

# PROGRAM GUIDANCE

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# About The Program

## WYOMING CANCER PROGRAM

The Wyoming Cancer Program (WCP) is comprised of the Wyoming Breast and Cervical Cancer Screening Program (WBCCSP), the Wyoming Colorectal Cancer Screening Program (WCCSP), and the Wyoming Comprehensive Cancer Control Program (WCCCP).

The WCP reimburses participating healthcare providers for breast, colorectal, and cervical cancer screening services, provided to enrolled clients throughout Wyoming. The screenings are paid for through funds from the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program, the State of Wyoming, and other funders. The WCP application and information is available at: <https://health.wyo.gov/publichealth/prevention/cancer/>.

The Outreach and Education Component of the Wyoming Cancer Program implements the Wyoming Cancer Plan and facilitates and supports the work of the Wyoming Cancer Coalition. Through collaborative partnerships, the program supports implementation of evidence-based interventions (EBI's) at the clinic, community, and population-levels across the cancer continuum including cancer prevention, early detection, access to treatment, and supportive care for survivors. Outreach and education activities are supported by the National Comprehensive Cancer Control Cooperative Agreement from the CDC.

## WCP TARGET POPULATIONS

- All Wyoming people
- Uninsured or underinsured
- Household income at or below 250% of the Federal Poverty Guidelines.
  - Income guidelines are updated annually and are provided online at [health.wyo.gov/cancer](https://health.wyo.gov/cancer) (See Appendix C-2020 Income Guidelines)
- Hispanic & American Indian Populations

## WCP FOCUS

- High-risk populations
  - High risk populations are individuals or communities at greater risk for cancer.
- Rural/Frontier Populations
  - Rural communities tend to have fewer (or remote) care providers for the population base.

## WCP DIRECTORY

The WCP team is available to provide assistance from 8:00 a.m. to 5:00 p.m., Monday through Friday (excluding state approved holidays) and can be reached by selecting a phone number from the following list:

Outreach and Education Coordinator (OEC).....	307-777-7362
The OEC oversees the WCRS contracts, budgets, workplans, and supply requests.	
Outreach and Media Coordinator (OMC).....	307-777-3480
The OMC oversees the WCRS marketing and media requests.	
Outreach and Education Supervisor (OES).....	307-777-8609
The OES oversees the OEC and OMC, reports directly to the CDC and leadership, and oversees the WYCC.	

## WYOMING CANCER RESOURCE SERVICES REGIONAL COORDINATORS

The WCRS are contracted with the WCP for a two year grant cycle and are charged with providing local-level education, outreach, patient navigation services, community planning, and data collection in order to lessen the impact of cancer on Wyoming people.

The work of the WCRS is guided by the Wyoming Cancer Control Act of 2007, the WCP Outreach and Education Component, the CDC National Comprehensive Cancer Control Program, National Breast and Cervical Cancer Early Detection Program, and the Wyoming Cancer Plan.

The WCRS must work closely with individuals by assisting them with applications for the WCP screening programs and/or referring them to other programs, services, and resources, as appropriate. Additionally, the WCRS must provide current applications and informational brochures to local healthcare providers (See Appendix A-WCRS Regional Map and Appendix B-WCRS Contact Information).

## MISSION

To provide communities with cancer prevention and control services throughout the continuum of cancer care.

## GOALS

Long Term:

- To reduce the number of people affected by cancer in Wyoming.

Activities:

- Educate about cancer prevention programs, services, and cancer risk factors.
- Promote early detection of cancer at intervals recommended by the United States Preventive Services Task Force (USPSTF).
- Refer eligible participants to WCP screening programs.

- Provide informational resources to Wyoming residents needing local, regional, state, or national cancer information and resources.
- Provide patient navigation services to work directly with clients in completing their cancer screenings.
- Utilize resources within communities in the region to fill service gaps.
- Develop partnerships with health systems, employers, organizations, or other partners to implement evidence-based interventions, community-clinical linkages, or healthy system change to increase cancer screening rates.

## WCRS TARGET POPULATION

All Wyoming people.

## FOCUS

- High-risk populations
  - High risk populations are individuals or communities at greater risk for cancer based on data and regional priorities.
- Rural/Frontier Populations
  - Rural communities tend to have fewer (or remote) care providers for the population base.

## DATA

The WCP utilizes a database called CaST to store all program enrollments and screening information. This system can be utilized to provide information to the WCRS related to the number of enrolled individuals in their region, the number of enrollments that specified WCRS specific referral, the number of screenings completed in a specific region or time period, etc.

The WCP shares information with the WCRS in a variety of capacities. This aids the WCRS in understanding the community and knowing who to target for cancer screening and treatment. Enrollment data is also shared with the WCRS to assist with patient navigation. The following data is provided to the WCRS on a quarterly basis by region:

- Wyoming Cancer Program Data:
  - Breast and cervical client enrollments
  - Colorectal client enrollments
  - Breast cancer screening numbers
  - Cervical cancer screening numbers
  - Colorectal cancer screening numbers
  - Total FIT kits distributed
  - Total tested FIT kits
  - Total positive FIT kits
- WCRS Specific Data:
  - Breast and cervical client referrals to the WCP

- Breast cancer screening numbers
- Cervical cancer screening numbers
- Colorectal client referrals to the WCP
- Colorectal cancer screening numbers
- Total FIT kits distributed
- Total tested FIT kits
- Total positive FIT kits

Additionally, the WCP has access to the Behavioral Risk Factor Surveillance Survey (BRFSS) and Wyoming Cancer Surveillance Program (WCSP) data. These data sources are utilized to identify incidence and mortality rates for Wyoming as well as identify late stage vs. early stage diagnosis. This data can be provided on county specific populations. If the WCRS use specific BRFSS or WCSP data to target outreach efforts, please report this information back to the WCP for reporting purposes.

# Fiscal Agents

## WCRS FISCAL AGENT RESPONSIBILITIES

Fiscal agents are the organization that applied for funding and is contracted with the WCP. They are responsible for ensuring that community-based cancer control services are delivered including personnel management, fiscal accountability, contract management, and the ability to facilitate the WCRS program regionally within the scope of the contract with the Wyoming Department of Health. The WCRS are employees of the fiscal agent.

The fiscal agents are responsible for:

- Tracking billing processes to ensure funding is kept separate for this contract, and processes are implemented in accordance with Generally Accepted Accounting Principles (GAAP).
- Monitoring services to ensure that they are provided in accordance with contractual obligations and making adjustments as necessary.
  - The OEC will send periodic updates on important information regarding the WCRS grant such as:
    - Final signed contract
    - Approved budget and workplan
    - Workplan deliverable updates
    - End of year budget spending reminders
    - Site visit dates
      - Agendas
      - Evaluation checklists
- Ensuring that staff hired to coordinate this contract adhere to the limitations on lobbying activities as outlined in contract Section 7E.
- Supporting a human resource system which shall include but is not limited to: workforce planning, recruitment and retention, orientation, training and development, employee compensation and benefits, and performance management.

## NEW HIRE

The fiscal agent is responsible for the hiring and management of the WCRS staff and must provide necessary salary, benefits, training, and human resources support. The fiscal agent is responsible for notifying WCP of any change in staff or vacancy as outlined in contract Section 5C.

Fiscal agents are responsible for hiring professional-level staff for the WCRS positions. The WCRS will be responsible for helping clients and their families navigate and access community services, other resources, and adopt healthy behaviors. The WCRS supports providers and healthcare facilities through an integrated approach to community outreach. As a priority, activities must promote, maintain, and improve the health of clients within their



community. Additionally, the WCRS must implement EBI's within healthcare systems in their region.

Key functions/responsibilities of the WCRS must include:

- Establishing trusting relationships with clients and their families while providing general support and encouragement for cancer care.
- Providing ongoing follow-up, basic motivational interviewing, and creating an action plan that guides clients and their families through screening and treatment.
- Reducing barriers through patient navigation, including referring clients to WCP screening programs and to local and regional services and resources.
- Following-up with clients via phone calls, letters, or other routes as appropriate.
- Being knowledgeable about community resources relevant to the needs of clients/families.
- Building relationships with community partners, including healthcare providers and health systems.
- Identifying collaborative opportunities to increase cancer control activities within communities.
- Project Management skills to facilitate the successful completion of workplan objectives.
- Ongoing training related to cancer prevention, screening, survivorship, etc.

Minimum Qualifications:

- High school diploma or equivalent.
- Written and oral fluency in English.
- Experience working in a multicultural setting.
- Experience working in a community-based setting.
- Basic computer skills.
- Ability to initiate and maintain positive working relationships with medical providers and other organizations.
- Good communication skills, such as active listening, displaying empathy and compassion, and showing respect.
- Ability and willingness to provide emotional support, encouragement, and motivation to clients.
- Ability to prioritize projects and organize multiple tasks simultaneously.
- Knowledge of some medical terminology preferred.

## DRESS CODE

Respect for partners and the public is reflected in a professional appearance by the WCRS. It is expected that the WCRS must maintain an appropriate standard of professional appearance and personal hygiene. The WCRS are expected to abide by the fiscal agent's established dress code policy. If no policy exists, the WCRS must act in accordance with the following dress code:

- A name tag and/or other identifying symbol must be worn. Last names may be omitted on name tags for safety reasons.
- Dress must maintain business casual standards.

- Jeans may be worn for outdoor events or where physical activity is expected.
- Casual clothes must be worn only under special circumstances to align with the event.
- All footwear must be safe, non-slip, professional and provide for adequate support.
- Hair must be clean and neat.
- Use of cologne and perfume must be kept to a minimum as much as possible to avoid reactive respiratory responses among participants with airway disease or allergies.

## TRAINING

All fiscal agents must conform to the terms and conditions outlined in the Wyoming Department of Health (WDH) contract.

The WCRS must:

- Complete Health Insurance Portability and Accountability Act (HIPAA) training annually.
  - HIPAA requires that clients be informed of their rights concerning confidentiality of protected health information. To comply with this act, the WCRS must comply with terms as outlined in the Business Associate Agreement. Refer to the contract, Attachment B- Business Associate Agreement.

A WCRS onboarding Google spreadsheet will be provided to each WCRS and fiscal agent that will outline additional training, templates, resources, and guidance documents. The fiscal agents should utilize this onboarding spreadsheet to train new employees, and current WCRS should utilize this spreadsheet to ensure successful completion of workplan objectives.

## OUT OF OFFICE RESPONSE

If the WCRS will be out of the office for more than 3 business days, it is expected that they notify the Outreach and Education Coordinator as well as set up an out of office response on their email and voice mail.

## HEALTH RECORD KEEPING

The fiscal agent is responsible for collecting and keeping all protected health information secured as outlined in Appendix L-Program Retention and Destruction Guidance.

## MANAGING GRANT FUNDS

The fiscal agent's budget plan is proposed as a part of the grant application and contract process. Final budgets and workplans must be submitted by July 30th for approval. A formal detailed request in writing on official letterhead, including an authorized signature will need to be sent to the WCP for any changes to the approved budget that exceed 10%. Include

justification as to the moving of funds, and specify which category funds are being moved to and from.

Budget plans and spending will be reviewed and discussed as part of the annual site visit.

The following activities and expenditures are prohibited through this grant opportunity:

- Capital construction or supplies for decorative purposes
- Endowment funding
- Religious purposes
- Grants to individuals
- Lease of rental equipment
- Deficits or retirement of debt
- Planning or administration of grant aside from regular staff time
- Any lobbying activities
- Any program or service that denies service based on age, race, sex, gender, national origin, disability, or religion
- Any program or organization with a conflict of interest
- Treatment, medical services, or medical supplies of any kind
- Projects and products unrelated to the primary purpose outlined in this grant application

## MONTHLY INVOICES

The fiscal agent is responsible for sending a monthly invoice for the previous month's expenses to the WCP no later than the 15<sup>th</sup> of the month. The invoice must be signed by the fiscal agents but may also include the WCRS signature. Invoices may be faxed, emailed, or sent via mail to the OEC.

The fiscal agent must submit monthly invoices on the provided template (See Appendix D- Invoice Template and Appendix E-Invoice Guidance).

The fiscal agent is responsible for keeping adequate records and receipts throughout the duration of the contract. Original receipts are not required to be attached to the invoices, however, the WCP can request additional documentation be provided at any time.

Monthly payments will be made as outlined in Section 4 of the contract.

## IN-KIND

The fiscal agent is required to provide a detailed description of cost sharing (in-kind) sources by name and estimated amount for each year of the grant. The WCRS will identify a minimum of 10 percent in-kind to ensure collaborative support for project goals. Additional Salary/Personnel support through cost sharing is allowed. The WCRS will also document the process used for determining the value of non-cash in-kind funds and for documenting the actual cost sharing received. Annual reporting of in-kind contributions must be submitted with the final invoice of each contract year (July 15th) (See Appendix F-WCRS Annual In-Kind Reporting Template).

## **BUDGET SPREADSHEET**

The OEC maintains a spreadsheet of the fiscal agent's budget spending, which can be shared with the WCRS and the fiscal agent upon request. It is the responsibility of the fiscal agent to review their grant payments for accuracy and to notify the WCP if there are any discrepancies.

## **END OF YEAR CLOSEOUT**

At the end of each contract year, all final documents are due to the WCP by July 15th. This includes Annual In-Kind Report, Property Tracking Report, final Monthly Activity Report, Final Project Completion Report, and final Monthly Invoice for any expenses incurred during the contract year.

## **TRAVEL**

The WCRS are required to travel within their region for events and activities relating to the workplan, in addition to the required trainings and meetings. The WCRS are expected to procure the most cost efficient travel arrangements. The WCRS may request General Services Administration (GSA) rate for hotel expenses (See Appendix G-Contractor Hotel Letter).

Travel reimbursements are outlined in the contract under Section 4D. Current reimbursement rates are available by visiting: <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

If the fiscal agent does not have a travel policy and forms in place, contractors can utilize provided templates (See Appendix H-Travel Log Template, Appendix I-Travel Log Guidance, and Appendix J-Mileage Chart).

## **OTHER GRANT APPLICATIONS**

The fiscal agents are encouraged to apply for additional grants that align with or support the WCRS workplan efforts. If the fiscal agent seeks additional funding, the name listed on the grant application must be the fiscal agent's organization and not the WCRS program. Please note that the additional funds can be reported as in-kind contributions on the Annual In-Kind Reporting template.

# Grant Requirements, Resources, and Reporting

## WORKPLANS AND BUDGETS

Annual workplan and budget must be submitted to WCP for approval each year of funding. Final workplan and budget for year one will be due by July 31st. Year two proposed workplan will be due May 31st. Year two budget will be discussed with the WCRS after final year one invoice has been received and processed to identify plans for any remaining funding from year one.

## PROPERTY TRACKER

The WCRS will be required to submit an itemized list all items purchased with the WCRS grant funds. The WCRS will use the provided template to maintain an inventory of all property and supplies purchased with contract funding such as equipment, computers, office furniture, and promotional items. The Property Tracker template must be submitted within thirty (30) days of contract execution that outlines any remaining property that was purchased with previous the WCRS funding. A final Property Tracker with any updates will be submitted with the end of year close out reports by July 15th. (See Appendix U-WCRS Property Tracking Template).

## SUBMISSION TIMELINE

Month	Event/Due Date
August	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for July
September	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for August
October	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for September
November	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for October
December	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for November
January	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for December
February	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for January
March	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for February
April	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for March
May	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for April

	31st- (Year One only) Year Two proposed workplan and budget due.
June	15th-Submit Monthly Invoice, Monthly Activity Report, and General Demographics Sheet for May 30th- (Year One only)- Submit Year Two final workplan and budget.
July	<b>15th-Submit Monthly Invoice for June (final invoice for fiscal year), Final Monthly Activity Report, Final Project Completion Report, General Demographics Sheet, Annual In-Kind Report. 31st- Final Year One budget and workplan revisions due. 15th- (Year Two only)-final Property Tracker.</b>
Timeline for Health System Implementation Plan	
July 8-10	Onboarding training for WCRS
July 15th	Annual screening rate data from previous Health System Implementation Plans must be submitted.
July 31	WCRS must submit new Health System Implementation Plans on the template
August 31	Baseline data sheet for any new Health System Implementation Plan
Ongoing throughout the year	WCRS will continually work with their health system to ensure that the activities outlined in the plan are met.

## REQUIRED MEETINGS

- Monthly Zoom meetings with the WCP; additional meetings as needed.
- Two in-person WCRS meetings per year.
- Two Wyoming Cancer Coalition (WYCC) meetings per year.

## SITE VISITS

Two site visits will be conducted by the WCP per year.

- A technical assistance site visit
  - At this time any challenges the WCRS are facing will be discussed
- An evaluation site visit
  - A site visit checklist is used to aid in evaluation during the site visit.
  - The checklist will be sent out at minimum thirty (30) days prior to the site visit.

## DATA/HEALTH RECORD KEEPING

Monthly Activity Reports and Project Completion Reports are a way for the WCRS to report the activities in their region during a specified time period. These reports assist the WCP with monitoring and evaluating progress the WCRS have made toward workplan objectives, activities, and targets within the region. This information is used to report to the CDC for grant requirements.

Additional data may be requested from the WCRS by WCP outside of reports based on requests from the CDC, WDH senior leadership, or legislators. Any additional requests will be sent via email from the OEC outlining the data being requested. The WCRS must supply the requested data to WCP within 15 business days of request as outlined in contract Attachment A-Statement of Work.

**Expectations:**

- Monthly Activity Reports must be submitted using the provided template (See Appendix K-Monthly Activity Report Template, Appendix O-Reporting Guidelines Document).
  - Submit Monthly Activity Report via email to the OEC by no later than the 15<sup>th</sup> of the month (see submission timeline located on page 10 of this manual).
- General Demographics Sheet must be submitted using the provided template (See Appendix M-General Demographics Sheet template, Appendix O-Reporting Guidelines Document)
- Project Completion Reports must be submitted using the provided template after the completion of each project (See Appendix N-Project Completion Report Template)
  - Reports must include all requested information in sufficient detail.
- Reports will be returned for more information if incomplete.
- Invoice payment will be held until completed reports are received.
- Each WCRS must record and report all necessary data accurately.
  - This data includes screening data, education sessions, and partnerships.(See Appendix O-Reporting Guidelines Document)
- Supply WCP with data requests as outlined above.
- Review forms annually to ensure that the WCRS are familiar with all data collection forms and procedures.

**Deliverables:**

- Submission of accurate and timely Monthly Activity and Project Completion Reports.
- Timely response to any additional data requests.
  - The WCRS will supply any data and supporting documentation when requested by WCP within fifteen (15) business days of the request.

# Workplan Expectations and Deliverables

## WCRS SCOPE OF WORK

The WCRS efforts should focus on prevention, screening and early detection, and quality of life and survivorship with the ultimate goal of decreasing the burden of cancer. Workplans should include evidence-based interventions, community-clinical linkages, and health system change. The WCRS are expected to represent the WCRS and build a network of partners including collaboration with health systems, employers, organizations and other partners within their region. These efforts, while not identified as a specific objective, help to increase overall awareness of the WCP, WCRS, and WYCC efforts.

In addition to collaboration with health systems and other partners, the WCRS will provide population-based cancer prevention and control education to a wide variety of audiences through events and presentation opportunities

## EVIDENCE-BASED INTERVENTIONS

EBI's are actions taken to improve health behaviors that have been proven effective through outcome evaluations. As such, EBI's are likely to be effective in changing target behavior if implemented with integrity.

The Guide to Community Preventive Services (Community Guide) is a collection of evidence-based findings of the Community Prevention Services Task Force (CPSTF). It is a resource to help the WCRS select interventions to improve health and prevent disease in a state, community, community organization, business, healthcare organization, or school.

Community Guide reviews are designed to answer three questions:

- What has worked for others and how well?
- What might this intervention approach cost, and what am I likely to achieve through my investment?
- What are the evidence gaps?

The CPSTF issues findings based on systematic reviews of effectiveness and economic evidence that are conducted with a methodology developed by the Community Guide Branch.

The CPSTF reviews intervention approaches across a wide range of health topics. The interventions are applicable to groups, communities, or other populations and include strategies such as healthcare system changes, public laws, workplace and school programs and policies, and community-based programs.

All of the intervention approaches are intended to improve health directly; prevent or reduce risky behaviors, disease, injuries, complications, or detrimental environmental or social factors; or promote healthy behaviors and environments.

Information is available by visiting <https://www.thecommunityguide.org/>.



**Expectations:**

- Review and understand Evidence Based Interventions and guidelines
  - Refer to the community guide for current EBI guidelines:  
<https://www.thecommunityguide.org/>

**Deliverables:**

- The WCRS must implement collaborative EBI's as outlined in the workplan.

## HEALTH SYSTEM IMPLEMENTATION PLAN

An important purpose of the WCRS is to increase breast, cervical, and colorectal cancer screening rates within partner health system clinics that serve the priority population(s). The WCRS are required to implement evidence-based interventions (EBI's) in partnership with health system clinics to increase breast or cervical cancer screening rates. In addition, the WCRS are required to report baseline and annual data for every participating clinic.

Health System partners may include Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), healthcare/hospital networks, Indian Health Service (IHS), local health department clinics, and others.

The WCRS will use a management tool for planning the implementation of Community Guide supported EBI's within partner health systems (See Appendix P-Health Systems Clinic Guidance Document).

**Expectations:**

- Identify a health system to partner with.
- Assist health system with completion of provider survey (for new plans).
- Discuss and identify an EBI with the health system and develop a project plan.
- Submit Health System Implementation Plan to WCP utilizing provided template for approval.
- Collect baseline screening rate data (for new plans) and annual screening rate data (for existing plans) to WCP utilizing provided templates.
- Contact WCP staff for technical assistance with EBI implementation. Refer to the EBI Program Expert Directory located below.

**Deliverables:**

- Report Health System Implementation Plan efforts and progress. See Timeline for Implementation Plan located on page 10 of this manual.
- The WCRS must work with a health system to complete the provider survey, Health System Implementation Plan, and collect baseline screening rate data (for new plans) and annual screening rate data (for existing plans).
- The WCRS must provide technical assistance and resources to the health system through implementation of the EBI(s) chosen within the implementation plan. Resources may be financial.
- The WCRS must provide data as requested by the WCP.

EBI Program Expert Directory	
EBI Topic Area	Name of Program Expert
<b>Client Oriented</b>	
Client Reminders	Star
Client Incentives	Terri
Small/Mass Media	Randi
Group Education	Star
One-on-one Education	Val
Reducing Structural Barriers	Star
Reducing Client Out-of-Pocket Costs	Val
<b>Provider Oriented</b>	
Provider Assessment and Feedback	Val
Provider Incentives	Terri
Provider Reminder and Recall Systems	Terri
Promoting Informed Decision Making for Cancer Screening	Val

## COMMUNICATION AND MARKETING

Media Request and Approval forms must be submitted via email and should include both the Outreach and Media Coordinator and the Outreach and Education Coordinator.

- All WCRS marketing or media materials must include the WCRS logo with WDH tagline, and the WCRS toll-free telephone number.
- Bulk printed materials such as brochures, rack cards, etc., should not include individual contact names, region numbers, or covered counties but may include the WCRS logo and toll-free telephone number.
- Event flyers or specific media campaigns may include contractors' names but should not include region number and do not require covered counties to be listed.
- All materials with the WCRS logo must be approved by WCP prior to publication. (See Appendix Q-Media Request and Approval form).

### Expectations:

- The WCRS must request WDH review or design of marketing, media, or promotional materials at least 10 business days prior to the distribution deadline in order to ensure approval by the deadline.
  - Requests must be submitted utilizing the Media Request and Approval form via email.

- The WCRS must receive written approval from the OMC prior to distribution of material.
- Utilize pre-approved materials if applicable.
  - Approved materials will be available to the WCRS via the WCRS resource page.
  - Submit the Media Request and Approval form outlining what material is being used via email prior to publication.
- Disseminate materials to media and regional partners as appropriate for events or other promotional activities including awareness months.

#### **Deliverables:**

- Develop and implement regional marketing plan on, at minimum, colorectal cancer, breast cancer, melanoma, HPV vaccination, cervical cancer, and lung cancer.
  - Utilize approved media resources and messaging shared by the WCP via the WCRS resource web page:  
<https://health.wyo.gov/publichealth/prevention/cancer/wcrs-resource-page/>
  - Develop other print, television, and radio media for pre-approval by the WCP.
  - Build relationships with regional media staff including local press and marketing and media staff within partner organizations, and encourage their attendance at WCRS events, meetings, and promotion of WCRS activities.
- Report media as outlined in the Monthly Activity Report.
  - Share all completed media publications to OMC
    - Attach a copy of the media publication to the corresponding Monthly Activity Report with evaluation of the media outlined.

#### **WCRS Resource Webpage**

The WCRS Resource Webpage serves as the one-stop shop for a variety of materials frequently utilized by the WCRS contractors. Webpage sections include the following:

- Frequently Used Documents: General Reporting Guidance Document, Monthly Activity Report template, Project Completion Report template, Invoice template, General Demographic Template, Inventory Tracking Report template, Media Request and Approval Form, etc.
- Logos: WCRS black/color logo, WCRS white/color logo, WCRS black logo, WCRS white logo
  - Please note, there are two different WCRS logos that can be utilized. The WCRS logo with WDH tagline should be utilized for marketing and media materials. The standard WCRS logo may be utilized for swag or promotional items.
    - For any WBCI related materials that do not utilize the WCRS grant funding, you do not have to include the WDH tagline or logo.
- Toolkits: Cervical Cancer/HPV Awareness Month toolkit, Radon Action Month toolkit, Colorectal Cancer Awareness Month toolkit, Skin Cancer Awareness Month toolkit, Breast Cancer Awareness Month toolkit, Lung Cancer Awareness Month toolkit
- Pre-Approved Media: Approved print, radio, theater ads for the Breast and Cervical Cancer Screening Program, Colorectal Cancer Screening Program, WCRS information, cervical cancer/HPV awareness, colorectal cancer awareness,

radon awareness, skin cancer/sun protection, breast cancer awareness, lung cancer awareness/smoking cessation

- Meetings/Trainings: meeting minutes/notes, training opportunities, educational videos, webinar recordings

This is a living webpage which will continuously be updated as newer information and materials become available. The WCRS Resource webpage is not accessible from the Wyoming Cancer Program website and must be accessed via the link provided. The WCRS are encouraged to bookmark this link and contractors should search the resources webpage prior to contacting the WCP personnel for requests.

Find the resource page at this URL:

<https://health.wyo.gov/publichealth/prevention/cancer/wcrs-resource-page/>.

### **Social Media**

Social media will be used to disseminate information to the public about local and regional cancer related events, cancer prevention recommendations, cancer screening guidelines, recommended screenings, and other cancer related information. The WCRS will be required to maintain any social media accounts opened for the purpose of disseminating information relating to the WCRS. These may include: Facebook, Instagram, Twitter and YouTube.

## **PATIENT/RESOURCE NAVIGATION**

The WCRS must serve as a point of contact for Wyoming residents who are seeking cancer screening or cancer treatment services, work closely with individuals to identify and reduce structural barriers (including transportation), and by assisting them with applications for the WCP screening programs and/or referring them to other programs, services, and resources, as appropriate.

Patient Navigation promotes improved quality of life with decision making tools and empowerment skills to address the physical, psychological, financial, social and spiritual issues cancer clients encounter. When screening rates increase, cancer early detection increases and cancer mortality decreases. Patient navigation is an effective strategy to increase screening rates and contributes to screening tests that are done well.

### **Core Functions of Patient Navigation**

There are core functions of patient navigation. Patient navigation services include, but are not limited to:

- Barrier assessment and resolution
- Client education, advocacy, and coaching
- Timely and consistent follow-up
- Determining eligibility, referral coordination, and completion

### **Expectations:**

- Empower clients in the areas of self-advocacy, self-management, and problem solving.
- Educate potential clients about screening recommendations and the need for screening services and guide potentially eligible clients to appropriate screening services.
  - Address fears and inaccurate information.
  - Guide clients with clinical problems or issues back to the healthcare provider or to WCP if they are enrolled in the screening programs.
  - Guide clients with billing problems or issues back to the healthcare provider or to WCP if they are enrolled in the screening programs.
- Assist clients with applications for WCP screening programs (providing forms, assisting to complete, and mail or fax completed forms).
  - Provide cancer information and education on a variety of cancer types through the utilization of materials provided by WCP or other national organizations.
  - Provide breast, cervical, and colorectal cancer screening education for individuals and groups.
  - Develop strategies to assist clients to overcome barriers to obtaining screening services.
    - Assist in locating local, statewide, and national resources with regard to early detection, and diagnostic services, treatment and follow-up care.
    - Maintain a community, county, state, and national resource list.
    - Build relationships with local, county, and statewide partners and coalitions to facilitate client referrals.
    - Assist clients to make screening appointments with program participating healthcare providers.
    - Provide transportation assistance (e.g. gas cards) as resources allow.
    - Provide referrals for lodging assistance.
    - Provide translation or interpreter services or referral to such resources.

**Deliverables:**

- Demographic data will be collected on each client and recorded on the General Demographic sheet to be turned into the WCP.
  - Services that can be included, but are not limited to, gas cards, mammogram vouchers, wigs, and navigation to services. (See Appendix M-General Demographics Sheet template; See Appendix O-Reporting Guidelines Document)

## **WCP NURSE REFERRAL NAVIGATION**

The WCP program nurses review denied applications to the Breast and Cervical Cancer Screening Programs on a regular basis to identify clients who may be eligible for patient navigation. The program nurses will refer clients to the WCRS who have been denied for the WCP but are still age eligible for a mammogram. The WCRS are tasked with navigating these referrals to screening by utilizing funding from additional resources such as Wyoming Breast Cancer Initiative or local foundations. The WCRS are tasked with reporting data back to the WCP once a client has completed their screening. These clients should not be counted on the

Monthly Activity Report as a completed screening, however, they may be reported on the General Demographic spreadsheet with a note stating they were a WCP referral.

## **PARTNERSHIP BUILDING**

The WCRS will build and maintain a diverse regional partnership within the region utilizing community partnerships to create opportunities for collaboration. Partnership building will improve cancer prevention and control activities in the region and create opportunities for collaboration.

### **Expectations:**

- Develop and maintain relationships with a diverse regions network of stakeholders and partners including local clinics, providers, and hospitals within the region.
  - Maintain a network list with current contact information.
  - Establish and maintain mechanisms for regular communication to keep partners current on activities and work of the WCRS program (including the WCRS Facebook Page).
- Utilize community partnerships to create opportunities for collaboration.
- Conduct targeted provider education and outreach geared toward providers who are not currently identified as actively participating with the WCP.
- Seek out and work with health systems to increase screening rates for their patient population.
  - Develop, maintain and cultivate collaborative partnerships on a state level and coordinate closely with existing regional agencies to maximize efficiency and minimize duplication of services.
  - Educate policymakers and regional community leaders on the issues surrounding cancer prevention and control.
  - Encourage engagement and information sharing from partners related to the objectives outlined in the Wyoming Cancer Plan within the region.
  - Collaborate with regional partners to fill service gaps for cancer clients, survivors, and within early detection services utilizing local resources.
    - In order to fill gaps, the WCRS may provide funding in the form of mini grants to partners in their region. The mini grant should relate to topics to enhance treatment and quality of care. The mini grant should also be focused on topics listed in the WCRS current workplan and when possible, should be evidence based (See Appendix R-WCRS Mini-Grants Guidance).

### **Deliverables:**

- Report data on Monthly Activity Report and Project Completion Report (See Appendix O-Reporting Guidelines Document).
- Report WYCC member efforts on Monthly Activity Report under Cancer Plan Efforts (See Appendix O-Reporting Guidelines Document).
- Promote partner efforts pertaining to reduction of risk factors with a larger vision of reducing cancer and other chronic disease in Wyoming.
- Share information about new or unique partnerships on monthly WCRS call so that others may use this information to brainstorm potential partnership opportunities in their area.

### **Provider Engagement**

The WCRS must build and maintain diverse regional partnerships with healthcare providers and healthcare systems to improve cancer prevention and control activities in the region and create opportunities for collaboration.

### **Wyoming Cancer Coalition (WYCC)**

The WYCC is a group of Wyoming residents and supporters working together to promote and implement the Wyoming Cancer Plan by coordinating efforts throughout the state.

The WYCC focuses on reducing cancer disparities, increasing awareness of the cancer burden in the state, and improving outcomes for cancer patients. Coalition members are: policy makers, advocates, individuals, businesses, cancer survivors, caregivers, family members, healthcare providers, hospitals, insurers, nonprofit and volunteer organizations, the public health community, state and local government and others committed to cancer prevention and control.

Education and awareness are important components of the WCP, WCRS, and WYCC and ensure that key decision makers, healthcare providers, and community members are aware of the efforts happening toward cancer control activities in Wyoming.

#### **Expectations:**

- Participate in WYCC workgroups.
- Encourage engagement and information sharing from partners related to the objectives outlined in the Wyoming Cancer Plan within the region.

#### **Deliverables:**

- Report data on Monthly Activity Report and Project Completion Report. (See Appendix O-Reporting Guidelines Document)
- Report WYCC member efforts on Monthly Activity Report under Cancer Plan Efforts. (See Appendix O-Reporting Guidelines Document)
- Promote partner efforts pertaining to reduction of risk factors with a larger vision of reducing cancer and other chronic disease in Wyoming.

# Additional Resources

## SUPPLIES

The WCRS can request supplies from the WDH such as FIT kits, radon tests, and WCP and radon program materials by contacting the OEC via phone or email.

## PROMOTIONAL MATERIAL GUIDANCE

All items purchased for the purpose of promotional use must be event specific and appropriate. Promotional items should be branded with the WCRS logo and the toll free number for that region. Do not personalize items with individual names and contact numbers.

## RESERVATION CALENDAR

The inflatable colon; or DermaScan are available to the WCRS by reservation. Each WCRS has access to the WCRS Reservation Google Calendar. If the WCRS are unable to access the Google calendar, reservation requests must be submitted to the OEC via phone or email.

Reservations must include the region number and the item being requested (i.e. Region 1-Colon). Please use the color legend provided in the Google calendar description to indicate which items are being reserved.

## RADON PROGRAM

Radon home test kits are available through the WCP funding, however, physical tests will no longer be provided or kept in stock by the WCP or the WCRS. The WCP will provide coupons for the WCRS to utilize when discussing radon with residents and partners. In order to receive radon test kits at no cost, the resident must fill out and return the coupon to Alpha Energy. Alpha Energy will send the test kit directly to the resident. Alpha will also then conduct reminder emails and letters to the residents who have not yet tested their homes and will provide WCP a list of residents that have requested and received test kits or any other additional data requested.

## FIT KIT PROGRAM

FIT kits are available through the WCP on a first come first serve basis. The WCP receives a grant from American Cancer Society. To order FIT kits, contact the OEC with the number of kits that are needed.

The WCRS will refer to Appendix V-FIT Kit Program Manual for complete program information including responsibilities for client reminders and positive test follow-up. The WCRS must have a referral system in place to support positive tests for individuals without insurance.



The WCRS must retain the yellow copy of the Client Information and Enrollment (I&E) form in order to send an annual reminder letter to the client. See page 6 and 10 of FIT Kit Program Manual for further information.

FIT kits have an expiration date and must be used prior to expiration.

If a provider is interested in distributing FIT kits, they should be referred to the OEC to sign up for the FIT Kit Program.

For any FIT kit distributed by the WCRS, the WCRS must submit the Client I&E forms to WCP within seven (7) business days of giving the kit to the client.

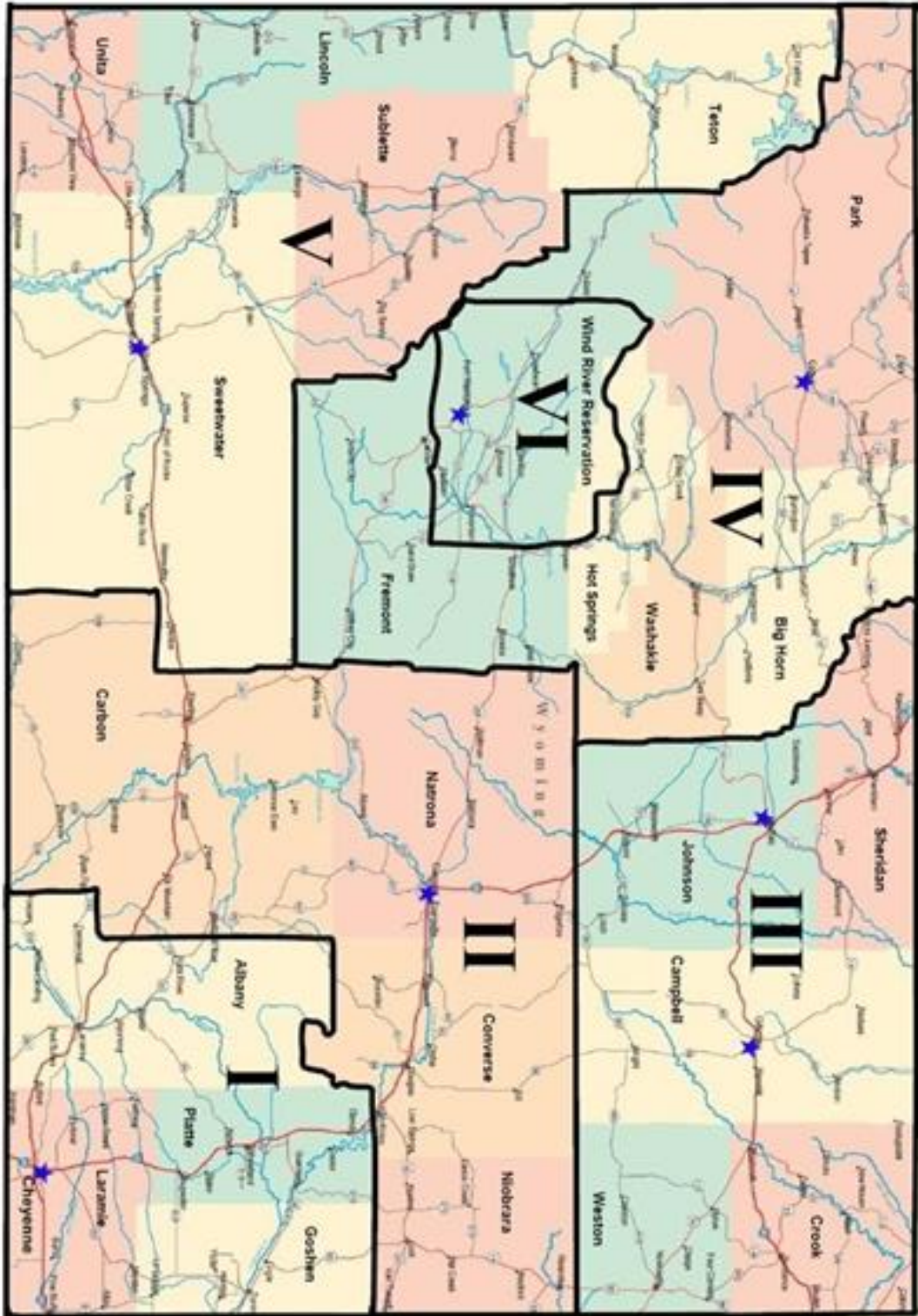
The WCRS will securely store FIT kit forms and destroy documents in accordance with the timeline outlined in Appendix L-Program Retention and Destruction Guidance.

## **GAS CARDS**

The WCRS may utilize funding to provide transportation assistance to clients for cancer screenings and treatment. Each WCRS that has gas cards built into their budgets may determine their own protocol for their region which will include allotted amounts, or limits on the number of gas cards received in a specific time period. The WCRS must follow-up with all clients that receive gas cards in order to ensure that services supported by the gas card were completed (See Appendix T-Application for Transportation Assistance, and Appendix S-Gas Card Sample Letter).

# APPENDICES

## APPENDIX A-WCRS REGIONAL MAP



## APPENDIX B- WCRS CONTACT INFO

Wyoming Cancer Resource Services Regional Coordinator Grantee Information				
Reg Coordinator:	Address	Phone	Fax	Email
<b>Region I:</b> Edith Silvas	<b>Albany, Goshen, Laramie, Platte</b> Cheyenne Regional Medical Center 214 East 23rd Street Cheyenne, WY 82001	307-633-6863 877-286-0907	307-633-7136	Edith.silvas@crmcwy.org
<b>Region II:</b> Grace Niemitalo	<b>Carbon, Converse, Natrona, Niobrara</b> City of Casper-Natrona County Health Dept. 475 South Spruce Street Casper, WY 82601	307-577-9760 307-287-6530 844-441-5709	307-237-2036	gniemitalo@cnchd.org
<b>Region III:</b> Kim Nelson	<b>Campbell, Crook, Johnson, Sheridan, Weston</b> Community Resource Center of Johnson County 777 Fort Street, Suite B Buffalo, WY 82834 1901 Energy Ct Suite 270 Gillette, WY 82718	307-680-4247 888-684-4550	none	kim.nelson@wcrs3.org
<b>Region IV:</b> Cindy Glaser	<b>Big Horn, Fremont, Hot Springs, Park, Washakie</b> Cody Regional Health 707 Sheridan Ave Cody, Wyoming 82414	307-578-2702 307-250-6065 877-437-2702	307-578-2713	cglaser@codyregionalhealth.org
<b>Region V:</b> Kelly Sugihara	<b>Lincoln, Sublette, Sweetwater, Teton, Uinta</b> Memorial Hospital of Sweetwater County 1200 College Drive Rock Springs, WY 82901	307-212-7517 208-201-3661 877-789-8771	307-212-7780	ksugihara@sweetwatermemorial.com
<b>Region VI:</b> Becky Bercier	<b>Wind River Indian Reservation</b> Eastern Shoshone Tribal Health 28 Black coal Dr./ PO BOX 250 Fort Washakie, Wyoming 82515	307-332-6805	307-332-0458	bbercier@esthealth.org

## APPENDIX C- INCOME GUIDELINES

# 2020 INCOME GUIDELINES

(Based on 250% of federal poverty guidelines)

### Maximum Gross Income (before taxes removed) (updated yearly)

FAMILY SIZE:	YEARLY INCOME	MONTHLY INCOME	HOURLY WAGE
1	\$31,900	\$2,658	\$15.36
2	\$43,100	\$3,592	\$20.76
3	\$55,300	\$4,525	\$26.16
4	\$65,500	\$5,458	\$31.55
5	\$76,700	\$6,392	\$36.95
6	\$87,900	\$7,325	\$42.34
7	\$99,100	\$8,258	\$47.73
8	\$110,300	\$9,192	\$53.13
Each additional person add	\$4,480	\$373	\$5.40



6101 Yellowstone Road, Suite 510  
Cheyenne, WY 82002



800-264-1296

## APPENDIX D-INVOICE TEMPLATE



WCRS Fiscal Agent Name		
Wyoming Cancer Resource Services, Region #		
Address		
City/State/Zip		
Service Dates	Invoice Date	Invoice Number
Cost Description	Requested Amount	Detailed/Itemized Narrative
Salary		
Travel		
Communication		
Office Expenses		
Office Rent		
Community Events/Registration		
Media/Marketing		
Promotional Items/Wigs/Scarves/etc.		
Other Transportation		
Other		
Subtotal		
Indirects (Up to 8% of subtotal on invoice.)		
Total	0	

Certification: I, the undersigned, certify to the best of my knowledge and ability that the information contained in this invoice is correct. The invoice represents activities in accordance with the requirements assurances provided in the Regional Coordinator Grant Award. I have been authorized by the Agency's governing body, as a fiscal agent, to request reimbursement for services provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## APPENDIX E- INVOICE GUIDANCE

Each month, the fiscal agents are responsible for submitting an invoice for the previous month. Invoices are due by the 15th of each month. Complete the invoice using the following guidance:

- 1.) Update with the fiscal agent, region number, and address.
- 2.) Enter the region number
- 3.) Service Dates: Enter the dates for the previous month in the following format: 02/01/2018 to 02/28/2018. **Required by Fiscal**
- 4.) Invoice Date: Enter the date the form is being filled out. **Required by Fiscal**
- 5.) Invoice Number: Each fiscal agent will be assigned a contract number. Use this contract number, the month of invoice, and the year as the invoice number. Example: 12345 FEB 19. **Required by Fiscal**
- 6.) Enter the requested amount into the appropriate category. Include details in the narrative section. Copies of receipts may be requested if further clarification is needed.
- 7.) Add all requested amounts together for the subtotal amount.
- 8.) If WCRS budgeted for indirects, up to 8% of the subtotal may be charged and include the amount in this line.
- 9.) Add the subtotal and indirects total together.
- 10.) The WDH fiscal department requests two signatures when possible. The fiscal agent must be the primary signature on the form, and the WCRS signature is suggested. Faxed and scanned signatures are accepted.

When form is completed, submit to the OEC via fax, email, or mail.



<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>1 WCRS Fiscal Agent Name</span> <span>2 Wyoming Cancer Resource Services, Region #</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Address</span> <span></span> </div> <div style="display: flex; justify-content: space-between;"> <span>City/State/Zip</span> <span></span> </div> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <div style="width: 40%;"> <div style="display: flex; justify-content: space-between;"> <span>3 Service Dates</span> <span>to</span> </div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> </div> <div style="width: 20%;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> </div> <div style="width: 20%;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> </div> <div style="width: 20%;"> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #e0f0ff;"> <th style="width: 40%;">6 Cost Description</th> <th style="width: 20%;">Requested Amount</th> <th style="width: 20%;">4 Detail/Itemized Narrative</th> <th style="width: 20%;">5</th> </tr> </thead> <tbody> <tr><td>Salary</td><td></td><td></td><td></td></tr> <tr><td>Travel</td><td></td><td></td><td></td></tr> <tr><td>Communication</td><td></td><td></td><td></td></tr> <tr><td>Office Expenses</td><td></td><td></td><td></td></tr> <tr><td>Office Rent</td><td></td><td></td><td></td></tr> <tr><td>Community Events/Registration</td><td></td><td></td><td></td></tr> <tr><td>Media/Marketing</td><td></td><td></td><td></td></tr> <tr><td>Promotional Items/Wigs/Scarves/etc.</td><td></td><td></td><td></td></tr> <tr><td>Other Transportation</td><td></td><td></td><td></td></tr> <tr><td>7 Subtotal</td><td></td><td></td><td></td></tr> <tr><td>8 Indirects (Up to 8% of subtotal on invoice.)</td><td></td><td></td><td></td></tr> <tr><td>9 Total</td><td></td><td></td><td></td></tr> </tbody> </table>	6 Cost Description	Requested Amount	4 Detail/Itemized Narrative	5	Salary				Travel				Communication				Office Expenses				Office Rent				Community Events/Registration				Media/Marketing				Promotional Items/Wigs/Scarves/etc.				Other Transportation				7 Subtotal				8 Indirects (Up to 8% of subtotal on invoice.)				9 Total				<div style="border-bottom: 1px solid black; height: 1.2em;"></div> <div style="font-size: 0.8em;">Agency Approval:</div>
6 Cost Description	Requested Amount	4 Detail/Itemized Narrative	5																																																		
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9 Total																																																					

Certification: I, the undersigned, certify to the best of my knowledge and ability that the information contained in this invoice is correct. The invoice represents activities in accordance with the requirements assurances provided in the County Cancer Resource Coordination Grant Award. I have been authorized by the Agency's governing body, as a fiscal agent, to request reimbursement for services provided.

10 Signature

Signature

## APPENDIX F-WCRS ANNUAL IN-KIND REPORTING TEMPLATE

WCRS Annual In-Kind Reporting			
ORGANIZATION	TYPE OF EXPENSE/ DESCRIPTION	DATE GIVEN	VALUE

## APPENDIX G- CONTRACTOR HOTEL LETTER



Wyoming Cancer Program  
Public Health Division  
6101 Yellowstone Road, Suite 510  
Cheyenne, WY 82002  
(307) 777-3699 • 800-264-1296  
Fax (307) 777-3765 • [www.health.wyo.gov](http://www.health.wyo.gov)



Thomas O. Forslund  
Director

Matthew H. Mead  
Governor

June 11, 2018

Ref: PHP-2018-XX

To whom it may concern:

{WCRS name} is working under contract for the State of Wyoming, Department of Health, Public Health Division, Wyoming Cancer Program, as a Wyoming Cancer Resource Services contractor.

Many hotels honor the prevailing government-approved lodging rate for State of Wyoming employees. As {WCRS name} is doing business on behalf of the State of Wyoming, I request that you extend the government-approved lodging rate to {him/her}, as well.

This request is in effect from the date of this letter through June 30, 2020.

If you have further questions, please contact me at (307) 777-6006.

Sincerely,

A handwritten signature in black ink that reads "Cassandra Walkama".

Cassandra Walkama, MPH, RDH, CHES  
Integrated Cancer Services Program Manager  
Public Health Division







## Travel Log

Traveler Name:				WCPS Region:										Invoice for				/ / to / /			
Travel Details				Actual Meal Cost						Mileage											
Date	Travel From	Travel To	Fed Lodging Rate	Actual Lodging Cost	Breakfast	Lunch	Dinner	Current Mile Rate	Miles	Current Rate Per Mile	Mileage Subtotal	Travel Total									
										0.575	0										
										0.575	0										
										0.575	0										
										0.575	0										
										0.575	0										
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										0.575	0										
										0.575	0										
										0.575	0										
										0.575	0										
<b>Totals:</b>												0									

Claimant Certification Required  
 I certify the following by my signature below, under penalty of false swearing pursuant to W.S. 6-5-303: This voucher is for travel on official business of the WCPS and is true and accurate. Each claimed expense is allowable to me under W.S. 9-3-1103, executive orders and direction, agency policy, and GSA Travel Instructions. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.

Claimant Signature	Date
Agency Approval	Date

## APPENDIX I- TRAVEL LOG GUIDANCE

- 1.) Fill in traveler's name.
- 2.) Fill in traveler's region.
- 3.) Fill in the dates of travel.
- 4.) Fill in each date of travel on its own line.
- 5.) Fill in "travel from" information. If WCRS are staying multiple days, enter the destination city in the "travel from" for the days of the stay.
- 6.) Fill in the "travel to" information. If staying multiple days, leave the "travel to" areas blank for the days of the stay.
- 7.) Fill in the information provided by the GSA website (<https://www.gsa.gov/travel/plan-book/per-diem-rates>).
- 8.) Fill this in if actual expenses are being claimed instead of federal lodging rate. Receipts are required for this option.
- 9.) Fill this in if actual expenses are being claimed instead of the M&IE rate. Receipts must be retained by fiscal agent.
- 10.) Fill in the information provided by the GSA website (<https://www.gsa.gov/travel/plan-book/per-diem-rates>).
- 11.) Fill in using the mileage chart provided (Appendix J- Mileage Chart).
- 12.) Fill in using the current mileage rate from the Privately Owned Vehicle section of the GSA website (<https://www.gsa.gov/travel/plan-book/transportation-airfare-rates-pov-rates-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates>).
- 13.) Add the lodging, meals, and mileage together for each line.
- 14.) The first and last day of travel, M&IE is calculated at 75% of the per diem rate. For guidance please visit the Meals and Incidental Expenses section of the GSA website (<https://www.gsa.gov/travel/plan-book/per-diem-rates/meals-and-incidentals-expenses-mie-breakdown>).

[illegible]

Claimant Certification Required

I certify the following by my signature below, under penalty of false swearing pursuant to W.S.6-5-303: This voucher is for travel on official business of the WCRS and is true and accurate. Each claimed expense is allowable to me under W.S. 9-3-1103, executive orders and direction, agency policy, and GSA Travel Instructions. I have complied with required procedures for approval of the travel and reimbursement of the submitted expenses.

\_\_\_\_\_  
Claimant Signature

Date \_\_\_\_\_

**Agency Approval**

Date \_\_\_\_\_

## APPENDIX J-MILEAGE CHART

[illegible]

## APPENDIX K-MONTHLY ACTIVITY REPORT TEMPLATE

### MONTHLY ACTIVITY REPORT

NAME:			MONTH:			REGION:		
Date	<b>DESCRIPTION OF TASKS, ACTIVITIES, AND EVENTS</b> (Fill out this Monthly Activity Report to track daily tasks, activities, and events. This report should accompany the monthly invoice submitted to the WCP.)					<b>TOPIC</b> (Outline what workplan topic the task, activity, or event relates to)		

RESOURCES PROVIDED TO SURVIVORS (Report the number of wigs, scarves, breast prosthesis, cancer care plans, pampering bags/kits, etc. that were provided to clients during this month. How many and what funding source)		Funding Source
ADDITIONAL RESOURCES		
Total completed screenings (Does not include FIT kits, or WCP clients)	Total dollar amount of gas cards distributed for treatment appointments	Total dollar amount of gas cards distributed for screening appointments
MEDIA EVALUATION This section is to be completed after the completion of the event or media campaign. Outline each media campaign individually if multiple campaigns completed within the month.		
What media campaign topic are you reporting on?		
Please explain successes of event or media campaign:		
Please explain areas of improvement for event or campaign:		
Event specific:		
Number of attendees:		
Advertising specific:		
Media outlet used:		
Dates ad ran:		
Number of times ad ran:		
Was the media campaign	<input type="checkbox"/> Free or donated <input type="checkbox"/> Paid for with WCRS funds	

Total cost of paid campaign (Radon campaigns are reported in the radon section only):
Total estimated cost of free/donated campaign (Radon campaigns are reported in the radon section only):

<p align="center"><b>CANCER PLAN EFFORTS</b></p> <p align="center">(Fill out this section with relevant information on efforts and activities happening in your region related to the cancer plan. These do not have to be activities you're directly involved in.)</p>
---

--

<p align="center"><b>RADON INFORMATION</b></p> <p align="center">(The following information will assist in reporting for the Wyoming State Indoor Radon Grant. Please note that public presentations and presentations to realtors are counted separately. This information should SPECIFICALLY be radon events and activities only. This information is required by the EPA grant for radon funding.)</p>
--

Number of events and presentations to the public where radon materials were provided (WCRS as exhibitors):	
Where were the events located (city/town):	
Number of attendees at each event:	
Number of individuals educated on an personal level (how to test, the importance of testing, etc.):	
The price of any vendor booth space, swag, materials, etc. for radon events or presentations. (If booth was free, estimate what it could have cost):	
The number of hours spent at vendor booth or event	
Number of free press/media ads provided (newspaper, radio, television) that focused on radon education:	
Estimated value of free advertisements (if you would have had to pay, how much would it have cost):	
Number of social media posts you created that focused on radon education:	
Number of social media posts were created or shared by partners that focused on radon education:	
Estimate the time spent (in hours) on preparing or creating radon presentations or information.	
Number of radon presentations given to realtors, brokers, mortgage lenders, and/or building contractors:	
Length of presentations given to realtors, brokers, mortgage lenders, and/or building contractors:	

Number of realtors, brokers, mortgage lenders, and/or building contractors in attendance:	
Number of radon presentations given to medical providers/provider staff:	
Length of presentations given to medical providers/provider staff:	
Number of medical providers/provider staff in attendance:	
Number of individuals who received verbal instructions when receiving or requesting a radon testing kit (outside of events- such as calls or walk in's at an office setting):	
Estimate the time spent (in hours) discussing radon and radon testing instructions with any clients (outside of events- such as calls or walk in's at an office setting)::	
Estimate the time spent (in hours) attending presentations or webinars where radon information was discussed (WCRS as attendees):	
Any other events or information relating to radon:	

## APPENDIX L- PROGRAM RETENTION AND DESTRUCTION GUIDANCE

Guidance	Program Document Retention and Destruction
Effective Date	Immediately

This guidance is provided to ensure accurate retention and destruction procedures of protected patient/client information that is obtained by the Wyoming Cancer Resource Services (WCRS) contractor.

1. Fecal Immunochemical Test (FIT Kit) Forms:
  - A. WCRS will provide Information and Enrollment (I&E) forms to clients who choose to participate in FIT testing.
    - i. These forms are provided on tri-color paper.
      - 1) One copy accompanies the client's sample to the lab.
      - 2) One copy is sent via mail or fax to the Wyoming Cancer Program (WCP) for entry into a database.
      - 3) One copy remains with the WCRS.
  - B. WCRS will retain a copy of the I&E form for one year for the purpose of sending a follow-up reminder letter to the client as outlined in FIT Kit manual.
    - i. After the one year follow-up has been mailed, WCRS will shred its copy of the I&E form in accordance with HIPAA guidelines.
2. WCP Screening Program Applications:
  - A. WCRS will assist clients in the completion and submission of WCP applications.
    - i. Applications can be submitted via mail or fax.
    - ii. If applications are submitted via fax, the original will be shredded in accordance with HIPAA guidelines, after fax confirmation of successful delivery.
3. General Demographics Sheet:
  - A. WCRS will complete a general demographics sheet for all requests of information, resources, and navigation.
  - B. A copy of the sheet will be submitted to WCP monthly, any needed client services and follow-ups will continue.
    - i. Demographic Sheets may be submitted via electronically, by mail or fax.
    - ii. The original will be shredded within one year of completion in accordance with HIPAA guidelines.
4. Any other information gathered that contains protected patient/client information not listed above:
  - A. All items must be returned to WCP if its contract with that WCRS is terminated.



## APPENDIX M-GENERAL DEMOGRAPHICS SHEET

[illegible]

## APPENDIX N-PROJECT COMPLETION REPORT TEMPLATE

### WCRS Project Completion Report

This report will be used when projects are completed. Please complete all sections and be as detailed as possible.

Name:	Region:	Topic/Project Completed:

#### Project Description

*Describe project and purpose of partnership.*

#### Project Implementation

*As outlined in your work plan, list and describe any reduction of barriers or prevention measures met. Examples would be extended or altered office hours, providing child care, client or provider reminders, and sun safety measures. Use this section to describe any small or mass media used, any specific educational opportunities utilized during the project, etc.*

#### Key Partners and Collaborators

*Identify partners (including name and contact information) and outline how they collaborated with the project. Did the partners provide additional support (financial or other)?*

#### Barriers, Challenges, and Successes

*Describe your successes, challenges or barriers. How did you overcome any challenges or barriers? How can the WCP assist you with these barriers or challenges? Can the WCP provide any technical assistance?*

#### Project Evaluation

*Have you evaluated your efforts? If working with a partner to increase screening rates, did you review baseline data and data after implementing the project? Was there an increase? If you held a screening event, how many screenings were completed? If you worked on reduction of barriers such as extended office hours, what were the office hours? What results did you see? Is the effort sustainable? What tracking mechanisms were established? Were policies for sustainability created? If a Skin or FIT Kit Project, use this section to outline policy. If an HPV project, use this section for vaccination details (how many were given? What series?*

## APPENDIX O-REPORTING GUIDELINES DOCUMENT

### WCRS 2020-2022 Reporting Guidance

#### Monthly Activity Report

*This form needs to be filled out each month with information relating to the projects outlined in the workplan including screening events and projects with partners. The information in this report (# of screenings completed, gas cards, and cancer plan efforts) are reported to the Centers for Disease Control and Prevention. These reports should be submitted to the WCP by the 15th of each month.*

#### **Description of Tasks, Activities, and Events section**

*Use to track your daily tasks, activities, and events. This will benefit you when it is time to report on project completion. The more detail provided on this report, the easier it will be to fill in your project completion report.*

- Date section should be utilized to help you identify key dates that will be reported on the completion report.
- Types of work/activities to include:
  - Names of providers visited and what topic areas were discussed.
  - Meetings to discuss, set up, or organize events and projects.
  - If reminder letters were sent out during this month.
  - Important phone calls, specifically any that result in action items.
  - Health fairs, expos, or other educational events where screenings were not provided.
  - Community events such as “Walk with a doc”, lunch and learns, or other group education activities.
  - Name and contact information of any new partners.
  - Any other details you may need in order to fill out the completion report.

#### **Resources Provided to Survivors section:**

- List all resources provided for survivors, including number provided and funding source.
  - Wigs, scarves, breast prosthesis, pampering kits, etc.
- List any resources for support services
  - Mini grants, speakers, exercise equipment, sponsorships, gift baskets, etc.
- List all resources provided for survivors by partners in the area such as:
  - Information on cancer care plans.
  - Survivorship support or physical activity groups.
  - Any other resources, services, initiatives, etc. that focus on survivors.

#### **Additional Resources section:**

*Specific types of screening and number of gas cards should be tracked on the general demographics sheet. Only report numbers for what was completed and distributed from the first day to the last day of the month you are reporting on.*

- Provide the total number of completed screenings through any funding source other than WCP.
  - Do not count FIT kits.

- If a client receives services over multiple months, indicate the completion of the screening on that month's invoices but do not report the completion in future months.
- The total gas card dollar amount distributed for screening appointments.
- The total gas card dollar amount distributed for treatment appointments.

### **Media Evaluation section:**

*If you had more than one media campaign within a month, answer all of the questions for each campaign.*

- This section should only be completed after the event or media campaign is completed.
- Below are some questions to help evaluate media efforts:
  - If an event was advertised, did the event have the attendance you would have expected?
  - Did you see an increase in calls or referrals after the media campaign ran?
  - Did you identify if the appropriate media outlet was used for your specific message and target audience?
    - Should a different media source be used next time?
    - Are there media sources with a bigger/more appropriate audience to use?
  - Could the campaign be shorter or longer next time?
- If reporting on an event, enter event specific information as outlined on the form.
- If reporting on a media campaign, enter advertising specific information as outlined on the form.
- Report the total cost for each media campaign or estimate of cost if the media campaign was free.

### **Cancer Plan Efforts section:**

- Add any events/activities and services happening in the region that relates to the objectives in the cancer plan.
  - Include information regardless of WCRS involvement and interaction

### **Radon Information section:**

*This section will assist with reporting for the Wyoming State Indoor Radon Grant.*

- This section specifically applies to radon events and media only. Do not leave any relevant sections blank.
- If a radon presentation was given, provide all necessary information including the location of the event or activity, number of attendees, and length of presentations.
- Estimate the time spent preparing for events, activities, or presentations.
- Estimate the travel time to and from the events, activities, or presentations.
- Estimate the cost of any free media received such as partners sharing social media posts, or discounted or buy one get one free media campaigns.
- Include vendor booth space cost or any other cost related to radon.

## Project Completion Report

*This form needs to be filled out after the completion of the projects outlined in the workplan including screening events and projects with partners. The outreach and education coordinator will check in with each WCRS at least quarterly if no completion reports have been received.*

### **Project Background and Description:**

*Fill in this section with the what and why.*

- What was the purpose of your project?
- Was there a need for this particular project?

### **Project Implementation:**

*Fill in this section with as much detail as possible relating to the project and what was accomplished. This should include the when, where, and how many.*

This section should include information regarding the project and how it progressed from beginning to end. Outline details such as reduction of barriers, or any other evidenced based interventions used. Examples:

- If reporting a screening event
  - Outline the date of the event; how many people were in attendance; how many screenings were completed; how were those screenings funded; will there be any follow up for those who were not screened that evening; were there additional services available such as child care or transportation to/from the event, etc.
- If reporting on extended office hours
  - What were the extended hours; how long will this effort be continued; did the partner track the number of appointments or screenings during extended hours; were there any other barriers addressed such as language assistance, application assistance, etc.
- If reporting on client or provider reminders
  - What was the baseline data before the project started; how often is the report pulled for client reminders; how are clients followed up on to determine screening rate; were there any additional barriers addressed, etc.
  - What training was provided to providers regarding the reminders; was the system outlined from start to finish; were there any other staff members trained on the process; how will the partner determine success, etc.
- If reporting on sunscreen policies
  - Provide a copy of the policy that was outlined; how will the policy remain relevant and be revisited; how will the partner determine if the policy has been effective, etc.
- If reporting on a FIT Kit program
  - Outline the partner identified and the population that they serve; identify how they will purchase fit kits and track use and results; how will they identify eligible population; how will they continue the project, etc.
- If reporting on an HPV project
  - Outline the partner and project; if any incentives are being used; if there were any reduction of barriers such as waived fee or consent forms in other languages, etc.

**Key Partners and Collaborators:**

*Fill in this section with information about who worked on the project and how they contributed.*

- Did your partners contribute financially or with other resources?

**Barriers, Challenges, and Successes:**

*Fill in this section with any challenges or successes faced during the project. Use this section to describe how you overcame any barriers, big or small.*

Barriers and challenges are important to report out. They show that not everything goes according to plan and how you were able to adapt or change to still continue on with the project.

- Can the WCP assist in the future with any challenges?
- Is there a specific success story that stands out to you?
- Can the WCP offer any other technical assistance?

**Project Evaluation:**

*Fill in this section with information on how you evaluated your efforts and how to improve or adjust.*

This section will include the outcomes of your project.

- Detail any tracking mechanisms and information regarding project sustainability.

## **General Demographics Sheet**

*This form is used to track all assisted clients and will be used as a record of all gathered information on those clients.*

- Fill out the form as complete as possible.
  - Age, gender, ethnicity, and race are not required but useful when reporting the population on clients utilizing WCRS services.
- Always indicate whether you are assisting the client with screening or treatment in the S/T column.
- Track gas funding amount by month.
  - If you assisted a client with gas funds over multiple months, keep track of amounts for each month in the notes column.
- Always track if the client is ongoing or if they have completed their screening. This will help you report your completed screenings at the end of each month on the Monthly Activity Report.
  - Only count the completed screening once.
    - If a client spans across several months due to diagnostic screening or because they are receiving additional services such as gas cards, you would only count them as one screening. You can utilize the note section to track the screening date if you choose.

## APPENDIX P-HEALTH SYSTEMS CLINIC GUIDANCE

### TIPS AND CONSIDERATIONS FOR COMPLETING YOUR IMPLEMENTATION PLAN

#### Health Systems Assessment Approach

A good assessment should:

- yield information about health systems processes and outcomes that can help diagnose the barriers and facilitators to screening and follow-up
- include the perspective of patients, providers, office staff, and others involved in the screening process be data driven

#### Current Health System Environment

Describe factors in the health system and in the environment that might affect successful implementation. Your response to this section should be detailed and informative because you are sharing many of the results of your assessment. Examples include, but are not limited to:

- current breast and cervical cancer screening rates for age-appropriate patients
- support from clinic/health system leadership
- presence/absence of existing screening policies and/or standing orders
- EHR capabilities and functionality
- presence/absence of Medicaid expansion
- presence/absence of specialty care providers for diagnostic follow-up
- health system/clinic initiatives that might “compete” for interest

#### Description of Intervention Needs and Interventions Selected

State the problem(s) diagnosed through the assessment which would benefit from a Community Guide intervention. This will likely relate to something described above as part of the assessment results. Interventions selected with partners should aim to fill a need in the health system. This is also where you will name the interventions selected and describe briefly how those interventions will be implemented. There is a worksheet to provide further detail on exact activities later in the template.

#### Potential Barriers and/or Challenges

Consider barriers within the health systems organization, the community, and even those for individuals critical to the process. Be candid about what could limit you or your partner’s ability to implement the selected intervention.

#### Implementation Resources Available

Consider existing assets that could be leveraged to facilitate implementing an intervention or support increasing/improving service delivery. Examples may include, but are not limited to:

- an existing, highly functioning EHR system
- dedicated, highly motivated staff
- existing relationships with a local community-based organization for health education programs that could be leveraged.

#### NBCCEDP 6B Project Description

List clear and SMART objectives (Specific, Measurable, Achievable, and Timebound) you share with your health systems partner for this project. Objectives should relate directly to the

Implementation Worksheet activities and be a guide for what you expect to accomplish in terms of implementation health systems changes and interventions. Examples are provided in the Implementation Plan Template.

### **Communications with Health System Partner**

Regular communication with health systems partners implementing evidence-based interventions will be critical to success. Describe your plans to remain in contact with your partner throughout the implementation period. Also describe how you will resolve issues as they arise.

For example, monthly meetings with each clinic project coordinator and bi-monthly meetings with the health system CEO.

### **Implementation Support**

Think critically about the TA that each clinic will need and consider the complexity of the intervention, the characteristics of individual clinics, the barriers and facilitators outlined earlier, and the resources available. Discuss with your partner what would be the best TA strategies for them.

For example, is it a practice facilitator who will come out monthly? An in-person training followed by TA calls? Intensive TA to the clinic coordinator? It is likely a combination. This section is intended for you consider and plan for the level of assistance that clinics will need and what is feasible.

### **Collection of Clinic Baseline and Annual Data**

Develop a plan for how to establish a baseline screening rate that is accurate and use this method consistently over the course of the partnership. Consider validating data for accuracy by cross-referencing a subset of clinical charts. Also consider starting with a partner who can provide data and is motivated to participate in the program.

### **Revising the Health System Implementation Plan**

This plan is a working document. Much of the information included will be stable, however, some elements might change. Consider a plan for reviewing and editing as needed.

### **Retention and Sustainability**

Discuss sustainability with partners early in the process. The intent of health systems change is to create lasting, institutionalized improvement to impact screening long-term, rather than implementing temporary projects that will end.

For example, if you are considering supporting CHW positions, they should clarify with the partner the length of this arrangement and expectations about transition.

Sustainability should also be included in the Health System Implementation Worksheet, included on Page 9 of the Implementation Plan template.



## APPENDIX Q-MEDIA REQUEST AND APPROVAL FORM



### Media Request and Approval Form

All media requests must be submitted at least 10 business days prior to deadline for routing and approval. Requests submitted less than 10 business days prior to deadline run the risk of being denied.

Region:		Date submitted:	__/__/__	Deadline: (If known):	__/__/__
---------	--	-----------------	----------	-----------------------	----------

<b>Toolkit Ad Personalization/Request to use Previously Approved Materials:</b>
Comments:

<b>Communication and Media Topic:</b> <i>(check all that apply)</i>			
Breast cancer	Cervical cancer	HPV vaccine	Colorectal cancer
Lung cancer	Skin cancer	Event specific	General WCRS

<b>Original Design Request</b>		
<i>This section is to only be completed if you are requesting a new design from the WCP media coordinator.</i>		
Does your request require logos other than WCRS/WCP/WDH? <i>If yes, attach required logos to this request form</i>	<b>Yes</b>	<b>No</b>
Does your request require specific photos? <i>If yes, attach required photos to this request form.</i>	<b>Yes</b>	<b>No</b>
Purpose: <i>(create general awareness and knowledge or action you are evoking)</i>		
Messaging: <i>(list all specific messaging for your request)</i>		
Audience you are trying to reach:		
<b>Event Specific Information</b>		
<i>This section should include all the information relating to the event and will be utilized when designing media.</i>		
Date:		
Time:		

Location:	
Event contact name:	
Event contact phone:	
Event contact email:	
Any additional information:	
Level of WCRS involvement:	
Organizer	Sponsor
Presenter	Exhibitor
Other:	

<b>Media Approval</b>	
<i>This section is to only be completed if you are requesting approval of media. Please attach the document for approval to this request form.</i>	
Design by WCRS/fiscal agent	Design by external partner
Purpose: <i>(create general awareness and knowledge or action you are evoking)</i>	
Messaging: <i>(list all specific messaging for your request)</i>	
Audience you are trying to reach:	
Media outlet/platform to be utilized:	
Print ad	Poster
Radio ad	Brochure
TV ad	Rack card
Online ad	Postcard
Theater ad	Event flyer
Other:	Direct mailer
	Press release
	PowerPoint Presentation

---

**To be filled out by WCP staff only**

Date submitted:		Date routed:	
Date approved:		Date returned:	

## APPENDIX R-WCRS MINI-GRANTS GUIDANCE

### Wyoming Cancer Resource Services Mini-Grants Funding Request

#### Background

The Wyoming Cancer Control act was created in 2007 by state legislature. The goals outlined in the Wyoming Cancer Control Act are to:

1. Reduce the numbers of people affected by cancer with improved prevention and education and, for those individuals who are diagnosed with cancer, and
2. To provide diagnostic, therapeutic and palliative interventions that are evidence based, scientifically proven best of care. Topics may include:
  - Cancer prevention and education for both the public, healthcare professionals and institutions;
  - Evidence based early detection, screening, diagnosis and treatment;
  - Research and data collection;
  - Palliative care including pain management and other steps to improve the quality of life or probably terminal cancer patients;
  - Rehabilitation of cancer victims; and
  - Programs to assist cancer survivors in returning to normal life.

The Wyoming Cancer Resource Services (WCRS) Regional Coordinators shall cover the following topics:

- Public education relating to cancer prevention and awareness for all cancers;
- Early detection of cancer including those cancers identified in the state cancer control plan and specifically including the Wyoming colorectal cancer early detection and prevention program;
  - (All screening recommendations must follow USPSTF guidelines)
- Programs and public education which promote the reduction of risk factors to reduce cancer and other chronic diseases within the state; and
- Programs and public education which enhance treatment and quality of care of those impacted by cancer within the state.

In order to achieve these goals, WCRS may provide funding in the form of mini grants to partners in their region. These mini grants should relate to the topics listed above, and when possible be evidence-based.

#### Evidence-based Interventions

This online resource serves as a guide of what works to promote healthy communities. Examples of evidence-based interventions recommended by the community guide can be found at <https://www.thecommunityguide.org/>. Examples of suggested and supported evidence-based interventions are:

Breast Cancer/Cervical Cancer Screening:

- Client Reminders - mailed or electronic for patients due for screening

- Provider Reminders to remind providers to recommend/refer for screening – can include Electronic Health Record (EHR) upgrades
- Provider Assessment and Feedback – determining individual provider rates and comparing rates across the clinic
- Patient Navigation

#### Colorectal Cancer Screening:

- Client Reminders - mail or electronic reminders to patients due for screening – can include Electronic Health Record (EHR) upgrades or reminder system purchases
- Provider Reminders - remind providers to recommend/refer for screening – can include EHR upgrades
- Provider Assessment and Feedback – determine individual provider rates and compare rates across the clinic
- Develop a sustainable stool testing (FIT or iFOBT) program
- Patient Navigation
- Reduce Structural Barriers - such as weekend or extended hours, reducing distance between service and target population, working in alternative non-clinical setting such as worksites, scheduling assistance for referral services, dependent care, and limiting the number of clinic visits

#### HPV Vaccinations:

- Standing Orders – create physician orders with specific instructions from the licensed independent practitioner to administer vaccinations
- Provider Assessment and Feedback – determine individual provider rates and compare rates across the clinic
- Provider and/or Clinic Education - how to effectively recommend the vaccine to parents/guardian, or the client
- Provider Reminders - remind providers to recommend the vaccine – can include EHR upgrades
- Client Reminders - mail or electronic reminders for initial dose and series completion - can include EHR upgrades or reminder system purchases

#### Capacity Building/Technical Assistance:

- Staff training focused on best practices related to one or more cancer topics
- Stool test program development training – clinic specific or system-wide
- Funding to support baseline data clean-up including EHR upgrades with future plans for a specific project

**Availability of Funding:** Proposed project budgets will be determined on a case by case basis and are dependent on available funding.

#### **Funding restrictions include (but are not limited to):**

- Clinical care of any kind
- Stool testing kits of any kind
- Cost for screening services

- Vaccines
- Medical supplies
- Research
- Any lobbying activities
- Indirect costs
- Capital construction or supplies for decorative purposes
- Furniture or equipment without approval by the program
- For any program or service that denies service based on race, gender, color, or national origin
- For any program or organization with a conflict of interest
- Projects/products unrelated to the primary purpose outlined in this grant application

Funding through this grant opportunity may not supplant existing activities or funding in any way, nor are these funds to supplant projects that were previously funded through another source.

**Terms of Agreement:** Should be outlined by each WCRS and the applicant.

**Reporting:** If implementing a project focused on increasing cancer screening rates, baseline data will be reported prior to implementation. A final report will be due no later than June 30<sup>th</sup> of each year, using the Wyoming Cancer Resource Services Mini Grant Report Template. If any other project is selected, the WCRS and applicant should discuss what information will be reported.

**Process:**

- A completed Funding Request Form must be submitted by the applicant, and kept on file by the WCRS
- The WCRS will review the Funding Request Form and provide feedback to the Applicant prior to approval. The project plan and budget must be approved by the WCRS prior to award.
- Technical assistance will be provided by the WCRS as needed.
- Final report template will be shared with awardee.
- The WCRS should submit approved mini grant applications to the WCP when finalized.
- The WCRS should submit final reports to the WCP when received by applicant.

**Questions:**

If WCRS have any questions about a proposal aligning with the goals of the cancer control act or WCRS objectives, they will contact: Star Jones, Wyoming Cancer Program, at 307-777-8609 or [star.jones@wyo.gov](mailto:star.jones@wyo.gov).



## Mini Grant Final Report

<b>Subrecipient Name</b>	
<b>Name/Title of Primary Contact</b>	
<b>E-Mail Address</b>	
<b>Phone</b>	
<b>Project Overview:</b>	
<b>Project Goal:</b>	
<b>Project Outcomes:</b>	
<b>Describe Evidence-based Interventions Implemented:</b>	
<b>Data collected and monitored</b>	
<b>Baseline</b>	
<b>Current</b>	
<b>Target</b>	
<b>Summary of Activities Completed:</b>	
<b>Evaluation Outcomes:</b>	



# Mini Grant Invoice

*Enter requested amounts and briefly describe each item.*

<b>Invoice Date:</b>	<b>Invoice Number:</b>
<b>Subrecipient Name:</b>	
<b>Subrecipient Contact:</b>	
<b>Address:</b>	<b>Agency Approval:</b>
<b>City, State Zip:</b>	
<b>Phone:</b>	
<b>Email:</b>	

Cost Description	Requested Amount	Justification and details
<b>Personnel/Salary</b>		
	\$	
	\$	
<b>Travel</b>		
	\$	
	\$	
<b>Supplies</b>		
	\$	
	\$	
<b>Other</b>		
	\$	
	\$	
<b>INVOICE TOTAL</b>	\$	

Certification: I, the undersigned, certify to the best of my knowledge that the information contained in this invoice is correct.

\_\_\_\_\_  
Signature of Authorizing Financial Agent

\_\_\_\_\_  
Date

## APPENDIX S-GAS CARD SAMPLE LETTER



{Date}

Dear Client Name,

Enclosed you will find a \$XXX gas card to help with your transportation needs for upcoming cancer screening or treatment appointments.

Thank you for using the Wyoming Cancer Resource Services. If we can be of further service to you, please contact our office at {PHONE}.

Sincerely,

{Name}

Regional Coordinator

Info and Address.

*The Wyoming Cancer Resource Services is funded by the Wyoming Department of Health*



## APPENDIX T-APPLICATION FOR TRANSPORTATION ASSISTANCE



### Application for Transportation Assistance

Patient name	Date:
Home address:	
Mailing address:	
Phone #1:	Phone #2:
Primary language:	
Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Declined	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	
Are you a Wyoming resident?	
Are you traveling for:	
Screening	Treatment
Consultation	Other:
Doctor's visit	
Where is your appointment?	
When is your appointment scheduled?	
Have you been diagnosed with cancer?    NO       YES	
Cancer type:    Date of diagnosis (month/year):	
Where do you receive treatment?    How often?	
How far do you travel for treatment each way?	
Insurance Type: <input type="checkbox"/> Uninsured <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Military <input type="checkbox"/> Private <input type="checkbox"/> IHS <input type="checkbox"/> Declined <input type="checkbox"/> Other	
Patient's estimated gross annual income:    Number living in household:	
How did you hear about Wyoming Cancer Resource Services?	
1.       Online	
2.       I was referred by a friend/family member	
3.       I was referred by a healthcare provider	
4.       I saw promotional materials	
5.       Other:	
Please specify: _____	

Patient Signature	Date
Wyoming Cancer Resource Services Staff Signature	Date

## APPENDIX U-INVENTORY TRACKING TEMPLATE

### Wyoming Cancer Resource Services Property Tracking

Name:

Region:

Item	Serial Number or other Identification Number	Date Received	Initials	Date Returned	Initials
Camcorder					
Laptop					
Desktop Computer					
iPAD or tablet					
Photo Equipment					
Printer					
Fax and/or Copier					
Office Furniture					
Other:					

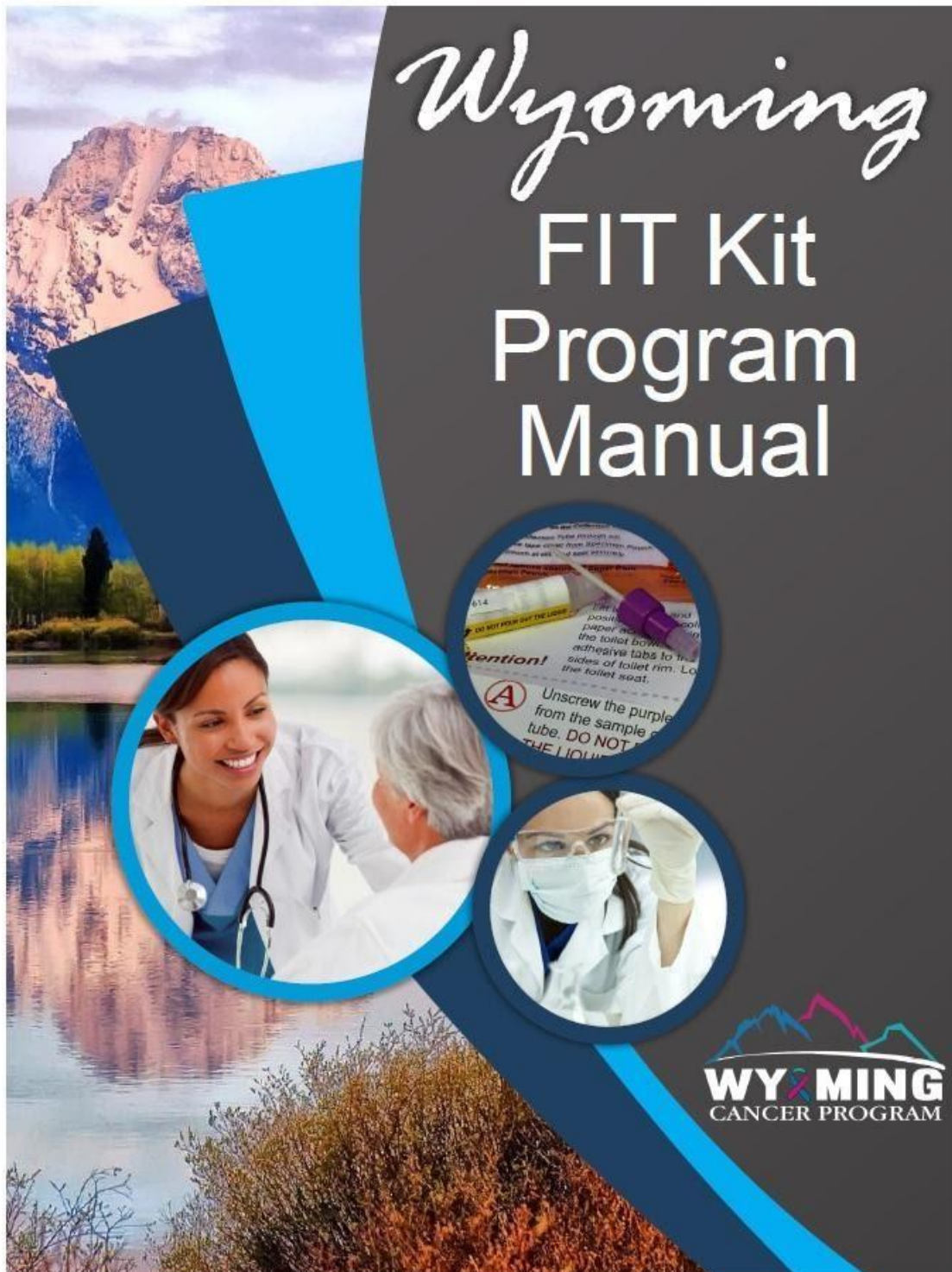
I understand the above described property is property of the Wyoming Department of Health (WDH) and will be used in compliance with all applicable policies of the WDH and outlined in the WCRS Contract. If property is transferred to another employee, I will notify Wyoming Department of Health immediately.

Property will be returned to the WDH upon termination of WCRS Contract.

---

Contractor Signature

Date



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## Overview and Purpose

The purpose of this manual is to provide resources and information to increase colorectal cancer screening in Wyoming. This manual provides an overview of colorectal cancer screening options, including fecal immunochemical testing (FIT) kit utilization through the development of programs in clinics and health systems. It focuses on increasing participation in the FIT Kit Program administered by the Wyoming Department of Health Cancer Program (WCP) supported by the American Cancer Society (ACS).

## Colorectal Cancer Screening Test Options

Patients should be made aware of screening options and the pros and cons of each test.

Test	Pros of Test	Cons of Test
<b>CT colonography (virtual colonoscopy)</b>	<ul style="list-style-type: none"> <li>Fairly quick and safe</li> <li>Can usually see the entire colon</li> <li>Completed every 5 years</li> <li>No sedation needed</li> </ul>	<ul style="list-style-type: none"> <li>Can miss small polyps</li> <li>Full bowel prep needed</li> <li>False-positive test result is possible</li> <li>Cannot remove polyps during testing</li> <li>Colonoscopy will be needed if abnormal</li> <li>Still fairly new—possible insurance issues</li> </ul>
<b>Guaiac-based fecal occult blood test (gFOBT)</b>	<ul style="list-style-type: none"> <li>No direct risk to the colon</li> <li>No bowel prep</li> <li>Sampling done at home</li> <li>Inexpensive to administer</li> </ul>	<ul style="list-style-type: none"> <li>Can miss many polyps and some cancers</li> <li>False-positive test result is possible</li> <li>Pre-test diet changes are needed</li> <li>Needs to be completed every year</li> <li>Colonoscopy will be needed if abnormal</li> </ul>
<b>Fecal immunochemical test (FIT)</b>	<ul style="list-style-type: none"> <li>No direct risk to the colon</li> <li>No bowel prep needed</li> <li>No pre-test diet changes</li> <li>Sampling done at home</li> <li>Fairly inexpensive</li> </ul>	<ul style="list-style-type: none"> <li>Can miss many polyps and some cancers</li> <li>False-positive test result is possible</li> <li>Needs to be done every year</li> <li>Colonoscopy will be needed if abnormal</li> </ul>
<b>Colonoscopy</b>	<ul style="list-style-type: none"> <li>Can usually look at the entire colon</li> <li>Can biopsy and remove polyps</li> <li>Done every 10 years</li> <li>Can help find some other diseases</li> </ul>	<ul style="list-style-type: none"> <li>Can miss small polyps</li> <li>Full bowel prep needed</li> <li>Cost more on a one-time basis than other forms of testing</li> <li>Sedation is usually needed</li> <li>Will need someone to drive the patient home</li> <li>Patient may miss a day of work</li> <li>Small risk of bleeding, bowel tears or infection</li> </ul>
<b>Stool DNA test</b>	<ul style="list-style-type: none"> <li>No direct risk to the colon</li> <li>No bowel prep needed</li> <li>No pre-test diet changes</li> <li>Sampling done at home</li> </ul>	<ul style="list-style-type: none"> <li>Can miss many polyps and some cancers</li> <li>False-positive test result is possible</li> <li>Should be completed every 3 years</li> <li>Colonoscopy will be needed if abnormal</li> <li>Still fairly new—possible insurance issues</li> </ul>

## Stool Test Options

There are multiple stool test options including the immunochemical fecal occult blood test (iFOBT), also called FIT. The FIT tests for hidden blood in the stool in a different way than a guaiac-based FOBT. This test reacts to part of the human hemoglobin protein, which is found in red blood cells. In this manual, the test will be referred to as a FIT kit.

Studies have shown that when provided annually to average-risk patients with appropriate follow-up, stool tests with high sensitivity can provide similar reductions in mortality compared to colonoscopies and some reduction in incidence. (<http://annals.org/aim/fullarticle/743580/evaluating-test-strategies-colorectal-cancer-screening-decision-analysis-u-s>)

Advantages of stool testing vs colonoscopy:

- Is less expensive
- Can be offered by any member of the health team
- Requires no bowel preparation
- Can be completed in privacy at home
- Does not require time off work or assistance getting home after the procedure
- Is non-invasive and has no risk of causing pain, bleeding, bowel perforation, or other adverse outcomes

Note: Patients should understand that a colonoscopy is required if stool testing is abnormal.

According to the United States Preventive Services Task Force (USPSTF), ACS, and American College of Radiology (ACR), low-sensitivity guaiac test should not be used as their sensitivity of colorectal cancer detection is less than 50% with a single test kit.

The sensitivity of the test should be least 50% for colorectal cancer detection on a single test kit. This includes tests such as:

- High-Sensitivity Guaiac Tests - commonly referred to as FOBT
  - ♦ May require multiple samples from consecutive days and have dietary and medication restrictions
  - ♦ Average Medicare reimbursement: \$4.48
- Fecal Immunochemical Tests (FIT)
  - ♦ No dietary or medication restriction
  - ♦ Most require only one or two samples from consecutive bowel movements
  - ♦ Average Medicare reimbursement: \$21.86
  - ♦ Can be processed in office as point-of-care tests or by machines to measure hemoglobin

Note: Test collection should occur at home, NOT in the office from a Digital Rectal Exam.

Additional information about stool testing can be found here:

**The Clinician's Reference Stool-Based Tests for Colorectal Cancer Screening** [http://nccrt.org/wp-content/uploads/IssueBrief\\_FOBT\\_CliniciansRef-Draft-15.pdf](http://nccrt.org/wp-content/uploads/IssueBrief_FOBT_CliniciansRef-Draft-15.pdf)





## Partnering with the Wyoming FIT Kit Program

The Wyoming FIT Kit Program increases the availability of colorectal cancer screening to Wyoming clients through stool tests. It is especially beneficial to clients who are uninsured or underinsured, live in frontier communities, and may not have access to screening services. The program is administered by the Wyoming Department of Health WCP through support from the ACS.

## Who can Partner to Distribute FIT Kits?

Providers, clinics, and organizations, including those that work with uninsured, underinsured, and hard to reach populations, specifically those with limited access to colorectal cancer screening services, can partner with the program.

In order to be a program partner and receive FIT kits to distribute to clients at no cost, you will need to complete a Partnering Organization Form. The information collected on the form includes:

- Clinic/Agency/Organization name
- Clinic/Agency/Organization address
- Clinic/Agency/Organization primary contact, title, phone, fax, email
- Annual projection of FIT kits distributed
- Follow-up process/plan for abnormal test
- Agreement to share follow-up results with the program
- Agreement to not receive reimbursement from insurance or the client for FIT kit or laboratory processing
- Medical Director and primary clinic contact signature agreeing to terms

## Who can Receive a FIT Kit?

Clients receiving FIT kits through the program must:

- Be a Wyoming resident
- Be age 50-75
- Have not had colonoscopy in the last 10 years
- Have not had a stool test (FIT/FOBT) in the last year
- Have no history of bleeding ulcers or hemorrhoids
- Have no current symptoms, including bleeding or blood in the stool
- Be a person of average risk for colorectal cancer
  - ♦ No personal history of colorectal cancer or adenomatous polyps
  - ♦ No personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
  - ♦ No strong family history of colorectal cancer or polyps
  - ♦ No known family history of hereditary colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)

Clients should also be:

- Uninsured, underinsured, or have low likelihood to receive colorectal cancer screening through any other method
- Geographically isolated with limited access to screening options

Note: High-risk individuals or those with current symptoms may be eligible for the WCP Colorectal Cancer Screening Program. <https://health.wyo.gov/publichealth/prevention/cancer/app/>

## Client Education

Facts about colorectal cancer and screening:

- Colorectal cancer is the second leading cause of cancer death in the United States and Wyoming
- More than 50,000 Americans die of colorectal cancer each year
- Colorectal cancer is often preventable with screening and early detection
- Early detection and cancer treatment for colorectal cancer saves lives
- There are more than one million colorectal cancer survivors in the United States
- Colorectal cancer screening is recommended between the ages of 50 and 75

Facts about FIT kits:

- FIT kits work by detecting tiny amounts of blood that can come from colon polyps or early stage colorectal cancer
- If completed every year, FIT kits can help detect polyps and cancers before they become life threatening
- Studies have shown that FIT kits, if completed correctly with appropriate follow-up, can be similarly effective to receiving a colonoscopy for most people
- FIT kits are done at home and mailed into the lab
- If the FIT kit results are abnormal, a colonoscopy will likely be necessary

After giving a FIT kit to a client, remind the client to:

- Put the kit in the bathroom so it will be there when they are ready to use it
- Try to complete the kit in the next week if possible
- Write the collection dates on each completed kit
- Mail the kit in as soon as possible after collecting the stool sample
- Include the white copy of the enrollment form with the sample
- Call their doctor if they have a problem or have questions about the FIT kit

## Kit Distribution, Completion, and Processing

Provide the client with the Information and Enrollment Form to read and verify they meet screening guidelines and understand how to complete the FIT kit. Have them complete the bottom portion with a ballpoint pen, pressing sufficiently hard to transfer the information to the last carbon copy.

Provide the following information to the client:

- It is the client's responsibility to return the FIT kit with the sample within 30 days
- There is no charge to them for the FIT kit or the test results
- Test results and client information will be kept confidential
- The test will be processed by the Wyoming Public Health Lab (WPHL) and results will be provided either by letter or by phone
- If a testing client requests an alternate method to receive their test results, please note that on the carbon page
- If the test is abnormal, a colonoscopy will likely be necessary as follow-up

Before providing the FIT kit:

- Review the instructions with the client. Use the kit you are providing to them to demonstrate the process and components, and remind them to "poke not scoop" for best results
- Remind the client to write the specimen date on the collection vial sample baggy and show them where that label is located
- Write the FIT kit number on the carbon form with a ballpoint pen
- Include clinic/agency/organization information in the grey box
- Separate top (educational) portion of white carbon copy and give to the client
- Place the lower portion of the white copy INTO the kit mailer with the other items



## Kit Distribution, Completion, and Processing cont.

The yellow copy should be kept and filed by the clinic/agency/organization.

The pink copy should be mailed or faxed to the WCP Outreach and Education Coordinator within seven days of distribution at:

Wyoming Cancer Program  
Attn: Outreach and Education Coordinator  
6101 Yellowstone Rd., Ste 510  
Cheyenne, WY 82002  
Fax: 307-777-3765

## Client Reminders

The WCP will gather and disseminate information about clients that have not returned their FIT kits. Partners distributing the FIT kits will be notified monthly of unreturned FIT kit numbers and should provide follow-up to those clients. The client should be contacted, by phone or letter (templates in appendix E and F) reminding them to send in their sample. Information about unreturned FIT kits will be provided to partners for three months following distribution. After three months of not completing the test, the client will be listed as inactive and the test will be recorded as not complete. If the client does complete the test after three months, the test results will be updated.

## FIT Kit Results

The WPHL will process and provide results to the WCP within 48 hours of receipt. Results will be shared with the clinic/agency/organization by the WCP.

### Normal (Negative) Result:

The letter that is provided in Appendix D will be sent to the client by the WCP within 48 hours of receipt of the results indicating negative test results, appreciation for participating in the screening, and a reminder to get tested the following year. The clinic/agency/organization should develop a system to contact the client in one year to complete another test.

### Abnormal (Positive) Result:

Positive results will be forwarded to the clinic/agency/organization by WCP. The clinic/agency/organization will contact the client by phone within five days of receipt of the results from the WCP. The call should include test results, as well as provide additional information about possible false-positive results, and recommendations for further screening options following the plan outlined by the clinic/agency/organization. Information about the WCP Colorectal Cancer Screening Program can be shared with the client during this time. A letter, provided in Appendix A, may be sent to the client if the clinic/agency/organization can not reach the client by phone.



Clients should be navigated, as necessary, by the clinic/agency/organization in order to ensure follow-up screening is completed. The clinic/agency/organization should contact the client within three months (and six months, if necessary) to determine if they have completed a colonoscopy and what the results were. This information should be reported back to the WCP, including the results of follow-up colonoscopy, repeat FIT testing, or patient refusal within 30 days of completion of the test via phone or fax. If clients are enrolled in the Wyoming Colorectal Cancer Screening Program for a follow-up colonoscopy, results will be automatically shared with the program via the provider performing the colonoscopy and the clinic/agency/organization does not need to report these results.



## WCP Colorectal Cancer Screening Program

The WCP Colorectal Cancer Screening Program reimburses participating healthcare providers for colorectal cancer screening services, including colonoscopies. The colorectal cancer screenings are paid for by state general funds. Clients with a positive FIT kit may be referred to the program to determine eligibility for the Colorectal Cancer Screening Program.

Colorectal Cancer Screening Program Eligibility Criteria:

- Age 50 years or older
- A gross household income at or below 250% of the Federal Poverty Level Guidelines
- Uninsured or underinsured
- Wyoming resident for at least 1 year prior to application

Program application and additional program information can be found at [www.health.wyo.gov/cancer](http://www.health.wyo.gov/cancer).



## Starting a Sustainable FIT Kit Program

For clinics who serve insured clients, receiving insurance reimbursement for FIT kit services is the best way to sustain a program. Medicaid, Medicare, and private insurance all provide reimbursement for FIT kits. A high return rate may even enable the program to generate revenue. The American Cancer Society and National Colorectal Cancer Roundtable have developed materials to help clinics establish a sustainable FIT Kit Program that can be found below.

A FluFIT Program may also be a great way to increase colorectal screening rates. This research-tested program helps healthcare teams increase colorectal cancer screening rates by offering a FIT kit to eligible patients during annual flu shot campaigns, see Appendix J. <http://fluFIT.org>

Here you can find information about the types of researched FIT kits available: Clinician's Reference: Stool-Based Tests For Colorectal Cancer Screening <http://nccrt.org/resource/fobt-clinicians-reference-resource/>

Additional information about starting a FIT Kit Program in your clinic can be found at the Centers for Disease Control and Prevention, ACS, and the National Colorectal Cancer Roundtable.

Increasing Quality Colorectal Cancer Screening: An Action Guide for Working with Health Systems: <https://www.cdc.gov/cancer/crcrp/pdf/colorectalactionguide.pdf>

How to Increase Preventive Screening Rates in Practice: An Action Plan <https://www.cancer.org/health-care-professionals/colon-md/cancer-screening-action-plan.html>

Steps For Increasing Colorectal Cancer Screening Rates: A Manual For Community Health Centers <http://nccrt.org/resource/steps-increasing-colorectal-cancer-screening-rates-manual-community-health-centers-2/>

## Appendix/Templates

### Appendix A - Positive Result Letter

Date  
 {Name of person sending to, Title}  
 {Address}  
 {City, State, Zip}

Dear {Person}:

Thank you for participating in the {Site} FIT Kit Program.

Your recent stool test was **POSITIVE**. This means there was blood in your stool sample. Blood in the stool may be found for multiple reason so additional testing is needed.

It is very important that you take the next step. We will call you or you may call us at {Phone} to schedule an appointment to discuss a follow-up test called a colonoscopy. During a colonoscopy, the doctor gives you some medicine to help you relax so it's like you are asleep. The doctor will use a long flexible tube to check your colon. The test usually takes 15 to 30 minutes, depending on whether a growth, such as a polyp, needs to be removed. Someone will need to drive you home after the medicine wears off.

If you have questions about your results or how to schedule a colonoscopy please call {Phone number}.

Sincerely,

### Appendix B - Positive Result Call Script

Hello. Is {Client Name} available? Thank you for participating in the {Site} FIT Kit Program. Your recent FIT kit was abnormal meaning there was blood in your stool sample. Blood in the stool may be found for multiple reasons and additional testing is needed.

It is very important that you take the next step. We would like to schedule a follow-up appointment to discuss a test called a colonoscopy. During a colonoscopy, the doctor gives you some medicine to help you relax. The doctor will use a long flexible tube to check your colon. The test usually takes 15 to 30 minutes, depending on whether a growth, such as a polyp, needs to be removed. Someone will need to drive you home after the medicine wears off.

### Appendix C - Tracking Positive FIT Tests

Tracking form for abnormal FIT

Patient Name	Phone Number	Date FIT Completed	Result: pos. or neg.	Name of PCP	Date PCP Notified	Date colonoscopy scheduled	Date colonoscopy completed



## Appendix D - Negative Letter

Date

KIT ID#

{Name of person sending to, Title}  
 {Address}  
 {City, State, Zip}

Dear {Person}:

Thank you for sending in the Fecal Immunochemical Test (FIT) kit. We are pleased to inform you that the result of your FIT kit is **NEGATIVE**. This means no blood was found in the stool sample you provided; therefore, the need for you to have a colonoscopy at this time is low. We encourage you to share these results with your primary healthcare provider.

It is recommended that you do a FIT kit every year. Please follow your primary healthcare provider's recommendations regarding the right colorectal cancer screenings for you. If you need additional information, contact {provider/clinic information here}.

Sincerely,

## Appendix E - Reminder Letter

Date

{Name of person sending to, Title}  
 {Address}  
 {City, State, Zip}

Dear {Person}:

Our records indicate you have not completed the FIT kit for cancer screening. You have been given a FREE FIT kit to test your stool. This test can find small amounts of hidden blood in your stool or bowel movement that can be a sign of cancer.

Here are two things your doctor at {Site} would like you to know:

1. Your risk of getting colorectal cancer goes up as you get older.
2. Screening tests can find colon problems early so they can be treated before they get serious.

Research has shown that this simple test can have big benefits. If everyone age 50 and older did this test every year, there would be many fewer deaths from colorectal cancer.

Please use the FIT kit and complete the test as soon as possible. The FIT kit includes pictures and easy-to-follow directions. Complete the test in the privacy of your home. After a bowel movement, use the stick in the kit to poke a small amount of stool into the collection tube. Write the date on the tube, put the tube in the bag, and mail it back to the Wyoming Public Health Laboratory using the pre-paid return envelope.

If any blood is found in your stool, we will recommend some other tests. If no blood is found, you should repeat the test in one year.

Please contact us at {phone number} if you have any questions or concerns.

Sincerely,

## Appendix F - Three Month Follow-Up Call Script

Hello, is {Client Name} available?

We are following up to encourage you to get screened for colorectal cancer by completing the FIT kit we gave you. We recommend all adults aged 50-75 receive a colorectal cancer screening. One type of screening we recommend tests for small amounts of blood in your stool. This call is to remind you to mail back your FIT kit, as soon as you can.

If you need another FIT kit, please let us know. Do you have any questions?

## Appendix G - Annual Client Reminder Call Script

Hello, is {Client Name} available?

Hello this is an important reminder from {Site} regarding your colorectal cancer screening. {Site} recommends regular colorectal cancer screenings for all adults ages 50-75. Colorectal cancer is the third most common form of cancer in men and women in the United States, and the risk increases with age. With proper screening, colorectal cancer can be detected early when treatment is the most effective. While there are several methods for screening for colorectal cancer, we know you have completed a FIT kit stool test a year ago. We would like to remind you that this test should be completed each year in order to reduce the risk of cancer.

If you would like to complete a FIT kit we can {mail/schedule a time for you to pick up} the kit with instructions for collections.

## Appendix H - Annual Reminder Letter

Date

{Name of person sending to, Title}

{Address}

{City, State, Zip}

Dear {Person}:

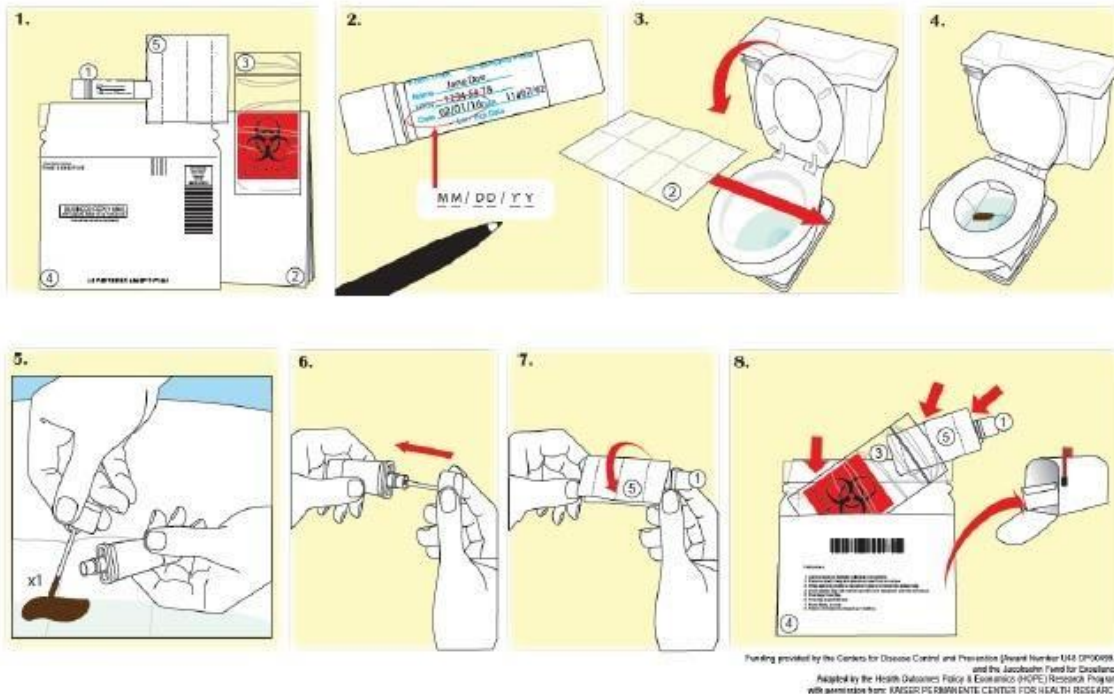
Thank you for sending in the fecal immunochemical test (FIT) kit last year. Our records indicate that you may be eligible for your annual FIT kit. If you have not already received a test or had a colonoscopy since your last FIT kit was completed, please contact {SITE} to request a kit at {Contact Information}.

It is recommended that you do a FIT kit every year. If you had a colonoscopy since your last FIT kit with normal results, there is no need for a FIT kit this year. Please follow your primary healthcare provider's recommendations regarding the right colorectal cancer screenings for you.

Sincerely,



## Appendix I - Visual Instructions for FIT Kit



## Appendix J - FluFIT Program

FluFIT is a research-tested program that helps healthcare teams increase colorectal cancer screening rates by offering FIT kits to eligible patients during annual flu shot campaigns.

Complete information about starting a FluFIT program, training staff, and customizable program materials can be found here: <http://flufit.org/>.

### Sample for FluFIT event

**Double your prevention this year  
with FLU SHOTS and FIT KITS!**

**What:**

Flu shots for all ages

FIT kits to prevent colorectal cancer for adults ages 50-75

**Why:**

Flu is PREVENTABLE! Colorectal cancer is PREVENTABLE!

We will offer simple prevention for flu and colorectal cancer this year.

**When:**

[date(s) and time(s) of event]

**Where:**

[location(s) of event]

## Appendix K - FluFIT Log Sheet

### Flu Vaccination Authorization Record and FluFIT Log

*This form must be signed by the vaccine recipient or by the parent, guardian, or other authorized person on the date the vaccine is administered.*

Manufacturer:  
Lot Number:  
Expiration Date:  
Facility Site:

I have read or had explained to me the "Influenza Vaccine Information Statement." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that it be given to me or to the person for whom I am authorized to make this request. If I am between the ages of 50 and 75 and being offered a FIT kit for colorectal cancer screening today, it has been explained to me.

Clinic Staff Initials	Flu Shot Site	Signature	Patient Name / Phone	FIT Eligible Age 50-75, no FIT this year, and no colonoscopy in 10 yrs	FIT Given To Patient
		1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		7.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		9.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		10.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
___ Total Flu Shots Given			Total FIT: ___ Eligible ___ Given		

## Appendix L - Partner Organization Form

### Partner Organization Form

Clinic/Agency/Organization Name: \_\_\_\_\_

Clinic/Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Estimated number of FIT colorectal cancer stool testing kits to be provided over 12 month period: \_\_\_\_\_

Plan/Procedure to follow-up on positive or abnormal tests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### FIT Kit Program Acceptance of Terms:

I have read and understand the Wyoming FIT Kit Program Manual and agree to requirements outlined in the manual. I understand that test kits are purchased, provided and processed by the Wyoming Department of Health Cancer Program supported by the American Cancer Society. I agree to not receive reimbursement for any tests given to clients through the program that my clinic did not purchase. Test results and related protected health information will be kept confidential. I agree to share results from follow-up screenings with the program via phone, fax, or email. Statistics on the successes, challenges, barriers and best practices identified through this program may be published, including number of positive results identified and follow-up actions provided. I understand the capabilities, capacity, sensitivity and specificity of the FIT kits provided by the program.

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic/Agency Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions please refer to the manual, call 307.777.8609 or email [wdh.cancerservices@wyo.gov](mailto:wdh.cancerservices@wyo.gov).



## Appendix M - Client Information and Enrollment Form

In order to receive a FIT kit you must:

- Be a Wyoming resident; Age 50-75
- Have not had colonoscopy in the last 10 years or had a stool test (FIT Kit/FOBT) in the last year
- Have no history of bleeding ulcers or hemorrhoids
- Have no current symptoms, including bleeding or blood in the stool
- Be a person of average risk
- Have no personal history of colorectal cancer or adenomatous polyps
- Have no personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- Have no family history of colorectal cancer or polyps or a hereditary colorectal cancer syndrome such as familial adenomatous polyposis or Lynch syndrome (hereditary non-polyposis colon cancer)

Facts about FIT kits:

- The kit works by detecting small amounts of blood in the stool
- If done every year, they can help find polyps and cancer before they become a problem
- They are done at home and mailed into the lab
- If the FIT kit results are abnormal, you will likely need a colonoscopy

How do I use the FIT kit?

- Put the kit in the bathroom so it will be there when you need to use it
- Follow the directions included with your kit
- After you collect the sample, write the date the sample was collected on the collection vial baggy, place the sample and the bottom portion of this page in the pre-paid envelop and put it in the mail

The information provided below will be used by the Wyoming Public Health Lab to process your kit and to contact you with your results. All screening information is kept confidential by the lab and program staff. For questions or to learn more about colorectal cancer or colorectal cancer screening services in Wyoming, please call 1-800-264-1296.

-----

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Year of Prior Screening, if known: \_\_\_\_\_ Insurance Type (circle): Private/Medicaid/Medicare/None

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*By accepting this FIT kit, you are acknowledging you will and are able to complete and return the sample in the pre-addressed postage-paid envelope enclosed within 30 days. There is no cost to you for completing the FIT kit. You will be provided reminders via mail or at the number listed above if the test is not completed within 3 months. Test results will be provided via letter or telephone call.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by clinic/agency/organization representative prior to release of kit:

FIT kit #: \_\_\_\_\_ Kit provided by (clinic/agency/organization): \_\_\_\_\_

White copy: sent with client to include with sample to lab      Yellow copy: clinic/agency/organization  
Pink copy: Wyoming Cancer Program staff



## Wyoming Department of Health

The Wyoming Department of Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs and services.

Si usted o alguien a quien usted está ayudando tiene preguntas sobre el Departamento de Salud de Wyoming, tiene el derecho de obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-571-0944 o visite una oficina de enfermería de salud pública cerca de usted para obtener ayuda.

如果您或您正在幫助對懷俄明州衛生部提出疑問，您有權利用您的語言免費獲得幫助和信息。與口譯員交談，致電1-866-571-0944或訪問您附近的公共衛生護理室尋求幫助。



6101 Yellowstone Rd. Suite 510 · Cheyenne WY 82002 · 800.264.1296  
wdh.cancerservices@wyo.gov · [www.health.wyo.gov/cancer](http://www.health.wyo.gov/cancer)