



2023 Fall Training Resources

PROVIDER RESOURCES AND TOOLKIT



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

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Disclaimer

Disclaimer for NC BCCCP and NC WISEWOMAN Program Enrollment Eligibility Toolkit: This toolkit is designed to assist in determining eligibility and enrolling individuals in NC BCCCP and NC WISEWOMAN Program funded services. It is intended to be used in conjunction with program manuals, policies, and 2023 Fall Training material.

Please be aware of the following:

1. These tools do not replace professional advice.
2. Alignment with NC BCCCP and NC WISEWOMAN program policies, procedures, guidelines, and requirements is necessary.
3. Program focus may change over time; regularly review and update risk and eligibility requirements with new information.
4. Input from medical directors, stakeholders, clinicians, and nurse consultants in complex or critical situations is important.
5. Appendix and hyperlinks offer additional information.

Note: This toolkit is optional and provided as a resource guide. Its use does not mandate changes to existing processes or workflows but offers examples and recommendations for reference.

By using these tools, you acknowledge and accept associated risks. The tool provider is not liable for any direct, indirect, incidental, or consequential damages arising from their use.

1. **Enrollment Eligibility Criteria Table & Templates**

- The Enrollment Eligibility & Determination tools aim to simplify the eligibility screening process for program enrollment by identifying qualifying participants.
- These templates are beneficial for the following purposes.
 - Serve as a reference guide for internal training.
 - Streamline the eligibility determination process.
 - Increase awareness of program requirements.
 - Ensure a uniform approach across all agency departments.
- General guidelines:
 - These tools can be used in paper or digital form.
 - Forms can be completed by a staff member or participant.
 - These documents are designed to collect necessary information for determining program eligibility.
 - The provided template can be customized to align with your outreach activities or community referrals.
 - Documentation can be uploaded to an electronic health record system for reference and/or tracking purposes, per agency's approval.
- Considerations
 - Staff should be properly trained on how to effectively use these tools to ensure accurate eligibility screening.
 - Eligibility criteria should be periodically reviewed and updated as new information becomes available.
 - The templates provided collect private participant information, which is essential for determining program eligibility. Ensure strict adherence to your agency's policies and procedures regarding the handling and documentation of private patient information.
 - For ongoing improvements, establish a version control system to track changes and updates to these tools.

<u>Enrollment Eligibility Criteria for NC BCCCP and NC WISEWOMAN Funded Services</u>		
<u>Demographic</u>	<u>Eligibility Determination</u>	<u>Eligibility Criteria Met</u>
Breast Cancer Screening/ Diagnostic Services		Income at or below 250% FPL. Uninsured or underinsured. Payor of last resort.
Women aged 40 to 64	Priority population <ul style="list-style-type: none"> - Individuals who have never been screened. - Individuals who are symptomatic, meet high-risk criteria, and/or require a diagnostic evaluation are eligible for age-appropriate screening services 	
Women aged 21 to 39	Symptomatic and/or diagnostic follow up. High-risk criteria	
Women aged 65 and older	Not enrolled in Medicare Part (B) and meet program eligibility requirements	
Transgender Women aged 21 and older	Those who have taken or are currently taking hormones.	
Transgender Men aged 21 and older	Eligible.	
<u>Cervical Cancer Screening/ Diagnostic Services</u>		Income at or below 250% FPL. Uninsured or underinsured. Payor of last resort.
Women aged 21 to 64	Priority population <ul style="list-style-type: none"> - Individuals who have never been screened or who have not undergone screening in the past 10 years. - Individuals who are symptomatic, meet high-risk criteria, and/or require a diagnostic evaluation are eligible for age-appropriate screening services. 	
Women aged 21 to 29	Pap testing for individuals under 30	
Women aged 30 to 64	Cervical cytology (Pap smear) every 3 years, primary HPV testing every 5 years, or co-testing every 5 years (or more frequent testing based on ASCCP risk-based guidelines)	
Women 65 and older	Not enrolled in Medicare Part (B) and meet program eligibility requirements	
Transgender Men aged 21 and older	If the individual has not had a complete hysterectomy.	

<u>NC WISEWOMAN Screening Services</u>		
Women aged 35 to 64	Priority population <ul style="list-style-type: none">- Cardiovascular disease screening, intervention, counseling, and referral services must be provided.- Individuals must meet NC BCCCP eligibility criteria, they are not required to be enrolled in NC BCCCP to receive NC WISEWOMAN services.	Income at or below 250% FPL. Uninsured or underinsured. Payor of last resort
Transgender Persons	<ul style="list-style-type: none">- Individuals must meet NC BCCCP eligibility and age criteria.	
<u>BCCM (Breast and Cervical Cancer Medicaid)</u>		
<u>Women aged 21 and over</u>	Clients diagnosed with breast or cervical cancer outside NC BCCCP can apply for Breast & Cervical Cancer Medicaid (BCCM). <ul style="list-style-type: none">- Full Medicaid coverage may be available for clients who meet NC BCCCP eligibility criteria.- Verify all the following: <ul style="list-style-type: none">✓ Records indicating need for breast or cervical cancer treatment.✓ Diagnostic tests performed outside of BCCCP qualify as eligible.✓ Income: at or below 250% FPL✓ Insurance: Uninsured or underinsured✓ Complete the required BCCM application forms.	

Eligibility Determination Tool Template #1

Personal Information:

Full Name: _____

Date of Birth (mm/dd/yyyy): _____

Age: _____

Sex: ☐ Female ☐ Male ☐ Transgender Female ☐ Transgender Male ☐ Non-Binary☐ Choose not to disclose

2. Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

3. Insurance Status:

☐ Uninsured☐ Underinsured (insurance does not fully cover screening and/or diagnostic services)

4. Ethnicity and Race:

Ethnicity: _____

Race(s): _____

5. Income Details:

Total Annual Household Income (before taxes): \$ _____

Number of Dependents: _____

6. [Income Calculation](#)

Based on the total annual household income provided, your income as a percentage of the federal poverty level is calculated automatically below.

Income as % of FPL: _____%

Declaration:

☐ I agree to participate in the NC BCCCP and NC WISEWOMAN program and consent to the use of my information for program purposes.☐ I would like to receive additional information about the NC BCCCP and NC WISEWOMAN program and its services.[Eligibility Decision:](#)☐ Eligible: Your total household income falls within the eligibility criteria of $\leq 250\%$ FPL.☐ Not Eligible: Your total household income exceeds the eligibility criteria.

Eligibility Determination Tool Template #2

This template does not require as much personal information, so it is beneficial for referrals, outreach, and/or community activities.

Personal Information:

Full Name: _____

Sex: ☐ Female ☐ Male ☐ Transgender Female ☐ Transgender Male ☐ Non-Binary
☐ Choose not to disclose

2. Contact Information:

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

3. Insurance Status:

☐ Uninsured

☐ Underinsured (insurance does not fully cover screening and/or diagnostic services)

4. Ethnicity and Race:

Ethnicity: _____

Race(s): _____

5. Income Details:

Annual Household Income (estimate or range is acceptable): \$ _____

Number of Dependents: _____

6. [Income Calculation](#)

Based on the total annual household income provided, your income as a percentage of the federal poverty level is calculated automatically below.

Income as % of FPL: _____ %

Declaration:

☐ I agree to participate in the NC BCCCP and NC WISEWOMAN program and consent to the use of my information for program purposes.

☐ I would like to receive additional information about the NC BCCCP and NC WISEWOMAN program and its services.

[Eligibility Decision:](#)

- ☐ Eligible: Your total household income falls within the eligibility criteria of $\leq 250\%$ FPL.
- ☐ Not Eligible: Your total household income exceeds the eligibility criteria.

2. Pre-Assessment Questionnaire Template

This Pre-assessment questionnaire template can assist in identifying and ensuring the most vulnerable individuals and those in need can access screening/diagnostic services.

- The template is beneficial for:
 - Providing guidance and aiding in evaluation of potential risks.
 - Prioritizing and identifying vulnerable and/or focus populations.
 - Streamlining clinical processes.
 - Tailoring questions and instructions to suit your program's unique needs.
- General guidelines:
 - This tool can be used in paper or digital form.
 - Pre-assessment questionnaires can be self-reported or completed by a healthcare professional.
 - Conduct the risk assessment by systematically going through each section or question in the tool.
- Considerations:
 - Health risk assessment is a subjective process and may involve some level of interpretation; refer to your agency's policy, procedure, and/or consult with experts.
 - Ensure that staff understands how to use these tools to ensure accurate eligibility and health screening.
 - Outcome interpretation is based on information available at time of evaluation.
 - Customize the questionnaire to reflect the agency's policies, procedures, guidelines, and requirements of the NC BCCCP and NC WISEWOMAN program.
 - Establish a version control system to track changes and updates to these tools for ongoing improvements.

Pre-Assessment Questionnaires NC BCCCP

Breast Cancer Risk Assessment:

1. Have you ever been diagnosed with breast cancer? ☐Yes ☐No
☐Unsure/Unknown
2. Have you ever been diagnosed with BRCA1 or BRCA2 gene mutations? ☐Yes
☐No ☐Unsure/Unknown
3. Have any of your first-degree relatives (mother, sister, daughter) been diagnosed with premenopausal breast cancer? ☐Yes ☐No ☐Unsure/Unknown
4. Have you ever had a breast biopsy with abnormal results? ☐Yes ☐No
☐Unsure/Unknown
5. Have you undergone chest radiation therapy before age 30 (e.g., for Hodgkin's lymphoma)? ☐Yes ☐No ☐Unsure/Unknown
6. Have previously been identified as high risk, but do not have a personal history of breast cancer? ☐Yes ☐No ☐Unsure/Unknown
7. Do you have a history of hormone replacement therapy (HRT)? ☐Yes ☐No
☐Unsure/Unknown
8. Is your lifetime risk 20% or more for development of breast cancer based on a [risk assessment model](#) *(e.g., Tyrer-Cuzick or Gail Model)? ☐Yes ☐No
☐Unsure/Unknown

Cervical Cancer Risk Assessment:

1. Have you ever been diagnosed with cervical cancer? ☐Yes ☐No
☐Unsure/Unknown
2. Have you ever been told by a medical professional that you have cervical dysplasia (lesions or abnormal cell growth of cervix)? ☐Yes ☐No
☐Unsure/Unknown
3. Have you ever had an organ transplantation? ☐Yes ☐No ☐Unsure/Unknown
4. Were you exposed to DES in utero? ☐Yes ☐No ☐Unsure/Unknown
5. Have you ever had a human papillomavirus (HPV) infection? ☐Yes ☐No
☐Unsure/Unknown
6. Have you received one or more doses of the HPV vaccine? ☐Yes ☐No
☐Unsure/Unknown
7. Have you ever been told by a medical professional that you have a weakened immune system (e.g., due to HIV/AIDS, organ transplant)? ☐Yes ☐No
☐Unsure/Unknown

Lifestyle Health Assessment:

1. Do you currently smoke or use tobacco products? ☐Yes ☐No
2. Do you use smokeless tobacco products? ☐Yes ☐No
3. Do you regularly consume a high amount of unhealthy fats, sugars, or processed foods? ☐Yes ☐No
4. Do you include a variety of fruits and vegetables in your diet? ☐Yes ☐No
5. Are you interested in starting or increasing physical activity (e.g., exercise, walking)? ☐Yes ☐No
6. Would you like information on how to manage your weight through diet and exercise? ☐Yes ☐No

Pre-Assessment Questionnaire for NC WISEWOMAN

Cardiovascular Disease Assessment:

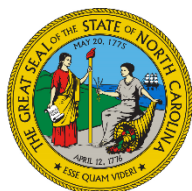
1. Have you ever been diagnosed with heart disease such as high blood pressure or high cholesterol? ☐Yes ☐No ☐Unsure/Unknown
2. Is there a family history of heart disease, high blood pressure, stroke, or other heart-related illnesses in your family? ☐Yes ☐No ☐Unsure/Unknown
3. Have you ever been informed by a medical professional that your blood pressure was elevated/high? ☐Yes ☐No ☐Unsure/Unknown
4. Has a medical professional advised you to lose weight? ☐Yes ☐No ☐Unsure/Unknown
5. Have you been instructed by a medical professional to regularly monitor your blood pressure readings? ☐Yes ☐No ☐Unsure/Unknown
6. Have you ever undergone hormone replacement therapy (HRT)? ☐Yes ☐No ☐Unsure/Unknown

Lifestyle Health Assessment:

1. Do you currently smoke or use tobacco products? ☐Yes ☐No
2. Do you use smokeless tobacco products? ☐Yes ☐No
3. Do you regularly consume a high amount of unhealthy fats, sugars, or processed foods? ☐Yes ☐No
4. Do you include a variety of fruits and vegetables in your diet? ☐Yes ☐No
5. Are you interested in starting or increasing physical activity (e.g., exercise, walking)? ☐Yes ☐No
6. Would you like information on how to manage your weight through diet and exercise? ☐Yes ☐No

Appendix:

- I. [Risk Assessment Policy 112](#)
- II. [Cervical Screening Cancer Policy 107](#)
- III. [Breast Cancer Risk Assessment Tool](#)
- IV. [Patient Navigation Needs Assessment & Care Plan](#)
- V. [BCCM Application Forms](#)
- VI. [NC Quitline](#)
- VII. [Federal Poverty Level Guidelines 2023](#)
- VIII. [Eligibility FAQ](#)
- IX. [BCCCP Screening and Follow Up Protocol](#)
- X. [NC BCCCP and NC WISEWOMAN Declination Form](#)
- XI. [Community Resource List](#)
- XII. [ASCVD Risk Estimator Plus](#)



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