BREAST AND CERVICAL CANCER CONTROL (BCCC) TOOL MONITORING INSTRUCTIONS
FY 2007

Reviews are based on requirements found in the Policy Manual. These instructions highlight review procedures. Please note that the manual should always be referred to as the complete reference.

REVIEW CRITERIA	INSTRUCTIONS
I. Program Management	
1. The agency has a signed contract or agreement for any subcontracted service funded by the BCCC and assures that subcontractors meet program requirements.	The reviewer reads the contracts/agreements for any subcontracted services to ensure that it is clearly stated in the contract or agreement that the contractor has a process to evaluate the services provided by the subcontractor to assure compliance with standards and requirements.
2. There is evidence that the mammography providers are certified by the FDA and by DSHS Regulatory Licensing Unit	The reviewer examines the agency's certificate of Mammography Systems from the Texas Department of State Health Services Regulatory Licensing Unit for mammography subcontractors (as applicable). **Note:** If agency has an American Radiology Association (ARA) certificate it has a DSHS license.
3. Resource Directory/Resource Development is available to staff.	The reviewer examines the agency's resource directory to ensure that it is updated as needed and provided to all clinical sites.
4. A system is in place to track abnormal breast and cervical findings.	The reviewer examines the agency's established system, e.g., log to track all abnormal breast and cervical findings to assure it is being appropriately utilized.
II. Eligibility	
1. The agency has a financial eligibility process	The reviewer examines the agency's eligibility process, to assure that following criteria are described: 1. Client is at or below 200 percent of the federal poverty income level 2. Client is uninsured or insured but unable to pay the required deductible 3. Client is 65 years of age and not eligible for Medicare Part B or unable to pay premium for Medicare Part B **Note:** Clients who meet eligibility requirements are not charged for services

REVIEW CRITERIA	INSTRUCTIONS
2. Client income/eligibility is appropriately and accurately determined, documented, and maintained in the client's record	The reviewer examines 10 records to assure client income/eligibility is appropriately and accurately determined and documented. Records requested by the reviewer should be available for review. If a record is not available, select another record for review and inform the team leader so he/she can determine how to mark the section. A finding related to the unavailability of records is noted at the end of the tool in the "Other pertinent information as noted by reviewer" section. **(Refer to #19 on the BCCC Record Review Tool.)**
III. Clinical Record Review	Each component of the record review criteria will be reviewed individually for compliance. To receive a "Yes," at least 80% of the records reviewed are in compliance with that component. That is, of 10 records reviewed, 8 (or 80%) must receive a "Yes" on that component. If a contractor/provider is out of compliance with a component, the "No" is marked with an explanation of which part of the component is not in compliance. If the agency does not have at least 7 records that contain visits since the agency began the program or since the last review, this service will not be reviewed and the team leader will be notified. In the case where a record is not available for review, select another record and inform the team leader. A finding related to the unavailability of records is noted at the end of the tool in the "Other pertinent information as noted by reviewer" section. Tool questions #4 and #6 must be 100% compliant. The reviewer requests that agency staff provide a sample of records that includes abnormal screening and diagnostic evaluations.
1. Client education is documented.	Client education (e.g., importance of annual clinical breast examination and mammography, signs, symptoms and risk factors for cervical cancer, etc.) is documented in the record. **(Refer to #2 on the BCCC Record Review Tool.)**
2. A clinical breast exam is documented.	Results of clinical breast examination are documented in the record. **(Refer to #3 on the BCCC Record Review Tool.)**
3. Mammograms are reported using the overall final assessment classification system in 100% compliance	The mammogram result is reported using the overall assessment of findings classification. **(Refer to #4 on the BCCC Record Review Tool.)**
4. A mammogram report is in the record (as applicable).	Mammogram report is in the client record. (as applicable). **(Refer to #5 on the BCCC Record Review Tool.)**

REVIEW CRITERIA	INSTRUCTIONS
5. Pap tests are reported using the 2001 Bethesda System in 100% compliance	Pap test result is reported using the Bethesda System. **(Refer to #6 on the BCCC Record Review Tool.)**
6. A Pap test report is in the record (as applicable).	Pap test report is in the client record (as applicable). **(Refer to #7 on the BCCC Record Review Tool.)**
7. A pelvic exam is documented (as applicable).	Documentation of pelvic examination results is in the client record (as applicable). **(Refer to #8 on the BCCC Record Review Tool.)**
8. A procedure specific consent is documented (as applicable).	A procedure specific consent is in the record (as applicable). The procedure specific consent is required when the provider, within their clinical setting, performs procedures such as colposcopy, biopsies, etc. **(Refer to #9 on the BCCC Record Review Tool.)**
9. Diagnostic procedures are documented (as applicable).	Documentation of diagnostic procedures and results are documented in the record. **(Refer to #10 on the BCCC Record Review Tool.)**
10. Attempts to contact the client are made and documented within 5 working days of receiving abnormal screening results.	There is documentation that the client was notified or attempts were made to notify her of abnormal screening results within five (5) working days of receipt of results. **(Refer to #11 on the BCCC Record Review Tool.)**
11. Attempts to contact the client are made and documented within 2 working days of receiving abnormal diagnostic results.	There is documentation that the client was notified or attempts were made to notify her of abnormal results within two (2) working days of receipt of results. **(Refer to #12 on the BCCC Record Review Tool.)**
12. There is documentation of a comprehensive needs assessment (as applicable).	There is documentation that: • a Comprehensive Needs Assessment was completed within 30 days of receipt of abnormal screening result • there is a signed consent for case management, which assures confidentiality • there is documentation of client agreement for follow-up as necessary. **(Refer to #13 on the BCCC Record Review Tool.)**
13. There is a documented case management plan (as applicable).	There is documentation that a case management plan was completed within 30 days of referral for diagnostic procedures. There must be evidence of client participation in developing the plan to obtain services. The plan is signed and addresses problems identified in the comprehensive needs assessment and action/objectives; planned time frames and interventions are appropriate to the severity of results. The plan is modified to reflect new problems and planned services. **(Refer to #14 on the BCCC Record**

REVIEW CRITERIA	INSTRUCTIONS
	Review Tool.)
14. There is documentation of case management monitoring (as applicable).	There is documentation that the case manager monitored the plan and that it was monitored within 30 days of referral for diagnostic procedures and case management. If the case is pending, there should be documentation that monitoring occurred monthly. Case management concludes when the client initiates treatment or is no longer eligible for BCCC services. **(Refer to #15 on the BCCC Record Review Tool.)**
15. There is written validation of final diagnosis.	There is documentation of a written final diagnosis located in the record. **(Refer to #16 on the BCCC Record Review Tool.)**
16. Documentation of lost to follow-up is appropriate (as applicable).	If the client is considered "lost to follow-up" appropriate attempts to locate the client should be documented in the record. The contractor must have at least three documented, separate attempts to contact the client, with the last attempt sent by certified mail. **(Refer to #17 on the BCCC Record Review Tool.)**
17. Refusal of services by the client is appropriately documented (as applicable).	If the client refuses diagnostic or treatment services, there should be documentation which supports a disposition of "refusal." **(Refer to #18 on the BCCC Record Review Tool.)**
Other pertinent information as noted by reviewer. This section should be used if issues arise during the review process that should be brought to the attention of the program.	