

**Division of Public Health
Lifespan Health Services**

Colposcopy Training

*Nebraska Public or Private Non-Profit
And
Tribal Health Clinics*

Training Incentive Contract

Nebraska Department of Health and Human Services

January, 2015



Public or Private Non-profit and Tribal Health Clinic Services Summary

The information contained in this summary highlights items to all potential contractors.

Organization: Nebraska Department of Health and Human Services

Program: Division of Public Health, Lifespan Health Services Unit

Funding Source: Nebraska State General Funds for Program No. 514 - Health Aid
FY 2014-2015

Purpose:

To train mid-level practitioners to perform colposcopies in public or private non-profit clinics in Nebraska and clinics of Federally Recognized Native American Tribes headquartered in Nebraska, to assist in the diagnosis and/or treatment of cervical dysplasia and cervical cancer.

Eligibility for Contracts: Public or private non-profit clinics in Nebraska or Federally Recognized Native American Tribes headquartered in Nebraska.

General Information: It is the responsibility of the applicant agency to register the trainee(s) and make travel arrangements. The Department will make registration information available to contractors/approved applicant agency.

Reimbursement: Training financial support and associated supplies related to American Society of Colposcopy and Cervical Pathology (ASCCP) colposcopy training, January 7-10, 2015 in Tampa, Florida. Training Incentive payment will be processed by Nebraska Dept of Health and Human Services upon receipt of official documentation of course completion.

Upon approval of the contract, it is the responsibility of the applicant agency to register attending staff and make all arrangements.

Reporting Requirements:

A proposal addressing the contract purpose shall be submitted. **A copy of attendees' certificate of completion of training must also accompany request for Training Incentive Payment.**

Proposal Due: November 6, 2014; 5 PM CST

Anticipated Date of Contract Notification: November 7, 2014

Description of Review Criteria: Each proposal will be reviewed for responsiveness and justification of need.

Purpose of Public or Private Non-profit and Tribal Health Clinic Colposcopy Training Contract:

This training incentive contract by the Nebraska Department of Health and Human Services, Lifespan Health Services Unit (DHHS) seeks to increase capacity across the State of Nebraska for medical providers to perform colposcopy and to increase diagnostic and treatment resources for cervical cancer and cervical dysplasia especially for those populations in greatest need.

Through this training incentive contract, DHHS will provide the applicant agency \$3000.00 per trainee, employed or under contract by the approved applicant agency, upon receiving documentation that the trainee successfully completed the course. Contract will begin January 2, 2015 and end March 1, 2015.

Proposals are to be submitted to:

Nebraska Department of Health and Human Services
Lifespan Health Services Unit
Attn: Julie Reno
P.O. Box 95026
301 Centennial Mall South
Lincoln, NE 68509-5026
Julie.reno@nebraska.gov

Review Process

Each non-competitive submission will be reviewed for the degree that it meets the contract purpose. Submission of documentation can be accepted by mail, fax, or e-mail. In the case more responses are received than can be awarded contracts, selection will be based on: the geographical service area; need for services in the area, number of clients to be served at the agency; and the number of colposcopists already providing services at the agency.

Notification of Intent to Contract

Notification of intent to contract will be made by e-mail to each request submitted on or before November 7, 2014.

Notification will be made available via email to the authorized individual named in the submitted response to this notice.

Cover Sheet

*Division of Public Health – Lifespan Health Services Unit
Public or Private Non-profit and Tribal Health Clinics
Contract Invitation*

**Released October 15, 2014
Response Due November 6, 2014, 5 PM CST**

Agency Name: _____

Federal Tax ID Number: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Project Director: _____ Financial Officer: _____

Title: _____ Title: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Clinical Provider (Whom will be attending training): _____

State License Number: _____

Please provide a brief description of how this practitioner receiving training will fulfill the purpose of the contract. Please also note the estimated number of patients this will benefit and the needs of this population.

Signature of Authorized Agency Official: _____

Title: _____ Date: _____