

Prostate Cancer Treatment Program (PCTP)

Request for Applications (RFA) RFA 10-10413

Updated: January 13, 2011

IMPORTANT DATES:

RFA Released	Friday, January 7, 2011
Last day RFA Questions will be accepted	Friday, January 21, 2011
RFA Questions and Answers Posted	Friday, January 28, 2011
Mandatory Letter of Intent Due	Wednesday, February 2, 2011
Application Due Date	Friday, February 18, 2011
Applicant Status Notification Announced	Friday, March 4, 2011

Application Packet Available at:

<http://www.cdph.ca.gov/programs/CancerDetection/Pages/rfarfp.aspx>.

California Department of Public Health
Cancer Detection Section

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I. INTRODUCTION

The Cancer Detection Section (CDS) of the California Department of Public Health (CDPH) is soliciting applications from eligible organizations for the continuation of the California Prostate Cancer Treatment Program (PCTP).

A. CDS Mission/Vision

The mission of CDS is to save lives by preventing and reducing the devastating effects of cancer for Californians through education, early detection, diagnosis and treatment, and integrated preventive services, with special emphasis on the underserved.

The vision of CDS is:

- Be a leader in cancer prevention, detection and control.
- Reduce the disparities in the cancer burden.
- Provide access to high-quality cancer education, early detection, diagnosis and treatment services.
- Promote integrated preventive services.
- Influence healthcare systems to provide quality services.

CDS is part of the California Department of Public Health's Chronic Disease and Injury Control Division. CDS manages multi-faceted public health programs for breast and cervical cancer screening and diagnosis, colon cancer awareness and prostate cancer treatment through the *Cancer Detection Programs: Every Woman Counts (CDP: EWC)*, the California Colon Cancer Control Program, and the PCTP.

B. PCTP Program Overview

PCTP was established in 2000, under Health and Safety Code (HSC)104322, to develop, expand and ensure high quality prostate cancer treatment for low income, uninsured and underinsured California men who are 18 and older. Senate Bill 650 (Ortiz, Chapter 442, Statutes of 2005) amended the code to maximize funds for treatment, and to use Medi-Cal rates for reimbursement of services.

Eligible men are enrolled for twelve (12) months of prostate cancer treatment service. Services and rates are based on Medi-Cal eligible services and rates and are limited to prostate cancer treatment only. The PCTP collaborates statewide with local hospitals, clinics, and private practitioners to provide treatment services (in the nearest participating facility) including but not limited to surgery, radiation, hormone therapy, chemotherapy, and watchful waiting. Coverage also includes medical tests and services, hospital, outpatient, and pharmaceutical charges.

C. Funding Purpose and Objectives

CDS is conducting an open, competitive application process to fund agencies to implement the PCTP for the period of June 1, 2011 through June 30, 2014. The anticipated total program funding for this period is \$9,282,375.

Pursuant to HSC 104322, the PCTP must be cost-effective and maximize the number of men served for the amount of funds appropriated. Furthermore, HSC 104322 mandates specific direct patient care costs vs. administrative costs for PCTP contractors as summarized below:

- 17 percent shall be used for Direct Patient Care Costs.
- 70 percent shall be used for Direct Patient Care Treatment Costs.
- 13 percent shall be used for Administrative Costs.
- 100 percent total contract funding

The amount available each Budget Year is subject to adequate legislative appropriations and expenditure authority.

II. BACKGROUND

A. Problem Statement

Prostate cancer is the most commonly diagnosed cancer among men. It is expected that in 2010 there will be 20,120 new cases of prostate cancer and 3,035 deaths, with an additional 222,400 existing cases. African American men are at the greatest risk for prostate cancer. They are over 45 percent more likely to develop this disease than non-Hispanic white men. Nearly 65 percent of prostate cancers are diagnosed among men ages 65 and older (1).

Very little is known about the causes of prostate cancer. Large international differences in prostate risk indicate that lifestyle factors such as diet may be involved, and it is likely that diet interacts with hormonal status in complex ways.

The survival rate for prostate cancer is quite high, especially when diagnosed early. For all stages combined, five-year survival after prostate cancer diagnosis is 94 percent. For prostate cancer cases diagnosed at a localized stage, when the tumor is still confined to the prostate, five-year survival is 100 percent. However, five-year survival is 33 percent among men whose prostate cancer is diagnosed at a distant stage, after the tumor has already metastasized (1).

Since 1988 prostate cancer mortality in California has decreased by 36 percent with declines seen among men in all racial/ethnic groups. Nonetheless, it remains the second leading cause of cancer-related mortality among men, second only to lung cancer.

Prostate cancer incidence in California varies by geographic location, although this variation does not correlate with mortality. Variations in incidence likely have more to do with rates of screening for prostate cancer and access to care than with differences in risk for disease.

In 2007, 14.6 percent of Californians aged 0 to 64 years did not have health insurance. Of these uninsured persons, nearly 90 percent, or over four million, are adults aged 18 to 64 years. More than half of these uninsured persons had family incomes below 200 percent of the federal poverty level. Among uninsured adults, fewer than 10 percent are eligible for public health insurance through the Medi-Cal program. The proportion of uninsured persons varies by race/ethnicity, with Hispanic persons more than three times as likely to be uninsured compared to non-Hispanic whites, and twice as likely compared to non-Hispanic African Americans and Asian/Pacific Islanders. Persons who are not citizens of the United States are also much more likely to lack health insurance compared to citizens. In California, almost 41.1 percent of non-citizens were uninsured in 2007 compared to 15.7 percent of citizens (2).

An estimated total of 1.4 million men, ages 18 and older, were uninsured in 2009 (applying the insurance status to the 2009 population). When men lack health insurance, they may delay seeking needed healthcare and are more likely to be diagnosed with prostate cancer at a more advanced stage than those with health insurance. CDPH estimates that in 2009, approximately 1,100 men with new cases of prostate cancer were eligible to enroll in the program in California. In addition, there are approximately 11,000 men who already have prostate cancer and may be eligible for the program.

HSC 104315 established the Prostate Cancer Screening Program in the Department of Health Services for uninsured men age 40 and over. In 2008, the United States Preventive Services Task Force concluded that “the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years. They recommend against screening for prostate cancer in men age 75 years or older.”

Because there is no integrated flow from a detection program to treatment, the PCTP depends on private or community funded events, county facilities, and program providers to refer men with prostate cancer to the program for treatment.

References

1. American Cancer Society, California Division and Public Health Institute, California Cancer Registry. California Cancer Facts and Figures 2010. Oakland, CA.
2. California Health Interview Survey, UCLS Center for Health Policy Research, Los Angeles, CA, 2007. <http://www.chis.ucla.edu/main>
3. National Cancer Institute, Cancer Topics, Prostate Cancer. Available on line at <http://www.cancer.gov>. Accessed November 2010.

B. Current PCTP Contractor

California’s PCTP is the first of its kind in the nation. The PCTP is administered by CDPH through a contract with the University of California, Los Angeles (UCLA). The current contract with UCLA will expire on May 31, 2011.

UCLA’s PCTP, known as IMPACT (Improving Access, Counseling & Treatment) opened its doors to patients in July 2001. The program reports having enrolled a total of 1438 men as of the end of June 2010. During this same period, more than 600 California medical entities contracted with UCLA to provide services through the program.

Men are enrolled for twelve (12) months of treatment and can be reenrolled as needed. Patients and their providers identify the treatment that is best for them. Each patient is assigned to an IMPACT nurse case manager who coordinates care, provides family and patient support, and educates them about the program and treatment related issues.

IMPACT contracts with multiple local hospitals, clinics and community practitioners throughout the state to provide a range of quality cancer treatment services. IMPACT's grid of covered services (Exhibit L, *PCTP Grid of Reimbursable Services*), includes treatment procedures, hospitalization, pharmaceuticals and lab tests. All program administration takes place at UCLA. There is a transition plan in place to transfer this information to a new contractor.

IMPACT has an established infrastructure to screen patients for eligibility, enroll patients, gather treatment and enrollment data, coordinate and execute contracts with providers and pay providers for treatment services. There is also a plan in place to transfer these systems to a new contractor.

IMPACT manages a program website to distribute information about the program, symptom management and prostate cancer treatment.

IMPACT provided the following statistics for the 478 men enrolled in the program from July 1, 2009 to June 30, 2010:

<u>Age Distribution</u>	<u>Percentage</u>
▪ 40-50	7.1
▪ 51-60	51.0
▪ 61-70	34.1
▪ >70	7.1
 <u>Race-Ethnicity</u>	
▪ African American	19.0
▪ Asian/Pacific Islander	10.0
▪ Latino	56.5
▪ White	10.9
▪ Other	3.6
 <u>Treatment Types</u>	
▪ Brachytherapy	0.2
▪ Chemotherapy	2.0
▪ Hormone Therapy	35.0
▪ Orchiectomy	0.0
▪ Radical Retropubic Prostatectomy	2.0
▪ Radiation Therapy	16.0
▪ TURP	1.0
▪ Active Surveillance	1.0

Men who contact the program for enrollment are at various stages of prostate cancer and with a variety of treatment needs. Some had treatment prior to applying to the PCTP, and some have had no treatment. A disease state is dynamic, and treatment

needs may change as time passes. According to PCTP staff, of the 478 men enrolled during 2009-2010, 99 were first time enrollments and 379 were re-enrollments.

In the spring of 2009, IMPACT experienced a budget shortfall that required new patients to be placed on a waitlist for up to five months before being enrolled into the program in the new fiscal year. Due to this situation, the number of new enrollments was down from previous years.

III. DESCRIPTION OF CONTRACT SERVICES

For the purposes of this RFA, CDPH will contract to provide services to men that meet the following criteria:

- uninsured or underinsured
- incomes at or below 200 percent of the federal poverty level
- reside in California
- aged 18 years and older
- have a diagnosis of prostate cancer

Eligible men can enroll for twelve (12) months of prostate cancer treatment and will receive services listed on the approved grid of services as outlined in Exhibit L, *PCTP Grid of Reimbursable Services*. PCTP will collaborate with multiple local hospitals, clinics, and private providers, throughout California, to provide treatment services including but not limited to surgery, radiation, hormone therapy, chemotherapy, and watchful waiting. Coverage will include medical tests and services, hospital, outpatient, and pharmaceutical charges.

Specific contract services include:

A. Provide overall management and administrative support for the Program.

1. Maintain an infrastructure which includes recruiting, hiring, and maintaining appropriate staff to support the program.
2. Process, and monitor provider agreements for a provider network which covers California. Update as needed.
3. Process, and monitor patient participation agreements for enrolled men. Update as needed.
4. Ensure treatment services are provided at current Medi-Cal rates and are identified in Exhibit L, *PCTP Grid of Reimbursable Services for*. New services can be added only after consultation with CDS.
5. Convene a Prostate Expert Workgroup (PEW) that includes expertise in urology, radiation oncology, medical oncology and case management nursing, and a CDPH representative to provide guidance on clinical program matters. Submit a member roster to CDS that includes name, degree(s), specialty, agency, mailing address, phone number and email address. If changes should occur submit an update to CDS within ten (10) working days.
6. Maintain patient eligibility criteria and protocols. Update as needed.
7. Maintain, oversee, and distribute clinical protocols and quality indicators used by the program. Update as per changing science.
8. Maintain a transferable PCTP toll-free number.
9. Participate in teleconferences and/or meetings with CDS to provide status on project deliverables and discuss overall program implementation. Participate in site visits at CDS's request.

10. Submit semi-annual progress reports.
11. Provide general administrative support services to the Program, i.e., typing reports, correspondence and minutes, processing purchase orders, reviewing and processing invoices, answering phones, data entry, etc.
12. Respond to CDS requests for program information and/or data in a timely and appropriate manner and in the format requested.
13. Maintain equipment list that includes current location address and contact information. Assure all equipment is tagged as per CDPH requirements.

B. Provide Direct Patient Care Treatment to eligible men residing in California.

1. Provide prostate cancer treatment services to enrolled men through a provider network at established Medi-Cal allowable service rates as detailed in Exhibit L, *PCTP Grid of Reimbursable Services*.
2. Maintain a provider network that will deliver prostate cancer treatment services at established Medi-Cal allowable service rates (See Exhibit L, *PCTP Grid of Reimbursable Services*).
3. Implement a mechanism to refer men to the program.
4. Screen men for eligibility in the program.
5. Enroll eligible men for twelve (12) months of treatment.
6. Assess need for re-enrollment up to an additional twelve months.
7. Provide case management to enrolled men (to include but not be limited to):
 - assure delivery of services to enrolled men
 - appropriate coordination of clinical services
 - symptom management and patient education
 - resource to providers and patients

C. Collect and present data (electronically and hardcopy) to describe the population served through PCTP: population characteristics, services provided, and patient outcomes, including but not limited to the following *Required Data Element List*:

1. Total number of men treated since program inception
2. Number of men treated since contract inception
3. Number of men still in treatment at the beginning of each fiscal year
4. Number of men receiving treatment during reporting period
5. Number of new enrollments for the month
6. Number of disenrollments for the month
7. Number of men re-enrolled since start of this contract, broken down by number of times re-enrolled and reason
8. Demographic information about each man enrolled, including:
 - a) race/ethnicity
 - b) income
 - c) age
 - d) birth date
 - e) city and county of residence

9. Program information about each man enrolled, including:
 - a) ID number
 - b) date of enrollment
 - c) date of diagnosis
 - d) extent of disease at start of PCTP treatment (i.e. local, regional, distant)
 - e) provider(s) of record
 - f) county of treatment
 - g) types of treatment services and other services received
 - h) status at time of disenrollment (e.g., no further treatment needed, obtained insurance, died, etc.)
 - i) treatment costs paid by the PCTP for each individual man
10. Summary information about the men enrolled, including:
 - a) race/ethnicity
 - b) income, age
 - c) city and county of residence
 - d) types of treatment services and other services that the men received
 - e) total costs paid
11. Information about all providers providing clinical services, including:
 - a) name
 - b) address
 - c) telephone number
 - d) contact information
 - e) provider type
 - f) practice location (clinic, hospital, or group)
 - g) specialty
 - h) practice type (private, county)
12. The average cost per patient receiving treatment through the program, and the average cost by type of treatment (e.g., prostatectomy, radiation therapy, chemotherapy, etc.).
13. Summary of patient/provider issues as per the Medical Director log.
14. In the event of enrollment suspension, contractor will provide a minimum of 30 calendar days advance notification of anticipated suspension date, and the following:
 - a) number of men anticipated to be placed on the waiting list during the report period
 - b) number of men enrolled from the waiting list during the report period
 - c) final disposition of remaining men.
15. Log of in-kind services provided by the Contractor including clinical and administrative.
16. Case Management notes, including but not limited to patient summary, treatment received, dates of treatment, patient/provider issues, highlights of case management.

D. Develop a Transition Plan for the end of the Contract.

A Transition Plan must be approved by CDS and in place no less than six-months prior to the end of the term of the contract to ensure a smooth transition for any men receiving treatment. This includes the following activities:

1. Develop and distribute notification materials to all enrolled men with appropriate transition information.
2. Provide pertinent available clinical and enrollment information as necessary to transfer patients upon end of contract term, as directed by CDS.
Information to be transferred shall include:
 - a) patient name, address, phone number, ethnicity, date of birth, income
 - b) current provider names, addresses, and telephone numbers
 - c) current treatment plan
 - d) relevant available clinical notes and information
3. Participate in CDS initiated consultations to ensure smooth transition for patients enrolled in program at end of contract term.
4. Transfer ownership/maintenance of toll-free number, as directed by CDS.
5. Transfer all equipment, as directed by CDS.
6. Transfer all other documents and systems in order to assure a smooth transition, as directed by CDS.

IV. GENERAL APPLICATION INFORMATION

A. Eligible Applicants

Eligible applicants are limited to:

1. Units of local government agencies including, but not limited to, cities, counties, and other government bodies or special districts (e.g., public school districts, county offices of education).
2. State/public colleges or universities also known as institutions of higher education, California foundations or auxiliary organizations that support the universities and colleges and Joint Powers Agencies.
3. California public and/or private nonprofit organizations classified as 501-(c)(3) tax exempt under the Internal Revenue Code.

B. Ineligible Applicants

The following entities are not eligible to apply:

1. Commercial businesses operating on a for-profit basis.
2. Organizations that have been deemed ineligible for California contracts or grants by the Department of Fair Employment and Housing due to a failure to comply with California's nondiscrimination laws and reporting requirements.
3. Organizations that have been debarred or decertified from contracting by the federal government.

C. Applicant Capability and Expectations

All applicants must have the following:

1. At least five (5) years of previous experience in providing medical care administration.
2. At least five (5) years administrative and fiscal ability to manage state government contract funds, to enter into subcontracts, and to comply with CDPH/CDS contract terms.
3. Adequate financial resources to meet all financial obligations while awaiting reimbursement from the State.

Funding preference will be given to those applicants exhibiting the following qualifications:

1. Currently have, or be able to demonstrate the ability to establish and/or maintain, a statewide provider network for the program.
2. Currently have, or be able to demonstrate the ability to establish and/or maintain, a system to refer eligible men to the program.

3. Ability to work with culturally diverse target audiences, specifically low-income (200 percent federal poverty level or less) men and their families.
4. Capability and history of internally monitoring the quality and timeliness of services delivered, products produced and steps taken to address quality assurance issues.
5. Ability and willingness to work cooperatively and in partnership with CDPH.

D. Contract Period and Funding

The contract term will be June 1, 2011 through June 30, 2014, for a total of thirty-seven (37) months. CDPH has an exclusive right to extend the contract for an additional twenty-three (23) months beyond the initial thirty-seven (37) month period. The anticipated total program funding for the thirty-seven (37) month term is \$9,282,375. Funding restrictions apply as follows:

87 percent: Direct Patient Care Costs	<u>70 percent minimum</u> : used for <i>Direct Patient Treatment Costs</i> (funding to fee-for-service providers for Medi-Cal eligible services at established Medi-Cal rates [see Exhibit L, <i>Grid of Reimbursable Services for PCTP</i>]).
	<u>17 percent</u> : used for other <i>Direct Patient Care Costs</i> a) Salary, Fringe, and associated operating costs of program staff who have direct patient care responsibilities b) Patient care and clinical supplies, patient travel costs to appointments, patient care treatment costs not included in Exhibit L, <i>PCTP Grid of Reimbursable Services</i> .
13 percent: Administrative Costs	Salary, fringe, and associated operating costs of administrative staff and overall management of program.

Funding limits for specific Budget Years are as follows:

Funding Limits for Individual Budget Years				
Budget Year (State Fiscal Year)	Minimum Direct Patient Care Treatment Costs	Other Direct Patient Care Costs	Maximum Administrative Costs	Maximum Budget Year Totals
Budget Year 1 (6/1/11 – 6/30/11)	\$175,612	\$42,649	\$32,614	\$250,875
Budget Year 2 (7/1/11 – 6/30/12)	\$2,107,350	\$511,785	\$391,365	\$3,010,500
Budget Year 3 (7/1/12 – 6/30/13)	\$2,107,350	\$511,785	\$391,365	\$3,010,500
Budget Year 4 (7/1/13 – 6/30/14)	\$2,107,350	\$511,785	\$391,365	\$3,010,500
Total Funding (6/1/11 – 6/30/14)	\$6,497,662	\$1,578,004	\$1,206,709	\$9,282,375

Funding is on a year-to-year basis, contingent on adequate legislative appropriations and expenditure authority. Funding may increase or decrease from the amounts stated above and may be extended beyond or cancelled early from the stated period of time, depending upon future resources, program needs, and contractor performance.

The contract resulting from this RFA will be of no force or effect until the contract is fully executed. The organization awarded the contract is advised not to commence work until all approvals have been obtained. Should work commence before all approvals are obtained, said services may be considered to have been volunteered.

E. RFA Questions

Notify CDS immediately if clarification is needed regarding the services being sought through this RFA, if questions about the RFA instructions or requirements arise, or if errors or inconsistencies are found in the RFA. Submit all questions/issues via email to CDS.RFAs@cdph.ca.gov and include the following information:

1. Contact Name
2. Telephone number
3. Description of issue or question
4. RFA section, page number, or other identifying information pertinent to the question/issue (if applicable)

CDS will only accept questions submitted via email the above Email address. The last day to submit questions is January 21, 2011. Questions and answers will be

posted on the CDS web site <http://www.cdph.ca.gov/programs/CancerDetection/Pages/rfarfp.aspx> on January 28, 2011. CDS reserves the right to combine similar questions when posting answers. If clarification on a question is needed, CDS will contact the person identified in the email.

Applicants that fail to report a known or suspected problem with the RFA, or fail to seek clarification of an issue, submit an application at their own risk.

F. Mandatory Letter of Intent

Applicants must submit a mandatory letter of intent if planning to submit an application. Please note that this letter of intent is not binding, and those submitting a letter may elect not to submit an application. Applications received from anyone who does not submit a letter of intent will not be reviewed. The letter of intent must be submitted on the applicant's letterhead and must reference the name and number of this RFA.

Submit letters of intent via Email CDS.RFAs@cdph.ca.gov by February 2, 2011.

G. RFA Information, Addenda, or Changes

If any clarifications or modifications to this RFA are necessary, all questions and answers, addenda or changes will be posted on the CDS web site at <http://www.cdph.ca.gov/programs/CancerDetection/Pages/rfarfp.aspx>. It is the responsibility of potential applicants to check the website frequently to keep abreast of any clarifications or changes to the RFA.

H. RFA Application Forms and Instructions

All forms and instructions required to submit an application are available on the CDS web site at <http://www.cdph.ca.gov/programs/CancerDetection/Pages/rfarfp.aspx>.

I. Application Submission Requirements

The following must be adhered to:

1. Preparation
 - a) All applications must be in English.
 - b) Applications must be clear and legible.
 - c) Applications must be completed on CDS forms, available electronically. Neither font size nor margins may be altered on any form.
 - d) Original pages must be printed on one side only.
 - e) Copies of applications should be double-sided.

- f) The name of the applicant organization must be placed in the area designated for “organization” in the upper right hand corner of each form and subsequent pages.
- g) Do not place application materials in covers or binders. Use only clips to bind each copy.

2. Submission

To be considered complete, application submissions must include the following:

- a) One (1) Original application (single sided) with original signatures
- b) Seven (7) copies (double sided)

Submit all applications to:

Overnight Courier/Hand Delivery	General U.S. Postal Services
ATTN: PCTP RFA 10-10413 Cancer Detection Section California Department of Public Health Mail Station 7203 1616 Capitol Avenue, Suite 74.421 Sacramento, CA 95814-5052 (916) 449-5300	ATTN: PCTP RFA 10-10413 Cancer Detection Section California Department of Public Health Mail Station 7203 P.O. Box 997377 Sacramento, CA 95899-7377

3. Application Deadline

- a) All applications must be received at the CDS office by 5:00 p.m. on February 18, 2011. Packages will be date and time stamped upon receipt. Packages received after the deadline will be returned without review. Faxes, electronic submissions, or postmarks will not be accepted in lieu of these requirements.
- b) Please be advised that CDS’ internal processing of United States mail may add forty eight (48) hours or more to the delivery time. If applications are mailed, applicants are encouraged to use an overnight courier service that requires a signature or receipt upon delivery. If applications will be hand delivered, allow sufficient time to locate on-street metered parking and to sign-in at the security desk.
- c) It is CDS’ policy to make every effort to help ensure that all applications have been received and properly time-and date-stamped; however, applicants are ultimately responsible for ensuring timely receipt of their application.

J. CDS Contact Information

Direct all inquiries in writing via email to CDS.RFAs@cdph.ca.gov.

M. Funding Decisions

1. Awards, if made, will be to the responsive Applicant deemed qualified and eligible for funding by CDS.
2. Award notices will be posted by 5:00 p.m., March 4, 2011, on the CDS web site at <http://www.cdph.ca.gov/programs/CancerDetection/Pages/rfarfp.aspx>.
3. All applicants, whether awarded funding or denied, will be notified in writing of the funding decision.

N. CDS Rights

1. In addition to the rights discussed elsewhere in this RFA, CDS reserves the following rights:
 - a) Modify any date or deadline appearing in this RFA.
 - b) Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
 - c) Waive any RFA requirement or instruction for all applicants if CDS determines that a requirement or instruction was unnecessary, erroneous or unreasonable. If deemed necessary by CDS, CDS may also waive any RFA requirement or instruction after the application submission deadline.
2. The issuance of this RFA does not constitute a commitment by CDS to make an award. CDS reserves the right to reject all applications and to cancel this RFA if it is in the best interests of CDS to do so.

O. Appeals Procedure

Only those applications that are reviewed and not funded may appeal. There is no appeal process for applications that are submitted late or are incomplete. Grounds for appeals shall be limited to assertions that CDS failed to correctly apply the standards for reviewing and evaluating applications as specified in this RFA. Disagreements with the content of the review committee evaluation are not grounds for appeals. Applicants may not appeal their funding level.

The applicant must file a full and complete written appeal, including the issue(s) in dispute, the legal authority or other basis for the protester's position and the remedy sought. Appeals must be submitted directly to CDS by 5:00 p.m. on **March 11, 2011**. Appeals submitted by U.S. postal service must be postmarked no later than March 11, 2011. Faxes will not be accepted. Appeals must be sent to:

Overnight Courier/Hand Delivery	General U.S. Postal Services
Donald O. Lyman, M.D., Chief Chronic Disease and Injury Control Division c/o Cancer Detection Section California Department of Public Health Mail Station 7203 1616 Capitol Avenue, Suite 74.421 Sacramento, CA 95814-5052	Donald O. Lyman, M.D., Chief Chronic Disease and Injury Control Division c/o Cancer Detection Section California Department of Public Health Mail Station 7203 P.O. Box 997377 Sacramento, CA 95899-7377

At his sole discretion, the Chronic Disease and Injury Control (CDIC) Division Chief may hold hearings with the appellants to discuss their appeals, make a decision based on the written appeal, or both. The decision of the CDIC Division Chief shall be the final administrative remedy. Within ten (10) working days of receipt of the written appeals, CDS staff will contact the appellant regarding whether or not the appellant desires an in-house hearing or only a written response. Within ten (10) working days of either a hearing or notification by the appellant that a hearing is not desired, the appellant will receive final written decision from the CDIC Division Chief.

P. Disposition of Applications

1. All materials submitted in response to this RFA will become the property of CDPH and, as such, are subject to the Public Records Act (Government Code, Section 6250, et seq.). CDPH will disregard any language purporting to render all or portions of any application confidential.

V. ADMINISTRATIVE AND PROGRAM EXPECTATIONS

A. Reporting

The Progress Report serves as a tool to assess the progress towards implementation of objectives, provides legitimate documentation of activities, and provides feedback to CDS. For these reasons, it is important that these reports provide an adequate, detailed synopsis of the activities conducted.

The timely submission of Progress Reports is a contract requirement. Progress Reports must be received on or before the due date indicated. A Year End Progress Report is due at the end of each fiscal year. Failure to submit timely and accurate Progress Reports is cause for invoice payments to Contractors to be reduced, delayed, or disallowed. Each Contractor is required to follow all CDS procedures for reporting information submitted in their Progress Reports. Contractors will be required to respond as necessary to any specialized reports and/or revisions to report instructions as designated by CDS.

Progress Reports must be received both electronically and in hard copy (a minimum of four copies.) They must be received by CDS for each report period by the following due dates:

Report Period	Due Date
1. June 1-December 31, 2011	February 29, 2012
2. January 1– June 30, 2012	August 31, 2012 (Year End Report)
3. July 1- December 31, 2012	February 28, 2013
4. January 1-June 30, 2013	August 31, 2013 (Year End Report)
5. July 1-December 31, 2013	February 28, 2014
6. January 1-June 30, 2014	June 30, 2014 (Year End Report)

The Contractor's final invoice for each fiscal year will not be processed until an acceptable Year End Progress Report has been received and approved by CDS for each fiscal year.

B. Meetings, Trainings, and Site Visits

Contractors are required to attend and participate in meetings and teleconferences scheduled by CDS.

CDS will perform at their discretion formal and/or informal site visits. Contractors will receive advance notice, not less than five (5) working days prior to the site visit.

C. Staffing

In order to ensure adequate funding of all contract deliverables, CDS reserves the right to require the Contractor to reduce or eliminate any staffing position(s) in excess of the minimum required.

Contractor shall submit a *Staffing Report* to CDS by June 30, 2011 and resubmit the report any time there is a change in key personnel or any change in percent of time, within twenty (20) working days of the change. Prior approval is required for changes in staffing patterns that deviate from the original contract agreement. In addition the Contractor will maintain an up to date organizational chart showing all positions that have duties related to this project including paid and in-kind. Any changes to the organizational chart must be submitted in writing to CDS within ten (10) working days of said change.

CDS requires the minimum paid staff positions, below, for the PCTP and will maintain direct contact with these key staff:

Administrative Personnel:

Project Director: This position shall not exceed 10 percent. This position will have overall responsibility for the oversight and management of the contract and responsibility to ensure that all activities detailed in the Scope of Work are completed. This person must possess a Masters in Public Health (MPH) or equivalent degree and must have a minimum of five (5) years experience in a leadership role with supervisory experience and must have clinical expertise in chronic disease or cancer treatment. If the desired candidate does not meet these qualification requirements, a description of the candidate's related experiences and abilities that qualify them for the position must be submitted for consideration.

Program Administrator: This must be a full time staff person. This position will have responsibility for the day to day management of the administrative aspects of an approximate \$3 million program. This position will serve as the primary liaison between the Contractor and CDS, and will provide staff supervision, fiscal and administrative oversight, contractual oversight, and reporting. This person must have at least five (5) years experience in program administration with supervisory experience. Possession of a health related masters degree is recommended. If the desired candidate does not meet these qualification requirements, a description of the candidate's related experiences and abilities that qualify them for the position must be submitted for consideration.

Direct Patient Care Personnel:

Medical Director: This position shall not exceed 25 percent. This position will have overall responsibility for oversight of direct patient care treatment and assurance that quality clinical services are being provided. In addition, this position assures that

treatment needs for patient are being met by the list of covered services and works directly with providers and CDS to determine what services are necessary. Must be a physician with expertise in prostate cancer and possession of a Masters of Public Health (MPH) is preferred. This person should have experience in a leadership role. This position may be combined with the Project Director for a total of 35 percent time base.

Nursing Manager: This must be a full time staff person. This position will have responsibility for oversight of the case management services provided by the program. This person will assure that clinical services are appropriately coordinated and provided to enrolled men; assure that symptom management and patient education are provided, and serve as a resource to case managers and patients. This person must possess a RN, BSN, with masters level training preferred. Urology and community health experience are also preferred

Enrollment Coordinator: This must be the equivalent of one full time staff person. This position will be the first line of contact for men seeking entry into the program. They will be responsible for interviewing patients to determine eligibility and for disseminating basic information about the program. Bilingual preferred.

D. Expenditures, Reimbursements, and Records

1. Contractors must have adequate financial resources to cover approximately four (4) to six (6) months of delayed payments from CDS.
2. Contractors must expend funds in accordance with the approved budget. If any changes in the budget need to be made, including but not limited to, line items or staffing patterns, the Contractor must request these changes in writing for CDS approval.
3. For services satisfactorily rendered and upon approval of invoices, CDS will compensate the Contractor in arrears for actual expenses. Reimbursement for food and drink are not permitted.
4. Contractors should be aware that to receive expenditure reimbursement, it is legally bound to deliver the services as stated in the approved SOW. If changes to the SOW need to be made, the Contractor must request these changes in writing for CDS approval.
5. Contractors should be aware that CDS will withhold payment of invoices or recover funds for lack of documentation, unmet deliverables, and/or apparent non-compliance with contract requirements. CDS will determine whether the contract deliverables have been completed satisfactorily and/or in their entirety, as well as closely monitor progress toward SOW deliverables.
6. Contractors will submit a monthly invoice, no more than sixty (60) calendar days after the last day of the month to CDS for reimbursement of their expenses. Back-up documentation will be required quarterly for the months of September, December, March, and June. Back-up documentation will include but not be limited to timesheets, operating expenses and/or vendor/provider payments. Failure to submit timely monthly invoices will result in a decrease of five (5)

percent of the total annual budget from subsequent invoice(s). Failure to submit timely back-up documentation will result in a decrease of ten (10) percent of the total annual budget from subsequent invoice(s).

7. Contractors may be required to obtain an annual single organization-wide financial and compliance audit. If so, CDS will reimburse the Contractor for its proportionate share of the audit expense.

E. Contract Compliance

1. Contractors must comply with all CDS policies, procedures, and program letters related to contract performance.
2. The Contractor is responsible for meeting SOW deliverables.
3. The Contractor is responsible to respond timely and appropriately to requests for information related to the operations and services of the PCTP, in a format specified by CDS.
4. If the need should arise to suspend enrollment of men for any reason, the Contractor will give CDS sixty (60) calendar days written notice with a plan of action that includes but is not limited to the following:
 - a) date of planned suspension and end date
 - b) projected number of men that will be waitlisted during the period
 - c) how the shortfall occurred
 - d) consideration given to using other line items for treatment
 - e) communication plan for patients, providers and partners
 - f) list of alternative referral resources
 - g) strategy to move men off the waiting list
5. Expenses will only be reimbursable under this contract to perform activities that implement the contract or SOW deliverables. Activities such as, but not limited to, grant writing, grant implementation, independent research and papers, fund solicitation, and volunteering for boards or committees of other programs or organizations, are not permitted during CDS-funded work hours.
6. Contractors will not be reimbursed for time or travel outside the state, without prior written approval from CDS. Travel must be directly related to achieving the SOW objectives.
7. Contractor shall comply with the Copyright/Ownership exhibit as set forth in the contract. CDS shall be provided a courtesy copy of any publication that includes reference to IMPACT or the state funded PCTP thirty (30) days prior to the date of publication.

F. Contractual Terms and Conditions

The funded Applicants must enter a written agreement that may contain portions of the Applicant's application (i.e., Budget, Work Plan, Scope of Work, standard contractual provisions, a standard agreement, and the exhibits identified below). Other exhibits, not identified herein, may also appear in the resulting agreement.

The exhibits identified in this section contain contractual terms that require strict adherence to various laws and contracting policies. An Applicant's unwillingness or inability to agree to the proposed terms and conditions shown below or contained in any exhibit identified in this RFA may cause CDPH to deem an Applicant non-responsive and ineligible for an award. Note, California State Universities and/or colleges will be offered alternate agreement terms that represent CDPH's traditional contractual language, which differs slightly from the agreement terms contained or referenced herein. CDPH reserves the right to substitute the latest version of any form or exhibit listed below in the resulting agreement if a newer version is available.

The exhibits identified below illustrate many of the terms and conditions that may appear in the final agreement between CDPH and the funded applicant. Other terms and conditions, not specified in the exhibits identified below, may also appear in a resulting agreement. Some terms and conditions are conditional and may only appear in an agreement if certain conditions exist (i.e., agreement total exceeds a certain amount, federal funding is present, etc.).

In general, CDPH will not accept alterations to the General Terms and Conditions, CDPH's Special Terms and Conditions, the contents of other cited exhibits, or alternate language proposed or submitted by a prospective Contractor. As indicated above, the awarding program will substitute CDPH's standard California State University or University of California agreement model in place of the terms and exhibits identified below.

1. Exhibit:

- a) Standard Agreement
- b) Budget Detail and Payment Provisions
- c) General Terms and Conditions
View or download this exhibit at the Internet site <http://www.documents.dgs.ca.gov/ols/GTC-610.doc>. An alternate version of this exhibit (i.e., GIA 101) will be cited in agreements entered into with University of California campuses or California State University campuses.
- d) Special Terms and Conditions
- e) Additional Provisions
- f) Contractor's Release
This exhibit is not applicable to agreements entered into with University of California campuses or California State University campuses.
- g) Travel Reimbursement Information.
This exhibit may not be applicable to agreements entered into with University of California campuses or California State University campuses.
- h) HIPAA Business Associate Addendum.
- i) Invoice Cover Letter Template
- j) Staffing Report

- k) Approved Salary Ranges
- l) PCTP Grid of Reimbursable Services

2. Resolution of language conflicts (RFA vs. final agreement)

If an inconsistency or conflict arises between the terms and conditions appearing in the final agreement and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the final agreement.

G. Subcontracts and Consultant Agreements

1. Subcontract and consultant agreements to complete SOW activities may only be allowed on a case-by-case basis, and must be fully justified in writing and approved in advance by CDS.
2. CDS reserves the right to reject reimbursement for subcontract and consultant agreements if the agreement did not receive prior CDS approval.

H. Lobbying

1. CDS funds may not be used to support lobbying activities. Lobbying is defined as communicating with a member or staff of a legislative body, or a government official or employee, with the intention of impacting the formulation of legislation; or swaying the general public with the specific intention of promoting a “yes” or “no” vote on a particular piece of legislation.
2. Educating legislators, their staff, government employees, or the general public about *IMPACT* or about prostate cancer-related issues is not considered lobbying.

VI. APPLICATION REQUIREMENTS AND INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. READ ALL INSTRUCTIONS CAREFULLY. Be sure to include all of the information required in this RFA, including all attachments, agency documentation, and the appropriate number of copies. Re-check the application to ensure completeness.
2. DO NOT PROVIDE ANY MATERIALS THAT ARE NOT REQUESTED. Any materials submitted that are not requested under this RFA will be discarded prior to application review, including pages that go over the maximum number in specified sections with page limitations.
3. Number each page of the application sequentially, starting with Page 1, in the bottom right-hand corner of each page, excluding the application's Required Attachments and Required Agency Documentation sections.
4. For the Required Attachments and Required Agency Documentation sections, number the pages sequentially, starting with Page 1 within each section, in the bottom right-hand corner of each page.
5. Use Arial font size 12 or larger, single-spacing.
6. Use margins of no less than one inch on all sides.
7. Print pages single-sided on white paper.
8. Securely clip the original application and all seven (7) copies in the upper left corner. Do not use folders or binders.
9. Clearly indicate "RFA #10-10413" on the outside of the mailing envelope.
10. Note that several Required Attachments and Required Agency Documentation forms require a signature by the person authorized to legally bind the agency to the commitment outlined in the application. Allow the necessary time to obtain these required signatures. Sign the document in blue ink.
11. Present the components of the RFA in the order listed on the **Application Checklist (Attachment 1)** to ensure that your application package is complete. Carefully follow the instructions provided on the subsequent pages to complete each section and attachment.
12. An original and seven (7) copies of the complete application package must be received by **5:00 p.m., Friday, February 18, 2011**. Late or incomplete applications will not be reviewed.

B. REQUIRED COMPONENTS AND ATTACHMENTS

1. **Application Checklist (use Attachment 1)**
Complete and submit the Application Checklist to ensure that all application attachments and required components are included and place it on top of your application.

The items included on the checklist are required to be submitted as part of the application and must be presented in the ordered given on the form. If any items are omitted from the application, the application will be considered non-responsive and will not be reviewed.

2. Application Cover Page (use Attachment 2)

Complete and submit the Application Cover Page.

3. Table of Contents

Applications must have a Table of Contents with page numbers referenced. Properly identify each section and the contents therein. Number each page of the application consecutively, excluding the application's Required Attachments and Required Agency Documentation sections.

4. Applicant Capability

(7 page maximum) 48 Points Total - maximum of 4 points per question

In seven (7) pages or less, describe the Applicant's ability to successfully implement the proposed project. The organizational chart, duty statements, resumes, Board of Directors roster, non profit status documentation, and local government resolution are excluded from the page limitation. Address all of the following issues as they apply to the Applicant agency.

- a) Describe the Applicant agency's history, including the date the agency was established, and its primary mission. Explain the services and programs currently offered by the Applicant. Describe the Applicant's history with any past services relevant to this RFA, especially any involvement in prostate cancer treatment and support.
- b) Describe the Applicant's capability and resources to ensure timely start-up and implementation into the agency's organizational structure. Attach an organizational chart clearly indicating the placement of the proposed project. Place the organizational chart in the Required Agency Documents section of the application.
- c) Describe the Applicants experience in working with clients of various racial, ethnic, cultural, and economic backgrounds.
- d) Describe the experience and ability to work with community based organizations and maintain effective communication with multiple partners.
- e) Describe the Applicant's ability to successfully address the challenges and barriers of providing statewide treatment services.

- f) Describe the challenges of identifying, recruiting and contracting with various treatment providers throughout California. Describe how the Applicant will overcome these challenges.
- g) Describe the Applicant's experience and capacity to utilize data to identify trends and problems, including an example of how the Applicant has used data to develop and implement strategies and solve problems. Include a description of resources available to the Applicant to assist in this process.
- h) List the individuals, including staff, collaborators, subcontractors, and consultants, who will have significant intellectual input into the execution of this project, regardless of whether they will be paid with funds from this award. Begin with the Program Director. For each individual, include their name, position or title, agency, and their role in the project. Include a biographical sketch of each individual, not to exceed two pages. for each. The bio sketch is separate from page limit. DO NOT replace this form with CVs or resumes.
- i) Describe the agency's financial ability to conduct all services described in this RFA. Given that contract payments are made on a reimbursement basis, explain how the Applicant agency is financially able to operate the project while awaiting payment for a minimum of 120 days.
- j) Describe the Applicant's auditing history over the last three (3) years. Describe the frequency and types of audits, date of last audit, and a summary of major findings from the last audit. Do not send copies or related material with the applications. Indicate if the Applicant has been audited by a State agency within the last two (2) years. If yes, list: 1) the name of the State agency; 2) State agency contact person and phone number; 3) the year the audit was conducted; and 4) the outcome of the audit. CDHS/CDS reserves the right, at its sole discretion, to follow-up with references to confirm the audit history.
- k) Describe the Applicant's current administrative staffing patterns for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience with monitoring government contracts and/or grant funds. Describe the applicants experience and/or ability to verify patient eligibility and processing claims for payment. Do not attach resumes of administrative/fiscal staff that will be paid through the contract's indirect expense line.

- l) Describe the Applicants ability to develop and implement a smooth transition of the PCTP to a new contractor upon completion of the contract term.

5. **Workplan Narrative**

(10 page maximum) 48 Points Total - maximum of 3 points per question

The workplan is considered to be a plan of action that reflects the Applicant's understanding of what is expected in the Scope of Work (SOW) (Attachment 3).

In ten (10) pages or less summarize how the Applicant will:

- a) develop and/or manage the PCTP
- b) provide prostate cancer treatment services to the target population
- c) collect and report data, as outlined in this RFA under "Description of Services".

Responses should be provided for each of the items listed below.

Overall:

- a) Demonstrate the Applicant's understanding of the Scope of Work expected for this program.
- b) Describe the strategies, methods, and approaches the Applicant will use to achieve each of the objectives as outlined in this RFA.
- c) Provide information that demonstrates that the Applicant understands the various racial, ethnic, economic and geographic needs of the population to be served.
- d) Describe how the Applicant plans to self-monitor progress made toward ensuring that the deliverables of each SOW objective is implemented.
- e) Describe how the Applicant will assure that the maximum number of men possible receive treatment as per the legislation.
- f) Discuss how the Applicant will manage the case load in such a way as to avoid running out of funds during the fiscal year, while continuing to accept new men. Options may include but not be limited to the following: limiting re-enrollment, seeking in-kind services, new creative outreach approaches, partnering with county clinics including share of cost, limiting case management, etc.

Management and Administration:

- a) Describe how the Applicant will effectively coordinate, manage, and monitor the efforts of the assigned staff, including subcontractors and/or consultants, if any, to ensure that all tasks, activities and functions are completed effectively and in a timely manner.

- b) Describe the fiscal accounting processes and budgetary controls to be used to ensure the responsible use and management of contract funds and accurate invoicing. Include at a minimum, a brief description of all of the following:
 - i. How the costs incurred under this project will be appropriately accounted for and only applicable project expenses will be billed to CDPH (e.g., use of unique account/project codes, etc.).
 - ii. Applicant's fiscal reporting and monitoring capabilities (e.g., spread sheets, automated fiscal reports, quality controls, checks and balances, etc.) to ensure contract funds are managed responsibly.
- c) Describe the proposed staffing plan and briefly, describe the administrative policies or procedures used to ensure the recruitment and selection of well-qualified, competent, and experienced in-house staff, subcontractors and/or independent consultants. Include the processes or procedures that will be used to ensure that vacancies are filled expeditiously and that services are continued despite the presence of vacancies.
- d) Include a copy of the proposed organizational chart for the PCTP (include any in-kind staff).

Direct Patient Care:

- a) Identify how the applicant will recruit eligible men and provide statewide treatment services, in urban, rural and frontier areas, especially those areas historically underserved.
- b) Describe the Applicant's understanding of the special needs of the men who are eligible to receive services through this program.
- c) Provide a detailed narrative of the system or process used to ensure that quality care is provided.

The discussion should include the method and standards used to evaluate the quality of care provided.

Data Collection and Reporting:

- a) Describe how the Applicant will develop, establish and maintain a data collection system.
- b) Describe how the Applicant will establish an infrastructure to ensure that quality data are collected and analyzed.
- c) Describe how the Applicant will ensure that data are reported in a timely fashion and in a manner that meets the reporting requirements described in this RFA.

6. Scope of Work (use Attachment 3)

2 Points Total

PCTP has been in existence for nearly ten (10) years and is no longer considered a pilot project. Therefore the Scope of Work for this application is not negotiable. Do not alter or delete the *Existing Goal, Objectives and Activities, Timeline, or Performance Measures and/or Deliverables*. Applicant is to complete the Responsible Party only for a maximum of 2 points.

7. Budget, Additional Budget Detail, and Budget Justification (use Attachments 9, 10, 11)

10 Points Total

Use Attachments 9, 10, and 11 to prepare the Budget, Additional Budget Detail, and Budget Justification for each of the four (4) fiscal years. The first fiscal year will consist of a 1-month period, and the remaining three (3) fiscal years will consist of 12-month periods as follows:

Fiscal Year 1: June 1 through June 30, 2011

Fiscal Year 2: July 1, 2011 through June 30, 2012

Fiscal Year 3: July 1, 2012 through June 30, 2013

Fiscal Year 4: July 1, 2013 through June 30, 2014

Each fiscal year's budget documents should reflect adequate funding to accomplish the goals, objectives, activities, and evaluation for the corresponding SOW.

The Budget forms included in this RFA are not intended to dictate the specific costs that can be claimed for reimbursement, but are intended to show the required format for reporting proposed budget expenses.

a) Prohibited Expenses

Certain expenses are disallowed from reimbursement for this project. These disallowed expenses include, but are not limited to:

- i. Bonuses/Commissions: Reimbursement is prohibited for any bonus or commission to any individual, organization, or firm.
- ii. Lobbying: Reimbursement is prohibited for lobbying activities.
- iii. Fundraising: Reimbursement is prohibited for organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, or similar expenses incurred solely to raise capital or obtain contributions.

- iv. Purchase of Real Property: Reimbursement is prohibited for expenses for real property, including land, structures, and their attachments.
- v. Interest: Reimbursement is prohibited for interest payments.
- vi. Lease-Purchase Options: Reimbursement is prohibited for a lease-purchase option for the acquisition of any equipment.
- vii. Food and Drink: Reimbursement is prohibited for food and/or drink.
- viii. Overtime: Reimbursement is prohibited for overtime.
- ix. Out-of-State Travel: Reimbursement is prohibited for travel outside of California.

b) Budget (8-Line Item Budget)

Use the Sample 8-Line Item Budget format to prepare a separate Budget for each of the four (4) fiscal years. The 8-Line Item Budget will provide a condensed version of the Additional Budget Detail and Budget Justification specifics.

i. Personnel

Show the total Administrative Personnel and Direct Patient Care Personnel amount by calculating the sum of all staff salaries.

ii. Fringe Benefits

Show the total amount of Fringe Benefits for Administrative Personnel and Direct Patient Care Personnel by the percentage rate that will be charged. Fringe Benefits are calculated by multiplying the total Personnel costs by a given percentage. Fringe benefits will be based on actual costs.

iii. Operating Expenses

Show the total Operating Expenses amount for Administrative Personnel and Direct Patient Care Personnel by calculating the sum of General Expenses, Space Rent/Lease (broken down by square footage X # of staff X cost).

iv. Equipment

Show the total Equipment amount for Administrative and Direct Patient Care if the amount is less than \$50,000. If this amount is \$50,000 or more during any fiscal year, provide a breakdown. Include only equipment items with a unit cost of \$5,000 or more and a life expectancy of one year or more. Equipment items with a unit cost of less than \$5,000 should be included in the Operating Expenses line.

- v. **Travel**
Show the total Travel costs for Administrative and Direct Patient Care. The allowable reimbursement rates are given in Exhibit G, "Travel Reimbursement Information."
- vi. **Subcontracts**
Show the total Subcontracts amount for Administrative and Direct Patient Care if it is less than \$50,000. If this amount is \$50,000 or more during any fiscal year, provide a breakdown.
- vii. **Other Costs**
Separate the other costs into Administrative Costs, Direct Patient Care Costs, and Direct Patient Care Treatment Costs.
- viii. **Indirect Costs**
Show the Indirect Costs for Administrative and Direct Patient Care. Indirect Costs are calculated by multiplying the Total Personnel and Fringe by no more than 25 percent. **NOTE:** Do not consolidate Indirect Costs into other line items. Indirect Costs must be reported separately under the Indirect Costs line item.
- ix. **Total Budget**
Show the Total Budget amount. This is calculated by adding lines A through H. This amount should match the funding amount designated for each fiscal year.

c) Additional Budget Detail

Use the Sample Additional Detail Budget format to prepare a separate Additional Budget Detail for each of the four (4) fiscal years. Provide an itemized cost breakdown for each budget line item. Display costs as whole dollars only. Fractional dollar amounts or cents must be rounded to the nearest whole dollar. Identify the Applicant's projected detailed expenses for each line item identified below by following the instructions herein.

- i. **Personnel**
Pursuant to Section 3.17.1 of the State Contracting Manual, salaries paid to project staff shall not exceed those paid to the State personnel for similar positions/classifications. For the purpose of this contract, no salaries may exceed the stated salary ranges (see Exhibit K.)

Show a breakdown/list of all Administrative Personnel and Direct Patient Care Personnel positions that will be utilized

under the contract. For each position, give the position title, name of staff (if known), the percent of time the position will have in the contract, the range of pay per month (e.g., \$3,050 - \$3,708 per month), and the amount requested for that fiscal year. The salary range shall remain constant throughout the duration of the contract. The salaries may increase during the duration of the contract, but they must remain within the stated salary range. If applicable, enter \$0 if no personnel costs will be incurred.

Show amount of Total Salaries

ii. Fringe Benefits

Show the total Fringe Benefits amount and the percent that will be charged for Administrative Personnel and Direct Patient Care Personnel. Fringe Benefits are calculated by multiplying the total Personnel costs by a given percentage. Fringe benefits will be based on actual costs.

iii. Operating Expenses

Show a breakdown/list of Operating Expenses for Administrative and Direct Patient Care that include the following categories: General Expenses and Space Rent/Lease. If applicable, enter \$0 if no operating expenses will be incurred.

Direct project costs may include but are not limited to the following expense items:

- Facility rental (i.e., office space, storage facilities, etc.). Include the amount of square footage and the rate per square foot.
- Consumable office supplies.
- Minor equipment purchases (i.e., items with a unit cost of less than \$5,000 and a useful life of one year or more).
- Telecommunications (i.e., telephone and cellular telephones, fax, Internet service provider fees, etc.).
- Postage or messenger/delivery service costs.
- Equipment and furniture rental/lease.

NOTE: Do not consolidate the other distinct line items into the Operating Expenses line item including Equipment, Travel, Subcontracts, or Other Costs, as these costs must be reported separately.

iv. Equipment

Show the total Equipment amount for Administrative and Direct Patient Care if the amount is less than \$50,000. If this amount is \$50,000 or more during any fiscal year, provide a breakdown. If applicable, enter \$0 if no major equipment expenses will be incurred.

CDPH primarily classifies equipment as Major Equipment, Minor Equipment and Miscellaneous Property. Major Equipment is defined as a tangible or intangible item with a base unit cost of \$5,000 or more and a life expectancy of one year or more that is purchased or reimbursed with agreement funds. Major equipment is budgeted in this expense line item. Minor Equipment is defined as a tangible item with a base unit cost of less than \$5,000 and a life expectancy of one year or more and is on CDPH Minor Equipment List and that is purchased or reimbursed with agreement funds. Minor equipment should be included in the Operating Expenses line under General Expenses.

v. Travel

Separate the Travel into Administrative and Direct Patient Care. The Travel expenses may include airfare, mileage reimbursement, parking, toll bridge fees, taxicab fares, overnight lodging and meal expenses, etc. See Exhibit G for allowable reimbursement rates. If applicable, enter \$0 if no travel expenses will be incurred.

vi. Subcontracts

Separate the Subcontracts into Administrative and Direct Patient Care. Specify a total cost for each subcontract agreement. Subcontractors include any persons/firms performing contract services that are not on the Applicant's payroll.

Regardless of funding amounts, all subcontract agreements need to be itemized on the Additional Budget Detail under the Subcontracts line item. Enter \$0 if no subcontract expenses will be incurred.

vii. Other Costs

Separate out Administrative Costs, Direct Patient Care Costs, and Direct Patient Care Treatment Costs.

Total Direct Costs

Even though the Total Direct Costs are not shown on the 8-Line Item Budget, do show the Total Direct Costs on the Additional Budget Detail. Total Direct Costs are calculated by adding lines A through G.

viii. Indirect Costs

Separate the Indirect Costs into Administrative and Direct Patient Care. Indirect Costs are calculated by multiplying the Total Personnel and Fringe by no more than 25 percent.

ix. Total Budget

Enter a total annual cost for the stated fiscal year or budget period. Make sure all itemized costs equal this figure when added together.

d) Budget Justification**i. Personnel**

Separate the Personnel into Administrative Personnel and Direct Patient Care Personnel. Provide a short paragraph on each staff person dedicated to this project. For each position include name (if known), position title, percent of time dedicated to the project, total salary requested, specific position duties, and specific roles each position will perform in this project.

NOTE: The minimum staffing requirements for the PCTP are as follows:

Administrative Personnel:

Project Director: This position shall not exceed 10 percent. This position will have overall responsibility for the oversight and management of the contract and responsibility to ensure that all activities detailed in the Scope of Work are completed. This person must possess a Masters in Public Health (MPH) or equivalent degree and must have a minimum of five (5) years experience in a leadership role with supervisory experience and must have clinical expertise in chronic disease or cancer treatment. If the desired candidate does not meet these qualification requirements, a description of the candidate's related experiences and abilities that qualify them for the position must be submitted for consideration.

Program Administrator: This must be a full time staff person. This position will have responsibility for the day to day management of the administrative aspects of an approximate \$3 million dollar program. This position will serve as the primary liaison between the contractor and CDS, and will provide staff supervision, fiscal and administrative oversight, contractual oversight, and reporting. This person must have at least five (5) years experience in program administration with supervisory experience. Possession of a health related masters degree is recommended. If the desired candidate does not meet these qualification requirements, a description of the candidate's related experiences and abilities that qualify them for the position must be submitted for consideration.

Direct Patient Care Personnel:

Medical Director: The position shall not exceed 25 percent. This position will have the overall responsibility for oversight of direct patient care treatment and assurance that quality clinical services are being provided. In addition, this position assures that treatment needs for patient are being met by the list of covered services and works directly with providers and CDS to determine what services are necessary. Must be a physician with expertise in prostate cancer and possess a Masters in Public Health (MPH) is preferred. This person should have experience in a leadership role. This position may be combined with Project Director for a total of 35 percent time base.

Nursing Manager: This must be a full time staff person. This position will have responsibility for oversight of the case management services provided by the program. This person will assure that clinical services are appropriately coordinated and provided to enrolled men; assure that symptom management and patient education are provided, and serve as a resource to case managers and patients. This person must possess an RN, BSN, with masters level training preferred. Urology and community health experience are also preferred.

Enrollment Coordinator: This must be the equivalent of one full time staff person. This position will be the first line of contact for men seeking entry into the program. They will be responsible for interviewing patients to determine eligibility and for disseminating basic information about the program. Bilingual preferred.

ii. Fringe Benefits

Separate the Fringe Benefits into Administrative Personnel and Direct Patient Care Personnel. Show the total Fringe Benefits and the percent that will be charged. Fringe Benefits are calculated by multiplying the total Personnel costs by a given percentage. Fringe Benefits include medical, dental, vision coverage, etc.

iii. Operating Expenses

Separate the Operating Expenses into Administrative (operating expenses associated with the administrative staff and/or overall management and administrative activities) and Direct Patient Care (operating expenses associated with Direct Patient Care staff). Itemize and justify all expenses in this line item. List each item, and the related cost, separately such as office supplies, communications (telephone, fax, etc.), postage, overnight mail, and space-rent/lease expenses.

iv. Equipment

Separate the Equipment into Administrative and Direct Patient Care. Itemize and justify all expenses in this line item. List each item and the related cost separately such as computers, calculators, furniture, etc. Any item exceeding \$500 per unit is considered equipment and should be detailed in this line item.

v. Travel

Separate the Travel into Administrative (travel associated with the administrative staff and/or overall management and administrative activities) and Direct Patient Care (travel associated with the Direct Patient Care staff or patient travel costs). Describe and justify all expenses in this line item. For each staff trip identify the position title of the person traveling, the reason for the travel, destination of travel with address, cost of the transportation, etc. If patient travel costs are included, estimate a total budget for the patient travel costs. Include detail on how the costs were derived.

vi. Subcontracts

Separate Subcontracts into Administrative and Direct Patient Care. Provide detail for each Subcontractor, including their name (if known at the time of application, if not please note TBD), role and total annual costs. Describe and justify their participation in this project. For each Subcontractor, complete individual budgets and develop individual Subcontractor Scopes of Work, and provide Letters of Commitment from the Subcontractors. Include these subcontractor documents with

the budget forms, and number them sequentially within the application.

vii. Other Costs

Separate Other Costs into Administrative, Direct Patient Care and Direct Patient Care Treatment Costs. Direct patient Care Treatment is allowed to providers for Medi-Cal eligible services at established Medi-Cal rates as specified in Exhibit L, *PCTP Grid of Reimbursable Services*..

viii. Indirect Costs

Separate the Indirect costs into Administrative and Direct Patient Care. Indirect Costs are calculated by multiplying the Total Personnel and Fringe by no more than 25 percent.

ix. Total Budget

Show the Total Budget amount. This amount should match the funding amount designated for each budget fiscal year.

8. Applicant Reference Form (2 Required) (use Attachment 4)

6 Points Total - 3 per reference

Applicants must have two current and/or previous funding sources for which they are/were contracted for at least \$2,000,000 each. A representative from each funder must complete, provide an original signature in blue, and date a copy of the "Applicant Reference Form" provided in this RFA. CDS reserves the right to contact the Applicant's referring agencies in order to verify information provided.

9. Letters of Support (3 Required)

6 Points Total - 2 per letter

Solicit three letters of support from organizations that will provide support to the Applicant in order to fulfill the requirements of the PCTP. Each Letter of Support should be produced on the agency letterhead, include an address, telephone number, contact person, email address, name and title of letter's author and should address the following elements. Each Letter of Support will be worth 2 points.

- a) Description of the capacity in which the supporting organization will work with the Applicant.
- b) Description of the nature or scope of support promised and the commitment of providing that support.
- c) For existing collaborators, provide a brief description of past collaborative efforts between the Applicant and supporting organization.

- d) For new collaborators, explain how the new partner relationship will be developed and maintained.

C. ADDITIONAL REQUIRED ATTACHMENTS

Complete and submit the documents listed below, placing them after the main portion of the application. Assemble them in the order shown below in your application's Required Attachments section. Number the pages sequentially in this section, starting with Page 1. Hand-written page numbering is acceptable. Remember to place all originals in the application package marked "Original" and photocopies in other required application sets. These documents do not count towards any of the page limitations stated within the application.

1. **CCC 307 - Certification (use Attachment 5)**
Complete and sign this form indicating the Applicant's willingness and ability to comply with the Contractor Certification Clauses appearing in Attachment 5. The attachment supplied in this bid represents only a portion of the Contractor information in this document. Visit this website to view the entire document: <http://www.documents.dgs.ca.gov/ols/CCC-307.doc>.
2. **Payee Data Record (use Attachment 6) STD 204**
Complete and return this form, only if you have not previously entered into a contract with CDPH. If uncertain, complete and return the form.
3. **RFA Clause Certification (use Attachment 7)**
Complete and sign Attachment 7 indicating the Applicant's willingness and ability to comply with the certification clauses.
4. **Conflict of Interest Compliance Certificate (use Attachment 8)**
Any organization that intends to submit an application is required to submit Attachment 8 certifying that the applying organization understands that the conflict of interest requirements shall remain in effect for the entire term of the resulting agreement.
 - a) Applicants must assess their own situation according to the Conflict of Interest Compliance Certification information in Attachment 8. Complete, sign, and attach any required documentation according to the instructions on the attachment.
 - b) If a conflict of interest is determined to exist that cannot be resolved to the satisfaction of CDPH before the award of the contract, the conflict will be grounds for deeming an application non-responsive.

D. REQUIRED AGENCY DOCUMENTATION

Complete, sign and submit the documents listed below, placing them after the Required Attachments portion of the application. Assemble them in the order shown below in your application's Required Agency Documentation section. Number the pages sequentially in this section, starting with Page 1. Hand-written page numbering is acceptable. Remember to place all originals in the application package marked "Original" and photocopies in other required application sets.

These documents do not count towards any of the page limitations stated within the application.

1. Proof of Non-profit Status

If the Applicant is a non-profit organization, the Applicant must prove they are legally eligible to claim “non-profit” and/or tax-exempt status by submitting a copy of your 501(c)(3) Form, or an IRS determination letter indicating nonprofit or 501(c)(3) tax-exempt status (see Appendix VII and Appendix VIII for samples). Submit an explanation if the Applicant cannot supply this documentation.

2. Board of Directors List

For non-profit organization Applicants only, submit a list of the Applicant’s Board of Directors.

3. Local Government Resolution

For Applicants that are local government agencies, submit the governing board’s resolution, or include a letter documenting when the resolution was submitted and when the Applicant expects to receive approval. Local government agencies must report to a governing board (e.g. City Council or Board of Supervisors) and get a resolution providing authority to apply for and accept contract funds. After passage, submit the resolution to CDS before the contract agreement is finalized.

4. Organizational Chart

The organizational chart must show the distinct lines of authority between and among the persons that will perform the project work and the primary reporting relationships within the Applicant’s organization. Show the relationships between management, key decision makers, supervisory personnel, staff, and subcontractors and/or independent consultants, if any. Include any in-kind staff or committees.

5. Duty Statements/Resumes

Submit duty statements for all key project staff positions listed and described in Section V, “Administrative and Program Expectations,” Part C, “Staffing,” of this RFA. The duty statements must include the minimum qualifications of knowledge, experience, and education for each position. Attach resumes for all staff already in place and identified for a budgeted position.