding be used to pay overtime (OT) to incumbent NPs/PAs?

A8. Please refer to RFA Section III B 1 c iii "Other Staffing Requirements" and Section V.A. "Program Specific Questions", and Section V.A. 5.3 d "Staffing Plan". Yes, OT can be supported based on the % effort of the staff member funded on this grant. The grantee must maintain an OT policy and be able to provide a copy of such policy upon request.

Q9. If a FIT test is positive, would they pay the cost if colonoscopy is needed for those with emergency Medicaid or underinsured?

A9. Please Refer to Attachment 3, '2022-2023 Maximum Annual Reimbursement Schedule (MARS)'. A colonoscopy is reimbursable through the CSP as a diagnostic follow up service following a positive, take-home fecal test kit for persons who meet CSP eligibility criteria.

Q10A. Is there a required number of letters from providers (Attachment 11) and partners (Attachment 12), that must be submitted?

Q10B. In reference to CSP Participating Health Care Providers (Section V 5.1 a), if we are working with providers that have multiple sites/affiliates, can we provide a single letter from the parent organization versus letters from each site? Letters from each site may exceed 100.

Q10C. In reference to CSP Community Partners (Section V 5.2 b), if we are working with partners that have multiple sites/affiliates, can we provide a single letter from the parent organization versus letters from each site?

A10A-10C. Please refer to Section V 5.1 "CSP Provider Network and Provision of Cancer Screening and Diagnostic Services". There is no required number of letters that must be submitted for providers. Applicants are not required to provide letters from all participating providers and may provide a single letter from the parent organization.

For the partners, please refer to Section V 5.1 A "Community Outreach". At a minimum, partner letters should include at least each of the types of partners described in RFA Section III B 3bi-iv, "Partnerships". Applicants may provide a single letter from the parent organization versus letters from each site.

Information about what to include in the letters is described in RFA Section V A 5.1 a, "CSP Provider Network and Provision of Cancer Screening and Diagnostic Services", and RFA Section V A 5.2b, "Community Outreach".