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CONTRACTOR REPORTING REQUIREMENTS

A. Reporting and Communication

Cancer control specialists must:

- Submit clinical data to the MCCP office using the site data system.
- Submit a proposed one year work plan to further implement MCCP activities by July 10th.
- Submit quarterly and final progress reports related to work plan activities by October 10th, January 10th, April 10th and July 10th.
- Participate in all telephone consultations, on-site visits and program evaluation activities.
- Provide documentation of supplemental program resources received through in-kind and monetary contributions using the in-kind form provided in the MCCP PPM. Submit completed in-kind form with quarterly reports.
 - In-kind funds include, but are not limited to: donated rent, administrative or indirect charges, volunteer time, staff time, communication expenses and computer access.
 - Other non-federal funds documented could include: community funds, indigent funds, United Way contributions, local grants, treatment funds or other non-federal funding available for breast, cervical, colorectal cancer screening and health education.

B. Record Maintenance

The cancer control specialist is responsible for keeping a client file for every Cancer Screening Program participant including an “Informed Consent and Authorization to Disclose Health Care Information” form and all completed MCCP data collection forms. The file must be confidential, secured by lock when not in use and be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.

C. Record Retention

To comply with MCCP record retention and audit requirements, cancer control specialists must retain all client records for a period of not less than five (5) years from the date of the last entry made in the client record.

D. Payment for Task Order Work Completed

The MCCP office will send a Payment Summary document by confidential fax that lists clients served through the screening program during the quarter time period. The cancer control specialist will review and submit corrections or approve the Payment Summary.

1. If the Payment Summary is COMPLETE and ACCURATE:

- The cancer control specialist or contract liaison will sign and date the signature page.
- Return the signature page to the MCCP state office by confidential fax.

2. If the Payment Summary is NOT COMPLETE or is INACCURATE:

- Write the corrections on the Payment Summary. Remember clients may not be on the payment summary if the:
 - screening cycle is pending.
 - case is not eligible for patient navigation.
 - client was paid in a previous cycle.
- Return the corrected Payment Summary to the MCCP state office. Mark the first page “corrected”. Do not sign or initial the last page.
- The MCCP state office will review the suggested corrections.
 - If agreed upon, corrections will be made on the subsequent invoice.

Timely payment is contingent upon:

- Work plan quarterly report being submitted and approved by MCCP staff.
- Payment summary being reviewed, signed and returned to the MCCP office.

Due dates:

- Payment summary sent by MCCP to regional contractor: October 5th, January 5th, April 5th and July 5th
- Cancer control specialist submits signed payment summary or corrections to payment summary to state office by: October 10th, January 10th, April 10th and July 10th.
- Payment will be processed by MCCP by: October 30th, January 30th, April 30th and July 30th.

A final end of year Payment Summary will be sent by August 15th. The cancer control specialist will have until the August 20th to review, submit corrections or approve the Payment Summary. The MCCP office will process the final payment by August 31st.

E. Work Plans

The cancer control specialist must submit a proposed one year work plan by July 10th of each year. The approved work plan will be followed over the course of the year to further implement MCCP activities.

- The work plan is submitted at the end of each quarter as a cumulative record of work performed.
- Additional optional activities will need to be evidence-based.
- Screening numbers are reported through the site data system as well as being included in the quarterly progress updates of the work plan.

Qtr 1 Due: 10/10/12 Qtr 2 Due: 01/10/13 Qtr 3 Due: 04/10/13 Qtr 4 Due: 07/10/13

Region: _____

Staff:

Cancer Control Specialist (Name): _____ FTE
 Cancer Control Specialist (Name): _____ FTE

Additional Staff:

(Name): _____ FTE
 (Name): _____ FTE

Work Plan Completion Notes:

Purple underlined text indicates a drop down list to select from.

✓ Pink checks are directions and signals for sections to complete.
 Shaded boxes include abbreviated task order language. Refer to task order for complete deliverable language.

DELIVERABLE 3: Direct Screening Services
 Provide and facilitate screening support activities throughout the multi-county area according to the guidelines, policies and procedures outlined in the MCCP PPM; Public Law 101-354.
 Targets to be met:
 Quarter 2: 40%
 Quarter 3: 60%
 Final: 100%

Deliverables	Quarterly Progress
<p>✓ Update all screening numbers each quarter</p> <p><u>2012-13 Breast & Cervical Goal:</u></p> <p># screened to-date:</p> <p>% of goal met to-date:</p> <p><u>2012-13 AI Goal:</u></p> <p># screened to-date:</p> <p>% of goal met to-date:</p>	<p>✓ Check 'met' or 'not met'. If screening goal not met, describe why not and list plan to meet goals in the next quarter.</p> <p>Q1 <input type="checkbox"/> Met <input type="checkbox"/> Not met (list follow-up strategy)</p> <p>Q2 <input type="checkbox"/> Met <input type="checkbox"/> Not met (list follow-up strategy)</p> <p>Q3 <input type="checkbox"/> Met <input type="checkbox"/> Not met (list follow-up strategy)</p> <p>Q4 <input type="checkbox"/> Met <input type="checkbox"/> Not met (list follow-up strategy)</p>
<p>✓ Update all screening numbers each quarter</p> <p><u>2012-13 Colorectal Goal:</u></p> <p># screened to-date:</p> <p>% of goal met to-date:</p> <p><u>2012-13 FOBT/FIT Goal:</u></p> <p># screened to-date:</p> <p><u>2012-13 Colonoscopy Goal:</u></p> <p># screened to-date:</p>	<p>✓ Check 'met' or 'not met'. If screening goal not met, describe why not and list plan to meet goals in the next quarter.</p> <p>Q1 <input type="checkbox"/> Met <input type="checkbox"/> Not met (list follow-up strategy)</p> <p>Q2 <input type="checkbox"/> Met <input type="checkbox"/> Not met (list follow-up strategy)</p> <p>Q3 <input type="checkbox"/> Met <input type="checkbox"/> Not met (list follow-up strategy)</p> <p>Q4 <input type="checkbox"/> Met <input type="checkbox"/> Not met (list follow-up strategy)</p>

DELIVERABLE 8b: Reporting	
Implement data maintenance activities as requested by MCCP state office staff and run electronic site data system reports according to a schedule provided by the Department.	
Deliverable	Quarterly Progress
<p>✓ Run each of the following MCSP reports every two weeks.</p> <p>Screening Accomplishment Reports</p> <ul style="list-style-type: none"> ▪ Breast/Cervical Screening Accomplishments Report ▪ CRC Screening Accomplishments Report and CRC Risk-Age Report ▪ CRC Screening Adherence Pending Report ▪ CRC Enrollments With No Screening Adherence Entered Report ▪ MMB Claims Denied Due to Insurance Paid More Than Allowable Amount Report <p>Pending Diagnosis Reports</p> <ul style="list-style-type: none"> ▪ Breast Diagnosis Pending Report ▪ Cervical Diagnosis Pending Report ▪ CRC Diagnosis Pending Report <p>Treatment Status Report</p> <ul style="list-style-type: none"> ▪ Treatment Status Pending Report <p>Enrollments Requiring Follow-Up Reports</p> <ul style="list-style-type: none"> ▪ Enrollment Requiring Follow-Up Report <p>Data Entry Audit Reports</p> <ul style="list-style-type: none"> ▪ Missing Enrollment Data Report ▪ Enrollment Spans Entered Twice Report ▪ Overlapping Enrollment Spans Report ▪ One Client – 2 Patient Ids Report ▪ Missing Cycle Location Report ▪ Missing Cycle Data Report ▪ Missing Procedure Data Report ▪ Check Data Entry – Enrollments ▪ Check CaST Data Entry ▪ Enroll Date Greater than Close Date 	<p>✓ Check 'met' or 'not met'. If not met, describe why not and list plan to accomplish in the next quarter.</p> <p>Q1</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not met (list follow-up strategy)</p> <p>Q2</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not met (list follow-up strategy)</p> <p>Q3</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not met (list follow-up strategy)</p> <p>Q4</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not met (list follow-up strategy)</p>

DELIVERABLE 5: Digital Story Implementation
<p>Disseminate a minimum of one (1) Digital Story to an American Indian audience in the multi-county area each Task Order year. Dissemination must be done in partnership with an American Indian contact from the multi-county area. Dissemination training, list and copies of available Digital Stories will be provided by MCCP to regional Cancer Control Specialists.</p>
<p>✓ Select which quarter activity will be accomplished: Select Quarter</p> <p>✓ Complete the following</p> <ol style="list-style-type: none"> 1. Name of lead Cancer Control Specialist assigned: 2. Names of key Community Partners assigned: 3. Digital Story title: 4. Date(s) of dissemination: 5. Name of person/organization shared with: 6. Location/event where Digital Story was shared: 7. Estimated number of people reached: <p>✓ <input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met (describe why not and follow-up strategy):</p>

DELIVERABLE 6: Montana Comprehensive Cancer Control Plan Priority Objective Implementation

Serve as a liaison between regional partners and the Montana Cancer Control Coalition (MTCCC) to implement Montana Comprehensive Cancer Control (CCC) Plan priority objectives. Implement at least one (1) Montana CCC Plan priority objective each Task Order year in the multi-county area, through a regional coalition or community partners.

- ✓ **Select method of priority objective implementation:** [Select method from drop-down](#)
✓ **Met** **Not applicable this quarter** **Not met** (describe why not and follow-up strategy):

✓ **List Montana CCC Plan priority objective(s) to be implemented in the multi-county area. Add (copy and paste) additional priority objectives as needed.**

1. Objective: [Select objective from drop-down](#)
2. Strategy (refer to Montana CCC Plan):
3. Select which quarter activity will be accomplished: [Select Quarter from drop-down](#)

✓ **Complete the following:**

1. Coalition roster attached; or
List names of regional partners (people and organizations) involved in implementation:
2. Names of organizations receiving priority objective implementation activities:
3. Number of times priority objective implemented:

✓ **Participation on Montana CCC Plan priority objective work group**

Select group you are participating in: [Select group from drop-down](#)

Q1 meeting dates:

Q2 meeting dates:

Q3 meeting dates:

Q4 meeting dates:

DELIVERABLE 7a: Worksite and Medical Systems Change

Work with worksite and medical systems to increase breast, cervical and colorectal cancer screening rates (or a combination thereof) in the general population.

Worksite Systems Change Activity 1

Partner System/Organization Information	Documentation/ Data Source(s)	Lead Personnel Assigned	Key Partners Assigned
<p>✓ Complete the following:</p> <p>1. System/Organization Name:</p> <p>2. Systems change activity start date:</p> <p>3. Within insurance benefits plan, are breast, cervical and colorectal cancer screenings covered as preventive benefits at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Check one:</p> <p><input type="checkbox"/> Utilization data</p> <p><input type="checkbox"/> Self-report survey (use survey provided by MCCP)</p>		
<p>Activities for System/Organization #1:</p>	<p>Due</p>	<p>Quarterly Progress</p>	
		<p>✓ For each activity, check 'met' or 'not met'. <u>If not met, describe barriers and your strategy to achieve the activity in the next quarter.</u></p>	
<p>Solicit systems change partner and secure agreement to participate in activities.</p>	<p>Q1</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:</p>	
<p>Identify key contact ("inside advocate") at partner system/organization.</p>	<p>Q1</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:</p>	
<p>Secure the support of top executives/senior management for systems change activities.</p>	<p>Q1</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:</p>	
<p>Establish regular timeframes to meet in person and communicate by phone/email with key contact.</p>	<p>Q1</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:</p>	
<p>Collect baseline screening rate data (collect 12 month or 24 month data if continuing from previous task order year(s)).</p> <p>Collect using either Utilization Data or self-report survey data (using survey provided by MCCP). See utilization data report form below.</p>	<p>Q1</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:</p> <p>(select one)</p> <p><input type="checkbox"/> Utilization data recorded on report <input type="checkbox"/> Survey results attached</p>	
<p>Implement small media campaign #1</p> <p>✓ List implementation start date: []</p> <p>✓ Select focus topic from drop-down box Select focus topic from drop-down</p>	<p>Q</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:</p>	
<p>Implement small media campaign #2</p> <p>✓ List implementation start date: []</p> <p>✓ Select focus topic from drop-down box Select focus topic from drop-down</p>	<p>Q</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:</p>	
<p>Implement small media campaign #3</p> <p>✓ List implementation start date: []</p>	<p>Q</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter</p>	

<input checked="" type="checkbox"/> Select focus topic from drop-down box Select focus topic from drop-down		<input type="checkbox"/> Not met:
Implement policy change #1 <input checked="" type="checkbox"/> List implementation start date: <input type="text"/> Select policy change from drop-down	Q	<input type="checkbox"/> Met; include copy of policy with quarterly report <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:
Implement policy change #2 <input checked="" type="checkbox"/> List implementation start date: <input type="text"/> Select policy change from drop-down	Q	<input type="checkbox"/> Met; include copy of policy with quarterly report <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:

Utilization Data for System/Organization #1:
 Complete baseline, 12 month and 24 month data. If utilization data unavailable, complete baseline, 12 month and 24 month data using survey provided by MCCP.

Total number of lives covered:	Males			Females			Total Members		
	<u>Baseline Date</u> Collected:	<u>12 months Date</u> Collected:	<u>24 months Date</u> Collected:	<u>Baseline Date</u> Collected:	<u>12 months Date</u> Collected:	<u>24 months Date</u> Collected:	<u>Baseline Date</u> Collected:	<u>12 months Date</u> Collected:	<u>24 months Date</u> Collected:
Pap tests									
Mammograms									
Colonoscopies (age 50 and older)									

Worksite Systems Change Activity 2			
Partner System/Organization Information	Documentation/ Data Source(s)	Lead Personnel Assigned	Key Partners Assigned
✓ Complete the following: 1. System/Organization Name: 2. Systems change activity start date: 3. Within insurance benefits plan, are breast, cervical and colorectal cancer screenings covered as preventive benefits at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check one: <input type="checkbox"/> Utilization data <input type="checkbox"/> Self-report survey (use survey provided by MCCP)		
Activities for System/Organization #2:	Due	Quarterly Progress	
		✓ For each activity, check 'met' or 'not met'. <u>If not met, describe barriers and your strategy to achieve the activity in the next quarter.</u>	
Solicit systems change partner and secure agreement to participate in activities.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Identify key contact ("inside advocate") at partner system/organization.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Secure the support of top executives/senior management for systems change activities.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Establish regular timeframes to meet in person and communicate by phone/email with key contact.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Collect baseline screening rate data (collect 12 month or 24 month data if continuing from previous task order year(s)). Collect using either Utilization Data or self-report survey data (using survey provided by MCCP). See utilization data report form below.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met: (select one) <input type="checkbox"/> Utilization data recorded on report <input type="checkbox"/> Survey results attached	
Implement small media campaign #1 ✓ List implementation start date: <input type="text"/> ✓ Select focus topic from drop-down box Select focus topic from drop-down	Q	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Implement small media campaign #2 ✓ List implementation start date: <input type="text"/> ✓ Select focus topic from drop-down box Select focus topic from drop-down	Q	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Implement small media campaign #3 ✓ List implementation start date: <input type="text"/> ✓ Select focus topic from drop-down box Select focus topic from drop-down		<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	

Implement policy change #1 <input checked="" type="checkbox"/> List implementation start date: <input type="text"/> Select policy change from drop-down	Q	<input type="checkbox"/> Met; include copy of policy with quarterly report <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:
Implement policy change #2 <input checked="" type="checkbox"/> List implementation start date: <input type="text"/> Select policy change from drop-down	Q	<input type="checkbox"/> Met; include copy of policy with quarterly report <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:

<input checked="" type="checkbox"/> Utilization Data for System/Organization #2:									
Complete baseline, 12 month and 24 month data. If utilization data unavailable, complete baseline, 12 month and 24 month data using survey provided by MCCP.									
Total number of lives covered:	Males			Females			Total Members		
	Baseline Date Collected:	12 months Date Collected:	24 months Date Collected:	Baseline Date Collected:	12 months Date Collected:	24 months Date Collected:	Baseline Date Collected:	12 months Date Collected:	24 months Date Collected:
Pap tests									
Mammograms									
Colonoscopies (age 50 and older)									

Worksite Systems Change Activity 3			
Partner System/Organization Information	Documentation/ Data Source(s)	Lead Personnel Assigned	Key Partners Assigned
✓ Complete the following: 1. System/Organization Name: 2. Systems change activity start date: 3. Within insurance benefits plan, are breast, cervical and colorectal cancer screenings covered as preventive benefits at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check one: <input type="checkbox"/> Utilization data <input type="checkbox"/> Self-report survey (use survey provided by MCCP)		
Activities for System/Organization #3:	Due	Quarterly Progress	
		✓ For each activity, check 'met' or 'not met'. <u>If not met, describe barriers and your strategy to achieve the activity in the next quarter.</u>	
Solicit systems change partner and secure agreement to participate in activities.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Identify key contact ("inside advocate") at partner system/organization.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Secure the support of top executives/senior management for systems change activities.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Establish regular timeframes to meet in person and communicate by phone/email with key contact.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Collect baseline screening rate data (collect 12 month or 24 month data if continuing from previous task order year(s)). Collect using either Utilization Data or self-report survey data (using survey provided by MCCP). See utilization data report form below.	Q1	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met: (select one) <input type="checkbox"/> Utilization data recorded on report <input type="checkbox"/> Survey results attached	
Implement small media campaign #1 ✓ List implementation start date: <input type="text"/> ✓ Select focus topic from drop-down box Select focus topic from drop-down	Q	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Implement small media campaign #2 ✓ List implementation start date: <input type="text"/> ✓ Select focus topic from drop-down box Select focus topic from drop-down	Q	<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Implement small media campaign #3 ✓ List implementation start date: <input type="text"/> ✓ Select focus topic from drop-down box Select focus topic from drop-down		<input type="checkbox"/> Met <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	

Implement policy change #1 <input checked="" type="checkbox"/> List implementation start date: <input type="text"/> Select policy change from drop-down	Q	<input type="checkbox"/> Met; include copy of policy with quarterly report <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:
Implement policy change #2 <input checked="" type="checkbox"/> List implementation start date: <input type="text"/> Select policy change from drop-down	Q	<input type="checkbox"/> Met; include copy of policy with quarterly report <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:

<input checked="" type="checkbox"/> Utilization Data for System/Organization #3: Complete baseline, 12 month and 24 month data. If utilization data unavailable, complete baseline, 12 month and 24 month data using survey provided by MCCP.									
Total number of lives covered:	Males			Females			Total Members		
	Baseline Date Collected:	12 months Date Collected:	24 months Date Collected:	Baseline Date Collected:	12 months Date Collected:	24 months Date Collected:	Baseline Date Collected:	12 months Date Collected:	24 months Date Collected:
Pap tests									
Mammograms									
Colonoscopies (age 50 and older)									

DELIVERABLE 7b: Medical Systems Change Activities (Toolbox)		
Increase colorectal cancer screening by assisting a minimum of one (1) clinician office during the task order year to implement the <i>How to Increase Colorectal Cancer Screening Rates in Practice Toolbox</i> as documented on Toolbox Forms 1 & 2 (included in this report). Toolbox sites must be identified and implementation must begin by the end of the first quarter of the task order year.		
Medical Office Demographics	Hours spent on Toolbox implementation each quarter	
✓ Complete the following: 1. Clinician office name: 2. Toolbox implementation start date: 3. Number of patients seen per office, per month: 4. Choose one for each: <input type="checkbox"/> Rural location <input type="checkbox"/> Urban location <input type="checkbox"/> Multi provider office <input type="checkbox"/> Single provider office <input type="checkbox"/> Community Health Center <input type="checkbox"/> Hospital-owned facility <input type="checkbox"/> Private practice <input type="checkbox"/> Clinic system	Qtr. 1: Qtr. 2: Qtr. 3: Qtr. 4:	
	Pre- and Post- Audits: complete as applicable	
	<input type="checkbox"/> Pre-Toolbox chart audit Date done: <input type="checkbox"/> Post-Toolbox chart audit Date done:	
	Lead Personnel Assigned	Key Partners Assigned
Checklist of Implementation Activities (Form 1)	Quarterly Progress	
	✓ For each activity, list date(s) completed or 'not met'. <u>If not met, describe barriers and your strategy to achieve the activity in the next quarter.</u>	
Identify individual in office who needs to approve project	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Meet with person who needs to approve project	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Project approved by medical office	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Identify person who will implement project	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Provide orientation to key staff person implementing project	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
With key staff person, assess current office system practice using Form 2	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
With key staff person, create timeline to implement each of the 4 Toolbox Essentials to be implemented within 12 months.	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	
Meet with key staff at least monthly during implementation; track time spent on Toolbox project.	<input type="checkbox"/> Dates completed (list monthly dates): <input type="checkbox"/> Not met:	
Educate clinician on using the Toolbox process to provide recommendations and referrals for breast and	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:	

cervical cancer screenings.	
Essential 1	<input type="checkbox"/> Implementation start date: <input type="checkbox"/> Implementation completion date: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:
Essential 2	<input type="checkbox"/> Implementation start date: <input type="checkbox"/> Implementation completion date: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:
Essential 3	<input type="checkbox"/> Implementation start date: <input type="checkbox"/> Implementation completion date: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:
Essential 4	<input type="checkbox"/> Implementation start date: <input type="checkbox"/> Implementation completion date: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:
Utilize small media to educate patients, with the goal to increase breast, cervical and colorectal (or a combination thereof) screening rates. (<u>At least once</u> ; list more small media activities as needed.) <input checked="" type="checkbox"/> Select focus topic from drop-down box Select focus topic from drop-down Date media shared: <input checked="" type="checkbox"/> Select focus topic from drop-down box Select focus topic from drop-down Date media shared: <input checked="" type="checkbox"/> Select focus topic from drop-down box Select focus topic from drop-down Date media shared:	<input type="checkbox"/> Dates completed (list as many as applicable): <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:
Gather feedback (provider survey) about process from key staff person and turn in with 4 th quarter report.	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:
Develop follow-up plan/check-in timeline after implementation is complete.	<input type="checkbox"/> Date completed: <input type="checkbox"/> Not applicable this quarter <input type="checkbox"/> Not met:

Toolbox Practice Assessment Tracking: Implementing the 4 Essentials (Form 2)	
Does the practice have an existing policy for colorectal cancer screening?	<input checked="" type="checkbox"/> Check Y for all items that are included in the office policy prior to Toolbox implementation. <input checked="" type="checkbox"/> Date all the items that you incorporate into the office policy <u>as a result of implementing the Toolbox</u> .
Determination of individual risk level for each eligible patient	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into office policy:
Assessment of patient's insurance coverage	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into office policy:
Assessment of patient's awareness of and readiness for CRC screening	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into office policy:

Assessment of patient's screening test preferences	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into office policy:
Procedure for ensuring a complete diagnostic evaluation when a colorectal cancer screening test is positive	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into office policy:
Process for remaining current with status of local medical resources	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into office policy:
Does the practice have an existing <u>reminder system</u> for colorectal cancer screening?	<input checked="" type="checkbox"/> Check Y for all items that are included in the reminder system prior to Toolbox implementation. <input checked="" type="checkbox"/> Date all the items that you incorporate into the reminder system <u>as a result</u> of implementing the Toolbox.
Office processes	
Chart prompts	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into the reminder system:
Audits and feedback	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into the reminder system:
Ticklers and logs	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into the reminder system:
Staff assignments	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into the reminder system:
Patient education	
Posters	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into the reminder system:
Brochures	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into the reminder system:
Reminder postcards	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into the reminder system:
Reminder letters	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into the reminder system:
Reminder calls	<input type="checkbox"/> Y (Existed pre-Toolbox) <input type="checkbox"/> N List the date incorporated into the reminder system:

OPTIONAL ACTIVITY			
Evidence Base/Rationale			
What Will be Measured	Documentation/Data Source(s)		Baseline & Target
			Starting point: End target/goal:
Planned Activities	Lead Personnel Assigned	Key Partners Assigned	Quarterly Progress
Q1 Q2 Q3 Q4			Q1 Q2 Q3 Q4

Quarterly Report of In-Kind Donations and Non-Federal Matching Funds

This form tracks non-federal in-kind contributions and matching funds by groups or individuals of their time, travel expense, or other goods or services donated in support of your regional Montana Cancer Control Programs.

- Match funds must not include contributions from any other federally assisted program or be paid by the federal government under another award.
- If an annual contribution is received, such as an Avon grant, show annual amount; do not report annual amounts on more than one quarterly report.
- Do not include donations reported to the Montana Cancer Control Coalition.
- If using WORD, you may add additional rows to the e-version of this table. Any similar table in another software program will do. Examples, values and definitions are shown below.
- Select ONE category per donation: "Screening" or "Coalition/Systems Change".
- List all coalition members individually.

Use Your Best Estimate for Value of Each Item

Wage Estimates from US Dept of Labor http://stats.bls.gov/oes/current/oes_mt.htm

Examples of reportable donations	
Meeting/Office space	\$50/hour or \$125/meeting
Copies of Documents/flyers/etc.	10¢/page
Office or media equipment	\$25/hour
Food or drinks	\$ actual value
Contributions from private for-profit entities	\$ actual value
Donations from national or professional organizations	\$ actual value
Donated media	\$ actual value
Donated educational or promotional supplies	\$ actual value
Administrative, overhead, computer or indirect charges	\$ actual value

Estimated hourly rates for donated staff, supervisory and volunteer time			
Administrative Support	\$15.60	Librarians	\$23.40
Administrative Service Manager	\$23.17	Media/Communications Worker	\$11.74
Bookkeeping/Accounting Clerks	\$11.23	Medical Director	\$97.50
Chief Executive (private, public orgs)	\$91.00	Medical / Health Services Manager	\$45.50
Dietitians	\$26.00	Medical Social Worker	\$26.00
Educational professionals	\$26.00	Nurse Practitioners	\$39.00
Executive Directors – Non-profit Organizations	\$45.50	Nurses - Registered	\$32.50
Faculty / Researcher / Scientist	\$52.00	Pharmacists	\$52.00
Grant Writer	\$26.00	Physicians – Assistant	\$30.50
Governmental Agency Official	\$45.50	Physicians - General	\$104.00
Governmental Agency Staff	\$26.00	Physicians - Specialist	\$130.00
Health Care Practitioner & Technical Occupations	\$28.60	Private Corporation Staff	\$52.00
Health Educator	\$20.80	Professional Association Staff	\$32.50
Legal Support Workers	\$19.90	Tumor Registrar	\$26.00
Legislator - State	\$26.00	Volunteer	\$13.00

