

**New York State Department of Health  
Center for Community Health  
Division of Chronic Disease Prevention and Adult Health and  
Health Research, Inc. (HRI)**

*Integrated Breast, Cervical and Colorectal Cancer Screening Partnerships  
(CSP Partnerships) Program Expansion in Kings and Queens Counties*  
**RFA #0907011201**

**Questions and Answers**

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*All questions are stated as received by the deadline announced in the RFA. The NYSDOH is not responsible for any errors or misinterpretation of any questions received.*

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA #0907011201 issues on September 28, 2009. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

**Updates**

Due to an error, text in the RFA document on pages 25 and 26 is missing. The text below in bold was missing from the RFA document, pages 25 and 26, Section V.A.5.d. The full text reads as follows:

d. Describe how a reciprocal system whereby CSP partnership clients are directed to a Facilitated Enroller for possible enrollment in Medicaid, Family Health Plus or other public insurance programs to ensure that they receive coverage for all of their health care needs and whereby individuals not eligible for such public insurance programs are directed to CSP partnerships for needed services will be established. Note that it is not **the intent that the local partnership staff becomes Facilitated Enrollers. Therefore applicants are not required to include training of program staff as Facilitated Enrollers in work plans. Rather, partnerships will be expected to establish agreements with local agencies administering enrollment in public insurance programs. Applicants should include a description of how they will ensure implementation of these referrals.**

## Questions

**1. My question refers to section I, part 2, titled Funding, which can be found on page 1 of the application. Although both the clinical and service dollar amounts are projected for the first 9 month period from 7/1/10 through 3/31/11, what would be the amounts for year 2 and 3 of the projected covered grant period?**

The anticipated annual funding for years two and three, anticipated beginning April 1, 2011 through March 31, 2012 and April 1, 2012 through March 31, 2013, respectively is as follows:

<u>County</u>	<u>Maximum Infrastructure 12 months</u>	<u>Maximum State Clinical Services 12 months</u>	<u>Maximum HRI Clinical Services 12 months</u>
Kings	\$314,649	\$501,755	\$239,093
		Total Services Combined:	\$740,848
Queens	\$293,863	\$468,757	\$223,369
		Total Services Combined:	\$692,126

Final amounts are contingent on available funds, approval of state authorizing agencies, acceptable performance and compliance with all contract requirements.

**2. Are colonoscopies allowed as an initial screening? We do not routinely provide FOBT/FIT.**

The New York State Department of Health Cancer Services Program (CSP) will only reimburse for a screening colonoscopy for clients who are at increased or high risk for colorectal cancer, as defined in the CSP Operations Manual, and who meet all other program eligibility criteria. The CSP will not reimburse for screening colonoscopy in clients who are at average risk for colorectal cancer. Otherwise, the CSP provides reimbursement for provision of take home fecal tests for colorectal cancer screening, as follows:

The CSP will reimburse for an annual three-slide, take-home Fecal Occult Blood Test (FOBT) kit only for clients aged 50 years and older at average risk for colorectal cancer who have not completed an FOBT in the past 10 months. The CSP will not reimburse for an in-office, single-slide FOBT. Diagnostic services based on a positive in-office, single-slide FOBT will also not be reimbursed.

The CSP will also reimburse for an annual multi-slide, take-home Fecal Immunochemical Test (FIT) kit only for clients aged 50 years and older at average risk for colorectal cancer who have not completed a FIT in the past 10 months.