



ARKANSAS DEPARTMENT OF HEALTH

Center for Health Advancement

Chronic Disease Prevention and Control Branch

Cancer Prevention and Control Section

NOTICE OF FUNDS AVAILABILITY

For

Arkansas Mobile Mammography
After-Hours and Weekend Activities

Date Issued

January 1, 2018



**Notice of Available Funds for Mobile Mammography
After-Hours and Weekend Activities
January 1, 2018**

The ADH Chronic Disease Prevention and Control Branch (CDPCB), Cancer Prevention and Control Section, BreastCare Program will support five (5) Mobile Mammography Units (MMUs) to reach uninsured and underserved populations by providing screening mammography to Arkansas women during extended, evening or weekend hours at expanded community settings, focusing on the hard-to-reach populations.

Pending availability of funds, funds will be awarded to the first five (5) MMUs that respond to this proposal for the period of January 1, 2018- June 29, 2018. One proposal per MMU is allowed, renewable annually with revised budget and work plan.

Participating MMUs will receive the following:

- ❖ Up to \$26,649 for implementing after-hours and weekend MMU activities in community and worksite settings
- ❖ Technical Assistance from BreastCare Regional Care Coordinator
- ❖ BreastCare support and resources to facilitate after-hours and weekend activities

Participation Requirements:

- ❖ Represent an in-state Mobile Mammography Unit that currently serves women in Arkansas
- ❖ Be or become a BreastCare Provider
- ❖ Appoint an after-hour mobile mammography coordinator to:
 - Coordinate with BreastCare Regional Care Coordinators and program staff for clinic logistics
 - Organize at least five (5) after-hours screening events targeting at least 100 women in total for imaging
 - Advertise and attend each screening event
 - Educate women about benefits of screening mammography
 - Navigate eligible women to BreastCare enrollment
 - Ensure timely reporting and navigation of women screened
 - Provide BreastCare with Clinic Summary Reports for each MMU event
 - Collaborate with ADH Local Health Units and community organizations to ensure successful events

Reporting Requirements:

- ❖ For each mobile mammography event report to BreastCare in accordance with federal grant reporting requirements:
 - Date, location and hours of event
 - Number of BreastCare and non-BreastCare patients screened
 - Demographics of patients screened
 - Mammogram results
 - Referral and navigation information
 - Outreach activities implemented prior to event
- ❖ Submit monthly Subgrant Payment Request Forms and invoices to the ADH Cancer Prevention and Control Section with a complete description of goods or services being billed

Funding Criteria:

Pending availability of funds, eligible Mobile Mammography Units will receive up to \$26,649 for implementing expanded mobile mammography events with extended, evening or weekend hours at expanded community settings. Funds may be used for salaries and fringe, mobile unit travel cost, and other costs related to advertising and coordinating expanded events. Screening services for BreastCare enrolled patients should be billed as usual through the BreastCare billing process.

The MMU applicant will be reimbursed monthly on an “Actual Cost” method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable project expenses. These expenses must be within an approved itemized budget listing of allowable project costs. Pursuant to Arkansas Code Annotated 19-4-1206, the ADH certifies that services have been performed or the goods received prior to payment being authorized and processed. No reimbursement will be made for the purchase of equipment or services made prior to the subgrant award date of effectiveness. ADH will have the final decision on allowable costs.

Submission of Invoices:

Funds will be dispersed monthly upon receiving a Subgrant Payment Request Form and an original invoice and receipts detailing expenditures. Invoices should be sent along with a Mobile Mammography Event Report per each event in the invoice period. All activities are based on funding availability and must be completed by June 29, 2018. The contract may be extended for four (4) additional one (1) year periods, or any portion thereof, contingent on approval by the program and ADH, any required legislative reviews and the appropriation of necessary funding.

Selection Criteria:

The first five (5) eligible Mobile Mammography Units to apply via email will be accepted. To be eligible, the mobile unit must be an accredited mammography facility with adequately certified staff. The MMU must serve women in Arkansas and be or be willing to become a BreastCare provider. Mobile Mammography Units already receiving funding from the BreastCare Program are not eligible.

Documents needed:

- ❖ Application for funding
- ❖ Itemized budget and justification

All materials should be submitted electronically to molly.bradney@arkansas.gov. Applications must follow the format on the following page and be signed by the Administrator (Chief Executive Officer, Chief Financial Officer or Chief Nursing Officer).

To find out more about this program, please contact Molly Bradney, Health Program Specialist with the Cancer Prevention and Control Section at (501) 661-2495 or via email at molly.bradney@arkansas.gov. Applications must be received via email no later than 5:00 pm on February 28, 2018.

NOTE: Prior to award recipients may be required to submit the following:

- Equal Employment Opportunity Policy
- Prohibition of Employment of Illegal Immigrants
- Restriction of Boycott of Israel
- Certification Regarding Lobbying

If required, additional information and forms will be provided

Mobile Mammography: After-Hours and Weekend Activities
 Example Budget Item Details for 5-Event Minimum

Detail and description	Amount
Salary & fringe - Cost/hour x number of hours for staff for pre- event, event, and post-event activities. May include event coordination, patient navigation, actual event time, and reporting.	
Mileage - van, individual	
Event, facility, or technology fees	
Publicity, promotional, supplies	
Interpreters cost/hour x # hours	
Total	



Mobile Mammography: Targeted Outreach
Application for Funding

Mobile Mammography Unit (MMU) Name:

MMU Administrator:

Name and Phone

Email

Please include a brief description of your program and current staff:

Funding Sources:

Counties Targeted:

Population(s) Targeted:

Average Number of Women to be Screened per Event:

Estimated Number of Events:

In 2017,

How many event locations are at worksites?

- How many women were served by your MMU?
• How many cities were served by your MMU?
• How many counties were served by your MMU?
• How many cancer diagnoses were made following screenings at your MMU?



Please include a brief paragraph describing the target locations or populations you have in mind for this after hours and weekend initiative:

Is your MMU a current BreastCare Provider? Yes No

Is your MMU willing to become a BreastCare Provider?

Does your MMU participate in the ADH Mass Flu Clinic events?

Authorized Representative Signature

Date

Authorized Representative Printed Name and Title