

# A Look to Massachusetts for Lessons Learned

How Family Planning Providers Have  
Adapted to Health Reform

LIFE **40**  
AFTER

COMPANION WORKBOOK

National  
**Family Planning**  
& Reproductive Health Association



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NOTE: This is an example of how a work plan can be organized to address a variety of issues identified in a patient flow or operations analysis at a site. This format provides context, targets for completion, responsibility assignment, deadlines and places to track and comment on status.

# Clinic Efficiency Action Plan: Health Quarters - Beverly

## 1. CAPACITY & DEMAND

Indicators	Baseline	Target	Result	Expected Outcomes
# unduplicated users				
Average # patients seen per hour	<2	At least 3		
Capacity	20			
Demand				
Activities	Person(s) Responsible		Timeline	Comments/Progress
Prep charts the night before – punching holes, etc.			Now	
20 min slots to 10 min slots • Create cheat sheet for booking appts (10 vs 20) • Change template in practice management system			Aug. 10 Sept. 1	
Tell first appts (at 8:40 and 12) to come 10 mins early if they have a lot of paperwork – to avoid delays			Now	
Develop outreach plan			Pending	
Switch Mary Anne's lunch break to 11:30 – 12 and stagger others to remain OPEN at lunch (12-1)			Sept. 1	
Develop flyer to market lunch time services			Sept. 1	

## 2. APPOINTMENT SCHEDULING

Indicators	Baseline	Target	Result	Expected Outcomes
Appointment types	Unlimited			
# Patients scheduled/day	13.8	20		
% No shows	20% on day	15%		
% Cancelled or rescheduled	1 on day			
% Walk-ins	1 on day			
Average # of days until next available appointment	3-4	0-1		
Activities	Person(s) Responsible		Timeline	Comments/Progress
Eliminate blocked slots			Now	
Book first appt at 8:40 and last appt at 4pm. Book through lunch (MaryAnne's lunch 11:30 – 12)			Sept. 1	

Start texting appt reminders <ul style="list-style-type: none"><li>• Develop consent sheet for texts</li><li>• Print calendar, for clients that want text reminders: write their names in the calendar on the day before scheduled appt. so staff know when to send text.</li></ul>		Aug. 16	
Email/call Katie to troubleshoot texting issues.	Team	Anytime	

3. CYCLE TIME

Indicators	Baseline	Target	Result	Expected Outcomes
Average patient cycle time (min)	46 mins			
Average time on paperwork	5 mins			
Average wait time	15 mins	10 mins		
Average # of patient stops	5			

Activities	Person(s) Responsible	Timeline	Comments/Progress
Streamline “one stop shopping”: <ul style="list-style-type: none"><li>• Review charts to see if patients are due for annual and other services to avoid surprises.</li></ul>		Now	
Provide Mary Anne with a copy of the schedule every day		Now	
Organize exam room supplies the same way in both rooms.		Aug. 1	
Put a brochure rack in the bathroom for sensitive materials		Aug. 15	
Reorganize IUD equipment in baskets		Aug. 1	
Reorganize consents and other paperwork so they’re next to front desk instead of back room.		Aug. 15	

4. STAFF UTILIZATION & PRODUCTIVITY

Indicators	Baseline	Target	Result	Expected Outcomes
# Patients seen/day	11 on day			
MA/Educator face-to-face time	3 mins			
Provider face-to-face time	17 mins			
# Support staff/provider	3			

Activities	Person(s) Responsible	Timeline	Comments/Progress



## 5. EVIDENCE BASED PRACTICES

Indicators	Baseline	Target	Result	Expected Outcomes
% Pregnancy tests & EC to birth control method				
# Quickstarts				
# LARC/all BC users				
% of < 21 patients who receive pelvic exam				
% <21 patients who receive Pap				
% <20 patients who receive clinical breast exam				
% <25 patients who receive CT screen				
% patients who received HIV screen				
Activities	Person(s) Responsible		Timeline	Comments/Progress
Develop script for asking if patients want HIV testing			Aug. 1	
Discontinue separate HIV consent			Aug. 1	
Use separate logs for HIV tests to quicken process.			Aug. 1	
Move noise machine from Mary Anne's office to waiting room			Now	
Buy a radio for the waiting room			Now	
Print a clearer EXIT sign			July 27	
Make sure suggestion box always has paper and pens and that it is next to the sign for it.			Now	

Note: This is an example of the Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis done by one site in the study. They do this exercise each year to help focus their work plan creation for the new year.

# Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis Example

Strength (internal):	Challenges/Weaknesses (internal):
<ul style="list-style-type: none"> <li>• Good teamwork</li> <li>• Resiliency</li> <li>• Ahead of curve on billing, health care reform</li> <li>• Maintaining quality while cont. to “streamline” and struggles</li> <li>• Learned and mastered Rose Valley</li> <li>• Grown stronger in many ways</li> <li>• Focus on operations had led to increased trust</li> <li>• Support of each other has increased</li> <li>• Focus on increasing revenue</li> <li>• Knowing our clients</li> <li>• Making things work with what few resources we have</li> <li>• Focus on Future – energy geared towards it</li> <li>• Flexibility/Adaptability – w/challenges, we continue providing services with less</li> <li>• Streamlining continues</li> <li>• Staff Commitment – to clients, staff, self, mission</li> <li>• Language/cultural capability</li> <li>• Networking/Community Connections/Partners</li> <li>• Quality of Care</li> <li>• Visibility</li> <li>• Staff eager to do outreach; have great ideas</li> <li>• New CFO</li> <li>• Agency leadership changes</li> <li>• More effective outreach being implemented with ways to measure effectiveness</li> <li>• Staffing/Resources plan developed</li> <li>• More same day med hx;</li> <li>• Plan to increase standardization across sites being developed</li> <li>• Increased percentage of women on LTC</li> <li>• Increased marketing/advertising</li> <li>• Website changes/potential for social marketing</li> </ul>	<ul style="list-style-type: none"> <li>• Agency instability</li> <li>• Division instability</li> <li>• Lack of FT Division Director (ET split across Division and Admin)</li> <li>• No COLAs</li> <li>• Lack of permanent CEO</li> <li>• Nant – lack of staff &amp; lots of changing staff; difficult to hire/retain Spanish-speaking staff;</li> <li>• More work for less pay and less people; increased pressures on staff, both program and administrative;</li> <li>• Robin no longer floater</li> <li>• Lack of training resources for new staff</li> <li>• Some staff discontent</li> <li>• multiple providers at sites with different communication styles – weak structure/reporting lines; requires increased attention and work; need to be consistent across sites;</li> <li>• Still building the Board of Directors</li> <li>• No BC/BS contract</li> <li>• Need increase in Social Marketing</li> </ul>
Opportunities (external):	Threats (external):
<ul style="list-style-type: none"> <li>• Health Care Reform Positioning - ACA – ACO; we can be a component of the ACOs</li> <li>• Potential to further prison work with DPH elimination of HIV Coordinator position</li> <li>• \$\$ in MA health care reform bill for prevention</li> <li>• Increase \$\$ through fundraising</li> <li>• New Medical Director/leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Health Care reform implications still unknown ACA-ACO; imperative we remain current with mandates and visible to state</li> <li>• 2012 Presidential and Congressional Elections</li> <li>• Agencies vying for same resources</li> <li>• Congressional redistricting</li> <li>• Pediatricians writing more oc tx for younger teens since no pelvic required and less liability for them</li> </ul>

Note: Health Imperatives goes through an exercise each year to review what they have done over the past year, which helps staff to recognize how much they get done even under stressful conditions. This is their list of the successes they identified for one year.

# Acknowledge and Celebrate Successes!

- Rose Valley Implementation/success
- Colposcopy program began June
- Phlebotomy offered at increased # of sites
- Increased media advertising (FUN 107, Latino 100.3; Brazilian Times, CC Times, Catherine Coogan "person of the week" MVY radio station; Helen Portuguese radio show)
- Billed out DPH contract
- Congressman Keating visit (1st Congressional visit)
- Increased fundraising (Wareham first fundraiser; increased Nantucket donations at Valentine's fundraiser; \$10,000 for colposcope)
- Increased HIV integration (Weymouth)
- Increased Third party billing expertise; Robin's billing support
- Added Harvard Pilgrim insurance contract
- Emily's support, follow-up, attention for sites; focus on operations and site-specific needs
- Internal Trainings – Options, Basic FP, Hep C
- New Med Hx form and integration
- Increase in supported, structured and effective outreach
- Weymouth staff now bilingual
- Non Title X visits/form
- Increase in off-site testing and services
- Female testing – urine screenings
- Client demographics – increase in males, hitting target population more so than ever
- Increased visibility – e.g. HIV Nat'l Conference presentation; Presenting at NFPRHA conference
- JSI TOT Clinic Efficiency (Attleboro VERY efficient!)
- Hyannis
- Switched all sites to Quest labs to increase reimbursement
- Have retained most positions despite economics
- No furloughs
- Teamwork among sites
- Feels like we on the uphill/upside of things
- Permanent CFO on board
- Changes in Board membership
- Hyannis CC HC grant that expanded work in prison and adolescent group home
- PDs a stronger team; division-wide approach to support sites (e.g. staff sharing)
- Website changes and site-specific URLs secured
- Increased partnerships/collaborations
- MV Art Show increased profit
- Nant Town grant increased award
- Increased collaborations (external and internal, A New Day)
- Nantucket AIDS Network offering HIV and syphilis testing onsite

Note: This Work Plan from Health Imperatives was developed as a result of their SWOT Analysis and subsequent discussions about where to focus their efforts in FY 13.

# Family Planning FY 13 Workplan

Goal 1: Strengthen Services and Programs		
Objectives	Tasks	Person(s) Responsible
1. Increase and strengthen staff training and consistency across programs	a. Standardize clinic roles b. Required-sexual coercion, human trafficking, preconception counseling c. Phlebotomy d. Train the trainer clinic efficiency e. Counseling skills/motivation interviewing in a clinic setting in 5 minutes or less f. Conducting outreach/education trainings (site-specific)	
2. Improve Internal Quality Assurance/ CQI program	a. Evaluate/revise QA tool to include HIV integration, male services, same day med rx, patient flow analysis; site data-pts. Booked/seen; scheduling system; partnerships/collaborations; subcontracts; focus on outcomes rather than processes; what are we measuring? b. Conduct 4 internal site reviews c. Develop policy describing quality improvement expectations to strengthen and codify quality improvement throughout the division; ensure that quality improvement activities are well coordinated (both through policy development and the identification of staff to lead these activities) d. Conduct site visits/meetings at each site to include: charting; HIV integration; performance measures; counseling risk assessment; EC and IPV counseling; harm reduction; technology usage; clinic efficiency e. Increase documentation of male counseling (fertility, parenthood, pregnancy prevention, HIV/STDs)-add to chart audit tool	(list person or persons for each task)
3. Ensure and maximize adequate staffing resources	a. Evaluate site counseling and clinic schedules and develop appropriate staffing across site b. Recruit/hire/train per diem NP? c. Explore/develop/implement staff sharing across sites	
4. Positioning FP with HC Reform	ACOX	
5. Electronic Health Records		
Goal 2: Expand measurable division impact at individual and community level		
Objectives	Tasks	Person(s) Responsible
1 Increase and retain target populations	a. Implement DPH FY '13 Community educ/outreach workplan to reach target audience (division/programs) b. Evaluate outreach activities (utilize site-specific DPH FP form for all initial visits) c. Collaborations, partnerships, off-side services (prisons, CHCs, schools); GNBCHC & MUCCHC: Increase off-side visits d. Website development e. Visibility and awareness campaigns; social media, social networking f. Marketing-NB, Warch, Att, Ply FUN 107/Latina 100.3 g. Media-continue working with newspapers, NPR to follow-up on legislative/funding (FY '12) h. Fund/friend-raising	
Goal 3: Maximize Financial Stability		
Objectives	Tasks	Person(s) Responsible
1. Expand scope of service beyond Title X/fee-for-services	Evaluate colposcopy project re: visits, reimbursement	Clinical services panel, MPs
2. Improve division financial stability	a. Maximize third party payor contracts (BCBS) b. Fee for services exploration	
3. Improve third party payor billing and reimbursement	a. Monitor/track revenue sources-third party, pt fees, subcontracts, fee-for-service; b. Increase third party reimbursement rates for counseling visits (med providers)	

# Health Imperatives, Inc. Family Planning Program

## Evaluation & Management Level of Service Coding, 1995 Criteria Medical Decision Making (Assessment & Plan)

There are four levels of medical decision making, which are based on three components.

1. Number of diagnoses and management options
2. Amount and/or complexity of medical records, diagnostic tests, and/or other information assessed
3. Risk of significant complications (Rx or Tx), morbidity and/or mortality, and co-morbidities

### Determining the Medical Decision Making Level

Two of three components are required; go to the middle.

Medical Decision Making Level	1. Number of Dx(s)/ Management Options	2. Amount/Complexity of Data Reviewed	3. Level of Risk
<b>Straight Forward</b>	Minimal (1)	Minimal/None (1)	Minimal (1)
<b>Low Complexity</b>	Limited (2)	Limited (2)	Low (2)
<b>Moderate Complexity</b>	Multiple (3)	Multiple (3)	Moderate (3)
<b>High Complexity</b>	Extensive (4 or more)	Extensive (4 or more)	High (4)

### Table # 1: Diagnosis(es) and Management Options:

Problem Categories	Number of Problems	Points/Problem	Score
Self-limited, minor	(Max = 2)	1	
Established problem, stable or improved		1	
Established problem, worsening		2	
New problem, no additional work-up	(Max = 1)	3	
New problem, additional work-up planned		4	
		Total =	

### Table #2: Amount or Complexity of Data Reviewed:

Type of Data	Yes/No	Points/Item	Score
Review and/or order tests in ICD # 8xxxx (Clinical Lab Tests)		1	
Review and/or order tests in ICD # 7xxxx (Radiology)		1	
Review and/or order tests in ICD # 9xxxx (Medicine Sector)		1	
Discuss test results with performing doctor		1	
Independent review of image, tracing, or specimen		2	
Decision to obtain old records and/or obtain history from others		1	
Review and summarize old records and/or obtained history		2	
		Total =	

## Table #3: Level of Risk:

The one highest level in any category is the level of risk.

Level of Risk	Category # 1: Presenting Problem	Category #2: Diagnostic Procedure(s) Ordered	Category #3: Management Options Selected
<b>Minimal (1)</b>	<ul style="list-style-type: none"> <li>One self-limited or minor problem, e.g., cold, insect bite, tinea corporis</li> </ul>	<ul style="list-style-type: none"> <li>Laboratory test requiring venipuncture</li> <li>Chest x-ray</li> <li>EKG, EEG</li> <li>Urinalysis, KOH prep</li> <li>Ultrasound, e.g., echocardiogram</li> </ul>	<ul style="list-style-type: none"> <li>Rest</li> <li>Gargles</li> <li>Elastic bandages</li> <li>Superficial dressings</li> </ul>
<b>Low (2)</b>	<ul style="list-style-type: none"> <li>Two or more self-limited or minor problems</li> <li>One stable chronic illness, e.g., well controlled hypertension, well controlled type II diabetes mellitus, cataract, BPH</li> <li>Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain</li> </ul>	<ul style="list-style-type: none"> <li>Physiologic tests not under stress, e.g., pulmonary function tests</li> <li>Non-cardiovascular imaging studies with contrast, e.g., barium enema</li> <li>Superficial needle biopsies</li> <li>Clinical laboratory tests requiring arterial puncture</li> <li>Skin biopsies</li> </ul>	<ul style="list-style-type: none"> <li>Over-the-counter drugs</li> <li>Minor surgery with no identified risk factors</li> <li>Physical therapy</li> <li>Occupational therapy</li> <li>IV fluids without additives</li> </ul>
<b>Moderate (3)</b>	<ul style="list-style-type: none"> <li>One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment</li> <li>Two or more stable chronic illnesses</li> <li>Undiagnosed new problem with uncertain prognosis, e.g., lump in breast</li> <li>Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis</li> <li>Acute complicated injury, e.g., head injury with brief loss of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test</li> <li>Diagnostic endoscopies with no identified risk factors</li> <li>Deep needle or incisional biopsies</li> <li>Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization</li> <li>Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis</li> </ul>	<ul style="list-style-type: none"> <li>Minor surgery with identified risk factors</li> <li>Elective major surgery (open, percutaneous, or endoscopic) with no identified risk factors</li> <li>Prescription drug management</li> <li>Therapeutic nuclear medicine</li> <li>IV fluids with additives</li> <li>Closed treatment of fracture or dislocation without manipulation</li> </ul>
<b>High (4)</b>	<ul style="list-style-type: none"> <li>One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment</li> <li>Acute or chronic illnesses or injuries that pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, peritonitis, acute renal failure, psychiatric illness with potential threat to self or others</li> <li>An abrupt change in neurologic status, e.g., seizure, TIA, weakness, sensory loss, head injury with prolonged loss of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>Cardiovascular imaging studies with contrast with identified risk factors</li> <li>Cardiac electrophysiologic tests</li> <li>Diagnostic endoscopies with identified risk factors</li> <li>Discography</li> </ul>	<ul style="list-style-type: none"> <li>Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors</li> <li>Emergency major surgery (open, percutaneous, or endoscopic)</li> <li>Parenteral controlled substances</li> <li>Drug therapy requiring intensive monitoring or toxicity</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

# Health Imperatives, Inc. Family Planning Program

## Evaluation & Management Level of Service Coding, 1995 Criteria The Physical Examination (Objective Data)

There are four types/levels of examination based on the number of Body Areas (BA)/Organ Systems (OS) evaluated.

### General Multi-System Examination

The 15 BAs/OSs are:

Cardiovascular	Constitutional	Chest (Breasts)
Eyes	Ears, Nose, Throat, Mouth	Extremities
GI (Abdomen)	Genitourinary	Lymphatic
Musculoskeletal	Neck, Thyroid	Neurologic
Psychiatric	Respiratory	Skin/Integument

### Scoring the Examination

<b>Problem Focused</b> Exam:	Examination of the affected BA/OS <b>Less than one complete BA/OS</b>
<b>Expanded Problem Focused</b> Exam:	Limited examination of the affected BA/OS and other symptomatic, related OSs <b>Two to four (2 – 4) BAs/OSs</b>
<b>Detailed</b> Exam:	Extended examination of more than two (>2) BAs/OSs <b>Five to seven (5 – 7) BAs/OSs</b>
<b>Comprehensive</b> Exam:	Multi-system examination <b>Eight or more (8 – 15) BAs/OSs</b>  OR  Examination of one entire BA/OS (e.g., document exam findings for all aspects of the skin of the entire body surface area (including skin appendages) <b>Complete examination of a single BA/OS</b>

# Health Imperatives, Inc. Family Planning Program

## Documentation and Level of Service Coding Chart Audit Worksheet (1995 Criteria)

<b>Site</b>		<b>Provider</b>	
<b>Chart #</b>		<b>Visit Date</b>	

<b>History</b>	CC	HPI	ROS	PSFH
Problem Focused	Y/N	1 – 3	none	none or N/A
Expanded Prob. Focused	Y/N	1 – 3	1	none or N/A
Detailed	Y/N	>/= 4	2 – 9	1
Comprehensive	Y/N	>/= 4	>/= 10	2 (estab)/3 (new)
<b>Hx Score</b>				

<b>Physical Exam</b>	Number of organ systems/body areas documented:
<b>PE Score</b>	

<b>Medical Decision Making</b>	MP's thinking re A & P explicitly documented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Dx & Mgt Options	
Rev'd Data Amt or Complex	
Level of Risk:	
#1: Presenting Prob(s)	
#2: Dx Proced(s) Ordered	
#3: Mgt Options Selected	
<b>MDM Score</b>	

<b>Level of Service Code</b>		<b>LoS Code Submitted</b>	
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Elements of documentation labelled to facilitate auditing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA
Additional Notes:

Auditor: \_\_\_\_\_



Note: This Job Description from Tapestry Health is a Union position that was revised as they reorganized job roles.

# Counselor

## SEIU Class 4

### Qualifications:

1. Minimum 2-year college degree required.
2. One year experience required.
3. Strong interpersonal skills required.
4. Ability to work with a diverse clientele and staff, and to work as part of a team.
5. Strong written and verbal communication skills.
6. Bilingual (Spanish/English) helpful.
7. Able to do occasional heavy lifting.
8. Able to sit at a desk to use computer and make phone calls.
9. Able to carry out typical administrative functions.
10. Supports the mission and goals of the agency.

### Primary Responsibility:

To assist in the health service centers with all office-related functions. To provide confidential, non judgmental counseling and education to clients concerning reproductive health issues to enable them to make fully informed decisions and access the full range of medical services needed.

### Supervisor:

Health Services Manager or Assistant Health Services Manager

### Duties:

1. Provide reproductive health counseling, including breast and testicular self exams, pelvic exams, routing testing/screening, gynecological problems, STDs, HIV/AIDS, contraceptive methods, ECP, pregnancy testing and options counseling, explain exam results, counsel on proper use and possible side effects of medication and birth control, and distribute appropriate information sheets and provide clients with referrals as needed.
2. Record and submit billing information; establish fees according to agency's sliding fee scale.
3. Document all information per protocol.
4. Able to draw blood and do finger sticks on clients.
5. Maintain birth control kits.
6. Alert supervisor of need for DSS notification of abuse of minor clients.
7. Assist in the maintenance of referral information on other medical services, including colposcopy and abortion, and related health issues.
8. If assigned, conduct Pap follow-up and tracking as per protocol.
9. Provide clinic support services, lab assistance, exam room set-up, and office support, including front desk coverage, filing, use of Medic Plus System, and phone counseling as needed.
10. Distribute all methods of birth control including emergency contraception.
11. Perform limited medical and lab procedures.
12. Assist in training and orientation of new staff, interns and/or volunteers.
13. Attend staff meetings and appropriate in-service trainings as needed.
14. Other duties as required.

\*There is potential exposure to blood borne pathogens.

Note: This Job Description from Tapestry Health is a Union position that was revised as they reorganized job roles

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# Health Services Office Manager

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## SEIU Class 5

### Qualifications

1. Associate's degree required.
2. 2 years office experience.
3. Strong organizational skills and ability to prioritize and manage multiple tasks in a fast paced clinical office.
4. Flexibility, creativity and ability in office management.
5. Ability to work collaboratively with health services and clinical staff.
6. Ability to work with a diverse client population.
7. Ability to sit at a desk to use computer and make phones calls.
8. Familiarity with computer programs including Microsoft Office Suite.
9. Able to carry out typical administrative functions.
10. Bilingual (Spanish/English) helpful.
11. Supports mission and goals of the agency.

### Primary Responsibility:

To insure efficient operation of all aspects of clinic/office related duties. In absence of Clinical Services Coordinator, responsible for clinic operations and delegation of assignments.

### Supervisor:

HealthServicesManagerorAssistantHealthServicesManager

### Duties:

1. Answer and correctly triage phone calls and make appointments.
2. Responsible for delegating the filing of all medical paperwork, including medical charts.
3. Provide back-up direct service support as needed.
4. Responsible for submitting income tallies, billing forms and bank deposits; also weekly and monthly billing/data reports and logs.
5. Provide clerical support for medical follow-up.
6. Receive and distribute mail.
7. Coordinate requests for medical records.
8. Responsible for the efficient operation of health services site office.
9. Responsible for overseeing clinic data entry into practice management system.
10. Emergency contraception, pregnancy testing and distributing birth control as needed.
11. Maintaining inventory and ordering of supplies.
12. Perform other duties as assigned.

\*There is no potential exposure to blood borne pathogens.

# Clinician

## SEIU Class 9

### Qualifications:

1. Licensed to practice in the State of Massachusetts.
2. Board Certified.
3. One year clinical experience required, women's health preferred.
4. Able to carry out administrative duties related to chart documentation.
5. Computer skills
6. Able to sit at a desk to use computer and make phone calls.
7. Supports the mission and goals of the agency.

### Primary Responsibility:

To participate as a member of the medical service delivery team in the health management of men and women seeking medical services with Tapestry Health Systems.

### Supervisor:

Director of Clinical Services and Health Services Manager or Assistant Health Services Manager

### Duties:

1. Perform 1 routine initial and annual comprehensive exams for female clients
  2. Perform STD screens for male clients
  3. Review of client's medical history
  4. Order routine laboratory screening tests and additional laboratory tests as described in the protocol
  5. Perform lab tests as needed and within scope of practice
  6. Perform venipuncture as needed
  7. Provide appropriate birth control methods in accordance with Tapestry medical protocols
  8. Provide for the assessment and management of sexually transmitted diseases, vaginitis and urinary tract infections in accordance with Tapestry medical protocols
  9. Make appropriate referrals to other health care providers for services beyond the scope of Tapestry
  10. Attend staff meetings and in-service programs when possible
  11. Attend the Medical Concerns Meetings and other pertinent meetings as scheduled
  12. Act as medical consultant to staff at the health center
  13. Perform other duties as assigned
- \* There is potential exposure to blood borne pathogens.

# Cambridge Health Alliance Sample Policies and Procedures

<b>Title:</b> Family Planning and Title X Grant Services	<b>PolicyNumber:</b> <b>PolicyType:</b> Clinical Operations <b>EffectiveDate:</b> 08-01-12
<b>Replaces (supersedes):</b> <b>Title:</b>	<b>PolicyChronicle:</b> Date Original Version of Policy was Effective: 08-01-12 Most Recent Review (month/year) Reviewer Signature: Date: 07-16-12 Family Planning Clinical Liaison Previous Review month year Previous Review month year
<b>Area of Operations:</b> Ambulatory and OB/GYN	
<b>RegulatoryAgency:</b> Title X and MDPH	<b>This policy has been reviewed and approved electronically:</b> Family Planning Clinical Liaison Department Chief Senior VP of Patient Care Services/CNO SVP for Ambulatory Services Chief Executive Officer
<b>Keywords(s)</b>	Family Planning, Title X, Contraceptives

**I. Purpose:** To establish a workflow for family planning services under the Title X grant at ambulatory sites including medication administration, consent forms, and Title X regulations and guidelines.

**II. Personnel:** All clinical staff: MD, NP, PA, CNM, RN, LPN, Family Planner

**III. Definitions:**

**Title X** is a federally funded grant service that provides comprehensive family planning clinical and counseling/education services for low income clients. Funding at CHA supports family planning services in the form of health counseling, grant supply medications available on site, contraceptive and other reproductive health management protocols, training, and age and linguistically appropriate educational materials in multiple languages. Acceptance of the program funding requires family planning clinical and counseling services according to regulations for low income clients, and data collection on client visits regardless of source of reimbursement. The combined Title X and MDPH Family Planning Programs provide free or reduced cost services based on client eligibility.

**A family planning client** is defined as a patient who is seeking to plan or prevent a pregnancy regardless of age, gender, or insurance status and who has a family planning visit.

**A provider** is defined as a CHA employee providing family planning counseling or clinical services to clients such as a family planner, LPN, RN, CNM, NP, or MD. A licensed clinical provider refers to a CHA employee with prescriptive authority providing clinical family planning services to clients such as a CNM, NP, or MD.

**A family planning visit** is one in which a female or male client of any age receives face to face family planning counseling, alone or in conjunction with related services, as defined below:

Related services include:

Complete physical exam with or without GYN or GU exam

<b>Cambridge Health Alliance</b>		<b>Policy Number:</b> C-PFH-0072
<b>Title:</b> Family Planning and Title X Services		<b>Policy Type:</b> Clinical Operations
<b>PageNumber:</b>		<b>EffectiveDate:</b> 08-01-12

GYN, GU or breast exam Pregnancy testing

Initiation or management of contraceptive method Pap smear or repeat pap smear

Exam for STD, vaginal infection, urinary tract infection Evaluation of menstrual irregularities

Blood pressure, weight, laboratory testing including HIV, immunizations

#### IV. Policy:

1. All providers will have all family planning patients sign a general family planning consent at their initial visit per Title X and MDPH regulations.
2. All providers will have all family planning patients who initiate a new contraceptive method sign the corresponding method consent per Title X and MDPH regulations.
3. Family Planning grant supply medications will be administered per CHA policy as stated below.
4. All site staff and providers will comply with the family planning workflows (see attached) per CHA policy as stated below.

#### V. Procedures:

1. Providers will provide informed consent for family planning services to all family planning patients including having patients sign a general family planning consent at their initial visit. This consent is signed once in a patient's lifetime.
2. Providers will provide informed consent for all prescriptive contraceptive method initiations including having patients sign the applicable family planning method consent form. This consent is signed once in a patient's lifetime. If a patient switches methods, the provider will have the patient sign the new applicable consent form.
3. All consent forms will be uploaded into a patient's chart using a Consent Form Encounter. Signed consents will then be scanned into the patient chart.
4. Title X Grant Supply medications:
  - a. Family Planning clients are eligible to receive grant supply medications at CHA FP delivery sites in the following two situations:
    - i. If a client is considered to be uninsured or underinsured for contraception, meaning that:
      1. They are not covered for their choice of prescriptive contraceptives and are unable to purchase at full price in the pharmacy OR
      2. They are unable to pay the insurance prescription co-pay
    - ii. If a client is unable due to confidentiality or access issues to fill their prescription at a pharmacy.
  - b. Family Planning grant supply medications are ordered by the Director of Family Planning through the Cambridge Health Alliance Outpatient Pharmacy and then couriered to the applicable sites. A site RN or LPN receives the medications and logs them into the Family Planning medication log.
  - c. Family Planning grant supply medications are stored on site and secured in the health center medication room.
  - d. A log book is kept of all grant supply medications and inventory is done once every 10 days. Records maintained must include:
    - i. The name, dosage and strength of substance dispensed
    - ii. Volume of units dispensed
    - iii. Date of dispensing
    - iv. Name and address of person to whom the medication was dispensed
  - e. To administer a grant supply medication:

- i. A general family planning consent and a specific method consent form must be signed by the patient and provider and then be scanned into the patient’s medical chart.
- ii. Medications must be documented in the Family Planning medication log available in the medication room.
- iii. Providers must document in their notes proof of grant supply eligibility.
- iv. Medications must be ordered listing “grant supply” as the source.
- v. Medications must be labeled with the following information:
  - 1. The licensed clinical provider’s name and address
  - 2. Date of dispensing

<b>Cambridge Health Alliance</b> <b>Title:</b> Family Planning and Title X Services <b>Page Number:</b>		<b>Policy Number:</b> C-PFH-0072 <b>Policy Type:</b> Clinical Operations <b>Effective Date:</b> 08-01-12
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- 3. Name of the patient
  - 4. Name, dosage, and strength of drug
  - 5. Direction for use
  - 6. Any necessary cautionary statements (auxiliary labels)
5. Workflows:
- a. All sites will follow the attached family planning workflows including:
    - 1. At the beginning of each clinic day, a licensed clinical provider and RN will be identified as the Family Planning contact for that clinical session.
    - 2. Licensed clinical providers will order a medication in a patient chart before the dispensing of the medication.
    - 3. Medications will be dispensed by a licensed clinical provider.
    - 4. A blood pressure and medical history showing no contraindications is required for all method start ups, as welln as a smoking history for all hormonal methods.
    - 5. The exception is Emergency Contraception, which can be ordered per a standing order and by an RN or LPN.
6. Documentation:
- a. EPIC templates are available for all providers for family planning patients including:
    - 1. Initial Comprehensive Visit Template
    - 2. Annual Comprehensive Visit Template
    - 3. Pregnancy Test Visit Template
    - 4. Contraceptive ReVisit Method Template
    - 5. Follow Up Visit Template
    - 6. Emergency Contraception Visit Template
    - 7. STI/HIV Testing Visit Template
  - b. Title X regulations require documentation of grant supply eligibility, medical, social, and sexual history, violence history, and in addition for minors, counseling regarding rights to and limits of confidentiality, methods to avoid sexual coercion, and whether the client has a family member they can talk with about seeking FP services.
7. All family planning policies and protocols are available on site in the Family Planning policy binder, online in staffnet, in EPIC, and on the ABCD Boston Family Planning website:
- [www.abcdfamilyplanning.org](http://www.abcdfamilyplanning.org)
- Username: cha Password: MarkTwain022

October 1, 2012

# Policy for Distribution of Title X Medications at CHA Family Planning sites in compliance with federal Pharmacy, Title X, and state DPH regulations

## **Those patients that are eligible for Title X Family Planning supplies include:**

- Patients who have seen the Family Planning Counselor on site or are scheduled to see the Family Planning Counselor
- AND**

- Have signed a General Family Planning Consent and the Contraceptive Method Consent as applicable
- AND**

- Are eligible by age and/or poverty level including:

- Any confidential teen 18 y.o. and younger, not on Mass Health insurance

**OR**

- Anyone under 300% of poverty AND

- Any patient who is self-pay or uninsured
- Any patients whose insurance does not cover any portion of medication coverage
- Any patient who is on HSN or Mass Health Limited who has a barrier to accessing medications at the Cambridge Hospital pharmacy
- Any patient on a private insurance who is in a DV situation and wishes to remain confidential from a partner
- Any patient ages 19-26 y.o. on their parent's private insurance and wish to remain confidential from their parents (Patients should call their insurance post visit and ask that no EOBs are sent home)

**All other patients must be given a prescription to pick up medications at the pharmacy of their choice.**

## **Distribution and Maintenance of Title X Medications:**

1. Each health center with Family Planning staff will be stocked with a small supply of Title X medications locked in the medication room.
2. Medications will include contraception, STI treatment, and prenatal vitamins.
3. Sites will continue to be able to order injectable medications themselves.
4. Each site will maintain a medication log book for all Title X medications. The log book must be reviewed and inventoried once every 10 days.
5. Family Planning Counselors are responsible for ordering the site Title X medications. Medications will then be couriered to the health center and delivered to an RN on staff.
6. All Title X medications will be ordered by a licensed provider in EPIC, listing the supply class as "Grant Supply (will not print)."
7. All Title X medications will be dispensed by a licensed RN or provider.

## **Title X Contraceptive Methods**

1. At the initiation of a contraceptive method, all patients will be given no more than 3 months worth of that method. All patients must be scheduled for a follow up refill visit with a Family Planning Counselor at 3 months and a physical exam with a provider as applicable.
2. Refill patients will be given no more than 3 months of medication at a time. All exceptions must be approved by the on-site Family Planning Counselor.
3. Providers may order medications with up to one year of refills for all Title X patients.
4. All patients must have a re-check visit every year.

Please direct any questions about this policy to Kelly Warner, CHA Director of Family Planning at 617-591-6756 or [kwarnier@challiance.org](mailto:kwarnier@challiance.org).

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# Cambridge Health Alliance

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## Job Description/Performance Management & Improvement Form

**Job Title:** Health Educator I and II

**Job Code:**

**Department:** Community Affairs

**Reports To:** Supervisor of Prevention  
Education, Outreach, and Counseling

**Supervises:** \_\_\_\_\_

**Level:** 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ NA\_\_\_

**Grade:** \_\_\_\_\_

**Exempt:**\_\_\_\_\_ **Non-exempt:**\_\_\_\_\_ **Union:**\_\_\_\_\_ **Non-union:**\_\_\_\_\_

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### Job Purpose (short, 1-3 sentence summary of main job functions)

Under the general direction of the Supervisor of Prevention Education, Outreach, and Counseling provides school and community-based health education programs targeting teens, their parents, and interested others. Essential job functions are focused on customer satisfaction, effective use of resources, teamwork, innovation, and continuous quality improvement.

### Qualifications/Requirements

**Education/Training:** Health Educator/Counselor I Bachelors Degree

Health Educator/Counselor II Bachelors Degree

**Licensure:** NA

**Certifications:** NA

**Work Experience:** Health Educator/Counselor I  
2 years of related experience required  
Previous experience in reproductive health field preferred

Health Educator/Counselor II  
4 years of related experience required, 2 of those years being a health  
counselor in a reproductive health setting preferred



- Language:** Knowledge of a second language preferred (Portuguese, Spanish, or Haitian Kreyol.)
- Physical Skills:** Sufficient mobility to negotiate physical plant. Strength and endurance to perform physically for long periods of time (four to eight plus hours) (i.e., walking lifting, bending, twisting, standing, reaching).  
Physical dexterity and psychomotor skills to respond adequately and appropriately to routine and emergent patient care needs in an ambulatory setting.
- Mental Skills:** Excellent interpersonal and communication skills in order to relate well to a diverse patient population, other staff members, and the general public.  
Sensitivity to reproductive health issues. Nonjudgmental attitude.  
High level of self awareness and an interest in gaining self-knowledge  
An interest in learning and improving counseling skills.  
Ability to learn and use improvement methods.  
Ability to advocate for the program and the clients at the site.  
Ability to work in a demanding busy and stressful environment.

**Working Conditions and Physical Environment:**

Works in patient care environment where there is potential exposure to:  
blood, body fluids, chemical hazards.  
High volume patient traffic.  
Incandescent as well as florescent lighting  
Close quartered/sometimes shared work space.

**Job - Specific Duties and Responsibilities:**

**Rating Scale:**

- |   |              |
|---|--------------|
| 1. Provides health education and advocacy for junior high and high school students.   | <b>E M I</b> |
| 2. Provides consultation to classroom teachers and direct classroom teaching that is culturally and developmentally appropriate. Education is offered not only to main stream academic classes but the bilingual, vocational, and alternative high school classes as well. Offers after school health education programs and support groups as indicated. | <b>E M I</b> |
| 3. Assists patients in exploring feelings and concerns about sexuality, pregnancy and other life style choices. Assists clients in making an informed decision about these issues by providing information, both oral and written, and helping clarify values and priorities.   | <b>E M I</b> |
| 4. Links students with necessary school and community resources and agencies.   | <b>E M I</b> |
| 5. Maintains charts and all appropriate paperwork (releases, referrals, case notes).  | <b>E M I</b> |
| 6. Attends all the regular staff meetings, trainings, and supervision as appropriate. Participates in high school committees as appropriate.  | <b>E M I</b> |

7. Facilitates meetings when appropriate.	E M I
8. Provides baseline HIV/AIDS information to all family planning patients, does risk assessment, and provides risk reduction counseling to those at risk for HIV.	E M I
9. Provides pre- and post test HIV antibody counseling in accordance with the HIV Program and the MDPH standards of care.	E M I
10. Coordinates the use of health education/counseling materials used at the site.	E M I
11. Performs all aspects of family planning education/counseling according to the Title X, and MDPH Family Planning Program standards.	E M I
12. Submits FPERs, community education/outreach reports and other requested data, in a consistent and timely manner.	E M I
13. Participates in the Family Planning Program’s Continuous Quality Improvement Plan.	E M I
14. Participates in outreach activities for the Family Planning Program as appropriate.	E M I
15. Identifies the unique needs and implements appropriate interventions for the age-specific categories circled below: <div><div>1. Neonate</div><div>2. Pediatric</div><div>3. Adolescent</div><div>4. Adult (18–59)</div><div>5. Geriatric (60+)</div></div>	E M I
16. Integrates growth and development needs into the delivery of patient care for the populations served.	E M I
17. Uses communication methods appropriate for the patient developmental stage.	E M I
18. Accurately assesses the patient’s ability to follow directions for completion of treatment.	E M I
19. Identifies and manages any special issues, concerns and risks for age specific populations. <div>How have you assessed these age-specific competencies?<div><div></div><div></div><div></div><div></div><div></div></div></div>	E M I
20. Performs other related duties as assigned or directed.	E M I

**Organizational Duties and Responsibilities:**

**Rating Scale:**

**E M I**

Is responsible for creating a respectful environment for our patient and ourselves. Demonstrates respect for differences in language, culture, race, religion, citizenship, gender, and sexual orientation and does not discriminate on the basis of income, insurance status, immigration status, or disability.

**E M I**

Complies with the Alliance policy on confidentiality of information regarding patients, families and co-workers.

**E M I**

Adheres to dress code; appearance is neat and clean.

**E M I**

Completes annual educational requirements and in-service training as required.

**E M I**

Wears identification while on duty.

**E M I**

Reports to work as scheduled and ready to receive assignments; minimal unscheduled absences.

**E M I**

Attends meetings and participates in committees as required.

***This job description is intended to describe the general nature and level of work performed by persons assigned to this classification. It is not intended to be an exhaustive list of all responsibilities, duties and skills required of employees who hold this position.***

***I understand that I am responsible for learning the rules and regulations that affect my position as communicated to me or as required by my position's professional standards. I am also responsible for complying with these rules and regulations at all times, and to report all known violations to my supervisor or to the Compliance Manager.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Human Resources Concurrence:

\_\_\_\_\_  
HR Reviewer

\_\_\_\_\_  
Date

# Cambridge Health Alliance

## Job Description/Performance Management & Improvement Form

**Job Title:** Health Counselor I and II

**Job Code:**

**Department:** Community Affairs

**Reports To:** Supervisor of Prevention Education, Outreach, and Counseling

**Supervises:** \_\_\_\_\_

**Level:** 1\_\_ 2\_\_ 3\_\_ 4\_\_ NA\_\_

**Grade:** \_\_\_\_\_

**Exempt:**\_\_\_\_\_ **Non-exempt:**\_\_\_\_\_ **Union:**\_\_\_\_\_ **Non-union:**\_\_\_\_\_

### Job Purpose (short, 1-3 sentence summary of main job functions)

Under the general direction of the Supervisor of Prevention Education, Outreach, and Counseling provides health counseling including family planning information and pre- and post test HIV antibody counseling to clients. Essential job functions are focused on customer satisfaction, effective use of resources, teamwork, innovation, and continuous quality improvement.

### Qualifications/Requirements

**Education/Training:** Health Counselor I  
High School diploma/GED required

Health Counselor II  
High school diploma/GED required  
2 years of college required

**Licensure:** NA

**Certifications:** NA

**Work Experience:** Health Counselor I  
2 years of related experience required  
Previous experience in reproductive health field preferred

Health Counselor II  
4 years of related experience required, 2 of those years being  
a health counselor in a reproductive health setting preferred

**Language:** Knowledge of a second language preferred (Portuguese, Spanish, or Haitian Kreyol.)

**Physical Skills:** Sufficient mobility to negotiate physical plant. Strength and endurance to perform physically for long periods of time (four to eight plus hours) (i.e., walking lifting, bending, twisting, standing, reaching).

Physical dexterity and psychomotor skills to respond adequately and appropriately to routine and emergent patient care needs in an ambulatory setting.

<b>Mental Skills:</b>	Excellent interpersonal and communication skills in order to relate well to a diverse patient population, other staff members, and the general public.
	Sensitivity to reproductive health issues. Nonjudgmental attitude.
	High level of self awareness and an interest in gaining self-knowledge
	An interest in learning and improving counseling skills.
	Ability to learn and use improvement methods.
	Ability to advocate for the program and the clients at the site.
	Ability to work in a demanding busy and stressful environment.

### **Working Conditions and Physical Environment:**

Works in patient care environment where there is potential exposure to:  
blood, body fluids, chemical hazards.

High volume patient traffic.

Incandescent as well as florescent lighting

Close quartered/sometimes shared work space.

### **Job - Specific Duties and Responsibilities:**

### **Rating Scale:**

1. Assists patients in exploring feelings and concerns about sexuality and other life style choices. Assists clients in making an informed decision about these issues by providing information, both oral and written, and helping clarify values and priorities.	<b>E M I</b>
2. Provides counseling about pregnancy options following program guidelines.	<b>E M I</b>
3. Performs all aspects of family planning counseling according to the Title X and MDPH Family Planning Program standards.	<b>E M I</b>
4. Provides baseline HIV/AIDS information to all family planning patients, does risk assessment, and provides risk reduction counseling to those at risk for HIV.	<b>E M I</b>
5. Provides pre- and post test HIV antibody counseling in accordance with the HIV Program and the MDPH standards of care.	<b>E M I</b>
6. Coordinates the use of health education materials used at the site.	<b>E M I</b>
7. Assures the consistency of FPER use and the monitoring of FPER errors within the site. Submits other requested data, including the sterilization reports and the behavior change bubble forms, in a consistent and timely manner.	<b>E M I</b>
8. Participates in the Family Planning Program's Continuous Quality Improvement Plan.	<b>E M I</b>
9. Attends all the regular health counselor staff meetings, in-service trainings, and outside training programs as appropriate. Shares with other staff members important information learned from other trainings.	<b>E M I</b>

- 10.Participates in outreach activities for the Family Planning Program as appropriate.

E M I
- 11.Identifies the unique needs and implements appropriate interventions for the age-specific categories circled below:

1. Neonate

2. Pediatric

3. Adolescent

4. Adult (18–59)

5. Geriatric (60+)

E M I
- 12.Integrates growth and development needs into the delivery of patient care for the populations served.

E M I
- 13.Uses communication methods appropriate for the patient developmental stage.

E M I
- 14.Accurately assesses the patient’s ability to follow directions for completion of treatment.

E M I
- 15.Identifies and manages any special issues, concerns and risks for age specific populations.

E M I

How have you assessed these age-specific competencies?

- 16.Performs other related duties as assigned or directed.

E M I

Organizational Duties and Responsibilities:

Rating Scale:

- 17.Is responsible for creating a respectful environment for our patient and ourselves. Demonstrates respect for differences in language, culture, race, religion, citizenship, gender, and sexual orientation and does not discriminate on the basis of income, insurance status, immigration status, or disability.

E M I
- 18.Complies with the Alliance policy on confidentiality of information regarding patients, families and co-workers.

E M I
- 19.Adheres to dress code; appearance is neat and clean.

E M I
- 20.Completes annual educational requirements and in-service training as required.

E M I

21. Wears identification while on duty.

E M I
22. Reports to work as scheduled and ready to receive assignments; minimal unscheduled absences.

E M I
23. Attends meetings and participates in committees as required.

E M I

***This job description is intended to describe the general nature and level of work performed by persons assigned to this classification. It is not intended to be an exhaustive list of all responsibilities, duties and skills required of employees who hold this position.***

***I understand that I am responsible for learning the rules and regulations that affect my position as communicated to me or as required by my position’s professional standards. I am also responsible for complying with these rules and regulations at all times, and to report all known violations to my supervisor or to the Compliance Manager.***

Employee Signature

Date

Supervisor Signature

Human Resources Concurrence:

HR Reviewer

Date

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# Cambridge Health Alliance Counselor Candidate Interview Guide

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**Interviewee:**

**Interviewer(s):**

**Position:**

**Available start date:**

**Teaching and Counseling:**

In regards to past teaching experiences, what did you find to be a successful teaching method/tool?  
What did you find not to be successful?

What specific sexuality material have you presented? How was this information presented?

Tell me more about your clinical experience?

What are the areas where you would say you need to grow as a counselor?

What areas do you envision to be the challenges of working with a diverse population of people and backgrounds?

Tell me about a new collaboration or relationship you have been responsible for promoting?

What did you that was successful?

Not successful?

**Other:**

How would you plan to juggle the challenges of this position?

Based on your work experience, what supervision style has best supported your work in the past?

What are aspects of a job, organization or manager that frustrate you?

A co-worker disagrees with you about how to handle a patient or a classroom workshop, how would you handle that?

Tell me about a time you faced a challenging patient or client. How did you handle that situation?

What questions do you have for us?

## Scenarios

Please answer these questions as to how you would handle each scenario, keeping in mind that a clinical setting includes a counseling session in a clinic and an educational setting includes teaching a workshop in a high school classroom.

**Clinical Setting:**

1. You give a 19 y.o. man an HIV negative test result. He gets agitated and questions the results clearing stating he does not believe you. He states that he has to be positive based on his history. He questions the validity of the test and of the clinic.
2. A 17 y.o. woman presents for a pregnancy test as she is trying to get pregnant. She discloses that her boyfriend threw her down the stairs and that he hits her or hurts her daily.
3. A 13 y.o. woman presents for a pregnancy test which comes up positive. She states that she will keep the baby because abortion is murder.
4. A 22 y.o. woman presents for Plan B. She has taken Plan B three times in the last three months.



**Educational Setting:**

1. You are discussing the health center services to a ninth grade class. A young man raises his hand and asks why you are talking about sex to a ninth grade class, you should be teaching abstinence.

**Follow up:**

1. Which of these scenarios was hardest for you to answer? Why?
2. Which of these scenarios was easiest? Why?
3. What area of reproductive health do you see as the hardest for yourself to address or discuss? Why?
4. What challenges do you foresee in working with clients and youth?
5. What questions do you have about these scenarios?

# Cambridge Health Alliance Orientation Checklist

☐ General Schedule:

- ☐ M-F – 8:30-5:00 (40 hours for training thru June 30, 2011)
- ☐ Hours starting in July, discuss with Supervisor
- ☐ Pageable during work hours every week day
- ☐ Flexible accommodation of meetings and events

☐ Dress Code (School and CHA)

☐ Position expectations and goals

☐ Overview of family planning department programs

☐ Overview of supervision structure:

- ☐ FP department staff –
  - ☐ Department Director
    - ☐ Your supervisor, Coordinator of Orientation & Training
    - ☐ Coordinator of Evaluation & Assessment

☐ Overview of Health Educator – Family Medicine Center responsibilities

- ☐ Classroom and community lessons
- ☐ Teen Health Advisory
- ☐ Pre and Post tests, evaluations
- ☐ Reporting requirements
  - ☐ ED and Outreach Report – due on the last business day of each month
- ☐ Collaboration with FP staff and programs, community agencies, etc.
  - ☐ Includes covering health ed programs for other department staff when sick/out.

☐ Overview of Health Counselor – Family Medicine Center responsibilities

- ☐ Site staff
- ☐ Site schedule
- ☐ Site appointments and subbing for other staff
- ☐ Reporting requirement
  - ☐ Training Report – includes all training, due on the 1st of each month
  - ☐ HIV training report – due on the 1<sup>st</sup> of each month

☐ History of Site

☐ Daily schedule

☐ Introductions/people to get to know:

**Malden Family Medicine Center:**

- ☐ All providers
- ☐ Staff RNs
- ☐ Medical Assistants
- ☐ Front Desk staff
- ☐ Mental Health team.
- ☐ Resident Team

**Family Planning/HIV Department:**

- ☐ Director of Family Planning
- ☐ Supervisor
- ☐ Supervisor
- ☐ Co-workers
- ☐ Coordinator of HIV ICTR
- ☐ Director of HIV program
- ☐ HIV program staff
- ☐ Community Affairs, 5<sup>th</sup> Floor

**High School:**

- ☐ Principal
- ☐ Health Dept Head/Athletic Director
- ☐ Health Teachers
- ☐ Head of Guidance
- ☐ Adjustment Counselor
- ☐ Guidance Staff
- ☐ School Nurses
- ☐ Teen Parent Program staff
- ☐ Adjustment Counselor for Pathways Program
- ☐ Front office staff

☐ Tour of School

☐ Teen Health Advisory

- ☐ funding requirements

☐ Parking at site and elsewhere

☐ Politics to be aware of

☐ Professionalism and networking

☐ COPE Program

☐ Flex time, time off requests, and timesheet

☐ Illness and extenuating circumstances

☐ Pay periods

☐ Pager

☐ Remote Access if needed

- ☐ Confidentiality/Mature Minor laws
- ☐ Outlook Calendar/Email requirements
- ☐ CHA ID
- ☐ School ID
- ☐ Business cards
- ☐ Introductions/people to get to know, (some eventually!):
  - ☐ FP staff
  - ☐ MFMC staff
  - ☐ FP Data management
  - ☐ Other CHA staff: HIV, CAF, VHA
  - ☐ Malden Guidance Staff
  - ☐ YWCA
  - ☐ Health Teachers
  - ☐ School Nurses
  - ☐ Teen Health Center staff (ETHC and TC):
    - ☐ Medical Director
  - ☐ Social worker
  - ☐ STAR Center
  - ☐ Teen Parent Task Force
- ☐ Tour of sites
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Meetings:**

- ☐ Monthly Family Planning Meetings at SON 603
- ☐ Teen Parent Task Force Meeting once a month at MHS
- ☐ Wellness for Malden Youth Task Force, occasionally
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Start Date: March 7, 2011**

Training Close Date: \_\_\_\_\_

\_\_\_\_\_  
Signed: Supervisor

\_\_\_\_\_  
Signed: Community Health Educator

# Cambridge Health Alliance FP Program

## Required Staff Trainings and Certifications

Staff Member Name: \_\_\_\_\_

Training Title	Completed
<input type="checkbox"/> New Employee and Safety Orientation	
<input type="checkbox"/> On-line Learning Center Orientation (OLC)	
<input type="checkbox"/> HIPAA	
<input type="checkbox"/> SMART test	
<input type="checkbox"/> RISK test	
<input type="checkbox"/> Information Security and Privacy Regulations	
<input type="checkbox"/> Telecom	
<input type="checkbox"/> CPR	
<input type="checkbox"/> ABCD Basic Family Planning	
<input type="checkbox"/> Pregnancy Testing (Health Counselor)	
<input type="checkbox"/> EPIC (Health Counselor)	
<input type="checkbox"/> Health Counselor Training	
<input type="checkbox"/> HIV Counseling and Testing	
<input type="checkbox"/> Health Educator Training	
<input type="checkbox"/> IRB (if applicable)	
<input type="checkbox"/> Other Trainings ○ _____ ○ _____ ○ _____ ○ _____ ○ _____ ○ _____	

# Cambridge Health Alliance Sample Health Counselor Training Timeline

Counselor: \_\_\_\_\_ Start Date: \_\_\_\_\_

- ☐ Readings
  - ☐ ABCD Family Planning binder
  - ☐ Our Bodies Ourselves
  - ☐ Contraceptive Technology
  - ☐ The Guide to Getting it On
- ☐ Review Contraceptive and STI Fact Sheets
- ☐ Review FP Templates
- ☐ FPER Competencies
  - ☐ FPER data collection
  - ☐ FPER data entry
  - ☐ FPER submission
  - ☐ Other Billing – HSN, ZZFamily Planning
- ☐ Meet clinical contacts (i.e. front end staff, nurse manager, providers, M.A.s, etc.)
- ☐ Observe the COPE Program at Somerville High School
- ☐ Complete ABCD Family Planning Basic Training
- ☐ Complete ABCD Family Planning Administrative Training
- ☐ Complete CHA Pregnancy Test Training
  - ☐ Practice running HCG Point of Care Tests
  - ☐ Practice giving instructions for dirty v. clean urines collections
- ☐ Complete EPIC Training
  - ☐ Practice charting on 5 visits
- ☐ Complete HIV Counseling and Testing Training
  - ☐ Meeting with Marques and Jamila of HIV department
  - ☐ HIV Counseling and Testing Sign Off Form
  - ☐ Observed for 3 pre and 3 post test visits
  - ☐ Conduct 3 rapid tests
- ☐ Observe other health counselors twice:

Health Counselor and Site	Date(s)	Types of Visits Observed
1)		
2)		
3)		
4)		

☐ Role-Play Counseling Sessions, two of each visit:

Visit Type	Date(s)	Comments
Contraceptive Counseling		
Testing/Screening		
Options Counseling		
Intimate Partner Violence		
Results		

☐ "Chime In" Approach with FP Clients

- ☐ Birth Control Methods
- ☐ Emergency Contraception
- ☐ STI and/or HIV testing
- ☐ Pregnancy Testing
- ☐ Results visit

☐ Be observed counseling independently

- ☐ Birth Control Methods
- ☐ Emergency Contraception
- ☐ STI and/or HIV testing
- ☐ Pregnancy Testing
- ☐ Results visit

☐ Specific Areas Identified for Growth: Check off as completed

- ☐
- ☐
- ☐

☐ Official observation check-off by supervisor

Date/time/visit type/observer: \_\_\_\_\_  
(See attached Counseling Observation Form)

Supervisor Sign Off: Once you have finished these items...

☐ Sit down with your supervisor and review for sign-off

\_\_\_\_\_  
Health Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

# Cambridge Health Alliance Sample Health Educator Training Timeline

Educator: \_\_\_\_\_ Start Date: \_\_\_\_\_

- ☐ Required Readings
  - ☐ Human Sexuality
  - ☐ The Guide to Getting it On
  - ☐ Sexuality Education: Theory and Practice
- ☐ Attend PPLM Sexuality Education Series training, if funding permits
- ☐ Review current lesson planning and ed. materials
- ☐ Meet relevant community/school contacts (i.e. health teachers, principal, etc.)
- ☐ Education and Outreach Report (completion and submission requirements)
- ☐ Observe other health educators teach two A+P, BCMs and STIs workshops:

Topic	Facilitator	Date	Notes or Comments
Anatomy and Physiology	1) 2)		
Protection Methods	1) 2)		
Sexually Transmitted Infections	1) 2)		
Other:	1) 2)		

- ☐ Observe Youth Development Programming:
  - ☐ Empowering Youth in Our Community
  - ☐ Making Proud Choices
  - ☐ Helping Hands at Work
  - ☐ Malden Teen Health Advisory
  - ☐ Somerville Teen Health Advisory
  - ☐ Adolescent Assessment Unit
  - ☐ Full Circle and Next Wave
  - ☐ COPE

☐ Conduct 3 Mock Classes:

Class	Date	Comments
Anatomy and Physiology		
Protection Methods		
STIs/HIV		
Other, as needed:		

☐ Co-Teach two workshops

☐ Topic and date: \_\_\_\_\_

☐ Topic and date: \_\_\_\_\_

☐ Specific Areas Identified for Growth: Check off as completed

☐

☐

☐

☐ Be observed teaching at least one workshop independently by your supervisor

Date/time/visit type/observer: \_\_\_\_\_

(See attached Counseling Observation Form)

Supervisor Sign Off: Once you have finished these items...

☐ Sit down with your supervisor and review for sign-off

\_\_\_\_\_  
Health Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor



Note: This tool is used by the counselor's supervisor to review their performance on a periodic basis.

# Cambridge Health Alliance Health Counselor Observation

Counselor: \_\_\_\_\_ Visit Type: \_\_\_\_\_

Observer: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

	Excellent	Above Average	Needs Some Improvement	Needs Improvement
<b>Overall Skills</b>				
Demonstrates professionalism	3	2	1	0
Establishes rapport with client	3	2	1	0
Use open ended questions	3	2	1	0
Affirm/supports client	3	2	1	0
Address client's spoken need(s)	3	2	1	0
Gives information accurately and simply	3	2	1	0
Paraphrases and reflects feelings	3	2	1	0
Uses appropriate non-verbal body language	3	2	1	0
Demonstrates comfort in openly discussing sexuality issues	3	2	1	0
Provides appropriate referrals	3	2	1	0
Provides written educational materials and instructions	3	2	1	0
Obtains general and method consents as needed	3	2	1	0

Score: \_\_\_\_/36

<b>General Visit</b>				
Discusses confidentiality	3	2	1	0
Outlines the visit for the client	3	2	1	0
Reviews allergies, medications, and substance use	3	2	1	0
Discusses/checks in on social history (support, home, work)	3	2	1	0
Discusses/checks in on medical history and contraindications	3	2	1	0
Discusses pregnancy history (LMP, Menarche, GPST, paternity)	3	2	1	0
Discusses sexual history (behaviors, partner history)	3	2	1	0
Screens for coercion, IPV, and DV	3	2	1	0
Discusses partner involvement in family planning	3	2	1	0
Reviews current contraceptive use and history	3	2	1	0
Assesses if emergency contraception is needed	3	2	1	0
Assesses if pregnancy test is needed	3	2	1	0
Helps client assess level of risk	3	2	1	0

Score: \_\_\_\_/39

Pregnancy Test (if addressed)				
Discussed client's feelings before test	3	2	1	0
Presented and discussed three options	3	2	1	0
Discussed post visit care/pre-natal care	3	2	1	0
Follow-up plan made	3	2	1	0

Score: \_\_\_\_/12

STI/HIV Testing/Results (if addressed)				
Provides testing options	3	2	1	0
Discussed feelings about test and results	3	2	1	0
Discusses readiness to get results	3	2	1	0
Explains meaning of results	3	2	1	0
Established a risk reduction plan with client	3	2	1	0

Please attach chart review.

Score: \_\_\_\_/15

Total Score: \_\_\_\_/75

What is one thing that the counselor did well? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is one thing that the counselor can improve upon? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Supervisor Use Only: : \_\_\_\_\_

\_\_\_\_\_

Passed:      Yes      No

Supervisor Signature: \_\_\_\_\_

# Cambridge Health Alliance

## Training Topic Check List for Counselors

### Read Chapter Assignments

- |   |   |
|---|---|
| <input type="radio"/> ABCD Binder<br><input type="radio"/> Contraceptive Technology | <input type="radio"/> Our Bodies Ourselves<br><input type="radio"/> Human Sexuality |
|---|---|

### Review CHA FPP Counseling Materials

- |  |   |
|--|---|
| <input type="radio"/> Consent Forms<br><input type="radio"/> Templates | <input type="radio"/> Fact Sheets<br><input type="radio"/> Pamphlets and Handouts |
|--|---|

### Counseling Expectations

- |  |   |
|--|---|
| <input type="radio"/> Counseling hours<br><input type="radio"/> Lunch break<br><input type="radio"/> Blocking schedule | <input type="radio"/> Productivity Site staff meetings<br><input type="radio"/> Relationships with site leaders<br><input type="radio"/> In-reach<br><input type="radio"/> Outreach |
|--|---|

### Program Eligibility

- |  |
|--|
| <input type="radio"/> Who is a family planning patient?<br><input type="radio"/> Who is grant funded v. not? |
|--|

### Our Populations

- |   |
|---|
| <input type="radio"/> Interpreter services<br><input type="radio"/> Community Resources<br><input type="radio"/> Insurance Enrollment |
|---|

### Medications

- |  |  |
|--|--|
| <input type="radio"/> Eligibility<br><input type="radio"/> Site stock & Ordering<br><input type="radio"/> Log book<br><input type="radio"/> Med labels | <input type="radio"/> Ordering for patients<br><input type="radio"/> Workflows<br><input type="radio"/> Refill visits<br><input type="radio"/> Switching methods |
|--|--|

<b>EPIC Competencies</b>	
<ul style="list-style-type: none"> <li>○ Ordering tests</li> <li>○ Diagnosis codes</li> <li>○ Smart sets and smart text</li> <li>○ Using FP templates</li> <li>○ CCing Providers</li> <li>○ EPIC messages</li> <li>○ Patient Lists</li> <li>○ History section</li> <li>○ Documenting sexual history</li> <li>○ Documenting tobacco use</li> <li>○ Reviewing medications</li> </ul>	<ul style="list-style-type: none"> <li>○ Reviewing allergies</li> <li>○ Documenting contraindications</li> <li>○ BCM startup communications with Providers</li> <li>○ Pulling in consent forms</li> <li>○ Pulling in Fact Sheets</li> <li>○ Epic Reports</li> <li>○ Chart reviews</li> <li>○ Billing HSN</li> </ul>

<b>FPER Competencies</b>	
<ul style="list-style-type: none"> <li>○ Deadlines and submission</li> <li>○ Access to FPER database</li> <li>○ How to fill them out</li> </ul>	<ul style="list-style-type: none"> <li>○ Which to turn in</li> <li>○ ZZ Family Planning</li> </ul>

<b>STI and Testing Competencies</b>	
<ul style="list-style-type: none"> <li>○ Pregnancy Testing</li> <li>○ NAAT collection (Dirty v. Clean Catch)</li> <li>○ HIV ICTR Competencies</li> </ul>	<ul style="list-style-type: none"> <li>○ HIV Training Report</li> <li>○ HIV Rapid Testing</li> </ul>

<b>Options Counseling &amp; Pregnancy Care</b>	
<ul style="list-style-type: none"> <li>○ Patient Pregnancy Instructions</li> <li>○ Signs of miscarriage</li> <li>○ Signs of ectopic pregnancy</li> <li>○ CHA pre-natal care</li> <li>○ CHA OB care options</li> </ul>	<ul style="list-style-type: none"> <li>○ Setting up pre-natal services</li> <li>○ CHA TAB services</li> <li>○ Outside TAB services</li> <li>○ Janet</li> <li>○ TAB funding and insurance coverage</li> <li>○ Adoption resources</li> </ul>

<b>Teen Reproductive Health Services</b>	
<ul style="list-style-type: none"> <li>○ SBHCs</li> <li>○ Pediatric Sites</li> <li>○ Health Safety Net (HSN)</li> <li>○ Confidential HSN</li> </ul>	<ul style="list-style-type: none"> <li>○ What does confidential mean?</li> <li>○ Mature Minor Statute</li> <li>○ 51as and breaking confidentiality</li> <li>○ RISK Reporting</li> </ul>

Note: This tool is used by a supervisor when observing a Health Educator's session with clients to evaluate performance

# Cambridge Health Alliance Educational Session Training Evaluation Form

Facilitator: \_\_\_\_\_ Lesson: \_\_\_\_\_

Observer: \_\_\_\_\_ Date & Location: \_\_\_\_\_

	Excellent	Above Average	Needs Some Improvement	Needs Improvement
<b>CLIMATE</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Information on program services is offered at start of session				
Establishes trust, rapport, & safety				
Implements and enforces ground rules				
Objective and rationale for the session				
Confidence level				
Energy				
Appropriate gestures, eye contact, etc.				
Pacing and volume of speech				
Use of body language and movement				
Demonstrates active listening skills				
Use of materials/media (prepared and well designed)				
Physical environment is well arranged				

Score: \_\_\_\_/36

<b>CONTENT and DELIVERY</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Addresses different learning styles				
Addresses knowledge, skills and attitudes (KSAs)				
Engages people in the topic/WIIFM				
Encourages participation				
Uses open ended questions				
Facilitates the lesson, rather than lectures				
Provides content appropriate to the group's demographics				
Provides complete and accurate information				
Defines unknown terms, identifies slang and adds medical language				
Is clear and matter of fact. Not repetitive				
Checks for understanding throughout				
Provides clear instructions				

Circulates among the groups and/or participants				
Implements the experiential learning cycle (Experiencing, Sharing, Interpreting, Generalizing, and Applying)				
Closing and wrap-up				

Score: \_\_\_\_/45

PHILOSOPHY, ATTITUDE and ETHICS	3	2	1	0
Seems comfortable as a facilitator				
Seems comfortable with the material				
Manages time efficiently				
Is respectful of diversity, avoids generalizations				
Is open to questions				
Responds to questions in a non-biased way				
Score: ____/18				
Total Score: ____/99				

Score: \_\_\_\_/18

Total Score: \_\_\_\_/99

**Feedback:**

Identify two things that the facilitator did well: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is one thing that the facilitator can improve upon? What is a suggestion of how to do that? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

For Supervisor Use Only:

Passed: Yes No

Supervisor Signature: \_\_\_\_\_

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# Cambridge Health Alliance HIV Counseling and Testing Competency Sign-Off

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**Counselor:**

**Supervisor:**

**Trainings:**

- Fundamentals:
- Behavioral Risk Reeducation:
- HIV Counseling and Testing:
- Positive Prevention:

**Observations Pre-Test Counseling:**

- 1)
- 2)
- 3)

**Observations Post-Test Counseling:**

- 1)
- 2)
- 3)

**Meeting with Sandra Campos to Review Paperwork:**

**Date Completed:**

\_\_\_\_\_  
Counselor signature

\_\_\_\_\_  
Supervisor signature

Note: This tool is used by Cambridge Health Alliance to set goals for each of its program components and track them throughout the year.

# Family Planning Program Productivity

## Projected Goals:

July 2011 – June 2012				
	Target	Actual	Last Month	Projected
1) # of FP visits	5,710 visits			
2) Site Utilization	5.0 patients per session			
3) Hours Adherence	85%			
4) Trainings Attendance	44 trainings			
5) Deadlines	100%			

## Projected Workplan Goals:

July 2011 – June 2012				
	Target	Actual	Last month	Projected
1) New Clients – increase by 5% FY2011: 1,836	1,928 clients			
2) Male Clients	250 clients			
3) 19-24 yo non-English-Increase by 3% FY2011: 295	304 clients			
4) Chlamydia testing for clients ≤ 19 years old – Increase by 5% FY 2011: 504	530 clients			
5) 12-24 y.o. clients – Increase by 5% FY 2011: 2,096	2,201 clients			
6) *Overall Unduplicated Clients CY2011: 6,341	7,575 clients			

\* CY goal and includes FP “1” and provider visits



**Education Goals:**

<b>July 2011 – June 2012</b>				
	<b>Target</b>	<b>Actual</b>	<b>Last Month</b>	<b>Projected</b>
1) Communication work-shops	20 workshops			
2) Male audience	10 workshops			
3) Diversity workshops	12 workshops			
4) GSA meeting	10 meetings			
5) 19-24 yo workshops	5 workshops			
6) STI workshops in school setting	40 workshops			
7) STI workshops in the community	15 workshops			
8) Parent workshops	2 workshops			
9) Parent events	5 events			
10) 101s in the high school	75 - 101 workshops			
11) 101s in the middle schools	10 - 101 workshops			
12) Total Workshops	276 workshops			

**EYC and HHW:**

	<b>Target</b>	<b>Total</b>	<b>Last Month</b>
1) HHW Total Hours	N/A		
2) HHW Projects	6 projects		
3) EYC Service Learning Hours Per Youth	20 hours		
4) EYC Total Service Learning Hours	1,600 hours		
5) EYC Projects	6 projects		

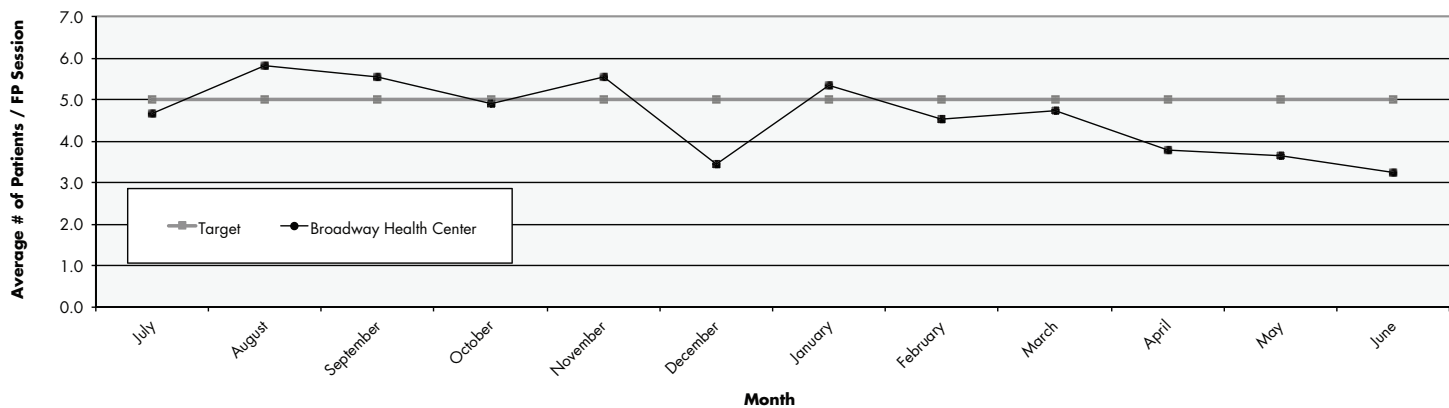
Note: This is a sample of the Productivity Reporting done by Cambridge Health Alliance for each site.

# Broadway Adult Medicine & Pediatrics

## Family Planning Services Utilization

Our grant requires family planning counselors to see **5** patients/4-hour session.  
(1 session = 4 hours)

**Family Planning Utilization - Broadway Health Center, FY 2012**



### Utilization of Family Planning Services: THROUGH JUNE 2012

## Make a referral today!

### How do family planning services benefit staff and patients?

- Increase provider productivity
- Improve patient care
- Facilitate referrals to medical care
- Enhance quality measures
- Reduce risk behaviors

### What can family planning do for your patients?

- Birth control/protection methods
- Pregnancy testing and options counseling
- Sexually transmitted infections- education and testing
- HIV counseling and testing
- Risk Reduction Counseling
- Healthy relationships education
- Puberty & menstruation education
- Fertility awareness
- Emergency contraception
- Referrals for other health care needs

### Questions?

Contact Kelly Warner, Director of Family Planning  
(617) 591 6756

# Insurance Quick Reference Guide Sample from Health Quarters

Health Quarters Accepts:	Bill to	Patient Type	Insurance Type
Boston Medical Center (Bmc) Healthnet	BMC	12	12
Dph	DPH	1,2 or 3	1
Harvard Pilgrim (M Baker Only)		*	
Harvard Pilgrim	Harvard	11	11
Harvard Pilgrim Student	Harvard S	111	111
Masshealth*		6	
Standard	MH	6	3
Basic	MH	6	3
Essential	MH	6	3
Common Health	MH	6	3
Family Assistance	MH	6	3
Bmc Healthnet	BMC	12	12
Neighborhood Health	NHP	13	13
Network Health	Network	8	4
Neighborhood Health Plan	NHP	13	13
Network Health			
Network Health Together (Masshealth)	Network	8	4
Network Health Forward (Commonwealth C)	Network	8	18
Std Clinic (Haverhill Only)	STD	10	10
Tufts Health Plan	Tufts	7	2
Women's Health Network	WHN	9	7
* IMPORTANT: If MassRevs shows that the patient is eligible, but lists another insurance as THIRD PARTY LIABILITY, you must bill the THIRD PARTY LIABILITY insurance IF we accept it. If we cannot accept the insurance listed as THIRD PARTY LIABILITY, place the patient on the sliding fee scale--DO NOT bill MassHealth.			
<b>At this time, HEALTH QUARTERS CANNOT ACCEPT*:</b>			
MassHealth			
FULL/PARTIAL UPC "HAS SUBMITTED MBR"			
BUY IN			
LIMITED			
PREMIUM ASSISTANCE			
EMERGENCY			
PRENATAL			
MEDICARE (A,B,C,D)			
Blue Cross/Blue Shield			
All other private insurances			

\*After assessing income, place these patients on the sliding fee scale

Will they pay for...?	Pills	Meds	Patch/Ring	Depo/IUD/Implant
Blue Cross Blue Shield	no	no	yes	yes
BMC Healthnet	yes	no	yes	yes
DPH Level 1	yes	yes	yes	yes
DPH Level 2	no	no	no	yes
Harvard Pilgrim	no	no	no	yes
Masshealth/Medicaid	yes	yes	yes	yes
Neighborhood Health	yes	yes	yes	yes
Network Health Together (Network and Masshealth)	yes	yes	yes	yes
Network Health Forward (Just Network)	yes	yes	yes	yes
Title X	no	no	no	no
Tufts	no	no	no	yes

If the patient has a health insurance that will not pay Health Quarters for pills/meds, the patient may choose to (1) purchase supplies from HQ and pay out of pocket, -OR- (2) receive an RX

When a patient pays outright for supplies, they may receive an unlimited supply, based on the expiration date. (Be wary of personal checks).

When Health Quarters bills a patients' health insurance for supplies, the patient is limited to 3 MONTHS OF BC at one time (due to the unpredictability of public health insurance eligibility over time).

Remember that while Health Quarters provides the convenience of receiving more than one month of supplies at one time, most health insurance companies will only fill RXs 1 cycle at a time.

Note: This is a SAMPLE of how Health Quarters organized its Coding Quick Reference Guide. All codes should be checked for your local area and latest code updates as these are EXAMPLES valid only as of the date they were developed.

# Health Quarters Coding Quick Reference Guide

## GENITAL LESION TREATMENTS MEN

Insurance	How bill	CPT code	Diagnosis code	Why/comments
MassHealth	visit	99203/99213	V01.6	HQ limited contract
DPH	procedure	54050 (TCA) 54056 (HF)	078.11 (GW) 078.0 (molluscum)	Global fee: q 11 days
Other insurance Including CWC (Commonwealth Care)	procedure	54050 (TCA) 54056 (HF) 54065 extensive, any method	As above	App'ts 11 days apart. Global fee*
Tufts	Submit as for other insurances. Sometimes it works. Sometimes we need a referral from their PCP. Kristen let you know if it isn't working so you can use DPH for next treatment.			

\*they pay us one fee for any treatments done within 10 days. Then they pay once more for any in the next 10 days, etc.

## GENITAL LESION TREATMENTS WOMEN

Insurance	How bill	CPT code	Diagnosis code	Why/comment
MassHealth Insurance/CWC	procedure	56501 56515 extensive, any method	078.11 (GW) 078.0 (molluscum)	App'ts 11 days apart*
DPH	procedure	56501	As above	

## VISIT CODES

Insurance	99202	99212	99203	99213	99204	99214	99205	99215	preventive
MassHealth	yes	no	yes	yes	no	no	n/a	n/a	yes
DPH	yes	yes	yes	yes	yes	yes	n/a	n/a	yes
Insurance/CWC	yes	yes	yes	yes	yes	yes	n/a	n/a	yes

## IUD

Insurance	How bill	CPT codes	Diagnosis	Why
MassHealth	Visit	99213	V25.11/V25.12 or V25.13	MH computer limitations
DPH	Visit	"	"	Follow MH
Insurance/CWC*	Procedure	As listed on encounter	"	

\*under **SUPPLIES** use IUDT & MIRT for all private insurance, plus NHP. Use IUD & MIRENA for **everything** else

## GARDASIL FOR MEN

	Yes	No	Why	Next
MassHealth		√	We have limited contract	Refer to PCP
DPH		√		Merck if no insurance
Tufts		√	Need referral	Can apply to Merck
BCBS , BMC, NWH, NHP > age 21		√	Need pre-approval	Can apply to Merck
Above: thru age 21	√			
HP, Cigna, Aetna: Up to 26	√			
<19 male & female	√		VFC if MH or no other insurance	Need parental consent <18
Culture without typing	√		yes	n/a
HerpeSelect	√		yes	yes

---

# Health Imperatives Sample Job Description

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**Title:** Billing System Coordinator  
Full Time

- Responsibilities:** Under the supervision of the Director of the Operations, Reproductive Health Services Division, the Billing System Coordinator will be responsible for the following:
- Enter all third party EOB's into the practice management system and submit all claims through Zirmed or directly to the payer.
  - Clean any needed claims in the practice management system and in Zirmed and resubmit any possible denials in a timely manner.
  - Enter all remittances into the practice management system through Zirmed or directly from the payer.
  - Assist family planning staff with billing and the practice management system.
  - Investigate all billing and reporting inconsistencies and report them to your supervisor.
  - Update all insurances, fee scales, and coding in the practice management system.
  - Troubleshoot patient balance and billing inquiries.
  - Enter new chart forms and needed information in the practice management system.
  - Generate needed reports on a monthly basis from the practice management system for grant and financial reporting.
  - Attend relevant meetings as needed.
  - All other duties as assigned by supervisor.

**Qualifications:** Minimum five years experience working in Reproductive Health Services Division; must be able to respond to billing issues quickly; organizational skills; practice management skills, and program experience required.

# ABCD/Boston Family Planning

## CY11 Quality Assurance Plan

### A. Philosophy

ABCD/Boston Family Planning is committed to delivering reproductive health and family planning services that are affordable, accessible, and of the highest quality. In order to achieve these objectives, and to promote more effective and efficient utilization of facilities and services, ABCD has adopted the following Quality Assurance plan for calendar year 2011.

### B. Program Goals

1. To continuously monitor, evaluate and improve the quality of care delivered in a manner that meets established criteria for professional practice.
2. To assure that both clinical and administrative problems affecting the access to and
3. delivery of client care are addressed in a comprehensive and coordinated manner.
4. To assure that ABCD delegate and subcontracted agencies meet all standards for the delivery of family planning and reproductive health services under the current Title X Program Guidelines, MDPH Family Planning Program Standards, and nationally recognized standards of care.

### C. Quality Assurance Goals and Objectives, with activities for CY11

1. **Comprehensive clinical, administrative and billing reviews** at each delegate and subcontracted agency every three years. Generate reports from database on all reviewed criteria, develop and distribute individual site reports detailing areas of both compliance and deficiencies, identify corrective action plan and plan for re-review.
2. **Targeted** medical record review and **follow-up** reviews of deficiencies using criteria from both:
  - 1) last review of that site and
  - 2) targeted criteria from overall deficiencies in site reviews from 2010

Targeted reviews performed at every site at least every two years, more often if compliance issues. Generate reports from database on all reviewed criteria, develop and distribute individual site reports detailing areas of both compliance and deficiencies, identify corrective action plan and plan for re-review.

2011 targeted reviews include the following criteria; 1st three criteria new in CY11:

- documentation by prescribing clinicians of appropriate, evidence-based medical screening of clients consistent with ABCD protocols prior to initiation of combined hormonal contraceptive methods
- documentation that prescriptive contraceptives are prescribed by a clinician with prescriptive authority, dispensed by licensed clinical providers, and that prescriptive orders are current/up-to-date
- pregnancy test visits document required medical history and counseling per ABCD protocols
- documentation of pelvic exams, pap and STD screening for females 25 years old according to current standards of practice in most recently updated protocols
- utilization of ABCD consent forms for family planning services and prescriptive contraceptive methods.
- documentation of intimate partner violence/sexual abuse/assault history and counseling as appropriate
- documentation of counseling around confidentiality, family involvement, and sexual coercion for individuals under age 18
- documentation of visits for male family planning clients to determine if they are receiving care consistent with ABCD protocols
- accuracy of data collection on FPERs (family planning encounter records)

3. **Service Delivery Protocols:** In collaboration with the Medical Director, Pharmacy Consultant, and Clinical Advisory Council, revise and update ABCD/BFP Policies, Procedures, Protocols and Recommended Guidelines Manual as indicated by: newly FDA approved contraceptive methods and changes to prescriber's agreements for existing approved methods; practice guidelines and recommendations developed by national professional organizations; and funder initiatives, standards, legislative mandates, OPA Program Instruction Series.
4. **Culturally and Linguistically Appropriate Client Education Materials.**
  - Distribute and update /revise as appropriate consents, fact sheets and instructions for use in 7 languages: English; Spanish; Portuguese for Brazilian speakers; Portuguese for Cape Verdean speakers; Chinese; Haitian Creole; Vietnamese.
  - Distribute client education materials for HIV/STD risk reduction and testing information; contraceptive methods; abstinence/sexual coercion for adolescents.
5. **Clinical Advisory Council:** Convene at least three meetings of the clinical advisory council to: provide clinical and administrative updates; discuss research related to family planning and incorporate into service delivery; develop, review and rewrite clinical protocols; develop and monitor quality assurance initiatives; give final recommendation and approval to BFP policies, procedures, protocols, contraceptive formulary, lab services.
6. **Certification, Training, Assessment and Professional Development** for counselors, clinicians, and other delivery site family planning staff.
  - Assure that all Family Planning Counselors at service delivery sites have met the requirements for certification, including: attending Basic Family Planning course and passing exam; on-site observation of counseling session; and attending administrative and ABCs clinical and counseling protocol trainings.
  - Assure that FPC meet requirements for ongoing certification through at least twice yearly observation of counseling sessions and attendance at three mandatory and other trainings/year.
  - Communicate with supervisors on FPC observation sessions and training needs.
  - Assure that all family planning staff attend Administrative Basic, centrally or in on-site trainings, for instruction in all aspects of BFP data collection, DPH billing eligibility guidelines, contraceptive ordering and accountability.
  - Assure that all family planning staff attend the ABOs of ABCD training, centrally or on-site, for instruction in program clinical and counseling protocols.
7. **Chlamydia Screening.** Maintain over 95% annual chlamydia screening for women 15-25 years old, in compliance with Healthy People 2010, CDC, Title X, and DPH recommended screening guidelines.
8. **Utilization review:** Monitor accurate collection and timely submission of data; success in meeting projected program utilization goals; identify staff vacancies and other issues affecting utilization; provide technical assistance and training as necessary.



# ABCD Training Calendar 2012

## Introduction to Family Planning

A two-day training for health educators, out-reach workers, and other community agency staff interested in a very basic introduction to family planning and reproductive health.

This training is designed for staff who are NOT working as family planning counselors.

**Topics Include:** Male/Female Anatomy and Physiology, Reproductive/Sexual Health Basics, Birth Control Methods, Emergency Contraceptives, Pregnancy Options, Resources and Referrals. Participants attending the full two days will receive a certificate of completion.

**Fee:** \$80 (includes handouts, light refreshments). Free for staff of Boston, Cambridge, and Somerville Family Planning sites and ABCD Staff only.\*

**Trainers:** Chantal St. Louis, Training Coordinator, ABCD/Boston Family Planning and Debbi Lieberman, Training Consultant, ABCD/Boston Family Planning.

### Training Dates

Winter: March 1 & 2, 2012  
Spring: June 21 & 22, 2012  
Fall: Nov. 15 & 16, 2012

**Classes run 9:00 am – 4:00 pm**

## Basic Family Planning

A six-day course for individuals working in family planning/reproductive health programs. This training provides a comprehensive introduction to family planning counseling, designed especially for those who have limited knowledge of family planning.

**Topics Include:** Reproductive Anatomy and Physiology, Contraceptive Methods and Emergency Contraception, Pregnancy Options Information and Counseling Skills, STD/HIV Information and Prevention, Common Health Concerns, Sexual Health Issues, Adolescent Counseling and Family Involvement, Counseling Skills, Role-plays, Activities. A certificate will be awarded upon successful completion of the course, which includes workshop attendance at all six sessions, completion of homework, and passing a take-home exam. Certification of family planning counselors at Boston Family Planning sites includes observation of family planning counseling sessions.

**Fee:** \$240 (includes text, handouts, light refreshments) Free for staff of Boston, Cambridge, and Somerville Family Planning sites and ABCD staff only.\*

**Trainers:** Chantal St. Louis, Training Coordinator, ABCD/Boston Family Planning and Debbi Lieberman, ABCD Consultant. Guest speakers will also participate.

### Training Dates

Winter: Jan. 10, 12, 17, 19, 24, & 26, 2012  
Spring: May 15, 17, 22, 24, 29, & 31, 2012  
Fall: Sept 11, 13, 18, 20, 25, & 27, 2012

Administrative and Counseling Protocols training required **only** for Boston, Cambridge, and Somerville programs staff

Winter: Feb. 2  
Spring: June 5  
Fall: Oct. 2, 2012

**Classes run 9:00 am – 4:00 pm**

## Advanced Family Planning

A two-day course providing an intensive comprehensive training on family planning, designed specifically for RN and Advanced Practiced Nurses, and Physician Assistants,

**Topics Include:** Reproductive Anatomy/Endocrinology, Managing Combined Hormonal and, Progestin-Only Methods, Emergency Contraception, IUDs, Voluntary Sterilization, New Birth Control Methods, Pregnancy Options, STD/HIV Counseling in Family Planning Sessions, Safer Sex Counseling, Clinical Assessment, Counseling Skills, Counseling Adolescents, Legal Issues in Reproductive Health.

**Contact Hour Information:** This educational activity has been approved for 14.2 contact hours by the Commission on Continuing Education of the New Hampshire Nurses' Association which is accredited as an approver of Continuing Education in Nursing by the American Nurses Credentialing Center's Commission on Accreditation.

**Fee:** \$240 (includes text, handouts, refreshments, and 14.2 contact hours) Training is free for staff of Boston, Cambridge, and Somerville FP sites and ABCD staff only. \* Staff requesting contact hours certificate will be charged \$100 to defray approval expenses.

**Trainers:** Mary Aruda, PhD, RN, CS-PNP, Training Consultant, and Deborah Dill, WHNP Program Manager, ABCD/Boston Family Planning. Guest speakers will provide expertise in their areas.

### Training Dates

Winter: Feb. 9 & 10, 2012  
Spring: June 7 & 8, 2012  
Fall: Oct. 18 & 19, 2012

**Classes run 8:00 am – 5:00 pm**

# Agreement

THIS CALENDAR YEAR AGREEMENT is entered into as of this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by and between ACTION FOR BOSTON COMMUNITY DEVELOPMENT, INC., a non-profit corporation organized and existing under the laws of Massachusetts with principal offices at \_\_\_\_\_, Boston, Massachusetts (hereinafter referred to as ABCD), and \_\_\_\_\_ (hereinafter referred to as the Delegate Provider or d.p.), a non-profit corporation organized and existing under the laws of the Commonwealth of Massachusetts with principal offices at \_\_\_\_\_.

WHEREAS, ABCD provides comprehensive family planning services and has been awarded a grant for Calendar year 20\_\_\_ by the U.S. Department of Health and Human Services, Office of Public Health Service, pursuant to the provisions of the Public Health Service Act (42 §201, et seq.) and the regulations promulgated thereunder (42 C.F.R. Part 59) (hereinafter referred to collectively as "Title X") to assist in the establishment and operation of a comprehensive family planning services delivery system (CFDA # 93.217; Grant No. \_\_\_\_\_); and

WHEREAS, ABCD wishes to provide comprehensive family planning services on an area-wide basis in neighborhood oriented health settings that are providing primary care; and

WHEREAS, the d.p. has been and is operating a family planning program which provides family planning services in neighborhood oriented primary care settings; and

WHEREAS, ABCD and the d.p. agree that the d.p. shall be designated an ABCD family planning services delegate provider and offer certain family planning services (listed below) in accordance with the requirements of Title X, regulations and guidelines promulgated thereunder, and other applicable law; and

WHEREAS, ABCD and the d.p. agree that ABCD shall pay the d.p. compensation from its family planning grant award for the performance of such family planning services by the d.p.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, ABCD and the d.p. hereby agree as follows:

1. **Scope of D.P. Services.** The d.p. shall offer to the general public at its community health center or hospital outpatient department family planning sites, as part of ABCD's Family Planning program, physician and mid-level practitioner's family planning consultation, examination, assessment, prescription, continuing supervision and follow-up; family planning laboratory testing, family planning and HIV prevention counseling and client education and appropriate referrals. All family planning services shall be in compliance with 42 U.S.C. 201 and 42 C.F.R. Part 59 (Title X Act and regulations), the then current Program Guidelines for project Grants for Family Planning Services, and attachments thereto, promulgated pursuant to Title X, and Mass. Regulation 105 CMR §300.300, and the ABCD Family Planning Policies, Procedures, Protocols and Recommended Guidelines Manual or the d.p. patient care standards that have been accepted by the ABCD Medical Director ("accepted Medical Protocol"), all of the foregoing referred to collectively hereinafter as "applicable Guidelines." Performance of these services shall be subject to the following terms and conditions:
  - a. **Family Planning Clients** For the purposes of this agreement, family planning clients shall be defined as any client of the d.p. who has received family planning counseling, family planning medical services, adopts or continues the use of a contraceptive, relies on a partner's contraceptive method, or is seeking pregnancy. Any visits of a family planning client subsequent to his or her initial visit to the d.p. that include any reproductive health or family planning component shall constitute family planning visits.
  - b. **Staffing** Medical family planning services will be performed by the d.p. under the direction and responsibility of a physician duly licensed in the Commonwealth of Massachusetts with special training or experience in family planning. The d.p. must assure that all staff members are professionally and medically qualified for the positions to which they are appointed. The ABCD Medical Director for Family Planning may, in his or her discretion, review and approve the qualifications of all professional d.p. staff members or designate the d.p.'s medical director to carry out this review. The d.p. will insure the continuation of a family planning clinical coordinator position, staffed by a licensed nursing provider and supported by d.p. leadership, who will directly communicate with and require program accountability from medical and nursing staff. All family planning counseling staff of the d.p. must be certified through completion of Basic Family Planning training, including attendance at all sessions, and passing of exam at completion of training. Family planning counselor session observation and ongoing supervision and training needs assessment will be provided by the d.p. Continuing education for family planning counselors shall include attendance at four trainings per year, up to three

of which are on mandatory topics determined by ABCD. D.P. cost reimbursement budgets for staff providing family planning services must reflect the actual percentage of time spent in the provision of family planning services and must be updated as changes occur.

- c. **Medical Records** The d.p. shall maintain medical records for every client in accordance with accepted professional standards and applicable statutes and guidelines, including but not limited to, the DPH/ABCD Service Contract, the client's consent for treatment and consent for any prescriptive contraceptive method prescribed, including all relevant medical, treatment and counseling information with respect to a given client as set forth in the applicable statutes and guidelines and must be signed by the responsible staff member. A complete health history, including medical, surgical, immunization, reproductive, sexual, social, and relevant family history, shall be obtained and documented at the initial medical visit interview and updated at subsequent visits. Medical records shall be readily accessible and systematically organized to facilitate retrieving and compiling information. The provisions of applicable privacy statutes and implementing regulations shall govern access to all individual data records at all times. Medical records must be retained at least 4 years following the date of service.
- d. **Physical Examinations and Laboratory Tests** Physical examinations and laboratory tests shall be performed by the d.p. in accordance with the then current ABCD Family Planning Policies, Procedures, Protocols and Recommended Guidelines Manual or the accepted d.p. Medical Protocol. Internal exams shall meet the standards of the American College of Obstetrics and Gynecology. The d.p. shall use the services of laboratories that are certified by the Massachusetts Department of Public Health ("DPH"), when such laboratories are not on the premises of the d.p., and which comply with applicable federal law including but not limited to the Clinical Laboratory Improvement Amendment and regulations promulgated thereunder, 42 CFR Part 493. D.P. must ensure the availability at all times of an appropriately licensed advanced practice nursing or medical professional, to examine clients as needed.
- e. **Client Consultations**
  - i. All family planning clients shall receive counseling by trained family planning staff of the d.p. who shall discuss with the client all of the choices of contraceptive methods and the risks, benefits, effectiveness and use of each method. Fertility awareness and its use in conception and contraception shall be discussed. After consideration of findings of the client's medical history, applicable physical examination and laboratory tests, the client's choice of method shall be honored, subject to any medical contraindications which shall be fully explained to the client. Should the client adopt any family planning method, prior to the distribution of a method, the d.p. shall review the attendant risks, benefits, potential side effects, complications, discontinuation issues, danger signs, and the use of any method chosen and any procedure for its insertion or removal, and what actions the client should take if any symptoms do occur. The d.p. shall then obtain and witness the client's signature on a consent form signifying that they were given, understood and accepted the information and the family planning method provided.
  - ii. All family planning clients shall receive thorough and accurate information on STDs and HIV, and shall be involved in a discussion of personal risk and provided with appropriate risk reduction and prevention education. Additional information, counseling and provision of or referral for testing shall be provided as appropriate or as requested.
  - iii. The d.p. and its staff shall encourage family participation in the decision of minors seeking family planning services.
- f. **Revisits** All clients, regardless of the contraceptive method initially chosen, shall receive the medical services set forth in sub-paragraph c and d above on at least an annual basis unless sound medical judgment indicates to the contrary. The d.p. must have a system of contacting family planning clients to remind them of their annual visits. Revisit schedules shall be individualized based on client need for education, counseling, and clinical care beyond that provided at the initial and annual visits. For clients who adopt prescriptive contraceptive methods, revisits shall be scheduled and services provided in accordance with the then current ABCD Protocol.
- g. **Back-Up and Emergency Services** Family Planning services must be offered by the d.p. with appropriate medical back-up. The d.p. shall have, by prior arrangement, a group of agencies to whom clients can be referred because of problems arising as a result of the contraceptive method, or because the client requested an additional examination and evaluation. The d.p. shall have arrangements for 24 hour emergency care and family planning clients shall be furnished the emergency phone number at initiation of services. Either directly or by referral, the d.p. must arrange or provide for hospitalization of clients with complications arising from contraceptive methods.
- h. **Sterilization Services** The family planning services offered by the d.p. shall include voluntary male and female sterilization counseling and referral and shall ensure that clients who might desire sterilizations are provided the necessary information to arrive at an informed decision. Guidelines for sterilization counseling and informed consent requirements shall be followed in accordance with the then current ABCD Protocol. Sterilization may only be performed on individuals who are at least 21 years old at the time the consent is obtained and who are not mentally incompetent.

- i. **Infertility Services** The d.p. shall provide basic infertility services, including an initial infertility interview, education, physical examination, counseling, and appropriate referrals for further diagnostic and treatment services.
- j. **Abortions and Options Counseling** The d.p. agrees that it will offer all pregnant women the opportunity to be provided information and counseling regarding each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. If requested to provide such information and counseling, the d.p. shall provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling. The d.p. shall not offer abortions as a method of family planning within the ABCD Family Planning Program.
- k. **Referral Services** ABCD Family Planning clients shall have available to them through the d.p. the coordination and use of referral and follow-up arrangements with other providers of health care, with local health and welfare departments, hospitals, and voluntary agencies, and health services projects supported by other Federal, State and Local programs. The d.p. shall have written policies and procedures for follow-up on referrals made as a result of abnormal physical exam or laboratory testing findings, which are sensitive to the clients concerns for confidentiality and privacy. All referrals must include follow-up by the d.p. to ensure that the referral process is completed successfully. If the referral was for abnormal laboratory test results or a reproductive health problem, follow-up must include arrangements for the d.p. to receive written results of tests or a report of initiated treatment.
- l. **Eligibility** The d.p. shall make family planning services available to all persons without the imposition of place of residence, or duration-of-residency or referral requirements and without regard to religion, race, color, national origin, creed, handicap, gender, number of pregnancies, marital status, age, or contraceptive preference, and shall comply with all applicable federal and state statutes prohibiting discrimination in the provision of governmental financial assistance. Services must be provided in a manner that protects the dignity of the individual client. The d.p. shall give priority to providing family planning services to adolescents and to person from low income families, i.e., families whose incomes fall below \_\_\_% of the federal poverty level as defined at the time the service is provided.
- m. **Charges**
  - i. All charges shall be based on a cost analysis of all services provided by the d.p. and all bills shall be given / directly to the client, or to another payment source, such as Title XIX, DPH, or private insurance.
  - ii. The d.p. shall not bill any person from a low income family as defined above for any services or supplies offered, although such charges must be billed to third parties, including government agencies, which are authorized or under legal obligation to pay such charges.
  - iii. Reasonable efforts shall be made to obtain third-party reimbursement for all d.p. clients and all billings to such third-parties must be for total charges and without applying any discounts. Where reimbursement is available from DPH and Title XIX of the Social Security Act, a written agreement between the d.p. and the reimbursement funding source is required.
  - iv. Charges shall be made to persons between 100% and 250% of poverty, and such charges shall be in accordance with a schedule of discounts submitted by the d.p. to ABCD and approved through ABCD by the United States Department of Health and Human Services (DHHS).
  - v. Full cost-based charges shall be made to persons living in households with incomes above 250% of poverty.
  - vi. Charges should be made in a manner that will not constitute a barrier to the provision of services. No client shall be denied services because of inability to pay. Bills for minors obtaining confidential services must be based on the resources of the minor.
  - vii. All fees collected for family planning services offered, along with the expenditures paid from these fees, shall be reported by the d.p. to the ABCD Family Planning Program Director on an annual basis. Such fees collected by the d.p. need not be refunded to ABCD. However, they must be used to support the family planning program.
- n. **Voluntariness** Acceptance by any individual of project services shall be solely on a voluntary basis. Individuals shall not be subjected to any coercion to receive services or to employ any particular method of family planning. Acceptance of family planning services shall not be a prerequisite to eligibility for, or receipt of, any other service, or assistance from, or participation in, any other programs of the d.p., nor shall the d.p. lead any person to believe that such receipt of services will adversely affect his or her entitlement to any other benefits or services. All d.p., personnel shall be informed that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or sterilization procedure.

- o. **Confidentiality** The d.p. must assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy, as required by the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA). The physical design of the agency's' facilities must ensure privacy, confidentiality and regard for the dignity of family planning clients during personal interviews , consultations, medical exams and treatment. The d.p. shall provide a written notice of its privacy policy to new and existing family planning clients. No information obtained by the project staff about individuals receiving services may be disclosed without the individual's consent, except as required or authorized by Federal and State law. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. The d.p. shall also hold all personal data relating to personnel and persons receiving services under this Agreement in accordance with the Massachusetts Data Security Regulations, found at 01 CMR 17.00, as well as any other relevant federal laws, regulations, or guidelines.
    - i. **Adolescents** Adolescents must be assured that all family planning clinical and counseling services are confidential, except as regards child abuse and neglect reporting obligation, and, if follow-up is necessary, every attempt will be made to assure the privacy of the individual. A delivery site may not require written consent of parents or guardians for the provision of services to minors, nor can a delivery site notify parents or guardians before or after a minor has requested and received Title X family planning services. Once a minor client has consented to confidential family planning services, the medical record of that visit may only be released with the consent of the client.
    - ii. D.P. Family planning staff must provide counseling for adolescents around encouragement of family participation in the decision of minors to seek family planning services, and provide counseling to minors on resisting attempts to coerce minors into engaging in sexual activities.
    - iii. Notwithstanding any other provision of law or this Agreement, no provider of services under Title X shall be exempt from any state law requiring notification, or reporting of child abuse, child molestation, sexual abuse, rape, or incest.
  - p. **User Reporting System** The d.p. shall prepare a Family Planning Encounter Record ("FPER") for each encounter with a family planning client. All FPER data elements shall be completed in accordance with the instructions provided in the ABCD FPER Instruction Manual. The FPER shall thoroughly and completely document all family planning services provided. The FPER shall be submitted by the 10th of the month after the family planning visit has occurred for processing by the Regional Title X Data System via the designated secure website, or as export from the d.p. practice management system.
2. **Scope Of Abcd Responsibilities.** ABCD responsibilities under this Agreement shall include the following:
- a. **Clinical Training Services.** ABCD shall provide training for counselors and clinical staff of the d.p., including: all new Family Planning Counselor staff will be trained and certified through Basic Family Planning; all clinical staff of the d.p. will be offered participation in the Family Planning for Advanced Practice course and clinical updates; all/ counselors and supervisory staff will participate in the ABCD Protocol training and mandatory continuing education based on needs assessment and funder initiatives.
  - b. **Family Planning Client Education Materials.** ABCD shall write, publish and/or distribute appropriate educational materials focused on the informational needs of the client population of the d.p., Only materials reviewed and approved by the Information and Education Materials Review Committee and approved by the ABCD Board of Directors may be used in the family planning program.
  - c. **Administrative Services.** ABCD shall provide, as it deems appropriate, technical assistance regarding the Family Planning program, to the d.p. in the development of fiscal, data, contracting, client visit flow and budget systems, if required.
3. **Compensation**
- a. **Delegation of Funds.** Subject to receipt of funds from DHHS (see Subsection (d) below) , ABCD agrees to reimburse the d.p. for expenditures which are incurred in the performance of activities authorized under this Agreement, as provided in the budget approved by ABCD and attached hereto as Attachment A, and which are not in excess of \$\_\_\_\_\_. ("Total Agreement Funds"). In no event will the d.p. receive reimbursement for personnel costs exceeding the amount indicated in the d.p. budget approved by ABCD.
  - b. **Schedule Of Payment.** The aggregate payments made by ABCD to the d.p. at any time and from time to time during the term of this Agreement shall not exceed that amount of Total Agreement Funds which is proportionate to the portion of the Agreement term that has then elapsed. All requests for reimbursement of expenditures must be made within twenty (20) days of the end of the month in which the expenditure was made and no later than thirty-one (31) days after the termination of this Agreement.



- c. Notwithstanding any of the above, ABCD shall have the right to withhold any payment hereunder pending receipt from the d.p., in satisfactory form, of all reports and other information as described herein then due under the provisions of this Agreement. ABCD shall also have the right to withhold five percent (5%) of the Total Agreement Funds until the d.p. has submitted in satisfactory form the final financial report required by ABCD pursuant to this Agreement. ABCD shall also have the right to suspend or terminate payments and this Agreement in whole or in part consistent with Paragraph 10 of this Agreement and to deny payment for any requests for reimbursement made after the timeline described in the preceding paragraph.
  - d. **Contingency** The delegation and payment of funds to the d.p. under the terms of this Agreement shall be contingent on the receipt of such funds by ABCD from DHHS and shall be subject to the d.p.'s continued eligibility to receive funds under the applicable provisions of state and federal laws. If the amount of funds ABCD receives from DHHS is reduced, ABCD reserves the right to reduce the amount of funds delegated under, or terminate, this Agreement.
  - e. **Limitations On Expenditures Against Funds** Expenses to be charged by the d.p. against any Title X compensation established under this Agreement may not be incurred prior to the effective date of this Agreement or subsequent to the termination date of this Agreement and may be incurred only as necessary to carry out the family planning services covered by this Agreement. Such expenditures may not exceed the maximum compensation amount set forth in paragraph (a) of this Agreement. All expenses incurred by the d.p. as part of the family planning services offered pursuant to this Agreement must be documented by approved contracts or other evidence of liability consistent with ABCD and established d.p. procedures. Expenses to be charged must also be incurred in accordance with DHHS directives.
4. **Time Of Performance** This Agreement shall be effective, subject to any earlier termination provided for herein, during the period \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_.
5. **Changes** This Agreement may be amended only by written agreement of the parties. Changes requiring written amendments include but are not limited to changes in the scope of services, program direction or scope of emphasis. Written amendments are not required for filling of a previously authorized position.
6. **Administration of Grant Funds.** The d.p. shall administer grant funds and maintain fiscal accounting records in accordance with Title X (42 U.S.C. 201) and all applicable regulations and OMB Circulars, including 42 C.F.R. Part 59, (Title X regulations), 45 CFR Part 74 (HHS administrative grant requirements), 2 C.F.R. Part 230 (cost principles), OMB Circular A-133 (audit requirements), and the HHS Grants Policy Statement. These fiscal accounting records shall itemize all supporting expenditures in sufficient detail to show their exact nature. The d.p. shall adopt such additional accounting procedures as may from time to time be prescribed by ABCD if required by Title X. The d.p. shall retain for a period of not less than eight (8) years after termination of this Agreement, such financial and other accounting records as shall fully disclose the amount of reimbursement for family planning services supplied from other sources. The d.p. shall prepare and retain, for a period of not less than eight (8) years, attendance or effort reports for all employees offering the family planning services and make them available for inspection by ABCD and Title X representatives or designees, including auditors, and DHHS representatives.
7. **Financial Reports and Other Records.** In addition to client medical records and FPER forms, the d.p. shall submit to ABCD such reports as may be required by DHHS directives or by ABJD, including but not limited to:
- a. An annual report due February 1st which includes program income and expenditures through the end of the calendar year.
  - b. A monthly report which shall set forth the actual expenditures for the month then ended, and the cumulative expenses through the month then ended, all in such detail as the ABCD Family Planning Director may request due within twenty (20) days of the end of each month.
  - c. A final financial report listing all amounts spent and owing under this agreement (said report to be a final version of the report required in Subsection (a) hereof) due within sixty (60) days after the end of the term of this agreement.
  - d. The d.p. shall prepare and retain, and permit ABCD or its designees to inspect as they deem necessary for grant audit and reimbursement purposes, property, personnel, medical and financial records of the d.p. as well as other records that may be required by relevant DHHS directives and guidelines which governs the retention of records. Provision of medical records shall be consistent with confidentiality requirements imposed by statute and regulation.
8. **Quality Assurance And Review** The d.p. shall establish and maintain a quality assurance system which is responsible for ongoing evaluation of services and personnel. This system shall include: licensing and credentialing procedures and Performance evaluations for professional staff; tracking systems to identify clients in need of follow-up and/or clinical care; a process to elicit consumer feedback and ongoing clinical care reviews including medical record reviews which contain family planning criteria. In addition, the d.p. shall maintain mid-level practitioner protocols on file, which shall be available

for review by ABCD. The d.p. shall permit ABCD to monitor and evaluate the family planning services offered by the d.p. through direct on-site administrative, billing, and clinical reviews including family planning client medical record reviews of clinical and counseling visits conducted on a periodic basis determined by ABCD, and through ongoing reviews conducted by authorized ABCD Family Planning staff to provide quality assessment and ensure compliance with this Agreement. This shall include, but not be limited to, permitting authorized ABCD Family Planning staff to evaluate, through direct observation of family planning counselors, the client counseling provided by the d.p. The d.p. shall also permit reasonable visits by DHHS for the purpose of monitoring the provision of services and program evaluation.

9. **Educational Advisory Committee.** The d.p. shall appoint a representative to serve on the ABCD Information and Education Materials Review Committee.

10. **Termination/Suspension**

- a. **By ABCD.** ABCD may, by giving written notice specifying the effective date, terminate or suspend this Agreement in whole or in part for cause, which shall include, but not be limited to: 1) failure for any reason of the d.p. to fulfill timely and properly any of its obligations under this Agreement, including compliance with the approved program and attached conditions and such statutes, regulations, Executive Orders, and Title X directives and guidelines as are or may become generally applicable at any time; 2) submission by the d.p. to ABCD or DHHS of reports that are incorrect or incomplete in any material respect; 3) ineffective or improper use by the d.p. of compensation received under this Agreement; 4) suspension or termination in whole or in part of grants or reimbursements to ABCD under Title X; and (5) the necessity for termination and/or amendment of the Agreement so as to make any terms of the Agreement consistent with applicable law; (6) fraudulent activities on the part of the d.p.; and (7) the filing of bankruptcy by the d.p. ABCD may also terminate this Agreement in whole or in part without cause by giving 3 days written notice to the d.p.
- b. **By Delegate Provider.** If the d.p. is unable or unwilling to comply with any additional conditions or requirements which are newly and lawfully applied after the commencement of this Agreement by Title X in their grant to ABCD and thereby become applicable to the d.p. during the term of this Agreement, the d.p. shall terminate the Agreement by giving written notice to ABCD. The effective date of such notice of termination shall be no earlier than thirty (30) days from the date of the notice.
- c. Upon such notice of termination, ABCD may require the d.p. to ensure that adequate arrangements have been made for the transfer of performance of the family planning services required under this Agreement to another d.p. or to ABCD, including the reasonable payments of any costs involved out of compensation otherwise due the d.p. under this Agreement. The d.p. may assign and transfer this Agreement only with the prior written approval of ABCD.
- d. **Disposition Of Property.** In the event of any termination, all property and finished or unfinished documents, data, studies, and reports purchased or prepared by the d.p. under this Agreement shall be disposed of according to Title X directives, and the d.p. shall be entitled to compensation for any unreimbursed expenses reasonably and necessarily incurred in satisfactory performance of the Agreement to the date of termination.

11. **Liability For Default.** Whether or not this Agreement is terminated, the d.p. shall be liable to ABCD for damages sustained by ABCD by virtue of any breach of the agreement by the d.p. and ABCD shall be liable to the d.p. for damages sustained by the d.p. by virtue of any breach of the agreement by ABCD. This shall include, but not be limited to, liability of the d.p. for the disallowance by Title X of the grant requests submitted by ABCD for services provided by the d.p. Under this agreement where the disallowance is in any way attributable to the d.p., including the provision or maintenance by the d.p. of inadequate or erroneous medical records or documentation of services provided. If any such grant request is disallowed as a result of an audit by Title X of the d.p. or ABCD, the amount disallowed must be paid by the d.p. to ABCD from funds other than those provided by ABCD under the agreement.

12. **Subcontracts And Assignments.** The d.p. may enter into subcontract(s) to carry out certain components of the Approved Work Program, provided that ABCD gives prior written approval. The d.p. shall provide ABCD with a copy of every proposed subcontract complete/ with such collateral material as may be necessary for ABCD fully to understand and approve the said subcontract at least thirty (30) days prior to its execution. No subcontracts will be entered into by the d.p. until ABCD notifies the d.p. in writing that it approves of the subcontract. ABCD will give its written approval or disapproval within fifteen (15) days after receipt of any such proposed subcontract. All subcontracts must include, as a minimum, the standard DHHS requirements with respect to audit and to the degree of supervision, control and evaluation which must be maintained.

Except as provided in this Section, the d.p. may not otherwise assign, subcontract or transfer any of its rights, duties and obligations under this Agreement. ABCD may assign and transfer this Agreement when, without limitation, such assignment and transfer is required by DHHS directive.

### 13. General Provisions

- a. **Non-Discrimination In Employment.** The d.p. shall not discriminate against any qualified employee or job applicant because of race, color, creed, national origin, ancestry, age, gender, sexual orientation, religion, genetic information, physical or mental disability, political affiliation, military service, or status as a veteran. The d.p. shall comply with all applicable provisions of federal and state statutes prohibiting discrimination in employment.
- b. **Affirmative Action.** The d.p. shall assure that a copy of its most recent Affirmative Action plan is on file at ABCD one month from the signing of this Agreement, and shall operate in compliance with that plan.
- c. **Fiscal Requirement**
  - i. If the d.p. expends \$500,000 or more in federal awards, including awards as a subgrantee, in a fiscal year, the D.P. must comply with the federal audit requirements of the U.S. Office of Management and Budget's Circular A-133, "Standards for Audit of Governmental Organizations, Programs, Activities and Functions," including the preparation of an audit by a Certified Public Accountant in conformance with the Single Audit Act Amendments of 1996, 31 U.S.C. 7501-7507, and with Generally Accepted Accounting Principles. However, if the awards are under only one program, the d.p. has the option of having an audit of the awards based on that program's requirements. If the d.p. expends less than \$500,000 in federal awards in a fiscal year, it is exempt from federal audit requirements, but records must be available for review by appropriate officials of the federal grantor agency or sub-granting agency, including ABCD.
  - ii. ABCD has the responsibility to determine whether the d.p. has spent funds in accordance with applicable laws and regulations, including the federal audit requirements, and agreements. ABCD will monitor the activities of the d.p. to ensure that it has met those requirements and will require that corrective action be taken if deficiencies are found.
  - iii. The D.P. shall provide ABCD with one copy of the d.p.'s reporting package required by Circular A-133, including financial statements and schedule of expenditures of federal awards; summary schedule of prior audit findings; auditor's report; and corrective action plan, as well as any management letters from the auditor.
- d. **Bonding** The d.p. shall secure fidelity bond coverage in the minimum amount of one hundred thousand dollars (\$100,000) for each person authorized to handle, sign or countersign checks or to transport, maintain custody of, or disburse sizable amounts of cash (such as payrolls). No bond need be secured for persons who handle only petty cash of \$ 200.00 or less or persons authorized to sign payment vouchers but not to sign or countersign checks or to disburse cash. The d.p. agrees to submit to ABCD written assurance that the bonding requirements set forth in this Section have been met on or before the execution of this Agreement. The written assurance shall take the form of a letter from a bonding company or agent stating the type of bond, amount and period of coverage, positions covered, and the annual cost of the bond that has been obtained. The d.p. shall notify ABCD within twenty (20) days of any changes in bonding coverage.
- e. **Compliance with Federal, State and Local Laws and Relevant Provisions of Notice of Grant Award** The d.p. shall comply with all applicable laws, ordinances, and codes of the federal, state and local governments, including but not limited to the Public Health Service Act (42 U.S.C. 300) and regulations implementing the Act (42 C.F.R. 59), DHHS regulations governing administration of grants, including 42 C.F.R. 74, 80, 84, and 91, 2 C.F.R 180 and 376, and the Interim Final Rule concerning New Restrictions in Lobbying (45 C.F.R. Part 93 and 55 Fed. Reg. 6736). The d.p. shall also comply with relevant provisions of DHHS ' Notice of Grant Award, including the Office of Population Affairs Title X Program Priorities, which are attached hereto as Attachment B. In the event of any conflict between any terms of this Agreement or Attachment B and such federal, state and local laws, the requirements of such laws shall control pursuant to this Agreement.
- f. **Covenant Against Contingent Fees** The d.p. warrants that no person or selling agency or other organization has been employed or retained to solicit or secure this Agreement upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee. For breach or violation of this warrant, ABCD shall have the right to annul this agreement without liability or, in its discretion, to deduct from the AGREEMENT or otherwise recover the full amount of such commission, percentage, brokerage, or contingent fee, or to seek such other remedies as legally may be available.
- g. **Indemnity** The d.p. agrees to hold ABCD and its officers, directors, employees, and agents, harmless, and to defend and indemnify them against all claims, actions, liability, damage, loss and expenses by reason of malpractice, injury, illness, death or otherwise to any person or persons or for Property damage arising or alleged to have arisen from the acts or omissions of the d.p. or its employees, its servants, and affiliates and their agents and employees, including reasonable attorney's fees and costs. ABCD agrees to hold the d.p. and its employees harmless and to defend and indemnify them against all claims, actions, liability, damage, loss and expenses by reason of injury, illness, death, or otherwise to any person or persons or for property damages rising or alleged to have arisen from the acts or omissions of ABCD, its employees, servants, affiliates and/or agents, including reasonable attorney's fees and costs. In particular,



ABCD agrees to indemnify and hold the d.p. harmless for any liability arising from birth control devices where such liability arises from ABCD's conduct.

- h. **Insurance** The d.p. shall ensure that all individuals performing services under this Agreement shall be covered by policies for malpractice and/or liability insurance with limits of at least \$1 million/\$3 million. ABCD will carry liability insurance including product liability insurance with respect to its provision of birth control devices and its exercise of training and evaluative functions pursuant to this Agreement.
- i. **Publications and Copyright** If the d.p. prepares, publishes or distributes any brochure, periodical or other publication, the costs of which are funded at least in part by the Agreement, then any such publication shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money (i.e. under this Agreement) and the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources. Such publications need not be submitted to ABCD for prior approval but must not contain information contrary to DHHS or ABCD program requirements or accepted medical practice. The d.p. may arrange for copyright of such materials without ABCD approval but such copyrighted / materials shall be subject to a royalty-free, non-exclusive and irrevocable license or right to ABCD and the Government to reproduce, translate, publish, use, disseminate and dispose of such materials and to authorize others to do so.
- j. **Inventions Or Discoveries** All d.p. inventions or discoveries are subject to the regulations of DHHS as set forth in 45 CFR Parts 6 and 8, as amended. These regulations shall apply to any activity of the project for which grant funds are used, whether the activity is part of an approved /project or is an unexpected byproduct of that project. No contracts, assignments or other arrangements inconsistent with the grant obligations shall be continued or entered into and all personnel involved in the grant activity shall be made aware of and comply with such obligations.
- k. **Waiver Of Breach** The waiver by either party of any breach of any provision of this Agreement shall not be deemed a waiver of any subsequent breach of the same or of different provisions.
- l. **Amendment** In the event that any condition or circumstance subsequent to the execution of this Agreement necessitates significant modification to the provisions of or alters the type or amount of resources required to deliver services, such modification must be agreed to by both parties and requires a formal written amendment to the Service Contract.
- m. **Personnel Policies** The d.p. must establish and maintain written personnel policies that comply with federal and state requirements, including the American Disabilities Act and Title VI of the Civil Rights Act. These policies shall include but need not be limited to staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits and grievance procedures. The d.p. shall also ensure:
  - i. That personnel records be kept confidential;
  - ii. That an organizational chart and personnel policies be available to all personnel;
  - iii. That job descriptions be available for all positions, and that these be reviewed annually and updated when necessary to reflect changes in duties; and
  - iv. That an evaluation and review of the job performance of all project personnel be conducted annually.
  - v. Other records, including payroll and time and attendance records documenting program assignment and hours and days worked, required by and maintained in accordance with generally accepted accounting principles recommended by the AICPA, and sufficient to meet the requirements of M.G.L. c.151 and the Fair Labor Standards Act of 1938, as amended.
- n. **Pro-Children Act of 1994** In accordance with 20 U.S.C. 6081 et seq., the d.p. certifies that the d.p., its employees, agents, contractors, and subcontractors will not permit smoking in any portion of indoor facility owned or leased or contracted for by the d.p. and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18 if the services are funded by federal programs either directly or through state or local government by federal grant, loan, or loan guarantee.
- o. **Severability** The provisions of this Agreement are severable. If any provision is found to be invalid, the remainder of the provisions shall remain in full force and effect.
- p. **Written Terms Control** This Agreement supersedes all oral agreements, negotiations and representations pertaining to the particular services in the Agreement for the period of performance specified in said AGREEMENT.
- q. **D.P. Certification** By signing this Agreement, the d.p. is providing the "Certification Regarding Debarment, Suspension And Other Responsibility Matters-Lower Tier Covered Transactions" attached hereto as Attachment C.

**In Witness Whereof, ABCD** and the Delegate Provider hereby execute this Agreement.

**Action For Boston Community Development, Inc.**

Delegate Provider

By: \_\_\_\_\_  
President, C.E.O.

\_\_\_\_\_  
Name of Delegate Provider

Date: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Date:

# Health Care Reform Readiness Assessment

Adapted by NFPRHA for use at September 10, 2012 Regional Meeting

This Assessment is designed to help your agency's leadership identify areas of challenge and/or opportunity as you think about how to adapt to the implementation of health reform nationally and in your state. The results can be used in internal planning and resource allocation discussions as well as helping you to identify your need for training and technical assistance from Training Centers, NFPRHA and/or consultants.

If possible, please complete the survey before the Regional Meeting on September 10, 2012 and bring your results with you for discussion at the Workshop session.

## 1. Which of the following best describes your agency?

- ☐ City/County health department
- ☐ FQHC
- ☐ FQHC look-alike
- ☐ Family planning clinic
- ☐ Non-county hospital clinic
- ☐ Planned Parenthood
- ☐ University affiliate

## 2. Do you intend to transition to an FQHC or FQHC Look Alike?

- ☐ Yes to an FQHC
- ☐ Yes to an FQHC look-alike
- ☐ Not sure/undecided
- ☐ No current plans

## 3. Do you currently offer primary care services?

- ☐ Yes
- ☐ No

## 4. If no, are you considering expanding your scope of services to offer primary care?

- ☐ Yes
- ☐ No

## 5. How clearly do your organization's stakeholders understand health reform and the impact it might have on your agency?

	Very clearly	Somewhat clearly	Not very clearly	Not at all clearly
Board of Directors				
Executive leadership				
Middle management				
Staff members				

6. Overall, how ready is your agency for health care reform?

- ☐ Completely ready: Our organization has fully addressed all aspects of reform
- ☐ Nearly ready: Our organization has made substantial progress
- ☐ Partially ready: Our organization has made some progress
- ☐ Beginning to get ready: We have begun work but are in the early stages
- ☐ Have not started to get ready/Our organization has not begun work

7. Given what you know about the Affordable Care Act, what do you expect will happen to each of the following?

	Get Better	Stay the Same	Get Worse
Patient volume	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient insurance mix	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce recruitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Have you/will you conduct/participate in any marketing surveys to determine patient preferences and need related to health care reform?

- ☐ Yes, already done
- ☐ Yes, plan to do
- ☐ Not sure
- ☐ No plans

9. Do you currently or do you plan to partner with any of the following entities to provide services?

	Currently Do	Plan to do	Unsure	No plans
FQHC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family planning provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountable Care Organization (ACO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Which of the following partnership structures do you currently or plan to utilize? (Please check all that apply)?

- ☐ One way referral agreements
- ☐ Reciprocal referral agreements
- ☐ Memorandum of understanding (MOU)
- ☐ Subcontracts to other agencies
- ☐ Subcontracts from other agencies
- ☐ Managed Care contracts
- ☐ Other Plan Contracts
- ☐ Other partnership structures (describe)\_\_\_\_\_

**11. Are you now or are you planning to become a patient centered health/medical home (PCHH or PCMH) or a women's health home?**

- ☐ We are currently a PCHH/PCMH
- ☐ We are currently a women's health home
- ☐ We are planning to become a PCHH/PCMH
- ☐ We are planning to become a women's health home
- ☐ We are deciding whether to become a PCHH/PCMH or a women's health home
- ☐ We have no current plans to become a PCHH/PCMH or a women's health home

**12. Do you have NCQA or other certification as a Patient-Centered Medical Home?**

- ☐ Yes
- ☐ No but we're working toward obtaining certification in the next year
- ☐ No but we're working toward obtaining certification in more than a year
- ☐ No and we have no plans to attain certification

**13. How prepared is your staff to assist your patients to determine their best provider and payor options as the health care environment changes?**

- ☐ Very well prepared
- ☐ Somewhat prepared
- ☐ Not very well prepared
- ☐ Not at all prepared

**14. If qualified/permitted to do so, does your agency plan to pursue becoming a Navigator site if your state allows for your type of organization to become a Navigator site?**

- ☐ Yes, we are definitely planning to do so
- ☐ We have begun considering whether to do so
- ☐ We have not started thinking about it
- ☐ No, we will not be qualified/permitted to do so
- ☐ No, we do not plan to do so

**15. Does your agency participate in (or plan to implement) any of the following quality improvement activities?**

	Current	Planned	Considering	No plans
Improving performance of individual clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective management of no shows and cancellations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surveys of patient satisfaction and experiences with care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliminating redundant information collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce time from first appointment to completed treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sending patients reminder notices for preventive or follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing alerts to providers at point of care(e.g. Pap smear due)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking all abnormal lab results until patients are notified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. Are you currently or planning to bill private insurance companies for services?**

- ☐ Yes currently bill
- ☐ Planning to bill
- ☐ Considering whether to bill
- ☐ No current plans\_\_\_\_\_

**17. Are you currently or planning to bill Medicaid for services?**

- ☐ Yes currently bill
- ☐ Planning to bill
- ☐ Considering whether to bill
- ☐ No current plans

**18. Are you currently or planning to bill MEDICARE for services?**

- ☐ Yes currently bill
- ☐ Planning to bill
- ☐ Considering whether to bill
- ☐ No current plans

**19. Have you started the transition to the new ICD-10 coding system?**

- ☐ Yes
- ☐ No but plan to start in the next 12 months
- ☐ No plans to start for at least a year

**20. Do you currently or are you planning to do cost analysis specifically for family planning services?**

- ☐ Yes currently performing
- ☐ Yes planning to implement in next 12 months
- ☐ Yes planning to implement in 1-2 years
- ☐ Yes but not for at least 2 years
- ☐ No current plans

**21. If yes to Question 20, which of the following tool(s) do you use to establish costs? (Check all that apply.)**

- ☐ FQHC PPS tool
- ☐ George Christie tool/services
- ☐ Curtis Degenfelder tool/services
- ☐ Bill Bullock tool/services
- ☐ Other (specify) \_\_\_\_\_

**22. Are you performing or planning to perform cost analysis on any of the services your agency provides?**

- ☐ Yes currently
- ☐ No but planning to
- ☐ No and no current plans

**23. Do you currently have or plan to implement electronic health records (EHR)?**

- ☐ Do not have and no current plans to implement
- ☐ Yes, already have
- ☐ Yes, currently implementing or negotiating a contract
- ☐ Yes, currently evaluating options
- ☐ Yes in the next 1-2 years
- ☐ Yes but not for at least 2 years

**24. If you have implemented an EHR, how satisfied have you been with the following aspects of your system?**

	Very	Somewhat	Somewhat dissatisfied	Very dissatisfied
The transition process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functionality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-going vendor tech support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered "Somewhat dissatisfied" or "Very dissatisfied" to any of the aspects above, please describe the reason:

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**25. What Electronic Health Record system do you currently have or plan to purchase?**

- ☐ eClinicalWorks
- ☐ Epic
- ☐ GE Centricity
- ☐ NextGen
- ☐ Undecided
- ☐ Other (please specify)

**26. Currently how easy is it for your staff to create custom reports (e.g. Title X report) from your system?**

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Somewhat difficult
- ☐ Very difficult

**27. Do you have or are you planning to purchase additional reporting software?**

	Current	Planned	Considering	No plans for
Cognos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crystal Reports i2i Tracks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify Other product(s): \_\_\_\_\_

**28. Are you already or do you intend to work with your providers to participate in the EHR meaningful use incentives program?**

- ☐ Already working with them
- ☐ Plan to work with them
- ☐ No current plans to participate

**29. Have you signed up with or are you planning to sign up with a regional and/or local extension center (REC or LEC)?**

- ☐ Yes already signed up
- ☐ Yes we plan to sign up
- ☐ No we don't intend to sign up

**30. If you have been working with a REC or LEC, how satisfied have you been with the assistance provided by the REC and/or LEC?**

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied (describe problems)\_\_\_\_\_
- ☐ Very dissatisfied (describe problems)\_\_\_\_\_
- ☐

**31. Do you currently have or in the next year do you plan to have an interface for exchange of the following health information? (Mark all that apply.)**

- ☐ Centralized appointments and scheduling
- ☐ Immunization registry
- ☐ Lab results
- ☐ Patient summary information (includes patient diagnosis and treatment)
- ☐ Pharmacy/ePrescribing
- ☐ Provider referrals
- ☐ Public health department reporting
- ☐ Scheduling for specialty care
- ☐ Other
- ☐ Please specify Other types of Health Information Exchange:\_\_\_\_\_

**32. Do any of your sites have a telemedicine program, or do you intend to start one in the future?**

- ☐ No, we don't need a telemedicine program
- ☐ Yes, we already have
- ☐ Yes, currently implementing or negotiating a contract
- ☐ Yes, in the next 2 years
- ☐ Yes, but not for at least 2 years
- ☐ We could use a telemedicine program but have no current plans to start one

**33. Is there anything else you think is important to consider about your plans to prepare for health care reform?**

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# Life After 40

## Community Environmental Scan

Conducting an environmental scan of your community is an important first step as you prepare to assess which paths through health care reform implementation might work best for your organization.

Most organizations will have a variety of needs-assessment tools; this is intended to supplement existing tools and help you hone in on opportunities and challenges during health care reform implementation.

### 1. What types of organizations currently provide health care services to the low-income and uninsured in your community?

- ☐ County/Local Health Department
- ☐ Federally Qualified Health Center/Community Health Center
- ☐ Free-standing, non-profit health center
- ☐ Rural health center
- ☐ Hospital
- ☐ STD clinic
- ☐ HIV treatment program
- ☐ School Based Health Center

Does your organization currently partner with any of these organizations? If so, how? \_\_\_\_\_

\_\_\_\_\_

If not, could you identify ways to partner with them? \_\_\_\_\_

\_\_\_\_\_

### 2. What other organizations in your community serve the low-income and uninsured (ie: domestic violence or homeless shelters, food bank, community mental health center, etc.) \_\_\_\_\_

\_\_\_\_\_

### 3. Do community coalitions exist that are working on issues affecting the low-income and uninsured? If yes, please identify them and the role your organization plays with their efforts: \_\_\_\_\_

\_\_\_\_\_

**4. Do other organizations in your community provide the following services?**

- ☐ Confidential health services for teens
- ☐ Reproductive health services for males
- ☐ Free/low cost contraceptives
- ☐ Free/low cost gynecologic cancer screenings
- ☐ Free/low cost pregnancy testing
- ☐ Free/low cost sexual health/counseling services
- ☐ Free/low cost STD and HIV testing
- ☐ Abortion services
- ☐ Sexuality Education
- ☐ Mobile services

Does your organization refer to/accept referrals from these organizations? \_\_\_\_\_

Does your organization partner with them in any way? \_\_\_\_\_

If not, can you identify ways you might identify partnership opportunities? \_\_\_\_\_

\_\_\_\_\_

**5. What types of federally subsidized health care services are currently available in your community?**

- ☐ Title X family planning
- ☐ WIC
- ☐ Title V Maternal and Child Health
- ☐ CDC STD prevention and treatment
- ☐ TANF-funded family planning
- ☐ Ryan White Act HIV prevention and treatment
- ☐ Vaccination for Children program
- ☐ Other?

Does your organization partner with and/or have referral arrangements with them? \_\_\_\_\_

\_\_\_\_\_

**6. What percentage of the need for publicly supported contraceptive services and supplies are you meeting in your service area? \_\_\_\_\_**

Tips for determining the answer to this question:

- ☐ Visit the Guttmacher Institute's web site to find their 2009 study, "Contraceptive Needs and Services, 2006" ([www.guttmacher.org/pubs/win/index.html](http://www.guttmacher.org/pubs/win/index.html)).
- ☐ Open the detailed county tables for your state and consult Table 2 to find the need of publicly supported contraceptive services and supplies in county(ies) you serve.
- ☐ Compare the total need of publicly supported contraceptive services and supplies in county(ies) you serve with your unduplicated, subsidized patient visit data to determine the percentage of the total need met by your health center.

**Example:** A hypothetical family planning health center, serving Middlesex and New London counties in Connecticut, would calculate the percent of need being met by their organization as follows:

Number of women in need of publically supported contraceptive services and supplies (from Table 2 in the Guttmacher report):

- Middlesex county: 6,730
- New London county: 13,010

Total Number of women in need of contraceptive services and supplies in service area: **19,740**

- Number of unduplicated patients served by the hypothetical center that are in need of public assistance: **6,600**

$$6,600 \div 19,740 = 0.3343$$

Percent of need the hypothetical center is meeting in their service area: **33%**

7. What health care services are currently unavailable to the low-income and uninsured in your community? \_\_\_\_\_

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Could your organization develop programs to meet any of these needs in a financially sustainable way? \_\_\_\_\_

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8. Are there any critical public health needs in your community that are not currently being addressed? \_\_\_\_\_

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Could your organization develop programs and/or partnerships to address those in a financially sustainable way? \_\_\_\_\_

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9. Are there any public health problems that are unique to your community? For example, are there new immigrant populations arriving with particular health conditions? \_\_\_\_\_

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Are there ways your organization can develop programs/partnerships to address these issues? \_\_\_\_\_

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10. Are there changes in the population demographics in your area (age, race, immigrant populations, income levels, religious communities, LGBT community, etc.) that would indicate the need for changes or improvements in the cultural competence of your staff and/or service delivery procedures, and/or which might affect your future volume of services? \_\_\_\_\_

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11. Are there providers in your community who accept Medicaid reimbursement for family planning services? \_\_\_\_\_  
If yes, do they provide the array of methods and counseling provided by your site? \_\_\_\_\_  
If not, do you have referral arrangements with them to provide services they cannot provide? \_\_\_\_\_

12. How is Medicaid administered in your state? By the state? By a Medicaid Managed care company? \_\_\_\_\_

What are the reimbursement rates for family planning services? \_\_\_\_\_

13. What insurance companies currently cover patients in your community? Do they provide coverage for family planning care? \_\_\_\_\_

14. Does your state have a medical or health home law? \_\_\_\_\_  
If yes, is family planning explicitly in the definition of a medical home? \_\_\_\_\_  
If family planning is not explicitly included, is the definition broad enough to include your health center? \_\_\_\_\_  
If yes, are you participating? \_\_\_\_\_

15. Have any organizations in your service area/community begun discussions about becoming an Accountable Care Organization (ACO)? \_\_\_\_\_  
If yes, are you working to be represented in those discussions? \_\_\_\_\_  
If yes, is your Board active in those efforts? \_\_\_\_\_

16. What conversations are going on in your community/state about health care reform implementation? For example, is there information available at this time on how your state will implement a Health Insurance Exchange, are payment and/or rate reform changes pending for State Medicaid programs, etc.? If so, do you know how other service providers in your community are planning to adapt? \_\_\_\_\_

17. How is your Board involved in exploring the environment and assisting with making connections to other community organizations or providers as needed? \_\_\_\_\_



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# About NFPRHA

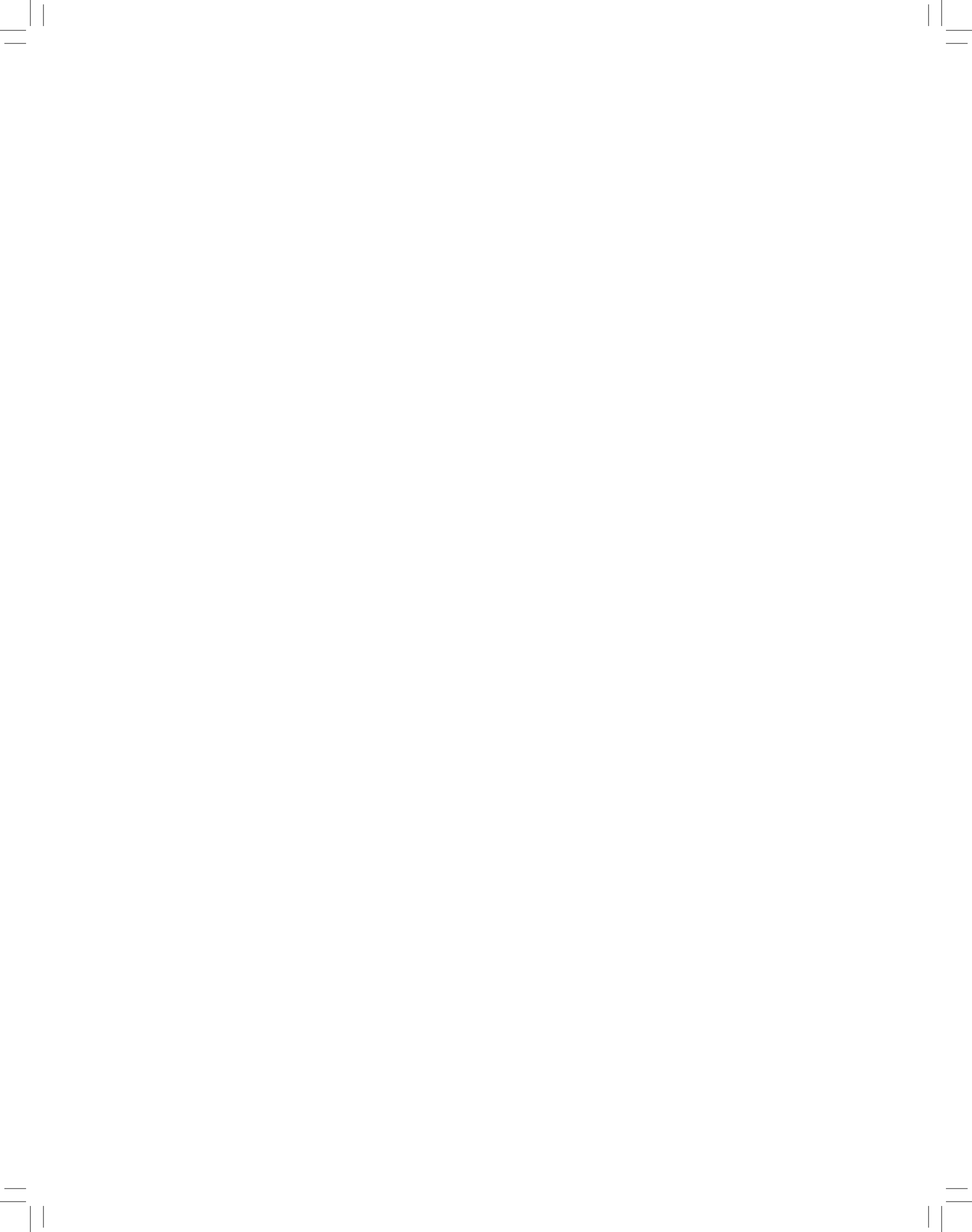
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The National Family Planning & Reproductive Health Association (NFPRHA) is a membership organization representing the nation's family planning providers—nurses, nurse practitioners, administrators, and other key health care professionals.

NFPRHA members have provided high-quality preventive health care services in thousands of health centers to millions of women and men annually - making them a critical component of the nation's public health safety net. Everyday our members help people act responsibly, stay healthy, and plan for strong families.

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