

Family Planning Services

(RFA# 20-009)

APPLICATION GUIDELINES

FY 2021-2022

Florida Department of Health

**Division of Community Health, Office of Health Equity, Florida Department of Health, Hillsborough
County Health Department**

February 22, 2021

Application Deadline:

April 5, 2021 12:00 pm EST

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Section 1.0 INTRODUCTION

1.1 Program Authority

The Florida Department of Health is responsible by legislative mandate in section 381.0051, Florida Statutes and authorized by Title X of the Public Health Services Act, 42 U.S.C.300 to implement a comprehensive family planning program and make services available to all persons who desire them.

1.2 Notice and Disclaimer

Grant awards will be determined by the Department of Health in accordance with this publication based on the availability of funds.

1.3 Program Purpose

The purpose of this Request for Application (RFA) is to select one or more Providers to deliver Quality Family Planning Services under the authority of the Department of Health. The goal of the family planning program is to make available to all citizens of the state who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families. This includes preconception health care and interconception health care in order to improve pregnancy outcomes and help reduce infant and maternal mortality and morbidity and address the social determinants of health.

1.4 Available Funding

The total amount available to the provider(s) will be \$870,000 for a period from July 1, 2021 through June 30, 2022. Renewal amount will be based on the State and Federal funding each year.

1.5 Matching Funds

There are no matching fund requirements under this RFA.

Section 2.0 PROGRAM OVERVIEW

2.1 Background

The Department of Health mission is to promote and protect the health and safety of all people in Florida through the delivery of quality public health services and the promotion of health care standards. The family planning program is a statewide program with services available to all women and men who request them regardless of religion, race, color, national origin, disability, age, gender, number of pregnancies, marital status, or ability to pay. Services are supported by HHS's Final Rule for Title X Funded Family Planning Projects and the CDC's Providing Quality Family Planning Services document. Since Fiscal Year 2011-2012, Title X family planning services in Hillsborough County have been provided by contract service providers within the community to achieve the statewide family planning goals.

2.2 Priority Areas

All men and women of child-bearing age seeking reproductive services within Hillsborough County, with an emphasis on low-income individuals.

Recent needs assessments indicate family planning service gaps in Hillsborough County both geographically and by socio-cultural characteristics. There is a desire to increase the number of service locations, the geographic distribution of service locations and both service hours and times. Existing cultural, transportation, language, age, and stigma challenges have been exacerbated by access challenges from the COVID-19 crisis and the Department seeks proposals that will propose innovative solutions to address return-visit obstacles and to ensure that all populations have access to family planning services.

2.3 Program Expectations

Grantees will be responsible for providing counseling and education on and ensuring access to a broad range of acceptable and effective family planning methods, including natural family planning, infertility services, and related preventive health services and services for adolescents, including adolescent abstinence counseling and the encouragement of family involvement in adolescent decision-making. Abortion must not be included as a method of family planning.

In order to ensure widespread coverage throughout the county, services are expected to be provided at locations accessible to the population seeking services and are to be provided to any man or woman who requests family planning services regardless of their place of residency. Clients provided services under the resulting contract from this RFA must not be required to pay a minimal/gate fee. Selected provider or providers must comply with policies and procedures as outlined in Attachment 1: Project Summary Outline. Operating hours should be convenient for clients.

2.4 Applicant Project Results

If funded, applicants will be expected to:

- Provide access to contraceptive services, supplies, and information to all who request and are in need of these services with priority given to persons from low-income families.
- Assist individuals in determining the number and spacing of their children.
- Prevent unintended (unplanned and unwanted) pregnancies, promote positive birth outcomes, and healthy families.
- Provide ongoing monitoring and evaluation.
- Ensure efficient and effective management of program funds and operations, including clinic efficiency.
- Improve awareness and availability of contraceptive services, including the Medicaid Family Planning Waiver.
- Provide education, counseling, and reproductive health services and supplies. Education and counseling must include preconception and interconception health counseling and discussion of a reproductive life plan.
- Decrease the percentage of teen births, ages 15-17 that are subsequent (repeat) births.
- Decrease the percentage of non-first births with inter-pregnancy interval less than 18 months.

2.5 Current and Prior Funded Projects

Applicants must demonstrate ability to provide the desired services based on current and prior project efforts and have the following qualifications and work experience:

- Maintenance of sufficient and qualified staff to carry out and/or provide the required family planning services.
- Maintenance of the necessary equipment for the provision of services.

2.6 Project Requirement

To provide the full array of comprehensive family planning services to women and men in Hillsborough County. All clients receiving any family planning service must be placed on a sliding fee scale regardless of whether or not they have a third-party payer as described in Attachment 1: Project Summary Outline. To provide Quality Family Planning Services in a manner that will enable Hillsborough County to achieve the measures listed in Sections 2.3 and 5.2 of this RFA.

Section 3.0 TERMS AND CONDITIONS OF SUPPORT

3.1 Eligible Applicants

Applicants must be legal business entities with an office in Florida and include, but are not limited to institutions of higher learning, health care providers, government agencies, and not-for-profit 501(c)(3) entities. All individuals, organizations and agencies submitting an application for funding are advised that accepting federal and state dollars under this RFA will require recipients' compliance with all federal and state laws, executive orders, regulations and policies governing these funds.

All vendors doing business with the State of Florida must have a completed W-9 on file with the Department of Financial Services. If awarded, the process can be completed at: <https://flvendor.myfloridacfo.com>. To be eligible to receive a grant, all corporations, limited liability companies or partnerships and their sub-contracts seeking to do business with the State shall be registered with the Florida Department of State in accordance with the provisions of Chapter 607, 608, 617 and 620, Florida Statutes.

3.2 Eligibility Criteria

Service providers meeting the following criteria are eligible to apply for funding under this RFA:

1. Licensed to do business in the State of Florida for the services they are proposing to deliver, have a 501(c)(3) certification if the agency is not for profit, and meet all State and local laws and regulations.
2. Willing and able to service all eligible consumers with family planning services as listed in this RFA in accordance with Title X Guidelines, herein incorporated by reference.
3. Not have been placed on the convicted vendor list.
4. Staffed with practitioners duly licensed or certified to practice medicine/nursing in Florida who shall maintain good professional standing at all times and practice according to their individual practice acts/protocols. Providers dispensing family planning pharmaceuticals provided by the Department shall maintain a professional license with qualification as a Dispensing Practitioner.
5. Able to fully communicate with those being served and sensitive to a client's ethnic and cultural background.

3.3 Minority Participation

In keeping with the One Florida Initiative, the Department of Health encourages minority business participation in all its procurements. Applicants are encouraged to contact the Office of Supplier Diversity at 850/487-0915 or visit their website at <http://osd.dms.state.fl.us> for information on becoming a certified minority or for names of existing certified minorities who may be available for subcontracting or supplier opportunities.

3.4 Corporate Status

For all corporate applicants, proof of corporate status must be provided with the application. Tax-exempt status is not required, except for applications applying as non-profit organizations. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Any of the following is acceptable evidence:

- a. A statement from a state taxing body, State Attorney General, or other appropriate state official, certifying that the applicant has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.

Non-Corporate Status

Documentation that verifies the official not-for-profit status of an organization in accordance with Chapter 617, Florida Statutes

3.5 Period of Support

The initial term of the contract(s) resulting from this RFA will be from July 1, 2021 to June 30, 2022 with award(s) of up to \$870,000. The contract(s) resulting from this application may be renewed, in whole or in part, for up to three additional years. Any renewal shall be in writing and subject to the same terms and conditions set forth in the original contract. Any renewal shall be contingent upon satisfactory performance evaluations by the Department and subject to the availability of funds.

3.6 Use of Grant Funds

Providers awarded funds under this RFA will participate in a contract with the State of Florida for the provision of services as directed in Attachment 1: Project Summary Outline and based upon the following allowable and unallowable costs.

The Department will provide payment to the grantee for allowable costs used for direct client services in accordance with CFDA 93.217.

The following lists of allowable and unallowable costs are solely to be used as a helpful guide for applicants. These lists do not supersede the federal or state definitions of allowable and unallowable costs.

1. **Allowable Costs** - must be reasonable, necessary and directly related to the provision of Title X services and are limited to the following:

- Medical services including information and counseling, examinations, tests, supplies, and medical referrals.
- Social services including counseling and referrals, and services as are necessary to facilitate clinic attendance.
- Information and education services designed to achieve community understanding of the program's objectives, inform the community of the availability of program services, and promote continued participation in the project by persons likely to benefit from its services.
- Funds to support the delivery of Title X services such as Title X training for staff, quality assurance and quality improvement activities, IT support, and salaries and benefits.

2. **Unallowable costs** - include, but are not limited to the following:

- Building alterations or renovations
- Indirect costs
- Interest payments

- Bank fees
- Professional dues
- Continuing education and continuing medical education fees
- Food products or services
- Communication or medical equipment greater than \$1,000
- Lease or purchase of vehicles
- Direct client assistance (monetary)
- Personal cellular telephones

Section 4.0 APPLICATON REQUIREMENTS

4.1 Application Forms

Applicants must provide applications as indicated in section 4.2 Oder Of Application Package in this RFA. Alternate formats may not be used.

4.2 Order of Application Package

Applications for funding must address all sections of the RFA in the order presented below and in as much detail as requested. Order of application package:

1. Application Cover Page
2. Table of Contents
3. Narrative Section (Section 5.0)
4. Budget Information Forms
5. Other Required Forms (Section 9.0)
6. Appendices (Optional)

4.3 Compliant Budget Form and Budget Justification Narrative

In addition to filling out the budget form located in the application, a separate budget justification narrative and computation of expenditures must be provided, as outlined below.

Applicants should recognize that costs do not remain static; the budget should reflect the various phases and activities of planning, organizing, implementation, evaluation and dissemination.

Section 5.0 REQUIRED CONTENT OF THE NARRATIVE SECTION

5.1 Project Summary

The narrative section of the application should follow the standards for writing and submittal below:

- Not to exceed 10 pages in length (not including cover page, table of contents, forms or appendices)
- 12-point font
- 1-inch margins

Content of the Statement of Need, Objectives, Program Plan, Evaluation Plan, and Management Plan should reflect the applicant’s current expertise and capacity based on current and prior projects.

5.2 Statement of Need

Recent needs assessments indicate family planning service gaps in Hillsborough County both geographically and by socio-cultural characteristics. There is a desire to increase the number of service locations, the geographic distribution of service locations and both service hours and times. Existing cultural, transportation, language, age, and stigma challenges have been exacerbated by access challenges from the COVID-19 crisis and the Department seeks proposals for innovative solutions to address return-visit obstacles and to ensure that all populations have access to family planning services.

Applicants shall identify, in narrative form, the following information:

1. Estimated total number of family planning clients to be served.
2. The priority populations that will be a focal point of the program and the geographic areas proposed to be served. The narrative should clearly describe the priority population with regard to age, sex, racial and ethnic backgrounds, health inequities or disparities, underserved populations, social determinants of health, socio-economic status, zip codes and other factors.
3. Describe current or prior successes or challenges providing Family Planning Services to the populations described above.
4. Any gaps (unmet needs) for Family Planning services that are currently not being met, will remain, or will be newly addressed with the grant funds. Include any relevant data and how funding will impact the populations served.
5. Describe whether there are any other state or federally-funded programs already operating in the county or local community proposed to be served, what priority population or area is being served by these existing programs, and if other programs exist, how the applicant proposes to avoid duplication of these existing services, prevent the supplanting of funds already being provided, and how the program activities will enhance or differ from the existing programs.

5.3 Objectives

Applicants should describe their overall family planning program objectives for the program year in a SMART (specific, measurable, appropriate, realistic and time-bound) format to address the program purpose as stated in Section 1.3.

5.4 Program Plan

The section must describe how the proposed project will be carried out and be linked to the needs and objectives. The applicant should describe program activities and address:

- Locations of service provision.
- Days and hours of service provision.
- How current and prior projects/programs can or will contribute to success of the family planning program.
- The types of services to be offered and any innovative plans for service delivery.
- How the agency will deliver the services in coordination with other entities; clearly describing collaborative efforts in coordinating and linking clients to care and the roles and responsibilities of other organizations that will be involved in implementing the program, if any.
- How the program will be responsive to traditional access needs as well as the on-going public health and safety concerns for clients due to the COVID-19 crisis. A discussion of how barriers to care and follow-up appointments will be addressed should be included.
- How the organization will address on-going staff training needs.
- Methods of marketing and outreach.

5.5 Evaluation Plan

This section must describe how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to capture and document actions contributing to program outcomes. The evaluation plan must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement of minority health and the elimination of health disparities. The plan should identify the expected result (i.e., a particular impact or outcome) for each major objective and activity and discuss the potential for replication.

A description of current, on-going or new Quality Assessment/Quality Improvement activities may be included as well as other various tools and systems for monitoring success and documenting results.

5.6 Management Plan

This section identifies those administration and management strategies that will be used in the grant to successfully carry out the proposed program activities with staffing and organizational capacity.

For Example:

- Discuss relevant qualifications of proposed key staff for the project. Provide a resume for each proposed staff (not counted toward page total).
- Indicate the level of effort for each proposed key staff position (e.g. 50%, 75%), including pertinent staff provided on an in-kind basis.
- Provide position or job descriptions for staff positions, including those to be filled, if applicable.
- A brief description of the organization and its qualifications.
- A description of the applicant's approach to managing the program including management of the program at various site locations where services will be provided.

5.7 Appendices

All appendices must be clearly referenced and support elements of the narrative. Appendices do not count towards the narrative page total.

For Example:

- The organization's mission statement
- Organizational Chart
- Sample data collection instruments
- Relevant brochures or newspaper article

Section 6.0

SUBMISSION OF APPLICATION

6 Prospective applicants shall adhere to the RFA timelines as identified below.

Schedule	Due Date	Location
Request for Applications Released and Advertised	02/22/2021	Department of Health Grant Funding Opportunities Website: http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html
Submission of Questions	03/08/2021	Submit application questions to: Wilmer.AlonsoValentin@flhealth.gov
Anticipated posting of Answers to Questions	03/22/2021	Department of Health Grant Funding Opportunities Website: http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html
Applications due (no faxed or e-mailed applications)	Must be received by 04/05/2021 at 12:00 pm EST	Wilmer Alonso Valentin Florida Department of Health in Hillsborough Contract Office/Department 1105 E. Kennedy Blvd. Tampa, FL 33602
Anticipated evaluation of applications	04/09/2021	Review and Evaluation of Applications Begins
Anticipated award date	04/30/2021	Department of Health Grant Funding Opportunities Website: http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html

6.1 Application Deadline

Application Deadline: 4/5/2021 at 12:00 PM EST.

Applications must be received by the date and time indicated in the Timeline.

6.2 Submission Methods

Applications may only be submitted by regular/express mail or hand delivered.

6.3 Instructions for Submission of Applications

Applicants are required to submit the application as follows:

- The application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant.
- Applicants are required to **submit three copies** of the application via express/regular mail or hand delivered.
- Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Office of Contracts by **4/5/2021 at 12:00 PM EST**. Applicants are encouraged to submit applications early. Applications that do not meet the deadline will be returned to the applicant unread.

6.4 Where to Send Your Application

Express Mail or Hand Delivered to

Wilmer Alonso-Valentin
Florida Department of Health
Office of Contracts
1105 E. Kennedy Blvd
Tampa, FL 33602

Section 7.0 EVALUATIONS OF APPLICATONS

7.1 Receipt of Applications

Applications will be screened upon receipt. Applications that are not complete, or that do not conform to or address the criteria of the program will be considered non-responsive. Complete applications are those that include the required forms in the Required Forms Section of this application. Incomplete applications will be returned with notification that it did not meet the submission requirements and will not be entered into the review process.

7.2 How Applications are Scored

Applications will be scored by an objective review committee. Committee members are chosen for their expertise in health and their understanding of the unique health problems and related issues in Florida.

Each application will be evaluated and scored based on the evaluation criteria below. Evaluation sheets will be used by the review committee to designate the point value assigned to each application. The scores of each member of the review committee will be averaged with the scores of the other members to determine the final scoring. The maximum possible score for any application is 100 points.

Evaluation Question	Maximum Possible Points
Purpose and Goals (20 points) To what extent does the applicant demonstrate an understanding of and willingness to fulfill the goals, requirements and restrictions of Title X family planning services?	20
Services (10 points each) To what extent does the applicant demonstrate ability to furnish the eligible services listed in this RFA including: A. Prior experience implementing family planning services B. Capacity to conduct the services C. Collaboration with other service organizations as needed for services?	30

<p>Program Plan (5 points each)</p> <p>Does the applicant completely describe the:</p> <p>A. Hours of service provision B. Days of service provision C. Locations of service provision D. Include an outreach component</p>	20
<p>Approach to Health Disparities (10 points each)</p> <p>To what extent does the applicant describe:</p> <p>A. The ability to serve all clients in Hillsborough County? B. Innovative plans to provide services to communities currently being unserved or underserved with Title X? C. The ability to address social determinants of health?</p>	30
<p>Total</p>	100

7.3 Grant Awards

Grant awards will be determined by the Department of Health at its sole discretion based on the availability of funds. The awards will be awarded to one or more provider of family planning services in Hillsborough County.

7.4 Award Criteria

Funding decisions will be determined by the Department of Health on the basis of merit as determined by responses to this RFA and with established evaluation criteria as described in Section 7.2. The Department will fund projects countywide.

7.5 Funding

The Department of Health reserves the right to revise proposed plans and negotiate final funding prior to execution of contracts.

7.6 Awards

Awards will be listed on the website at: <http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html> on or about 4/30/2021.

Section 8.0 REPORTING AND OTHER REQUIREMENTS

8.1 Post Award Requirements

Funded applicants will be required to participate in Quality Assurance/Quality Improvement activities in accordance with Attachment 1: Project Summary Outline.

Funded applicants will further be required to provide proof of current liability insurance or sovereign immunity.

The Department reserves the right to evaluate the organization administrative structure, economic viability, and ability to deliver services prior to final award and execution of the contract.

Section 9.0 **REQUIRED FORMS**

- 9.1** **Application for Funding**
- 9.2** **Budget Information**
- 9.3** **Budget Narrative**
- 9.4** **Key Personnel Information**
- 9.5** **Statement of No Involvement (Attachment II)**
- 9.6** **Certification of Drug Free Workplace**
- 9.7** **IRS Non-Profit Status 501 (C) (3) (If Applicable)**

ATTACHMENTS

ATTACHMENT I
PROJECT SUMMARY OUTLINE

A. Services to Be Provided

1. Definition of Terms

a. Contract Terms:

"Fiscal Year" means the period from July 1st through June 30th.

b. Program or Service Specific Terms:

- 1) "Family Planning Services" means the comprehensive provision of medical knowledge, assistance, and services related to the planning of families and maternal health care. Family planning services are voluntarily selected by the client.
- 2) "Informed Consent" means a voluntary decision made by a client who has been fully apprised regarding the permanence, risks, benefits, and alternatives of the contraceptive method chosen.
- 3) "Federal Poverty Level" means the U.S. Department of Health and Human Services (HHS) issues new Federal Poverty Guidelines every year. These guidelines serve as indicators for determining eligibility and fee levels for Family Planning Services.
- 4) "Pharmaceutical" means a "prescription drug" as that term is defined at Section 499.003 (40) Florida Statutes.
- 5) "Patient Encounter" is a patient clinic visit where a patient receives Title X Family Planning Services at a clinic site.
- 6) "Sliding Fee Scale" means predetermined levels for determining fees for services based upon income as measured against Federal Poverty Level guidelines and a determination of low-income family status as defined at 42 CFR 59.2.
- 7) "Title X" means population research and voluntary family programs that assist in the establishment and operation of voluntary family planning projects which offer a broad range of acceptable and effective family planning methods. The mission of Title X is to provide individuals the information and means to exercise personal choice in determining the number of their children.
- 8) "Preconception Health" means activities and education provided to women prior to conception to assist them with understanding the relationship between being healthy prior to becoming pregnant and the health of their infant.
- 9) "Low-income family" means a family whose annual income does not exceed 100% of the most recent Federal Poverty Guidelines, as described at 42 CFR 59.2.
- 10) "FDOH" means the Florida Department of Health.

- 11) “Department” means the Florida Department of Health, Hillsborough County Health Department.
- 12) “Effective Birth Control Method” are methods that result in 6% to 9% of women experiencing an unintended pregnancy during the first year of typical use. Methods include injectables, pills, patch, ring and diaphragm.
- 13) “Highly Effective Birth Control Method” are methods that result in less than 1% of women experiencing an unintended pregnancy during the first year of typical use. Methods include implants, intrauterine devices and intrauterine systems.
- 14) “Program Requirements for Title X Funded Family Planning Projects” is a document published by the U.S. OPA which outlines the requirements of providing family planning services (Version 1.0, April 2014) and hereinafter referred to as the Program Requirements for Title X.
- 15) “Providing Quality Family Planning Services” is a document published by the Centers for Disease Control (CDC) and Prevention (April 25, 2014) which outlines recommendations of the CDC and the U.S. OPA for providing family planning services. This document serves as a companion to the Program Requirements for Title X.
- 16) “Reproductive Life Plan” is a woman’s goals, including her desire to have or not to have children, and the way(s) in which she will achieve these goals. The plan should focus on an assessment of a woman’s life, such as addressing her: reproductive health goals, educational goals, work goals, and goals to effectively deal with challenges prior to pregnancy. The challenges may include: emotional and physical health, substance use and abuse, financial constraints, lack of support system, and/or domestic or community violence.
- 17) “R x 30” is an Electronic System used to inventory and process all pharmaceuticals.

2. General Description

a. Program and State Health Improvement Goals:

- To provide access to contraceptive services, supplies, and information to all who request and are in need of these services with priority given to persons from low-income families.
- To assist individuals in determining the number and spacing of their children.
- To prevent unintended (unplanned and unwanted) pregnancies, promote positive birth outcomes, and healthy families.
- To provide ongoing monitoring and evaluation of contracted agency providers.
- To ensure efficient and effective management of program funds and operations, including clinic efficiency.
- To improve awareness and availability of contraceptive services, including the Medicaid Family Planning Waiver.
- To provide education, counseling, and reproductive health services and supplies. Education and counseling must include preconception and interconception health counseling and discussion of a reproductive life plan.

- To decrease the percentage of teen births, ages 15-17 that are subsequent (repeat) births.
- To decrease the percentage of non-first births with inter-pregnancy interval less than 18 months.

b. Authority:

Family planning must be provided in accordance with state and federal laws and regulations, including but not limited to those outlined herein.

c. Scope of Service:

Provide counseling and education on and providing access to a broad range of acceptable and effective/highly effective family planning methods, including natural family planning, infertility services, and related preventive health services and services for adolescents, including adolescent abstinence counseling. Abortion must not be included as a method of family planning.

d. Major Program Goals:

The goal of Family Planning program is to make available to all citizens of the state who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families, preconception and interconception health care in order to improve pregnancy outcomes and help reduce infant and maternal mortality and morbidity. Additional program goals are found above in paragraph A.2.a.

3. Clients to Be Served

a. General Description:

The Family Planning Title X program is a statewide program with services available to all women and men who request family planning services regardless of religion, race, color, national origin, disability, age, gender, number of pregnancies, marital status, or ability to pay.

b. Client Financial Determination:

- 1) Clients eligible for services under this contract are clients who request family planning services. All persons are eligible for family planning services and must be served in accordance with state law and the Program Requirements for Title X. No client may be denied services for inability to pay a designated fee.
- 2) Clients who meet the definition of "low income family" at 42 CFR 59.2 will not be charged a fee. Provider shall adhere to the department's Account Receivable Policy regarding financial determination and fee collection. Clients whose income is between 101% and 250% of the federal poverty guidelines are to be assessed on a sliding fee scale basis (Exhibit A) and shall be charged according to a schedule of discounts based upon the Family Planning Sliding Fee Scale Instrument. Any federal updates to the Federal Poverty Scale guidelines shall be automatically incorporated into this contract.

- 3) Provider will develop a local fee schedule based on a cost analysis of all services provided. The schedule of fees should be designed to recover the reasonable cost of providing services. The provider must utilize the sliding fee scale increments, as defined in 64F- 16.006 F.A.C. (Exhibit A), for assessing fees to clients.
- 4) The financial determination shall take into account the following:
 - a. Proof of county or state residency or country of origin cannot be a requirement for individuals seeking family planning services.
 - b. Client household family income and size shall be obtained from every client, be documented, and updated annually. All clients receiving any family planning service must be placed on a sliding fee scale regardless of whether or not they have a third-party payer. Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250 percent of FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the sliding fee scale is applied.
 - c. Clients who choose not to provide information regarding income shall provide documentation, such as signing a release stating that they are choosing not to go through the eligibility process and agree that they will be charged full fee for services.
 - d. Clients who report employment but are unwilling to provide income verification may be charged full fee. Clients shall be informed that failure to provide proof of income where available may result in full fees being applied.
 - e. Clients who report they have no income are not required to prove absence of income but may be asked about how they pay for living expenses.
 - f. If the provider is unable to verify client income and the client states, he/she is unable to provide income documentation, the provider will accept the client's self-declaration and apply the appropriate sliding-scale fees.
 - g. Income determination for minors who request confidential family planning services shall be calculated solely on the minor's income. Those resources normally provided by parents/guardians (i.e., food, shelter, etc.) shall not be included in determining the income. This may also apply for teens living at home through age 19 and who are seeking confidential services.
 - h. Fees may be waived for any client, including individuals with family incomes above 250 percent of poverty level, who, as determined by the Provider's director/administrator, or their designee, are unable, for good cause, to pay for family planning services.
 - i. For contraceptive services only, if a woman has health insurance through an employer that does not provide the contraceptive services sought by the woman because of the employer has a sincerely held religious or moral objection to providing such coverage, the provider's director/administrator may consider her insurance coverage status a good reason why she is unable to pay for contraceptive services. The provider's director/administrator may, for the purpose of considering whether the woman is from a "low income family" or is eligible for a discount for contraceptive services on the schedule of discounts, consider her annual income as being reduced by the total annual out-of-pocket costs of contraceptive services she uses or seeks or use. The

provider's director/administrator may determine those costs or estimate them at \$600.

- 5) At each visit, all clients must be assessed for potential Medicaid eligibility, to include the Medicaid Family Planning Waiver, by reviewing the Florida Medicaid Management Information System (FMMIS). Clients on Medicaid with Family Planning coverage shall not be eligible for Title X Family Planning services.
- 6) In addition to paragraphs 1) through 3) above, the provider shall adhere to 42 CFR 59.5 (9), which includes billing all third parties authorized or legally obligated to pay for services. Third party payments and client fees must be deducted from the Family Planning encounter fee billed to the Department.
- 7) The local fee schedule must be evaluated annually to ensure the fees are reflective of current costs to deliver each service.
- 8) Family Planning clients shall not be charged one hundred percent if they do not follow through with the public health insurance (Medicaid) eligibility process.

c. Client Determination:

In the event of a dispute regarding clients eligible for reimbursement, the Department reserves the authority to make final determination.

d. Contract Limits:

- 1) The provider will deliver Title X Family Planning Services for the duration of the contract July 1, 2021-June 30, 2022.
- 2) The provider will be reimbursed \$110 per qualified patient encounter, less payments from third party payers and client fees, payable on a monthly basis, during the contract period.
- 3) The provider will be reimbursed up to \$10,000 for services related to Title X staff training, quality assurance and quality improvement activities, IT support, defined salaries and benefits, or promotion and outreach activities.
- 4) Payment under this contract amount shall not exceed \$870,000.
- 4) The provider shall not charge a co-payment for clients at or below 100% of Poverty, or for those who meet the definition of low-income family as provided herein.
- 5) Family Planning contraceptive drugs shall be provided at no cost to the Provider to the extent of supplies available.

B. Manner of Service Provision

1. Service Tasks

a. Task List:

1. The provider shall ensure client access to a broad range of acceptable and effective family planning methods, including long acting reversible contraceptives (LARCs) and fertility-based awareness methods (FABM). Assure client is not coerced to use a particular method of family planning or prohibit the requirement to use family planning services as a prerequisite to eligibility or receipt of any other service.
2. The provider shall conduct a meeting with each client to ascertain his or her needs.
3. Provide each client with preconception health counseling and education; and the client's reproductive life plan is assessed and documented.
4. The provider shall collect fees from clients whose income does not meet the definition of low income family and shall charge based on a sliding fee scale (Exhibit A) for clients whose income exceeds 100% of the FPL. Fee decisions for minors who seek treatment without parental consent are to be based on the minor's own resources.
5. The provider shall bill all available third parties legally obligated to pay for services prior to charging this contract. Back up documentation shall be maintained for all third party collections and fees charged to clients with an income of 101% to 250% of the Federal Poverty Level (FPL) and not meeting the definition of low income family. Billings shall be maintained for inspection by the Department's family planning program staff and State/Federal Family Planning Review staff.
6. Ensure Title X funds are used for direct client services in accordance with CFDA 93.217.
7. Provide services in accordance with 42 CFR 59 and the CDC's *Providing Quality Family Planning Services* should be followed. In addition, all FP clinical services must meet and follow the requirements, policy, and guidelines of the Family Planning Program Office, including Appendix A and B of the Family Planning Title X Clinical Manual.
8. Provide services deemed "related services" as defined in the Program Requirements for Title X (i.e., minor gynecological problems, labs, and testing and treatment for sexually transmitted diseases (STDs) and HIV).
9. Document client understanding of contraceptive education or other information provided and discussed.
10. Screen for substance use disorders and refer when appropriate to help reduce adverse pregnancy-related outcomes and improve individuals' reproductive health generally.
11. The provider shall maintain a current record on each individual served under the contract. This record shall include documentation of the medical history of the client and his or her family, physical assessment, provision of services, and

informed consent.

12. Encourage family participation in family planning services projects, particularly in relation to adolescents seeking family planning services.
13. The provider shall maintain the facilities in which the services are provided so that, at all times, the facilities are in conformance to the standards required by local fire and health authorities or federal requirements, whichever are more stringent.
14. Maintain a QA/QI process.
15. Provide all client encounter data to the Department within two (2) business days.
16. The provider shall conduct customer satisfaction surveys of all clients during the months of November and May in a manner which does not violate confidentiality. The provider shall submit the completed surveys to the Department by the 15th day following the month of the survey. The Department shall provide the survey template similar to the example provided in Exhibit B.
17. The provider shall coordinate with the Department to facilitate an Information and Education (I&E) Committee (made up of five to nine members of the community) and will participate in a Community and Outreach Committee, as facilitated by the Department.
18. The provider shall document in the patient record, reports by the client of intimate partner violence.
19. The provider, under the professional supervision of the pharmacy department manager, shall maintain a monthly electronic Pharmaceutical Tracking Log of Department drugs received and used and shall reconcile the log with the actual inventory at the end of each month and report any discrepancies to the Department contract manager or their designee within two (2) working days.
20. In coordination with the Department, maintain active 340B permits for all pharmacy sites.
21. The pharmacy at each provider's sites shall be responsible for ordering family planning prescriptive pharmaceuticals/methods and pregnancy tests through the Department's Central Pharmacy's Pharmaceutical Forms System (PFS).
20. The pharmacist shall segregate all family planning pharmaceuticals provided by the Department for clients who are eligible for services under this contract. The maintenance, storage, recordkeeping and disposition of all pharmaceuticals provided by the Department shall comply with Section 499.003 (48) (a) 4. Florida Statutes and Section 61N-1.012 Florida Administrative Code, in addition to the requirements of Chapter 465 Florida Statutes and 64B16-25 FAC.
21. The provider shall provide comprehensive pharmacy dispensing services (e.g. dispensing, recordkeeping, drug utilization review, patient profile, patient

counseling, and medication therapy management services). The provider shall retain an appropriate pharmacist licensed under Chapter 465 FS to provide these services.

22. The provider shall document for the medication being dispensed.
 23. The provider, and pharmacists, will adhere to all Federal, State, and local laws and requirements related to use of family planning pharmaceuticals.
 24. Dispensed pharmaceuticals, including stock pharmaceuticals from a licensed manufacturer, shall be appropriately labeled for dispensing in accordance with Section 499.007(2) F.S., Section 893.04(1)(e), F.S., and Rule 64B16-28.108 F.A.C.
 25. Unusable or unserviceable family planning pharmaceuticals will be placed in designated quarantine areas for return to the reverse distributor or to the Central Pharmacy pursuant to chapter 499 Part I Florida Statutes and DOHP 395-1-19, Section 5, (3)(a-e). The Pharmacy is responsible for coordinating this return and will maintain the appropriate reverse distributor permit for each pharmacy site.
 26. Department staff will audit all Title X pharmacy inventory at least quarterly.
 27. Department staff will audit a random sample of client records at each service location at least quarterly using an audit tool similar to the example provided in Exhibit J.
 28. If applicable, upon execution of this contract, the provider shall submit documentation describing separation of abortion clinical services and abortion administrative services from Title X family planning clinical services and the Title X family planning administrative services.
 29. In accordance with Section 211 of the Federal Department of Health and Human Services appropriations act of 1999, the provider shall encourage family participation in the decision of minors to seek family planning services and provide counseling to minors on how to resist attempts at coercion into engaging in sexual activities.
- b. Task Limits:
1. All family planning services and service records, including client records, appointments, lab reports, consent forms, client data collection, notification of abnormal lab results, and client billing must be delivered in a manner which ensures client confidentiality.
 2. Family Planning Title X funding may not be used to perform abortions nor be used in programs where abortion is a method of family planning.
 3. Family Planning services are voluntary and no client shall be coerced to accept services. Coercion is a prosecutable offense. Clients shall not be required to use family planning services as a prerequisite to eligibility or receipt of any other services.

4. Clients must sign informed consent documents similar to Exhibit F before they receive initial or change of prescriptive contraceptive methods.
5. Clients must sign a pelvic exam consent form prior to pelvic exams similar to Exhibit G.
6. Pharmaceuticals provided by the Department shall only be dispensed to eligible patients/clients under this contract by a pharmacist authorized by law to dispense, such items, acting within the scope of their practice, who are employed by or acting pursuant to a contract with the provider.
7. Unused family planning pharmaceuticals shall be either reverse distributed or destroyed, at the election of the Department. Pharmaceuticals that are designated for reverse distribution shall be provided to a Restricted Prescription Drug Distributor, Reverse Distributor, permittee licensed under chapter 499 part I Florida Statutes for reverse distribution on behalf of the Department. Pharmaceuticals designated for destruction shall be provided to a person permitted under chapter 499 part I Florida Statutes as either a Restricted Prescription Drug Distributor, Reverse Distributor or as a Restricted Prescription Drug Distributor, Destruction permittee. Medications with a six cycle prescription packaging will be reversed distributed 90 days prior to expiration date.
8. The provider agrees not to resell or transfer family planning pharmaceuticals/methods and pregnancy kits provided by the Department to any other entity.
9. Family planning related services must not divert either professional or financial resources from the provision of required family planning clinical services. Examples of related services are: colposcopy, cryotherapy or additional laboratory tests beyond that required or recommended by client history in Appendix A and B of the Family Planning Title X Clinical Manual.

2. Staffing Requirements

a. Staffing Levels:

- 1) The provider shall maintain sufficient staff to carry out and/or provide the required Family Planning services.
- 2) The provider, except for a provider pharmacy, must employ at least one pharmacist on staff to provide pharmaceutical dispensing services to eligible family planning clients. The provider shall notify the Department contract manager immediately should, for whatever reason, the provider not employ a pharmacist.

b. Professional Qualifications:

- 1) The provider's practitioners delivering clinical services to clients shall be duly licensed or certified to practice their profession in Florida and shall maintain good professional standing at all times and shall practice according to the constraints of their individual practice acts or protocols. The provider shall

maintain proof of such licensing or certification in the employee file. Provider agrees to give immediate notice to the Department in the case of suspension or revocation, or initiation of any proceeding that could result in suspension or revocation of such licensure.

- 2) Staff shall be able to communicate with those being served and sensitive to clients' ethnic and cultural backgrounds.
- 3) The provider will assure that all staff working with family planning clients/program receive an initial orientation as required by 42 CFR 59.5(14)(b)(4) prior to providing family planning related services. In addition, the CDC's Providing Quality Family Planning Services should be followed. The Department shall ensure that staff are familiar with the Title X program requirements and the CDC recommendations as noted above. Within 30 days of hire all staff working with family planning clients/program, including clerical, administrative, eligibility, clinical, and supervisory, shall receive documented training on:
 - a. State laws requiring a Title X grantee to report child abuse, child molestation, sexual abuse, rape and incest and who is required to report the offenses to authorities;
 - b. Domestic violence and identifying signs that a client may be abused by a partner;
 - c. The Trafficking Victims Protection Act of 2000 as amended (22 U.S.C.7104) discussing human trafficking and signs in identifying potential victims;
 - d. The prohibition of abortion as a method of family planning, along with how staff shall provide non-directive information and/or counseling;
 - e. Involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.
- 4) All staff working with family planning clients/program, including clerical, administrative, eligibility, clinical, and supervisory, shall receive a documented annual update of the information provided in paragraph 3) above as required by the Program Requirements for Title X.

The training, "Requirements and Prohibitions in the Title X Family Planning Setting" meets this mandatory requirement for the initial orientation period. The sign-in sheet or other form of documentation of the initial training and the update shall be available for review during onsite state and federal reviews.

c. Staffing Changes:

Staffing changes may be made as long as the staff members continue to meet the staffing levels and professional qualifications in 2a and 2b above, as well as the professional

staffing requirements for pharmacies where applicable, including the requirement for a prescription department manager. The contract manager shall be notified only if staffing changes may interfere with the provider's ability to deliver the agreed upon services.

d. Subcontractors:

The provider may subcontract for medical services performed under this contract after written notification to the Department of the intention to subcontract. The provider shall provide the Department with documentation of current malpractice insurance for all subcontractors and shall maintain a file on all subcontracted professionals that includes documentation of appropriate licensure, certification, and/or training. Provider shall not enter a subcontract agreement that authorizes or requires the subcontractor to use, possess or obtain Department-owned pharmaceuticals without prior written approval of Department.

The provider shall be responsible for ensuring that any and all subcontracted services comply with all the terms of this contract. It shall be the sole responsibility of the provider to ensure that supervision and management of services and programs is provided in accordance with the terms of this contract and all applicable state and federal laws.

Family Planning Title X funding may not be used to perform abortions nor be used in programs where abortion is a method of family planning.

3. Service Location and Equipment

a. Service Delivery Location:

Family Planning services shall be delivered in locations that are accessible to the population seeking services. Family Planning Title X funding may not be used to perform abortions nor be used in programs where abortion is a method of family planning.

b. Service Times:

Providers shall ensure that operating hours are convenient for clients, which may include evening and/or weekend hours in addition to daytime hours.

c. Changes in Location:

The provider shall notify the Department in writing, a minimum of 75 calendar days prior to any change in the address location of a family planning service clinic site. Any new location must meet the terms of this contract regarding conformance to the standards required by local fire and health authorities or federal requirements, whichever are more stringent, and must be appropriately permitted for all activities that will take place at the new location.

d. Equipment:

The provider must maintain the necessary equipment for the provision of services.

4. Deliverables

- a. The provider shall not deny services to any persons seeking family planning services and shall comply with all tasks outlined in paragraph B above.
- b. Reports:
 - 1) The provider shall submit to the Department all information contained on the Family Planning Encounter Form (Example provided in Exhibit C). Additional information for each patient shall be Current Procedural Terminology (CPT) codes. This information is due within 2 business days to the Department. The monthly invoice shall not be paid until this information is received.
 - 2) The provider shall submit financial screening information as indicated on the Family Planning Encounter Form (Example provided in Exhibit C), for each client seen. Additional financial screening information shall include the family size and number of wage earners in the filing unit.
 - 3) The provider shall submit annually or upon request, information necessary to meet federal requirements.
 - 4) The provider shall submit customer satisfaction surveys twice yearly. The Department shall provide the survey template similar to the example provided in Exhibit B. The surveys will be done during the months of November and May. Surveys are to be submitted with the invoice for those months.
 - 5) The provider shall facilitate client Information and Education (I&E) related reports by October 1 of each year for the current calendar year using forms provided by the Department.
 - 6) The provider shall submit to the department an invoice for client services within 15 days following the end of the month for which reimbursement is sought. An example invoice template with the required fields is provided in Exhibit D. The provider shall attach to the invoice a Patient Encounter Report for each visit which shall include Location of service site, CPT code, Patient Name, Service Date, Date of Birth, Age, Sex, and Provider Name that were performed during the month being billed.
 - 7) The provider shall provide the following monthly reports by the 5th of the month:
 - a. A report of the family planning pharmaceuticals dispensed or administered for the preceding month by date and client identifier monthly.
 - b. An electronic, or paper copy of the current Pharmaceutical Inventory Tracking Log similar to Exhibit E as of the end of the preceding month.
 - 8) The monthly client invoice shall not be paid until all reports are received.
 - 9) Cost-reimbursement invoices and proof of purchase/service shall be separately submitted to the Department within 15 days of purchase/service for other medical, social or informational services related to providing Title X services such Title X staff training, quality assurance and quality improvement activities, IT support, salaries and benefits, and promotion and outreach activities.

c. Records and Documentation:

- 1) The provider shall maintain and adhere to policies regarding tracking of equipment and supplies, pharmaceuticals and client medical records.
- 2) The provider shall establish and maintain records and documentation in accordance with generally accepted operational procedures and practices.
- 3) The provider agrees that all records and documentation pertaining to activities funded by this agreement shall be subject to review by the Department and federal auditors, as required.
- 4) The provider shall maintain a current clinical and financial record on each individual client served. The client record shall include documentation of client income and resources, fees charged, payments received, informed consent, medical history of the client and his/her immediate family, physical assessment, and dates and types of service provided. This documentation shall be retained as directed in the Standard Contract Section I.D. All information contained in health records is confidential, with access governed by state and federal laws.
- 5) The provider shall maintain personnel records and subcontractor files that include, at a minimum, documentation of malpractice insurance, professional licensure and/or certification required to fulfill individual responsibilities.
- 6) The provider shall maintain on file verification that all staff working with family planning clients/program, including clerical, administrative, eligibility, clinical, and supervisory, have completed an initial orientation, as well as the additional mandatory documented training, as required in paragraphs B.2.b.3.
- 7) The provider shall maintain a monthly Pharmaceutical Tracking Log similar to Exhibit E and Rx30 report, or other similar system report, at each clinic and pharmacy location where pharmaceuticals are dispensed or administered, for each drug supplied by the Department which indicates the starting and ending inventory, the number of units dispensed or administered daily, and the date of each dispensing or administering service. No provision of this paragraph authorizes the transfer of a pharmaceutical from one location to another location unless a 54 permit is in place.
- 8) The provider, through the professional supervision of a pharmacist, shall maintain a record of family planning pharmaceuticals/methods dispensed or administered by client identifier and date.
- 9) The provider must maintain a copy of Section 1008, Title X, Public Health Services Act of 1970 (P.L. 910 572) which prohibits the use of Title X funds in programs where abortion is a method of family planning.
- 10) The provider must maintain a copy of 42 CFR 59.5 which prohibits the subjection of individuals to any coercion to accept services or to employ any particular methods of family planning.
- 11) The provider must maintain copies of Section 381.0051, Florida Statutes, Chapter 64F-7, Florida Administrative Code, and the Federal Program Guidelines for Program Grants for Family Planning Services effective January 2001, which define

state and federal policy regarding family planning services in the provider's clinics and worksites.

- 12) The provider must maintain copies of Sections 211 and 219 of the federal Department of Health and Human Services Appropriations Act of 1999 which define federal policy regarding notification or reporting of child abuse, child molestation, sexual abuse, rape or incest for the provision of counseling to minors on how to resist attempts at coercion into engaging in sexual activities.
- 13) The provider agrees to maintain confidentiality of all records required by law or administrative rule to be protected from disclosure. The provider agrees to hold the Department harmless from any claim or damage, including reasonable attorney's fees and costs, or from any fine or penalty imposed, as a result of an improper disclosure by the provider of confidential records, whether public record or not, and promises to defend the Department against the same at its expense.
- 14) Upon execution of the contract, the provider shall submit certification to the Department that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts at coercion into engaging in sexual activities as required in Section 211 of the Federal Department of Health and Human Services Appropriations Act of 1999.

5. Performance Specifications

a. Outcomes and Outputs

- 1) The provider shall document family planning services rendered. Documentation of services shall follow Appendix A and B of the Family Planning Title X Clinical Manual and shall include the following unduplicated client information. Additional data collection points may be added to this list as requested by the funder.
 - a. Age
 - b. Gender
 - c. Ethnicity
 - d. Race
 - e. Income level
 - f. Principal insurance of family planning user (even if not billed)
 - g. Limited English proficiency
 - h. Primary method of contraception
 - i. Cervical cancer screening (Pap smear)
 - j. Clinical breast exams (obtained from physical exam at this time)
 - k. Clinical breast exam referrals
 - l. Family planning encounters by provider type (collected by clinical visit)
 - m. Chlamydia and gonorrhea testing by age and gender (CDC testing guidance)
 - n. Syphilis testing and HIV testing (follow Appendix A and B of the Family Planning Title X Clinical Manual).

b. Standards Definitions:

- 1) The provider shall achieve a satisfactory or better rating on 90% of client satisfaction surveys.
- 2) At least 90% of clients will have a documented plan of care addressing their

family planning needs.

- 3) 100% of clients who have opted for specific family planning methods will be medically screened to assure the appropriateness and safety of the chosen method for that individual.
- 4) At least 80% of teen family planning clients will adopt an effective or highly effective method of birth control
- 5) At least 95% of family planning clients served will have documentation of race and ethnicity in their records.
- 6) At least 95% of family planning clients served will have documentation of a reproductive life plan in their records.
- 7) At least 95% of family planning clients will have a method documented in their records.
- 8) At least 95% of family planning clients will have their income documented in their records.

c. Monitoring and Evaluation Methodology:

- 1) By execution of this contract, the provider hereby acknowledges and agrees that its performance under the contract must meet the standards set forth above and will be bound by the conditions set forth below. If the provider fails to meet these standards, the Department, at its exclusive option, may allow up to six (6) months for the provider to achieve compliance with the standards. If the Department affords the provider an opportunity to achieve compliance and the provider fails to achieve compliance within the specified time frame, the Department will terminate the contract in the absence of any extenuating or mitigating circumstances. The determination of the extenuating or mitigating circumstances is the exclusive determination of the Department.
- 2) The Department shall monitor pharmaceutical inventory at least once quarterly.
- 3) The Department shall monitor documentation within a random sampling of client records at each site at least once quarterly using an audit tool similar to Exhibit I.
- 4) The Department shall monitor the contract on-site a minimum of one time during the contract period, verifying that all terms of the contract are fulfilled by inspection of the facility, personnel records, subcontractor files, and a sample of client medical and staff educational records.
- 5) The Department shall monitor the client satisfaction surveys, which are to be submitted to the Department by the 15th day following each survey period.
- 6) Procedures regarding inspections and corrections of the noted deficiencies are identified in the Standard Contract under Section I.D., Monitoring.

d. Performance Definitions:

All definitions are listed in Section A.I. and B.5.b of this attachment.

6. Provider Responsibilities

a. Provider Unique Activities:

- 1) The provider shall submit information on the Family Planning Encounter form (Example provided in Exhibit C), and CPT Codes for each service performed for a client covered under this contract.
- 2) The provider, through the professional supervision of the prescription department manager, if applicable, shall maintain a segregated inventory, inventory records, inbound audit trail records, and dispensing records to account for all drugs received from the Department.
- 3) Comply with all requirements of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Office of Pharmacy Affairs, 340B Drug Pricing Program. This includes, but is not limited to, the following:
 - a. Coordinating with the Department on Enrollments
 - i. New registrations are accepted quarterly and may begin providing services in the following quarter.
 - ii. Ensuring Authorizing Official and Primary Contact are listed accurately and updated if a position becomes vacant.
 - b. Coordinating with the Department on Recertification Process
 - i. Ensure all information provided for the 340B Database is complete and accurate.
 - ii. Assisting with recertification in the database annually during the specified time. If there is a change in a covered entity's eligibility status, the covered entity has a responsibility to immediately notify Office of Pharmacy Affairs 340B Drug Database, decertify the covered entity and stop purchasing drugs through the 340B Program for that entity or storing drugs at that site.
 - iii. It is the covered entity's responsibility to ensure that the contacts listed in the 340B database are accurate at all times to receive all notifications.
 - c. Program Requirements
 - i. Follow the guidance provided in the following link to ensure compliance with the 340B Drug Pricing Program Requirements:
<http://www.hrsa.gov/opa/programrequirements/index.html>.
 - ii. Ensure that drugs are used for family planning clients only.

b. Coordination with Other Providers/Entities:

In the event that the client requests an appropriate family planning service that is not available through the provider, the provider shall refer the client to another agency, organization, or professional who is able and willing to provide the service.

c. Training

Title X requires multiple training courses which include orientation courses and annual

courses. It will be mandatory that all staff members who will be performing services under this Title X funding will be required to take the orientation training and an annual course training. The training may be online, via a conference call or classroom training. The provider will coordinate with the Department for family planning orientation of new staff within 30 days of hire.

7. Department Responsibilities

a. Department Obligations

- 1) The Department shall supply contraceptive drugs to be dispensed to eligible clients under this contract at no charge to the provider to the extent supplies are available. This is in addition to the fixed reimbursement rate provided for in Section C, Method of Payment.
- 2) The Department shall facilitate HRSA 340B enrollments and recertifications.
- 3) The Department shall compile statistical reports of the client satisfaction surveys (Example provided in Exhibit B) and provide a summary report to the provider within 15 days.
- 4) The Department shall review and evaluate family planning program data.
- 5) The Department shall evaluate operations of the program.
- 6) The Department shall monitor quality improvement of family planning services.
- 7) The Department shall provide technical assistance to the provider; upon request.
- 8) The Department shall process client encounter forms and invoices for payment.

NOTE: The Department reserves the right to make all reasonable determinations they deem necessary to protect the best interest of the State of Florida and the health, safety and welfare of family planning clients. Such determinations may include, but are not limited to, all terms and conditions of, and any amendments to this agreement.

b. Department Determinations:

The Department retains the exclusive authority to determine client eligibility.

C. Method of Payment

The Department shall pay the provider for the delivery of family planning service units provided in accordance with the terms of this contract for a total dollar amount not to exceed \$870,000 subject to the availability of funds at the price and limits listed below:

Upon satisfactory completion of the services and documentation of clinic encounters as specified in Section A, the provider will be paid \$ 110 per qualified client, less third party payments and client fees.

Upon purchase of services related to Title X staff training, quality assurance and quality improvement activities, IT support, defined salaries and benefits, or promotion and outreach activities, the provider will be paid up to \$10,000.

The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other contract or from any other source are not eligible for reimbursement under this contract. The Department reserves the right to withhold any or all the contract fees if the provider fails to comply with any terms and/or conditions of this contract. The Department's decision to withhold or reduce monthly payments shall be submitted to the provider in writing. The written notice shall specify the manner and extent to which the provider has failed to comply with the terms of the contract and timeframes for compliance.

The proposed service unit price shall include one client encounter of family planning services for individuals less than 250% of the Federal Poverty Level guidelines.

Clients served within the monthly unit will not be charged a fee if their income does not exceed 100% of the federal poverty guidelines. Individuals whose income is from 101% to 250% of the Federal Poverty Guidelines will receive services with charges based upon the sliding fee scale. Clients with incomes greater than 250% of the federal poverty guidelines may be charged full fee. However, no client will be turned away due to inability to pay.

Individuals are to be screened to determine eligibility according to the Federal Poverty Guidelines and client resources. Clients between 101% and 250% of the FPL and who are not from a low-income family, as defined herein, are to be charged according to a schedule of discounts based upon the Family Planning Sliding Fee Scale (Exhibit A).

Family Planning contraceptive drugs shall be provided to the extent of supplies available for clients served as a result of this contract.

The provider shall request payment on a monthly basis through submission of a properly completed client encounter invoice (Example provided in Exhibit D) and supporting documentation within 15 days following the end of the month for which payment is being requested.

The provider shall request payment of related cost-reimbursement services through submission of a separate purchase/service invoice and supporting documentation within 15 days of the purchase/service.

Payments may be authorized only for service units on the invoice that are in accordance with the above list and other terms and conditions of this contract. The service units for which payment is requested may not either by themselves, or cumulatively by totaling service units on previous invoices, exceed the total number of units authorized by this contract.

Central Pharmacy will be reimbursed at 340B pricing for any pharmaceutical dispensed to a patient who has a verified Medicaid status, but received Title X drugs.

The provider shall submit the final invoice for payment to the Department no more than 45 days after the contract ends or is terminated; if the provider fails to do so, all right to payment is forfeited, and the Department may not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all evaluation and financial reports due from the provider and necessary adjustments thereto have been approved by the Department.

D. Special Provisions

1. Services provided under this contract shall be delivered to all women and men who request family planning services regardless of religion, creed, race, ethnicity, color, national origin, immigration/legal status, disability, age, sex, gender identity, number of pregnancies, marital status, or ability to pay.
2. Examples of forms and Exhibits herein may be modified by the Department at any time with sufficient written notice to the provider for their use and shall be automatically incorporated into this contract.
3. Any significant inventory shortages will be reported to the Department within two working days of discovery of the shortage. Upon termination of this contract, any drugs remaining in the inventory will be returned to the Department within ten (10) days of termination.
3. The Department shall consider the employment by any contractor of unauthorized aliens a violation of section 274A (e) of the Immigration and Nationalization Act. Such violation shall be cause for unilateral cancellation of this contract.
4. Section 1008, Title X, of the Public Health Service Act of 1970 (P.L. 910572) prohibits the use of federal funds to pay for abortions. If the provider conducts abortion services, the provider must document the physical and financial separation of services upon execution of the contract and comply with these measures throughout the contract period.
5. In order to be physically and financially separate when providing abortion services, a Title X project must have an objective integrity and independence from prohibited activities. Mere bookkeeping separation of Title X funds from other monies is not sufficient. A review of the facts and circumstances shall include:
 - a. The existence of separate, accurate accounting records.
 - b. The degree of separation from facilities (*e.g.*, treatment, consultation, examination and waiting rooms, office entrances and exits, shared phone numbers, email addresses, educational services, and websites) in which prohibited activities occur and the extent of such prohibited activities.
 - c. The existence of separate personnel, electronic or paper-based health care records, and workstations.
 - d. The extent to which signs and other forms of identification of the Title X project are present, and signs and material referencing or promoting abortion are absent.
6. Upon execution of the contract, the provider shall certify that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts at coercion into engaging in sexual activities as required in Section 211 of the federal Department of Health and Human Services Appropriations Act of 1999.
7. Financial Remedies
 - a. The provider shall not be paid the \$110 patient encounter rate for any visits not performed.
 - b. Additionally, the Department shall reduce the monthly invoice, up to 5% should the provider not meet reporting deadlines for all reports required in this contract.
 - c. The Department shall reduce the contract by 2% quarterly if the provider does not provide

documentation that at least 80% of teen clients have a documentation of receiving an effective or highly effective contraceptive method as evidenced by the quarterly Family Planning Annual Review. The third month for each quarter (September, December, March and June) will be when the financial remedy will be deducted.

d. The Department shall reduce the contract by 2% quarterly, if the provider does not provide documentation that at least 95% of family planning clients have their race and ethnicity documented in their records as evidenced by the quarterly Family Planning Annual Review. The third month for each quarter (September, December, March and June) will be when the financial remedy will be deducted.

e. The Department shall reduce the contract by 2% quarterly, if the provider does not provide documentation that at least 95% of family planning clients have a method documented in their records as evidenced by the quarterly Family Planning Annual Review. The third month for each quarter (September, December, March and June) will be when the financial remedy will be deducted.

f. The Department shall reduce the contract by 2% quarterly, if the provider does not provide documentation that at least 95% of family planning clients have their income documented in their records as evidenced by the quarterly Family Planning Annual Review. The third month for each quarter (September, December, March and June) will be when the financial remedy will be deducted.

g. The Department shall reduce the contract by 2% quarterly, if the quarterly record review for each clinic site does not provide documentation that at least 95% of clients have a documentation of having a reproductive life plan as evidenced by a random quarterly record review for each clinic site. The third month for each quarter (September, December, March and June) will be when the financial remedy will be deducted.

8. Grievance and Fair Hearing Procedures

a. Grievances:

- 1) The provider will establish a system of internal agency procedures through which clients may present grievances if received services are reduced, suspended, or terminated or if dissatisfied with the way services are provided.
- 2) The provider shall post Human Rights Advocacy Committee posters and have brochures available and accessible to the clients.

9. Use of Volunteers: The provider will make maximum use of all available community resources, including volunteers serving under the Domestic Volunteer Services Act of 1973 (P.L. 87-394), and other appropriate voluntary organizations. (The use of such services shall supplement, but shall not be in lieu of, paid employees.)

10. Standards for Services and Construction of Facilities: The provider will ensure that the services, facilities, and buildings used to provide services under this contract meet the standards as specified in 45 CFR 1386.17, Standards for Services and Construction of Facilities. The provider will also comply with those standards required by local fire and health authorities.

11. Accessibility: The provider assures that buildings used in connection with the delivery of services accessed under this contract will meet standards adopted pursuant to the Act of

August 12, 1968 (42 U.S.C. 4151-4157), known as the Architectural Barriers Act of 1968

12. Auxiliary Aids for Persons with Sensory, Manual, or Speaking Impairments Department Headquarters and its contracted providers of client services will provide appropriate auxiliary aids to persons with impaired sensory, manual, or speaking skills where necessary to afford such persons an equal opportunity to participate in or benefit from Department programs and services. Auxiliary aids may include Braille and taped material, interpreters, readers, listening devices and systems, television decoders, visual fire alarms using strobe lights, captioned films, and other assistance devices for persons with impaired hearing or vision. The use of auxiliary aids will be at no cost to the client, employee, or applicant.
13. Human Rights/Abuse Reporting:
 - a. Human Rights/Abuse - The provider assures that the human rights of all persons who are receiving services under programs assisted under this contract will be protected pursuant to Chapter 415, F.S., as it applies to client abuse.
 - b. Reporting - The provider shall post in a readily accessible location, and visible to all clients, either procedures or a poster informing clients how they may contact the Human Rights Advocacy Committee.
14. Client Confidentiality: A signed and dated Business Associate Agreement that includes HIPAA laws will be required for contracted providers.
15. Environmental Tobacco Smoke Clause: The provider shall comply with the Pro-Children Act of 1994, Public Law 103-227, which requires that smoking not be permitted in any portion of any indoor facility used for the provision of federally funded health services on a routine or regular basis to children up to age 18. This law also applies to children's services provided in indoor facilities, which are constructed, operated, or maintained with such Federal funds. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. Public Law 103-227 does not apply to children's services, which are provided in private residences, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.
16. Copyrights and Right to Data: Where activities supported by this contract produce original writing, sound recordings, pictorial reproductions, drawings, or other graphic representation and works of any similar nature, the Department has the right to use, duplicate, and disclose such materials in whole or in part, in any manner, for any purpose whatsoever and to have others acting on behalf of the Department to do so. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark, or copyright, or application for the same, will vest in the State of Florida, Department of State for the exclusive use and benefit of the State. Pursuant to section 286.021, Florida Statutes, no person, firm or corporation, including parties to this contract, shall be entitled to use the copyright, patent, or trademark without the prior written consent of the Department of State.
17. Contract Renewal: This contract may be renewed on a yearly basis no more than three (3) years or for a period no longer than the term of the original contract, whichever is longer. Such renewals shall be by mutual agreement and shall be contingent upon satisfactory performance evaluations as determined by the Department and shall be subject to the availability of funds. The amount of the contract to be negotiated at the time of renewal.
18. Renegotiation: The provider and the Department mutually agree to renegotiate and amend this contract for services to be rendered by the provider should it become necessary due to a reduction in the amount of available State/Federal funds. The Department shall be the final authority as to the amount of funds available for this contract.

19. **Public Entity Crime:** As required by section 287.133, F.S., the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the Department: When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he/she may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017, F.S., for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
20. **Recoupment of Funds:** No term or condition of this contract, including the obligation to inspect goods pursuant to section 215.422 Florida Statute, shall constitute a waiver by the Department to demand funds as provided herein. The Department has the right to demand the return of payments made to the provider, and to withhold future funds due to the provider, if the Department discovers through monitoring or otherwise, that payments were disbursed for goods and services which not rendered or which were rendered contrary to the terms and conditions of this contract. When exercising this right the Department is subject to the notice requirements set forth in paragraphs I.E. "Monitoring" and I.J. "Return of Funds."
21. **Work and Gain Economic Self-Sufficiency (WAGES):** WAGES is an initiative to empower recipients in the Temporary Assistance to Needy Families Program to enter and remain in gainful employment. Employment of WAGES participants is a mutually beneficial goal for the provider and the State of Florida in that it provides qualified entry level employees needed by many providers and provides substantial savings to the citizens of Florida.
22. Section 1008, Title X, of the Public Health Service Act of 1970 (P.L. 910572) prohibits the use of federal funds to pay for abortions. If the provider conducts abortion services, the provider must document measures taken to assure compliance with the separation of Title X Family Planning Services and abortion services upon execution of the contract and comply with these measures throughout the contract period.
23. Upon execution of the contract, the provider shall certify that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts at coercion into engaging in sexual activities as required in Section 211 of the federal Department of Health and Human Services Appropriations Act of 1999.

END OF TEXT

Exhibit A

**FAMILY PLANNING PROGRAM SLIDING FEE SCALE
ANNUAL INCOME RANGES
Use Only for Family Planning Clients
64F-16, Florida Administrative Code and s.154.011,(1),(c),7, F.S.***

2020 Family Size	FEE GROUPS**:						
	A	B	C	D	E	F	G
1	<= \$12,760	\$12,761 - \$16,460	\$16,461 - \$20,288	\$20,289 - \$24,116	\$24,117 - \$27,944	\$27,945 - \$31,900	\$31,901 +
2	<= \$17,240	\$17,241 - \$22,240	\$22,241 - \$27,412	\$27,413 - \$32,584	\$32,585 - \$37,756	\$37,757 - \$43,100	\$43,101 +
3	<= \$21,720	\$21,721 - \$28,019	\$28,020 - \$34,535	\$34,536 - \$41,051	\$41,052 - \$47,567	\$47,568 - \$54,300	\$54,301 +
4	<= \$26,200	\$26,201 - \$33,798	\$33,799 - \$41,658	\$41,659 - \$49,518	\$49,519 - \$57,378	\$57,379 - \$65,500	\$65,501 +
5	<= \$30,680	\$30,681 - \$39,577	\$39,578 - \$48,781	\$48,782 - \$57,985	\$57,986 - \$67,189	\$67,190 - \$76,700	\$76,701 +
6	<= \$35,160	\$35,161 - \$45,356	\$45,357 - \$55,904	\$55,905 - \$66,452	\$66,453 - \$77,000	\$77,001 - \$87,900	\$87,901 +
7	<= \$39,640	\$39,641 - \$51,136	\$51,137 - \$63,028	\$63,029 - \$74,920	\$74,921 - \$86,812	\$86,813 - \$99,100	\$99,101 +
8	<= \$44,120	\$44,121 - \$56,915	\$56,916 - \$70,151	\$70,152 - \$83,387	\$83,388 - \$96,623	\$96,624 - \$110,300	\$110,301 +
9	<= \$48,600	\$48,601 - \$62,694	\$62,695 - \$77,274	\$77,275 - \$91,854	\$91,855 - \$106,434	\$106,435 - \$121,500	\$121,501 +
10	<= \$53,080	\$53,081 - \$68,473	\$68,474 - \$84,397	\$84,398 - \$100,321	\$100,322 - \$116,245	\$116,246 - \$132,700	\$132,701 +
Percent Poverty	<=100%	101%-129%	130%-159%	160%-189%	190%-219%	220%-250%	251+%
Percent of Full Fee	no fee	17%	33%	50%	67%	83%	100%

* Column A is authorized and based on s.154.011,(1),(c),1, Florida Statute (F.S.).

** The family planning fee schedule is based on NET INCOME. Columns B - G are authorized by s.154.011,(1),(c),7, F.S. and are based on Florida Administrative Code 64F-16.



NOTES: For families with more than 10 members, add **\$4,480** for each additional member to fee group A. Federal Poverty Guidelines may be viewed at <http://aspe.hhs.gov/poverty/>

Exhibit B

Example Family Planning Program Customer Satisfaction Survey

We want to know what you think! Please take a minute to fill out this survey so we may continue to improve our services. We are committed to provide you with the best service possible and need your honest opinions – positive or negative.

Today's Date: _____	 				 
	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied
<i>Overall, how satisfied were you with the services provided today?</i>					
<i>How satisfied were you with the quality of services provided today?</i>					
<i>How satisfied were you with the time it took to be served today?</i>					
<i>How satisfied were you with the quality of the staff today?</i>					

Your feedback is appreciated. If you didn't mark Very Satisfied, please tell us why below.

How did you hear about us?			
Family	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Radio	<input type="checkbox"/>	Television	<input type="checkbox"/>
Vehicle advertisement (e.g. bus, car)	<input type="checkbox"/>	Bus stop advertisement (e.g. bench)	<input type="checkbox"/>
Billboard	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
Referred by another agency	<input type="checkbox"/>	Community event/Health fair	<input type="checkbox"/>

Thank you!



Exhibit C
Florida Department of Health - Hillsborough County
Example Family Planning Encounter Form

Date of Service:
Site:

Patient Name: _____

Street/Residential Address: _____

Mailing Address: _____

Phone (h): _____ Phone (w): _____ Leave a Message: Yes No

Email Address: _____

DOB: ___/___/___ Sex: _____ Marital Status: _____

Race: _____ Ethnicity: _____

Language Spoken: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Financial Data: This data is used for statistical and program eligibility purposes.

Employer(s) Name/Phone Number: _____

Net Income: _____ Frequency: Weekly Bi-weekly Monthly Annually

Number of People in Household: _____

Financial Classification (f/c a (0%, b (17%, etc.): _____

Insurance Information:

Primary Insurance (if any): _____

Policy or group numbers: _____

Policy Holder/Subscriber Name: _____

Holder/Subscriber ID: _____ Holder/Subscriber DOB: _____

Pharmacy Name: _____ Pharmacy Phone Number: _____

*Client financial records may be audited for compliance by the Department or it's duly appointed agents

Date: _____ Site: _____

Patient Name: _____ DOB: _____

Provider Name: _____

OFFICE VISIT	Description	Title X Coding
59430	FP Post Partum with FP	5510
99211	FP Est Patient Visit BRIEF	6000
99212	FP Est Patient Visit LIMITED	6000
99213	FP Est Patient Visit INTERMEDIATE	6000
99214	FP Est Patient Visit EXTENDED	6000
99393	FP Annual/Estab Patient PE - 5-11 y/o	5500
99394	FP Annual/Estab Patient PE - 12 - 17 y/o	5500
99395	FP Annual/Estab Patient PE - 18 - 39 y/o	5500
99396	FP Annual/Estab Patient PE - 40 - 64 y/o	5500
99201	FP New Patient BRIEF	6000
99202	FP New Patient LIMITED	6000
99203	FP New Patient INTERMEDIATE	6000
99204	FP New Patient EXTENDED	6000
99383	FP Initial/New Patient PE - 05 - 11 y/o	5500
99384	FP Initial/New Patient PE - 12 - 17 y/o	5500
99385	FP Initial/New Patient PE - 18 - 39 y/o	5500
99386	FP Initial/New Patient PE - 40 - 64 y/o	5500
00278	Nurse Only Visit - Family Planning	55XX

Pap Smear/Results/Follow-up

R87.610	Pap, Abn (ASCUS)	9302
R87.611	Pap, Abn ASCUS cannot excl HGSIL	9302
R87.612	Pap, Abn (LGSIL)	9304
R87.613	Pap, Abn (HGSIL)	9303
Z01.42	Pap Smear, F/U of norm after abnorm	0793
Z12.4	Pap Smear, Routine (w/o Annual Exam)	0593
	No Pap Done or Refused	

STD Testing

87491	Chlam Test	N/A
87591	GC Test	
86592	RPR (Syphylis) Test	N/A

HIV Testing and Counseling

86703	HIV Screening Test	0581
99401	HIV Counseling, 15 min PRE TESTING	8030
99401	HIV Counseling, 15 min POST TESTING	8035

Counseling

Z71.3	Nutrition Assessment/Counseling	4500
Z71.89	Physical Activity Assessment/Counseling	4700
Z71.89	Domestic Violence Referral (Scn Positive)	8024

Tobacco/Alcohol/Drugs

F17.200	Tobacco Use (Circle all that apply)	Smoke	Chew	2nd Hand	Other _____
U78.9	Alcohol Use (Circle all that apply)	Beer	Liquor	Wine	Other _____
F19.90	Drug Use (non-Rx) (Circle all that apply)	Marijuana	Meth	Cocaine*Type _____	Opiates*Type _____

THESE PROCEDURES MAY BE USED WITH OR WITHOUT OFFICE VISIT CODE DEPENDING ON THE DOCUMENTATION IN THE NOTE

57452	Colposcopy	6000
57454	Colposcopy with Biopsy	6000
58300	IUD Insertion	5038
58301	IUD Removal	5039
11981	Implant Insertion	5037
11982	Implant removal	5020

Clinical Breast Exam and F/U

N/A	Clinical Breast Exam	0591
N64.59	Abnormal CBE/referral	9101

Pregnancy Test and Results

81025	Urine Pregnancy Test	0590
Z32.02	Preg Test - Negative	0590
Z32.00	Preg Test - Unconfirmed	0590
Z32.01	Preg Test - Positive Unplanned	5046
Z32.01	Preg Test - Positive Planned	5041

Method Chosen/Using (AS OF TODAY'S VISIT)

CHECK ONLY ONE

	Abstinence (5077)	
	Condoms alone (5019)	
	Depoprovera (5015)	
	Diaphragm (5003)	
	Emergency Plan B (5029)	
	Female Condom (5076)	
	Hormonal Patch (5074)	
	Implanon or Norplant (5011)	
	IUD (5002)	
	Oral Contraceptives (5001)	
	Rely on Female Method (5078)	
	Spermicidal Foam (5017)	
	Spermicide/Condoms (5004)	
	Sponge (5008)	
	Vaginal Contraceptive Film (5018)	
	Vaginal Ring (5075)	
	Natural Fam Plan (5005)	
	No Method - FP /Advice (5009)	
	No Method - desires fertility (5009)	
	Female Sterilization - Tubal Ligation(5071)	
	Male Sterilization - Vasectomy (5072)	

EXHIBIT D

Example Invoice Template

Vendor Name: _____

Vendor Address: _____

Required Attachments:

- Patient Encounter Report

Month/Year for Which Payment is Being Requested: _____

_____ X \$_____ = _____
of Clients Amount Requested for Services

Total Amount Invoiced: \$_____

I certify that the above report is a true and correct reflection of this period's activities as outlined in the contract.

Signature of Provider/Agency

Date

Title of Signing Authority

According to Contract HB___ Deliverable ___
The monthly invoice shall not be processed until the requested information from Deliverable___ is received.

FOR FDOH-HC Use Only:

I certify that the contract deliverables have been received and meet the terms and conditions of the contract and approve the payment as outlined in the contract.

Date of receipt of invoice: _____

Date services were received: _____

Date services were inspected & approved: _____

Contract Manager's Signature

Contract Manager's Supervisor's Signature



EXHIBIT E EXAMPLE CLINIC PHARMACEUTICAL INVENTORY LOG

Clinic _____ Medication/Strength _____

Date Iss'd	Client Label/Name/Comments	# Issued	Lot #	Iss'd By	Balance Remaining
Rec'd		Rec	Date Exp	Rec'd	

Exhibit F

EXAMPLE GENERIC CONTRACEPTIVE CONSENT FORM

I have asked for and been given information about birth control methods. I have been given information on the birth control method I want to use. I was told that using this birth control method is up to me. The benefits and side effects of the birth control method I want to use have been explained to me and I have been given a copy of this information. I was told that I may stop the birth control method at any time. I understand that no method works 100% of the time to keep you from getting pregnant. I understand that the only 100% way to keep from getting pregnant is to not have sex.

I have read a copy of this consent form. I had a chance to ask questions about my birth control method and talk about any problems or risks I may have with the method I want to use. All of my questions have been answered. I understand that future studies may find problems or risks that no one knows about now.

Complete below each time there is change of information for current method or change of method.

<u>Method Type*</u>	<u>Signatures</u>	<u>Date</u>
<u>1.</u> (Type of method)	(Client) (Witness) (Interpreter)	
<u>2.</u> (Type of method)	(Client) (Witness) (Interpreter)	
<u>3.</u> (Type of method)	(Client) (Witness) (Interpreter)	

*Examples of prescriptive contraception types: combined pill, patch or ring; progestin-only pill, injection (the shot), intrauterine system (IUS), or implant; copper intrauterine device (IUD); and diaphragm or cervical cap.



Name _____

ID # _____

DOB _____

Exhibit G Example



Consent for Pelvic Examination

This written consent for a pelvic examination has been provided to me as a patient of the Florida Department of Health. A pelvic examination has been requested by me or has been recommended to me by my health care practitioner. A "pelvic examination" means a series of tasks that may include an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using the health care practitioner's gloved hand and/or any other instrument as determined necessary by my health care practitioner.

Potential Benefits:

This examination or procedure is intended to assist my health care practitioner in diagnosing and/or treating my condition.

Potential Risks and Side Effects:

I may experience pressure, discomfort or pain during the examination. I may experience an increase in my current level of pain or discomfort, an aggravation of my existing symptoms, or minor spotting. These effects are usually temporary; if they do not subside in 1-2 days, I agree to contact my health care practitioner for a follow-up evaluation.

Consent to Examination Outlined Above

I have reviewed this document and been given the opportunity to have any questions answered. I understand the possible benefits and risks of a pelvic examination, accept the risks and responsibilities described above, and consent to the pelvic examination.

I, _____, consent to have a pelvic examination by _____
(Patient's Name) (Examiner's Name)

on _____.
(Date)

Patient Signature Date

Patient Name Printed

Legal Representative Signature Date
(If consenting for Patient)

Legal Representative Name Printed

Health Care Practitioner Signature Date

Health Care Practitioner Name Printed

Student or Trainee Signature Date

Student or Trainee Name Printed

Exhibit H

Links to State and Federal Laws, Regulations, Policies and Technical Assistance for the Development of and Operation of the Department of Health Family Planning Program

- Public Federal Law 105-277, “Department of Health and Human Services Appropriations Act of 1999”: *Section 211*: None of the funds appropriated in this Act may be made available to any entity under title X of the Public Health Service Act unless the applicant for the award certifies to the secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Section 219: Notwithstanding any other provision of law, no provider of services under title X of the Public Health Service Act shall be exempt from any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. <http://www.gpo.gov/fdsys/pkg/PLAW-105publ277/pdf/PLAW-105publ277.pdf>
- *Federal Public Law 91-572*, Family Planning Services and Population Research Act of 1970, added to the Public Health service Act, Section 1001, “Title X, Population Research and Voluntary Family Planning Programs,” which authorizes grants to assist in the establishment and operation of voluntary Family Planning projects. <http://history.nih.gov/research/downloads/PL91-572.pdf>
- *42 Code of Federal Regulations (CFR), Chapter 1, Part 59, Subpart A*, sets out the Title X service provision requirements and implements the statute as authorized under Section 1001 of the Public Health Service Act. <http://www.ecfr.gov/cgi-bin/text-idx?SID=beacfd044d5a71d9fdb2a76300994972&mc=true&node=sp42.1.59.a&rgn=div6>
- *42 CFR Part 59*, the Office of Population Affairs (OPA), in the Office of the Assistant Secretary for Health, issues this final rule to revise the regulations that govern the Title X family planning program (authorized by Title X of the Public Health Service Act). <https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf>
- “Providing Quality Family Planning Services (QFP): Recommendations of CDC and the U.S. Office of Population Affairs” are new clinical recommendations developed jointly by OPA and the Centers for Disease Control and Prevention (CDC) and published as a MMWR Recommendations and Reports. QFP are available for use by reproductive health and primary care providers across all practice settings. <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>
- *Florida Statutes, Chapter 381*, Public Health; General Provisions, Section 381.0051, “Comprehensive Family Planning Act,” gives the Florida Department of Health the authority to implement a comprehensive family planning program. http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=381.0051&URL=0300-0399/0381/Sections/0381.0051.html
- *Florida Administrative Rule 64F-16* (Eligibility and Fee Assessment for Services Offered by local DOHs), provide county health departments and contract providers of family planning services with the information they need on service requirements placed upon providers of family planning services. 64F-16: <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64F-16>

- The Family Planning Title X Administrative and Clinical Manuals, provides direction from the State Department of Health for the provision of family planning services in local DOH and for providers of contractual family planning services. Manuals will be provided to providers upon award of contract.

Exhibit I

Florida Department of Health

Hillsborough County Office of Health Equity

Example Family Planning Audit Tool 2021



Liaison: _____ Clinic: _____ Date: _____

CLIENT NUMBER					
Date of Service					
Encounter Form reflected Documented Service					
Record Type (Adult, Teen, Sterilization, Male)					
Demographic Sheet/Title X Financial Screen					
Initiation of Services/Consent to Treat					
FP Diagnosis on Problem List					
Current Method Consent Form Signed					
Contraceptive Method on Medication Profile					
Current Method documented in RX Format					
Reproductive Life Plan Documented					
BRAIDED – Contraceptive Options Discussed					
Written Information about method given					
Preconception/Interconceptional Counseling					
Document client understanding of contraceptive education or other information provided and discussed					
Allergies Documented					
History Updated					
Annual PE completed					
Height, Weight, BMI					
Pap Smear (Up to date per ACOG guidelines)					
GC/Chlamydia (CDC Recommendations)					
HIV Testing Offered (Declined or Completed)					
Documentation for Abnormal Lab Follow-up					
Level I Infertility Services/Referral					
Pregnancy Diagnosis/Counseling Provided					

SAFE SEX PRACTICES DISCUSSED					
Smoking Status Assessed					
If “Yes” Smoking Cessation Referral					
Domestic Violence Screening					
Substance Abuse Screening					
If “Yes” Substance Abuse Referral					

Mental Health/Stress/Depression					
Immunizations (Flu, HPV, Tdap Offered)					
FP Services to Minors/Annual C&E					
Reason for Service to Minor/Provider Signature					
Standard Abbreviations Used					

Client Number _____ Provider _____

Comments:

Client Number _____ Provider _____

Comments:

Client Number _____ Provider _____

Comments:

Client Number _____ Provider _____

Comments:

ATTACHMENT II

REQUIRED CERTIFICATIONS STATEMENT OF NO INVOLVEMENT CONFLICT OF INTEREST STATEMENT (NON-COLLUSION)

I hereby certify that my company, its employees, and its principals, had no involvement in performing a feasibility study of the implementation of the subject contract, in the drafting of this solicitation document, or in developing the subject program. Further, my company, its employees, and principals, engaged in no collusion in the development of the instant bid, proposal or reply. This bid, proposal or reply is made in good faith and there has been no violation of the provisions of Chapter 287, Florida Statutes, the Administrative Code Rules promulgated pursuant thereto, or any procurement policy of the Department of Health. I certify I have full authority to legally bind the Bidder, Respondent, or Vendor to the provisions of this bid, proposal or reply.

Signature of Authorized Representative*

Date