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# Sustainability Solutions

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How Title X Programs and FQHCs  
Can Work Together

LIFE **40**  
AFTER

COMPANION WORKBOOK

National  
**Family Planning**  
& Reproductive Health Association



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# Sustainability Solutions

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How Title X Programs and FQHCs  
Can Work Together



COMPANION WORKBOOK

National  
**Family Planning**  
& Reproductive Health Association



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# Table of Contents

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This workbook is a compilation of resources and tools designed to help publicly funded family planning providers decide on a sustainability strategy and implement organizational change. Case study participants shared documents they used to engage in a Federally Qualified Health Center (FQHC) strategy and integrate Title X family planning into an FQHC model. NFPRHA gathered and developed complimentary documents to help organizations improve their service delivery model as they adapt to the health care landscape created by the Affordable Care Act.

The workbook is divided up into sections that contain brief introductions of the documents and explain how they can be used.

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# Section 1: Organizational Agreements

From outlining grant responsibilities to defining partnerships, legal agreements are fundamental to business operations. When entering into a new type of agreement, it can be a challenge to ensure all relevant components are included. Reviewing these examples can help determine which information may be important in your organizational agreements. Please note: any agreements adapted from information obtained through this workbook should be reviewed by your organization's legal counsel.

## a. Example Agreements

This section contains sample legal agreements pertaining to a merger and to subcontracting Title X services to FQHCs. Each document can be used as a template or to identify critical information to include in similar agreements.

1. Certificate of Merger - A legal document finalizing the merger between Finger Lakes Migrant Health (FLMH) and Yates Family Planning (YFP).
2. FQHC Subcontract - The subcontract agreement between Family Planning Association of Maine (FPAM) and FQHCs detailing the Title X subrecipient grant requirements.
3. FQHC Subcontract Grant Application - The application and instructions FPAM uses to define subrecipient responsibilities, program guidelines, and reporting requirements. This includes a sample workplan that FQHCs are expected to use to track progress on performance measures.

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# 1.a.1 Certificate of Merger

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FINGER LAKES MIGRANT HEALTH CARE PROJECT, INC.  
AND  
YATES COUNTY FAMILY PLANNING SERVICES, INC.  
INTO  
FINGER LAKES MIGRANT HEALTH PROJECT, INC.  
Under Section 904 of the Not-for-Profit Corporation Law

Paragraph First: The names of each of the constituent corporations are "Finger Lakes Migrant Health Care Project, Inc." and "Yates County Family Planning Services, Inc." Neither constituent corporation has changed its name since formation. The name of the surviving corporation shall be "Finger Lakes Migrant Health Care Project, Inc."

Paragraph Second: The membership and holders of any certificates evidencing capital contributions or subventions, of the constituent corporation of "Yates County Family Planning Services, Inc." is as follows:

Membership/Certificate Holders	Number	Classification	Voting Rights
--------------------------------	--------	----------------	---------------

\_\_\_NONE\_\_\_

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Paragraph Third: The membership and holders of any certificates evidencing capital contributions or subventions, of the constituent corporation of "Finger Lakes Migrant Health Care Project, Inc." is as follows:

Membership/Certificate Holders	Number	Classification	Voting Rights
--------------------------------	--------	----------------	---------------

\_\_\_NONE\_\_\_

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Paragraph Fourth: There are no amendments or changes to the certificate of incorporation of the surviving corporation to be effected by the merger at this time.

Paragraph Fifth: The effective date of the merger shall be the date of filing with the New York State Department of State, Division of Corporations.

Paragraph Sixth: The date of filing of the certificate of incorporation of constituent corporation "Yates County Family Planning Services, Inc." with New York State Department of State is February 13, 1973.

Paragraph Seventh: The date of filing of the certificate of incorporation of constituent corporation "Finger Lakes Migrant Health Care Project, Inc." with New York State Department of State is January 24, 2000.

Paragraph Eighth: The manner by which the merger was authorized by constituent corporation "Yates County Family Planning Services, Inc." is as follows:

Yates County Family Planning Services, Inc. Board of Directors voted in favor of this merger on September 8, 2009.

Paragraph Ninth: The manner by which the merger was authorized by constituent corporation "Finger Lakes Migrant Health Care Project, Inc." is as follows:

Finger Lakes Migrant Health Care Project, Inc. Board of Directors voted in favor of this merger on September 9, 2009.

Paragraph Tenth: That the approval of this merger by the New York State Department of Health, as required by Section 404 of the Not-for-Profit law, is annexed hereto.



Yates County Family Planning Services, Inc.  
Constituent Corporation

Dated: 6/14/10

\_\_\_\_\_  
By: Marty Blumenstock  
Title: Executive Director

STATE OF NEW YORK COUNTY OF YATES } ss.:

Before me personally came Marty Blumenstock, in his/her capacity as Executive Director of Yates County Family Planning Services, Inc., to me personally known and known to me to be the same person in and who executed the within Instrument.

\_\_\_\_\_  
Notary Public

Finger Lakes Migrant Health Care Project, Inc  
Constituent Corporation and Surviving Corporation

Dates: 6/14/2010

\_\_\_\_\_  
By: Mary Ann Zelazny  
Title: Chief Executive Officer

STATE OF NEW YORK COUNTY OF YATES } ss.:

Before me personally came Marty Blumenstock, in his/her capacity as Executive Director of Finger Lakes Migrant Health Care Project, Inc., to me personally known and known to me to be the same person in and who executed the within Instrument.

\_\_\_\_\_  
Notary Public

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# 1.a.2 FQHC Subcontract

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## STANDARD AGREEMENT SUMMARY PAGE

Name of Community Agency:

Project Name:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Grant#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Fiscal Year: \_\_\_\_\_

Employer ID #: \_\_\_\_\_

Agreement Dates: From \_\_\_\_\_ to \_\_\_\_\_

Source of Funds:

<u>Name</u>	<u>CFDA Acct. #</u>	<u>Amount</u>
1. Federal Title X _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

TOTAL GRANT AWARD: \$ \_\_\_\_\_

Type of Community Agency:

Type of Agreement

\_\_\_\_\_ 1. An individual doing business as \_\_\_\_\_

\_\_\_\_\_ New

\_\_\_\_\_ 2. A partnership \_\_\_\_\_

\_\_\_\_\_ Renewal

\_\_\_\_\_ 3. A corporation of the State of \_\_\_\_\_

\_\_\_\_\_ Amendment

\_\_\_\_\_ 4. Other: \_\_\_\_\_

\_\_\_\_\_ Supplement

# CONTRACT AGREEMENT

THIS AGREEMENT is made this **1st** day of \_\_\_\_\_, by and between the, Inc., a non-profit corporation, with its principal offices located at, (hereinafter referred to as the "**Association**") and \_\_\_\_\_, with its principal office located at \_\_\_\_\_ Employer Identification No. \_\_\_\_\_, (hereinafter referred to as the "**Contractor**").

WHEREAS, the **Contractor** has been and is engaged in providing the public with qualified medical, counseling and educational services in the area of family planning;

WHEREAS, the **Contractor** has agreed to provide certain project services, defined for purposes of this Agreement as medical, educational and counseling activities in the area of family planning (hereinafter referred to as "project services"), financed in whole or in part of grant awards identified by source on Standard Agreement Summary Page and in accordance with the goals and policy and procedure statements of the **Association**;

NOW, THEREFORE, in consideration of the mutual promises contained therein, the **Association** and **Contractor** hereby agree to the following terms effective \_\_\_\_\_.

### 1. TERM OF AGREEMENT

This agreement is for a term of **12 months** commencing \_\_\_\_\_terminating \_\_\_\_\_except as provided elsewhere in this Agreement.

### 2. SCOPE OF WORK OF THE CONTRACTOR

Project services, including medical, counseling, and educational family planning services will be offered and provided by the **Contractor** to the general public, a minimum of \_\_\_\_\_ persons, in accordance with written policies and plans promulgated by the **Contractor** and in compliance with the goals of the **Association**, current and any amendments of the *Association Standards*, DHHS Guidelines and other applicable laws and regulations. The **Contractor** will provide services in the geographical area of \_\_\_\_\_ (hereinafter referred to as "geographical area").

### 3. COMPENSATION

- a. Maximum Compensation: In no event shall the sum paid to the **Contractor** by the **Association** under the terms of this Agreement exceed \$\_\_\_\_\_in the aggregate, subject to the conditions and limitations of this Agreement and the availability of funds.
- b. Method of Payment: Upon execution of this Agreement, the Association shall remit to the **Contractor** partial payments of the Agreement price as follows: Checks will be issued in equal **QUARTERLY** amounts.
- c. Other Payment: N/A

Payment may be delayed when: 1) **Contractor** has not submitted required program and/or fiscal reports, or 2) **Contractor** has materially failed to comply with the terms and conditions of this Agreement as determined by the **Association**.

Notwithstanding the foregoing, no payments will be made until the **Association** pursuant to its grants from DHHS has received payment. In no event will the amount payable under this Agreement exceed the Agreement price set forth in Section 3(a) of this Agreement.

**4. CONTRACT ADMINISTRATION, COMPLIANCE EVALUATION AND COORDINATION**

a. Contract Administrator: The Association’s Contract Administrator will administer this Agreement. The Contract Administrator is designated as:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All financial reports, progress reports, correspondence and related submissions from the Contractor will be directed to the Contract Administrator.

The following riders are incorporated into this agreement by reference:

- Rider A    Section A - Specifications of Work to be Performed
- Section B - Compliance Requirements
- Section C - Reporting Requirements
- Section D - Narrative/Objective Work Plan\*
- Section E - Budget\*
- Rider B    Clinical Services - Other Provisions

**SIGNED**

DATED: \_\_\_\_\_ BY \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Type Name and Title

CONTRACTOR:

DATED: \_\_\_\_\_ BY \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Type Name and Title

\* Examples of Sections D and E can be found in 1.a.3 FQHC Subcontract Grant Application.

# RIDER A

## SECTION A: SPECIFICATIONS OF WORK TO BE PERFORMED

### 1. PROJECT SERVICES

Certain project services, including clinical, counseling, and educational family planning services, will be offered and provided by **Contractor** to the general public in accordance with policies and plans promulgated by **Association**. Services provided by **Contractor** will satisfy the conditions of "Family Planning Encounter" and "Family Planning Encounter with an Other Health Provider" as defined in Section 4. **Association** will provide **Contractor** with necessary forms which must be completed by **Contractor** and submitted to **Association** to document that project clinical, educational and counseling family planning services were provided and to collect client demographic information necessary for FPER reporting of Family Planning Users. **Contractor** will ensure that these project services are provided in accordance with the following conditions:

- Eligibility: **Contractor** must provide project services without the imposition of any duration-of-residency or referral requirements and without regard to the client's religion, race, color, national origin, creed, handicap, sex, parity, marital status, age, and contraceptive preference.
- Voluntary Participation: Acceptance by any individual of **Contractor** services must be solely on a voluntary basis. Individuals must not be subjected to any coercion to receive services or to employ any particular method of family planning. Acceptance of project services must not be a prerequisite to eligibility for, or receipt of, any other service, or assistance from, or participation in, any other programs of the **Contractor**.
- Confidentiality: **Contractor** must assure client confidentiality and provide safeguards for each individual against the invasion of personal privacy, as required by the Federal Privacy Act. No information obtained by the project staff about an individual receiving service may be disclosed without the individual's consent, except as required by law or as necessary to provide services. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the client.
- Information and Education Materials: Family Planning information and/or education materials produced or distributed by **Contractor** for clients served by this agreement must be reviewed and approved by a community based materials review committee of the **Association**.
- Clinical Direction: The clinical component of **Contractor** program must operate under the direction of a licensed and qualified physician who is approved to practice by the State of Medicine. The **Contractor** must provide the **Association** current licenses and proof of certificate of insurance for project staff.

### 2. FEES AND BILLING

**Contractor** bills clients on a sliding fee scale based upon income. A client's income level will be determined at the time of initial visit and will be billed accordingly. No client will be denied core services due to inability to pay. Core services include contraceptive family planning only visits and/or contraception supplies. (**Schedule of Project Family Planning Fees Attached**).

### 3. TRAINING AND SUPPORT

The **Contractor** must make provisions to enable staff providing services under this agreement to attend appropriate training programs to upgrade current skills and acquire additional skills. Practitioners may attend annual statewide clinician meetings. **Association** will provide training regarding fundamental family planning and STD information as needed by **Contractor** staff. There will be no charge by **Association** for this training and support.

### 4. PROGRAM MANAGEMENT

The Program Manager or designee meets a minimum of annually with **Association** staff. Program Managers participate in all Quality Assurance and monitoring activities.

**5. DEFINITIONS**

- A. *Family Planning Encounter.* An encounter between a user and a medical or other health care provider, the primary purpose of which is to provide family planning services, i.e., clinical or educational services related to contraception, infertility, or sterilization. Only face-to-face contacts documented in clients’ records will be counted as encounters.
- B. *Family Planning Encounter with an Other Health Care Provider.* An encounter between a non-medical health care provider and a user in which family planning education or counseling services are provided. The counseling should include a thorough discussion of the following:
  - Reproductive anatomy and physiology
  - Infertility, as appropriate
  - STD’s
  - The variety of family planning methods available, including abstinence and natural family planning
  - The uses, health risks, and benefits associated with each family planning method
  - Detailed instruction regarding the adopted method
  - The need to return for evaluation on a regularly scheduled basis and as potential problems are recognized

**6. COMPLIANCE EVALUATION**

**Association** will monitor, review, and appraise the project services provided by **Contractor** hereunder to the extent necessary, including on-site visits, to ensure that all contractual obligations are being met, desired results are achieved, and problem areas are identified where training or technical assistance might be necessary. **(Review Documents Attached)**

**SECTION B: COMPLIANCE REQUIREMENTS**

This section identifies compliance requirements that must be considered in agreements between the and a Community Agency or Private Provider. Below is a summary of required compliance as well as relevant sections within the agreement award.

**(XXX)** Review the **Federal** compliance requirements specific to the following CFDA identifiers:

**CFDA #** 93.217      CFDA # \_\_\_\_\_ CFDA # \_\_\_\_\_

The compliance requirements in applicable marked (X) areas specified below:

**APPLICABLE**

( \_\_\_\_\_ )      **1. INTERNAL CONTROL**

( \_\_\_\_\_ )      **2. STANDARD ADMINISTRATIVE PRACTICES**

**A. OMB Circular A-110/Common Rule:**      **B. Department Additions:**

- |                                  |                       |
|----------------------------------|-----------------------|
| Financial and Program Management | Standards for Bonding |
| Property Standards               | Program Income        |
| Procurement Standards            |                       |
| Reports and Records              |                       |
| Termination and Enforcement      |                       |

(  X  )      **3. ALLOWABLE COSTS/COST PRINCIPLES**  
(  X  ) A-122      (    ) A-87      (    ) A-21

(  X  )      **4. BUDGET COMPLIANCE**

(    )      **5. TYPES OF SERVICE ALLOWED OR UNALLOWED**  
Specific Detail on Agreement Page(s) \_\_\_\_\_ Rider B: Section 3

(  X  )      **6. ELIGIBILITY**  
Specific Detail on Agreement Page(s) \_\_\_\_\_

- (    )     **7. MATCHING REQUIREMENTS**  
Specific Detail on Agreement Page(s)\_\_\_\_\_
- (  **X**  )     **8. REPORTING**  
Specific Detail on Agreement Page(s)\_\_\_\_\_Rider A - Section A\_
- (    )     **9. SUBRECIPIENT MONITORING**  
Specific Detail on Agreement Page(s)\_\_\_\_\_
- (    )     **10. AGREEMENT SETTLEMENT:        **COST BASED TYPE** (    ) )**  
  **UNIT BASED TYPE** (    ) )
- OTHER TYPE** (    ) )
- Specific Detail on Agreement Page(s)\_\_\_\_\_
- (  **X**  )     **11. SPECIAL FINANCIAL PROVISIONS**  
Specific Detail on Agreement Page: **Rider A Section A (2)**  
A.Patient Fee Policy Administration  
B. \_\_\_\_\_

**SECTION C: REPORTING REQUIREMENTS**

**A. Clinical Activity Reports**

1. Monthly Family Planning Encounter Records (FPER)
  - Remitted electronically to Region I Family Planning Data System
  - Report Due: By the 5<sup>th</sup> of Subsequent Month
2. Performance Measures/Work Plan  
Report #1 Due: January 15, 2014  
Report #2 Due: July 15, 2014

**B. Financial Reports**

1. Budget Reports
  - A. First Report Period: July 1, 2013 - December 30, 2013
    - Report Due: January 31, 2014
  - B. Second Report Period: January 1, 2014 - July 31, 2014
    - Report Due: July 31, 2014
2. Other Reports
  - A. Family Planning Annual Report
    - Report Due: January 31, 2014
  - B. Annual OMB A-133 Audit Report
    - Report Due: 30 Days After Publication

## RIDER B

### CLINICAL SERVICES - OTHER PROVISIONS

#### 1. COMPLIANCE EVALUATION AND COORDINATION

The Association will monitor, review, and appraise the Contractor's program to the extent necessary, including on-site visits, to ensure that all contractual obligations are being met, financial operations are properly conducted, resources are managed efficiently, desired results are achieved, and problem areas are identified where technical assistance might be necessary.

If not already in possession of the Contractor, the Association will make available to the Contractor upon request amendments and modifications to the Association's Clinical Standards and Guidelines (hereinafter referred to as "*Association Standards*"), and the DHHS Program Guidelines for Project Grants for Family Planning Services (hereinafter referred to as "*DHHS Guidelines*").

#### 2. SERVICES PROVIDED BY THE ASSOCIATION

The Association will conduct activities to promote the availability and accessibility of high quality family planning services throughout the State of and will maintain management practices to ensure the adequate stewardship of all public and private grant funds administered by the Association. The Association will provide services and coordination at the state level including but not limited to fiscal management; program planning; development and evaluation; quality assessment and assurance of project services; community information and education; training and orientation; resource development; and public information and advocacy. The Association will make available to the Contractor's new management personnel orientation in the Association's goals, structure, policies/procedures, and resources as well as all relevant state and federal guidelines and regulations.

#### 3. PROJECT SERVICE CONDITIONS

Project services provided by the Contractor will be provided under the following conditions:

- a. **Medical Direction and Supervision:** The medical component of the Contractor's program must operate under the direction, supervision and responsibility of a licensed qualified physician who will ensure fulfillment of functions set forth in the Medical Direction/Supervision Policy in the *Association Standards*.
- b. **Service Facilities:** The space in which project services are provided must provide for comfort and privacy during each segment of the clients' total encounter with the Contractor's delivery system. The Contractor must assure accessibility to project services.
- c. **Project Service Personnel:** The Contractor must recruit and select medical and non-medical service personnel professionally that are qualified for the positions to which they are appointed. The Contractor must formally evaluate staff members annually.
- d. **Medical Services:** The Contractor must provide medical services consistent with National Standards of Care including a minimum of a history, a physical examination, appropriate laboratory tests, pregnancy diagnosis, a choice of all available family planning methods (according to the client's medical status), treatment of minor gynecological problems as necessary, and if appropriate, referral of the client to other providers for other possible medical needs or problems. Informed consent for medical services must be documented for all clients as specified in Paragraph 4(e) of this Agreement.
- e. **340B Drugs:** Contractor may provide 340B purchased drugs to patients receiving Title X services and the drugs purchased should be consistent with the scope of the grant project. In addition Contractor is allowed to dispense 340B purchased drugs to Medicaid patients receiving Title X services, as long as it does not trigger a Medicaid "rebate." This means that the Contractor may not bill the state Medicaid program more than the acquisition cost, plus a dispensing fee, for drugs purchased at the 340B price. Dispensing 340B purchased drugs to individuals not defined as Title X encounter could be considered illegal "drug diversion." In addition, purchasing drugs through the 340B program that are to be used for services outside of the scope of the grant project also could fall within the definition of "drug diversion." If Contractor is found to be diverting drugs they could be required by Pharmacy Affairs to pay back all discounts to the manufacturer and could lose their eligibility to participate in the 340B Program.



- f. **Abortion:** The Contractor's services must not include abortion as a method of family planning as specified in the Association's Abortion Policy set forth in the *Association Standards*.
- g. **Educational and Counseling Services:** Educational and counseling services provided by the Contractor to each family planning client must provide adequate information required to make an informed decision which includes at a minimum, information regarding general health maintenance, female and male reproduction, the full range of family planning methods, treatment plans as prescribed by medical services personnel and pregnancy counseling. Limited screening may be provided as specified in service provider manuals for other possible social needs.
- h. **Emergency and Back-up Services:** The Contractor must have in place systems for appropriate and timely response to a client requiring emergency care. Written emergency protocol must be posted. Mutually agreed upon arrangements must exist with other agencies, and/or hospitals to which clients may be referred for problems, complications and other needed care.
- i. **Medical Record:** The Contractor must keep medical records to serve as documentation of all services provided to each family planning client. Medical records must be completely, accurately and timely documented, readily accessible and systematically organized. Records must contain identifying data, consent forms, medical and social history, counseling and consultant notes, follow-up notes, treatment plans, referral to outside sources, progress notes for each encounter including telephone calls, prescription records, laboratory reports, examination findings with the author of each record identifiable. Records must be kept confidential at all times and be accessible only to designated personnel within the service facility.
- j. **Referral and Follow-up Mechanisms:** The Contractor must maintain a formal mechanism for referral and follow-up in accordance with Association policies in order to assure continuity of care.
- k. **Community Information and Education Services:** The Contractor must plan to provide community information and education based on assessment of the needs of the community.
- l. **Information and Education Materials:** Family planning information and/or education materials produced or distributed by the Contractor for clients served under this contract or identifying this project services within the community must be approved by a community based materials review committee of the Association.

#### 4. ADMINISTRATION OF PROJECT SERVICES

The Contractor will employ sound management practices to ensure objectives are met and funds are properly spent in accordance with its written policies and procedures and with the following conditions:

- a. **Management Personnel:** The Contractor must recruit and select management personnel who are qualified to competently and efficiently administer the program.
- b. **Program Management:** The Program Manager or designee meets a minimum of annually with the Association staff. Program Managers participate in all Quality Assurance and monitoring activities.
- c. **Training and Support:** The Contractor must make provisions to enable staff providing services under this agreement to attend appropriate training programs to upgrade current skills and acquire additional skills. Practitioners may attend annual statewide clinician meetings. The Association will provide training regarding fundamental family planning and STD information as needed by Contractor staff. There will be no charge by the Association for this training and support.
- d. **Eligibility:** The Contractor must provide project services without the imposition of any duration-of-residency or referral requirements and without regard to the client's religion, race, color, national origin, creed, handicap, sex, parity, marital status, age, and contraceptive preference. Priority must be given to the provision of services to persons from low-income families (families whose income falls at or below the poverty level based upon federal income guidelines for the current program year.)

- e. **Charges:** The Contractor must not charge for any family planning only services or supplies provided to a person from a low income family, as defined in paragraph 4 (d), except to the extent that the charges can be billed to a third party provider which is authorized or is under legal obligation to pay such charge. The Contractor must inform every low income client as defined in paragraph 4 (d) that they are eligible for free services and that any payment for family planning only services or supplies is voluntary. The Contractor may charge for services or supplies to persons other than those from low income families, and such charges must be in accordance with a sliding fee schedule which must be submitted by the Contractor to, and approved by, the Association. The Contractor must revise the fee schedule whenever required by the Association in order to ensure compliance with applicable guidelines and regulations and Association policy statements set forth in the *Association Standards*. Charges must be made in a manner that will not constitute a barrier to the provision of services. No patient will be denied services because of an inability to pay.
- f. **Voluntary Participation:** Acceptance by any individual of the Contractor's services must be solely on a voluntary basis. Individuals must not be subjected to any coercion to receive services or to employ any particular method of family planning. Acceptance of project services must not be a prerequisite to eligibility for, or receipt of, any other service, or participation in any other programs of the Contractor.
- g. **Informed Consent:** Informed consent documenting the client's voluntary consent to receive project services must be signed by the client prior to the provision of any medical services. To give informed consent for contraception the client must receive education on the benefits and risks of the various contraceptive methods, including alternatives and details on the safety, effectiveness, potential side effects, complications, and danger signs of the method(s). Forms for each contraceptive method, including sterilization, must be a part of the Contractor's service system.
- h. **Confidentiality:** The Contractor must assure client confidentiality and provide safeguards for each individual against the invasion of personal privacy, as required by the Federal Privacy Act. No information obtained by the project staff about an individual receiving service may be disclosed without the individual's consent, except as required by law or as necessary to provide services. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the client.
- i. **Client Feedback:** The Contractor must periodically elicit and document client feedback on services.

## 5. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

By signing this Agreement, the Contractor agrees that it shall deliver systems and services that are compliant with Title II, Subtitle F, Section 261-264 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, titled "Administrative Simplification" and the rules and regulations promulgated hereunder. In addition, the Contractor will ensure compliance with all HIPAA requirements across all systems and services related to this Agreement, including transaction, common identifier, and privacy and security standards, by the effective date of those rules and regulations. The Contractor will comply with the rules and regulations, and will implement these rules and regulations so as to achieve consistency in data collection, validation, storage, retrieval, and consolidation with all the Association's programs.

To the extent the Contractor is considered a Business Associate under HIPAA, the Contractor shall execute and deliver in form acceptable to the Association a Business Associate Agreement (BA Agreement). The terms of the BA Agreement shall be incorporated into this Agreement by reference. The Association shall have recourse to such remedies as are provided for in this Agreement for breach of contract, in the event the Contractor either fails to execute and deliver such BA Agreement to the Association or fails to adhere to the terms of the BA Agreement.

## 6. NOTIFICATION REGARDING KEY PERSONNEL CHANGES

In the event of the resignation, retirement, reassignment, or termination of Contractor staff funded by this agreement, the Contractor will be responsible for notifying the Association's contract manager of such change in writing within ten (10) working days after the Contractor has been notified of the change.

## 7. LIMITATIONS ON EXPENDITURES AGAINST GRANT FUNDS

Expenses charged against grant funds provided under this Agreement may not be incurred prior to the effective date of this Agreement or subsequent to the termination date of this Agreement; expenses incurred by the Contractor for project services pursuant to this Agreement must be supported by approved contracts, purchase orders, requisitions, bills, or various other evidence of liability. The Association, in consultation with the Contractor, will determine the disposition of unexpended funds at the termination of the Agreement.

## 8. FINANCIAL ACCOUNTABILITY

- a. **Fiscal Management:** The Contractor will maintain management and accounting practices that provide adequate stewardship of the grant funds, and will assure that the cost of activities supported by this Agreement comply with the allowable costs found in Subpart A, Title 45, Code of Federal Regulations, Part 74, (45 CFR 74), OMB Circular A-110, and A-122. The Contractor will be accountable to the Association for the grant funds provided under this Agreement and any other grant related income. For the purposes of this Agreement, grant related income is defined as any income generated from the delivery of project services including Social Services, Medicaid (XIX) and other third party payments, client payments, and income produced by services of individuals, employment of equipment, facilities, general services or supplies of the Contractor. The Contractor must maintain records of receipt and disposition of grant related income in the same manner as required for funds that give rise to the income.
- b. **Financial Reporting:** The Contractor must report to the Association all revenues and total expenditures of all grant funds and grant related income in the Interim and Final Reports of Actual Revenue and Expenditures required under Paragraph 8 (a) of this Agreement.

## 9. REPORTS AND OTHER RECORDS

- a. **Required Reports:** The Contractor will submit the FPER reports as may be required from time to time by the Association. The Association at any time may modify the format or forms required to be filed hereunder. Failure to submit required reports within the time allowed or to meet content requirements, without acceptable explanation, may result in reinforcement actions (such as withholding payments, suspension or termination of contract).
- b. **Access to Project Records:** The Contractor will prepare, retain for a period of five years or such longer period as may be required by law, and permit the Association to inspect as it deems necessary for grant purposes, any property, financial and other records that might be relevant to the Association, including client records for the purpose of monitoring quality of care. Provisions of applicable Privacy Acts and regulations shall govern access to all such records.

## 10. AUDITS, REPORTS, AND FINANCIAL STATEMENTS

The amount of audit reporting shall be determined by amount of Federal and State funds received. This Agreement is funded with Federal funds. Audits of these funds must be performed in accordance with applicable Federal and State standards as well as compliance requirements specified in Rider A (Section B). These standards include G.A.O. "Standards for Audits of Governmental Organizations, Programs, Activities and Functions" and O.M.B. Circulars A-110 (Attachment F), A-122, and A-133, and State of Uniform Accounting and Auditing Practices for Community Agencies (MAAP). Any required reports must include reference to these standards. Any auditor engaged by the Contractor shall make working papers available to , Inc., and its auditors.

The format of financial statements and related schedules must be presented in detail sufficient for Inc., to identify the funds provided under this agreement and the expenditure and balances of funds at both fiscal year end and at the end of the term of this agreement. The Contractor agrees to provide two (2) copies of all audit reports, reports of agreed-upon procedures and correspondence resolving audit issues within thirty days of publication to the Association.

## 11. USER REPORTING SYSTEM

The Contractor must prepare a Family Planning Encounter Record (FPER) for each user encounter as defined in the FPER Instruction Manual. The FPER for each such encounter must be reported to the Association by the 5<sup>th</sup> working day of the following month after the encounter. A paper or electronic facsimile copy of the original FPER information must be retained for each client indefinitely. Subsequent FPER information (either paper forms or electronic records) must be retained for 15 months.

## 12. EQUAL EMPLOYMENT OPPORTUNITY

The Contractor will not discriminate against any employee or applicant for employment relating to this Agreement because of race, color, religion, sex, age, national origin or physical handicap. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause. The Contractor will, in all solicitations or advertisements for employees placed by or in behalf of the Contractor relating to this Agreement, state that all qualified applicants will receive consideration for employment without such discrimination. The Contractor will warrant that the forgoing provisions will be inserted in subcontracts for any work covered by this Agreement so that such provisions will be binding upon each subcontractor, except for contracts or subcontracts for standard commercial supplies or raw materials.

### **13. SUBCONTRACTS & SUBCONTRACTOR MONITORING**

The Contractor will make no contracts with any other party for furnishing any of the work or services herein contracted for without the prior written consent, guidance and approval of the Association. Any subcontract hereunder entered into subsequent to the execution of this Agreement must be endorsed "approved" by the Association before it is reimbursable hereunder. This provision will not be understood to mean the approval of contracts of employment between the Contractor and its employees assigned for services thereunder nor for employment of "locum tenens" to meet staffing obligations.

The compliance requirements of this Agreement pass through and apply to subcontracts as defined in the prior paragraph. The Contractor is responsible for maintaining systems and procedures to monitor and verify subcontractor compliance.

### **14. EQUIPMENT**

Equipment is defined as an item with a unit acquisition cost which is greater than \$5,000 and has an anticipated useful life of one year or more. The Contractor will identify equipment purchased in accordance with standard property controls. The Contractor will maintain equipment in proper operative condition throughout the life of the project and keep a detailed inventory of such equipment. Upon completion of the project, the Contractor will provide the Association an itemization of all non-consumable property purchased with grant funds, including any stolen or damaged property. The disposition of the property will be determined in accordance with applicable regulations.

### **15. INSURANCE**

The Contractor will ensure that all individuals performing project services under this Agreement are covered by appropriate policies for malpractice and/or liability insurance, to wit the Federal Tort Claims Act (FTCA).

### **16. INDEMNITY**

The Contractor agrees to hold harmless the Association, its successors, assigns, officers, directors and employees and to indemnify them against all claims, demands, causes of action of all kinds whatsoever, losses, fines, penalties, liabilities and expenses, including reasonable attorney's fees in the two following situations. First, the Contractor so agrees in those instances arising, or alleged to have arisen, out of any acts or omissions to act, whether willful or negligent, by Contractor, its employees, agents or subcontractors. Second, the Contractor so agrees in those instances arising or alleged to have arisen out of an assessment or claim by any person or any government body in matters relating to unemployment, worker's compensation, income tax, social security, or any other program requiring the withholding of funds pertaining, or alleged to pertain, to the employees, agents or subcontractors of Contractor.

### **17. INDEPENDENT CAPACITY**

In performing the services and responsibilities herein, it is mutually agreed and understood that Contractor is at all times acting and performing as an independent contractor. The Association shall neither have nor exercise any control or direction over the methods by which Contractor shall act and perform and shall concern itself only with Contractor's final service product necessary to ensure Contractor's services are rendered in accordance with this Agreement.

Contractor, and any agents or employees of Contractor, are not and will not be considered officers, employees or agents of the Association. Contractor agrees that Contractor, its agents and employees shall not be entitled under this Agreement to any of the rights and privileges established for Association employees. Contractor further understands and agrees that the Association will not withhold from any compensation paid pursuant to this Agreement any sums for income tax, unemployment tax, worker's compensations, social security or any other program requiring withholding, and all such payments are the sole responsibility of Contractor.

### **18. PUBLICATION**

In any published material financed by this agreement the Contractor will include a footnote acknowledging financial assistance from DHHS and indicating that published findings do not necessarily represent the views of DHHS. No prior review of publications by the Association is required.

### **19. PATENTS AND INVENTIONS**

At the completion of the Agreement term, the Contractor will file with the Association a detailed report covering any patents or inventions arising out of project activities financed in whole or part of the funds provided under this Agreement.

## 20. COMPLIANCE WITH REQUIREMENTS

The Contractor warrants that it is familiar with the *Association Standards*, DHHS Guidelines, the FPER Instruction Manual and the applicable local, state, and federal laws and regulations, and represents that it will conduct work hereunder in compliance with such policies, procedures, laws and regulations.

## 21. SUSPENSION

If the Contractor has materially failed to comply with the terms and conditions of this Agreement but there is a possibility that it may take corrective measures, the Association may, after reasonable written notice to the Contractor, suspend the payments due hereunder. No obligations incurred by the Contractor during the period of suspension will be allowable under the suspended grant award; however, the Association may at its discretion allow necessary and proper costs that the Contractor could not reasonably avoid during the period of suspension, provided that such costs would otherwise be allowable. Suspensions will remain in effect until the Contractor has taken corrective action to the satisfaction of the Association, or has given satisfactory assurances to the Association that corrective action will be taken.

## 22. TERMINATION

The Association enters into contractual agreements with the assumption that both parties will be able to comply. However, in some instances either the Association or the Contractor is not able to fulfill the terms of the contract, and must initiate termination of that contract.

1. The Association shall have the right to terminate contracts immediately through written notification by certified mail to Contractor when:
  - a. The federal government fails to provide the Association with agreed upon funds; or
  - b. The State of fails to provide the Association with the agreed upon funds; or
  - c. In the opinion of the Association the life, health or safety or welfare of persons receiving service is in jeopardy.
2. The Association shall have the right to terminate contracts 30 calendar days after written notification by certified mail of the action by the Association when:
  - a. The Association has determined the quality of existing service(s) does not meet acceptable standards; or
  - b. The Association has determined that the Contractor is unable or unwilling to comply with the contract; or
  - c. The status of any required licenses or certifications of the Contractor change.
  - d. A Contractor fails to submit to the Association required fiscal and/or service reports within 60 calendar days of the due dates; or
  - e. The Association has requested written clarification, revision and/or amendment of a grant, and the Contractor does not respond within 60 calendar days.
3. A Contractor wishing to terminate a contract with the Association during the effective dates of the contract shall submit written notification of the action to the Association at least 30 calendar days prior to terminating service to Association funded clients. In the event this is not complied with, the Association, in addition to other remedies, may withhold any funds due the Contractor.

## 23. APPEAL PROCESS FOR TERMINATION OF CONTRACTS

In the event a termination of contract decision by the Inc., occurs in the funding of services, the following appeal process is intended to secure and protect the interests of both the Contractor and the Association.

1. Notification of Right to Appeal: A Contractor found ineligible for further funding shall receive written notification. At a minimum, the written notice to discontinue, terminate, suspend, or reduce funding shall contain the following:
  - The date of intended action;
  - The action the Association is proposing to take;

- The reason(s) for the proposed action;
  - Reference to the specific rules or regulations supporting such action;
  - Explanation of the delegate agency(s) right to request an informal conference or a formal hearing;
  - The circumstances under which funding would be continued if a hearing is requested.
2. Informal Conference: If a delegate agency desires an informal conference regarding an Association decision, it may request such either orally or in writing by contacting the President/CEO of the Association within 15 days of notification of the decision. The President/CEO shall notify the President of the Board of Directors of the Association of all such requests.
  3. Formal Hearing: A request for a formal hearing is defined as an oral or written statement by the delegate agency requesting the opportunity to present the case to a higher authority. This request shall be made to the President/CEO of the Association who will forward it to the President of the Association Board of Directors within three (3) working days.

The President of the Board of Directors shall be responsible for convening the Appeals Committee. The Committee shall consist of three (3) members of the Board of Directors.

#### **24. ASSIGNMENT OR TRANSFER OF THE AGREEMENT**

The Contractor will not transfer, assign, or otherwise dispose of this Agreement or any portion thereof, without prior written request to and prior written consent of the Association. No subcontracts or transfer of this Agreement will in any case release the Contractor of its liability under this Agreement.

#### **25. AMENDMENT**

This Agreement may be amended only by written Agreement of both the Contractor and the Association. Changes requiring written amendment include but are not limited to changes in the scope of project services, program directions or scope of emphasis, and budget category allocations.

#### **26. CONFLICT OF INTEREST**

Neither the Association nor the Contractor will employ any individual who during the term of this Agreement shall directly or indirectly benefit financially from employment or affiliation with the other if by doing so, such individuals may use their position for purposes that are or give the appearance of being motivated by a desire for private gain for themselves, or others with whom they have personal, family or economic ties.

#### **27. INTERPRETATION AND PERFORMANCE**

The laws of the State of will govern this Agreement as to interpretation and performance.

#### **28. CONTRACTING OF GRANT-SUPPORTED EFFORT**

This Agreement does not affect the Association's overall responsibility as grantee of DHS and DHHS funds for the direction of the family planning project and accountability to the State of and Federal Governments.

#### **29. ENTIRE AGREEMENT**

This Agreement contains the entire agreement of the parties, and neither party will be bound by any statement or representation not contained herein, except for any special conditions attached to this Agreement and initialed by the Authorized Representative of each party.

# 1.a.3 FQHC Subcontract Grant Application



FAMILY PLANNING ASSOCIATION OF MAINE

**FY2014 • Clinical Services**

Family Planning Association of Maine, PO Box 587, Augusta ME 04332-0587

## **FY2014 FAMILY PLANNING GRANT APPLICATION INSTRUCTIONS**

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# Clinical Services

## A. UNIQUE USERS SERVED

**Performance Measure Definitions, Exhibit I.** Applicants must provide program plans to serve the family planning needs of low-income women, men, teens, and MaineCare users.

### 1. FY2014 Workplan and Reporting Form.

The program workplan is meant to be an ongoing monitoring and evaluation tool for the FQHC and Family Planning Association of Maine. See **Exhibit II, Family Planning Workplan and Reporting Form, Performance Measures 1-5.**

**Please note:** When reporting on performance measures 2-5, under the 'outcome' column only, the number served for both the measure and total clients served should be reported for that 6-month period only.

**a. Evaluation** system and plan to assess, at a minimum, success or failure in meeting performance measures; effectiveness in meeting stated needs of the target population; effectiveness and efficiency of program operations; and the process to assess client satisfaction. **See Exhibit III, SAMPLE Workplan and Reporting Form.**

**Please note that for submission of grant application only:** Forecast baseline for FY2014 based on the first 3 quarters of FY2013.

**b. Progress.** Explanation to support performance measure outcome.

## B. GUIDELINES FOR FAMILY PLANNING CLINICAL SERVICES

Each sub-recipient is expected to use these guidelines as minimum expectations for clinical services; the document does not preclude a sub-recipient from providing a broader scope of services. These guidelines will form the foundation reference for medical protocols.

Sub-recipients must provide clinical medical services necessary to safely provide all family planning methods.

Follow-up treatment for significant problems uncovered by the history or screening, physical or laboratory assessment or other required (or recommended) services for Title X family planning patients should be provided onsite *or by appropriate referral* per the following clinical practice guidelines:

- US Preventive Services Task Force (USPSTF) *Guide to Clinical Preventive Services, 2010-2013 (or most current version)*. <http://www.ahrq.gov/clinic/pocketgd1011/pocketgd1011.pdf> and Screening for Cervical Cancer: The U.S. Preventive Services Task Force (USPSTF) current recommendations on screening for cervical cancer, Release Date: March 2012, <http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>.
- USDHHS Centers for Disease Control and Prevention (CDC), *2010 and updates for current Guidelines for Treatment of Sexually Transmitted Diseases*.
- American College of Obstetrics and Gynecology (ACOG), *Guidelines, Opinions and Practice Patterns*.
- ASCCP *Patient Management Guidelines for Abnormal Cervical Cancer Screening Test 2013 Consensus Guidelines*.
- American Cancer Society (ACS) *Guidelines for Early Detection of Cancer*.
- *Futures Without Violence Clinical Guidelines on Responding to Adolescent Relationship Abuse* [futureswithoutviolence/adolescents.org](http://futureswithoutviolence.org/adolescents.org)
- *Futures Without Violence Clinical Guidelines Addressing Intimate Partner Violence, Reproductive and Sexual Coercion* [healthcaresaboutipv.org](http://healthcaresaboutipv.org)
- *Contraceptive Technology, 20<sup>th</sup> Revised Edition* [www.contraceptivetechnology.org](http://www.contraceptivetechnology.org)
- CDC MMWR, *US Medical Eligibility, Criteria for Contraceptive Use, 2010* <http://www.cdc.gov/mmwr/pdf/rr/rr59e0528.htm>
- CDC MMWR, *US Selected Practice Recommendations for Contraceptive Use, 2013 Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2<sup>nd</sup> Edition* <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm>
- Other relevant clinical practice guidelines approved by the FPA Clinical Advisory Committee. See FPA's Standards and Guidelines Manual (2010).



**C. REPORTING REQUIREMENTS**

All reports are due on or before (twice annually):

1. January 15
2. July 15

**D. ADDITIONAL FORMS AND EXHIBITS**

**Please complete and submit the following forms:**

**Exhibit IV**, Family Planning Service Site Information

**Exhibit V**, Services Provided Within Title X Program

**Exhibit VI**, Title X Assurance Of Compliance, FQHC President/CEO Signature Required

**Exhibit VII**, Clinic Site(s) of FQHC

**E. ORGANIZATION, ADMINISTRATION AND MANAGEMENT****1. Organizational Structure - Applicants should provide:**

- a. Articles of incorporation and bylaws. Updates to bylaws, if applicable;
- b. An organizational chart that describes the location of the Title X program within the organizational structure; and
- c. A list of governing board and/or advisory board members that identifies expertise and population represented. Process for selection and rotation of board members should be included in appendices.

**2. Adherence to State Laws Regarding Reporting of Child Abuse, Child Molestation, Sexual Abuse, Rape, or Incest (State Reporting Laws)**

Provide FQHC policy and procedures regarding adherence to State law(s) requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. Include the procedures for ensuring that the policy is implemented. This includes sex trafficking defined as "*Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.*" Accessed at this site on April 12, 2012: <http://www.acf.hhs.gov/programs/orr/policy/sl01-13.htm>

U.S DHHS-Administration for Children & Families

[http://www.acf.hhs.gov/trafficking/campaign\\_kits/tool\\_kit\\_health/health\\_provider.ppt](http://www.acf.hhs.gov/trafficking/campaign_kits/tool_kit_health/health_provider.ppt)

Public Law 106-386—Oct. 28, 2000, Victims Of Trafficking And Violence Protection Act Of 2000.

<http://www.state.gov/documents/organization/10492.pdf>

**3. Family Planning Coordinator**

The Family Planning coordinator is responsible for clinical and non clinical staff orientation, annual trainings and updates. FPER data collection, lead person for QI activities per contract, attendance of at least one FPA training. Staff orientation includes:

- Title X background and orientation, [www.OPA.gov](http://www.OPA.gov)
- Title X Family Planning
- Title X Clinical Guidelines
- FPER Definition
- FPAM Standards & Guidelines Manual
- QI Monitoring Activities

**4. Bilingual Services**

Describe the provision of culturally and linguistically appropriate services based on the needs assessment, if appropriate.

**F. BUDGET INFORMATION**

The form included with this application package should be reproduced, as needed, consistent with these instructions.

1. Project Budget – Income (FORM-003). Summary of expected defined project revenues by type.
2. Project Budget – Expense (FORM-004). Summary of defined project expenses by category.

3. Budget Justification - Personnel Expenses (FORM-005). Show all personnel costs related to this project.
4. Other Direct Expense Justification (FORM-007). Narrative of all other costs included on FORM- 004 associated with providing contraceptive supplies to family planning clients qualifying for services and supplies at no charge, based on fee policy guidelines.
5. Sliding Fee Scale. Please provide a copy of your sliding fee scale including Title X charges.
6. Exhibit I

## EXHIBIT I PERFORMANCE MEASURE DEFINITION

***Objective A: Decrease unintended pregnancies in Maine by providing family planning clinical and educational services to women, men, and teens with a focus on clients with low incomes.***

### **Family Planning Performance Measure #1**

**Goal:** To improve access to clients for family planning services.

**Measure:** Total number of family planning clients to be served.

**Definition:** Total number of family planning clients.

**Data Source:** Region I Title X Data System, Standard Management Reports, U1-User Summary By New and Continuing Users, Table A; Delegate Data System.

### **Family Planning Performance Measure #2**

**Goal:** To improve access to reproductive services by males.

**Measure:** Proportion of male clients served.

**Definition:** **Numerator:** Number of male clients served.

**Denominator:** Total number of clients served for 6-month period.

**Data Source:** Region I Title X Data System, Standard Management Reports, U1-User Summary By New and Continuing Users, Table A; Delegate Data System.

### **Family Planning Performance Measure #3**

**Goal:** To increase access to reproductive services by adolescents.

**Measure:** Proportion of clients under 20 years of age in family planning caseload.

**Definition:** **Numerator:** Number of teens served.

**Denominator:** Total number of clients served for 6-month period.

**Data Source:** Region I Title X Data System, Standard Management Reports, U4-User Poverty Level Summary, Table A; Delegate Data System.

### **Family Planning Performance Measure #4**

**Goal:** 100% of patient charts have Primary Birth Control Method documented

**Measure:** Number of charts with primary birth control not documented

**Definition:** **Numerator:** Number of charts with documented primary birth control method.

**Denominator:** Total number of clients served for 6-month period.

**Data Source:** Region I Title X Data System, AdHoc report, Detailed, Gender Female/Male, Primary Contraceptive: method selected

### **Family Planning Performance Measure #5**

**Goal:** Maintain documentation for Title X Guidelines

**Measure:** Compliance with documentation

**Definition:** Qualitative: Staff orientation and compliance

**Data Source:** Region I Title X Data System, AdHoc Detailed report, Agency chart audit

## EXHIBIT II FAMILY PLANNING WORKPLAN AND REPORTING FORM, PERFORMANCE MEASURES 1- 5\*

Action Plan	Evaluation Plan	Progress (Please provide a brief explanation to support this performance measure's outcome.)	Outcome
<b>Performance Measure #1: Total number of family planning clients to be served</b> Agency Baseline FY2013 _____ Agency Target FY2014 _____			
			July 1 to Dec 31 Total (cumulative from July 1) _____
			Jan 1 to June 30 Total (cumulative from July 1) _____
<b>Performance Measure #2: Proportion of male clients served</b> Agency Baseline FY2013 _____ Agency Target FY2014 _____			
			July 1 to Dec 31 Male Clients _____ Total Clients _____
			Jan 1 to June 30 Male Clients _____ Total Clients _____
<b>Performance Measure #3: Proportion of clients under 20 years of age in family planning caseload</b> Agency Baseline FY2013 _____ Agency Target FY2014 _____			
			July 1 to Dec 31 Clients < 20 years of age _____ Total Clients _____
			Jan 1 to June 30 Clients < 20 years of age _____ Total Clients _____
<b>Performance Measure #4: Number of charts with primary birth control not documented</b> Agency Baseline FY2013 _____ Agency Target FY2014 _____			
			July 1 to Dec 31 Charts w/ primary method not documented _____; Total Clients _____
<b>Performance Measure #5: Utilization of family planning template for all family planning visits</b> Agency Baseline FY2013 _____ Agency Target FY2014 _____			
			July 1 to December 31 Total Clients _____
			January 1 to June 30 Total Clients _____

\*This chart has been condensed for its original format to be included in the workbook. An sample work plan can be found in 1.a.3 FQHC Subcontract Grant Application.

## EXHIBIT III SAMPLE FAMILY PLANNING WORKPLAN AND REPORTING FORM

Performance Measure #5			
Proportion of clients under 20 years of age in family planning caseload.			
Action Plan	Evaluation Plan	Progress <small>(Please provide a brief explanation to support this performance measure's outcome.)</small>	Outcome
<ol style="list-style-type: none"> <li>1. Conduct a survey of teen clients regarding cost, access, convenience.</li> <li>2. Contact with community organizations serving youth.</li> <li>3. Consider conducting a parent's night to discuss teen sexual health issues.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review survey results with all staff and develop an action plan based on results</li> <li>2. Conduct a zip code analysis by age to determine where teens are live who receive services—track outreach efforts.</li> <li>3. Are parents talking to their teens about sexual health issues and clinical services?</li> </ol>	<p>We have conducted the survey of 50 teens. The staff has reviewed the results and we are looking to improve our after-school hours to be more convenient for teens.</p>	<p>FY2013 Agency Baseline <u>26%</u> FY2014 Agency Target <u>27%</u></p> <p><b>July 1 to December 31</b> Clients under 20 years of age: <u>394</u> Total Clients this period: <u>1,600</u> FY2014 Outcome: <u>25%</u></p>
			<p><b>January 1 to June 30</b> Clients under 20 years of age: _____ Total Clients this period: _____ FY2014 Outcome _____%</p>

## EXHIBIT IV FAMILY PLANNING SERVICE SITE INFORMATION

Agency Name: \_\_\_\_\_

Site Name	Town	Service Area	Office Hours	Clinic Hours	Staff Support <small>(i.e., counselor, NP, MD, etc.)</small>

# EXHIBIT V STATEWIDE MAINE FAMILY PLANNING

Services Provided Within the Title X Program (Make additional copies, if needed.)

<b>Legend</b>	
<b>1</b> = Provided on-site at all delegate sites	<b>3</b> = Referral outside delegate system, but paid for by Title X
<b>2</b> = Provided within delegate system, but not at all sites	<b>4</b> = Not provided

<b>Type of Service-Please fill out for each site and label sites →</b>	<b>Site 1</b>	<b>Site 2</b>	<b>Site 3</b>	<b>Site 4</b>	<b>Site 5</b>	<b>Site 6</b>
<b>Required</b>						
Informed Consent						
Method Specific Consent						
History						
Physical Assessment						
Lab Testing						
Pap Testing						
Client Education/Counseling						
Pregnancy Diagnosis/Counseling						
Male Services						
Identification of Estrogen-Exposed Offspring						
Level I Infertility Services						
All projects must offer a broad range of acceptable and effective medically approved family planning methods and services either on-site or by referral [59.5(a)(1)].						
Emergency Contraception						
Female Sterilization						
IUD/IUS						
Hormonal Implant						
3 Month Hormonal Injection						
Oral Contraceptives						
Hormonal/Contraceptive Patch						
Vaginal Ring						
Cervical Cap/Diaphragm						
Contraceptive Sponge						
Female Condom						
Spermicidal Methods or Products						
Fertility Awareness Methods						
Vasectomy						
Male Condom						
Other Methods						
<b>Related</b>						
Sexually Transmitted Disease Testing						
Sexually Transmitted Disease Treatment						
HIV Services						
Minor GYN Problems						
Health Promotion/Disease Prevention						
Special GYN Procedures						
Abstinence Education						

## EXHIBIT VI TITLE X ASSURANCE OF COMPLIANCE

**<Organization Name>** assures that it will:

1. Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.
2. Provide services in a manner, which protects the dignity of the individual.
3. Provide services without regard to religion, race, color, national origin, handicapped condition, age, sex, number of pregnancies, or marital status.
4. Not provide abortions as a method of family planning.
5. Provide that priority in the provision of services will be given to persons from low-income families.
6. Participate in Title X priorities as outlined by OPA.

Further: **<Organization Name>** certifies that it will:

1. Encourage family participation in the decision of the minor seeking family planning services.
2. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

From Part 59-Grants for Family Planning Services, Subpart A, Section 59.5 (a) 2, 3, 4, 5, and 6.

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Signature

---

President/CEO, please print/type

---

Date

# EXHIBIT VII FAMILY PLANNING ASSOCIATION OF MAINE

## Clinic Site(s) of FQHC

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Administrative Office \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Company's fiscal year \_\_\_\_\_

Company's tax ID number \_\_\_\_\_

Executive Director's Name \_\_\_\_\_

Contact Information:

Contractual Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Data Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Family Planning Coordinator \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Please copy for additional site information

# Section 2: Decision Making

Strategic planning and engaging stakeholders are key aspects of the decision-making process. These resources have been compiled and designed to support agencies in their strategic thinking as they prepare to make changes to the organization's structure and/or service delivery model.

## a. Strategic Planning

These tools serve as guides to assist organizations engage in sustainability planning in response to the health care environment.

1. Decision-Making Checklist - An outline of questions and considerations to guide organizations in the decision-making process regarding how to engage with FQHCs.
2. Organizational Health Reform Readiness Assessment - A tool to help organizations gauge challenges and opportunities as the organization responds to health care reform.
3. Essential Elements of an Agreement with an FQHC - Guidelines for initiating and maintaining an effective agreement between family planning providers and FQHCs.
4. Prepare for State & Local Requirements for Organizational Change - A guide identifying potential state-specific issues and questions to consider as part of planning for organizational change.

## b. Stakeholder Engagement

These documents can be used as templates and tools for organizations to use when engaging with potential partner organizations, patients, staff, and members of Boards of Directors as part of strategic planning.

1. Talking Points: How to sell Title X to a Potential Partner - Key talking points that can be used to promote the Title X program to potential FQHC partners.
2. Board Member Self-Assessment - A tool that members of the Westside Family Health Services (WFHC) Board of Directors complete each year that highlights agency expectations of members and priorities and guidelines.
3. Patient Experience Survey (English) - A tool that WFHC distributes to patients to assess patient satisfaction with services, the quality of care provided, and to gauge which additional services may be needed.
4. Patient Experience Survey (Spanish) - WFHC's patient experience survey tool in Spanish.



## 2.a.1 Decision-Making Checklist

There are a number of factors to address when making the decision to pursue a formal agreement with an FQHC. The list of tasks below is not sequential or exhaustive. Many tasks will be most effectually performed concurrently as information from one task may inform or raise questions for another.

### Conduct a Needs Assessment

- What are the problems you are trying to address (e.g. financial viability, decreasing patients/visits, need to increase access) and in what order of priority?
- What are the environmental and delivery system issues in your area (e.g. area reproductive health providers, FQHCs in service area, political climate, etc.)?
- Could an arrangement with FQHCs help address the problems and issues you have identified?

### Examine and Assess Potential Options

- Examine the advantages and disadvantages of the various FQHC engagement strategies.
- Identify potential FQHCs to contact.
- Examine the available data on the FQHCs.
- Develop tools and strategies to initiate a conversation including:
  - ▶ Creating talking points that explain the key benefits to a partnership;
  - ▶ Identifying existing relationships with potential FQHC partners; examine organizational history and leadership, including Board and staff, for possible connections; and
  - ▶ Identifying who should be involved in the initial discussions regarding partnership.
- Prepare educational materials to share in discussions (e.g. Title X requirements, information on your current program, the FQHC's UDS patient data, relevant financial information).
- Contact all relevant state and federal agencies including funders to identify any requirements and solicit guidance.

### Establish Contacts and Develop a Joint Plan

- Create a work group to explore relationship; if deemed feasible, the work group should continue to develop and finalize the partnership.
- Include all necessary decision-makers including leadership and Board members.
- Determine when and how to involve staff.
- Conduct due diligence including any legal or financial representatives.

### Establish a Formal Agreement

- Create an agreement that outlines roles and responsibilities for each organization (see document 2.a.5 for important details on agreements).
- Develop and obtain approval for final agreement from Boards of Directors, and state, federal, and legal entities, if applicable.
- Develop a marketing strategy to announce new relationship.

### Conduct Pre-implementation Planning

- Identify potential impacts on the organizations involved and how to address the impacts.
- Identify steps that will be needed for implementation to feed into more specific implementation efforts.
- Develop an implementation timeline that includes key milestones to assess progress.
- Identify staff engagement strategy including staff roles and level of involvement (see document 3.c.1 for more information on involving staff in the decision-making and implementation processes).

# 2.a.2 Health Care Reform Readiness Assessment



This assessment is designed to help your agency's leadership identify areas of challenge and/or opportunity as you adapt to 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.

When combined with an environmental scan, a tool to conduct an external community assessment, this resource can provide a comprehensive overview of organizational sustainability. An updated version of NFPRHA's Environmental Scan can be found at [www.LA40Reources.org](http://www.LA40Reources.org).

## About Your Agency

1. Which of the following best describes your agency?
  - a. Independent family planning health center
  - b. FQHC
  - c. FQHC look-alike
  - d. Public health department
  - e. Planned Parenthood affiliate
  - f. Non-county hospital clinic
  - g. University affiliate
  - h. Other \_\_\_\_\_
  
2. Do you intend to transition to an FQHC or FQHC look-alike?
  - a. Yes to an FQHC
  - b. Yes to an FQHC look-alike
  - c. Not sure/undecided
  - d. No current plan
  
3. Do you currently offer primary care services?
 

Yes      No

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

  - a. Yes, planning to offer primary care services
  - b. Considering whether to offer primary care services
  - c. No current plans to offer primary care services

## Health Care Reform and Your Agency

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

	<b>Very Clearly</b>	<b>Somewhat Clearly</b>	<b>Not Very Clearly</b>	<b>Not At All Clearly</b>
Board of Directors				
Executive Leadership				
Middle Management				
Medical Staff				

2. Overall, how ready is your agency for health care reform?
  - a. Completely ready: Our organization has fully addressed all aspects of reform.
  - b. Nearly ready: Our organization has made substantial progress.
  - c. Partially ready: Our organization has made some progress.
  - d. Beginning to get ready: We have begun work but are in the early stages of planning & preparation.
  - e. Not ready: Our organization has not begun work.

If partial/beginning/not started - What are the main barriers to preparing for health care reform? \_\_\_\_\_

3. Are you currently experiencing or do you expect to experience workforce shortages?

- a. Yes
- b. Not currently, but expect in the next 1- 3 years
- c. No

If “yes” or “not currently, but expect shortages” - In what areas do you see or expect significant shortages? (Check all that apply).

- a. Physicians
- b. Physician Assistants
- c. Nurse Practitioners
- d. Registered Nurses
- e. Medical Assistants
- f. Administrators/Management
- g. Health Information Technology
- h. Other (please specify)

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

	<b>Get Better</b>	<b>Stay the Same</b>	<b>Get Worse</b>
Patient Volume			
Patient Insurance Mix			
Workforce Recruitment			
Workforce Retention			
Program Funding			

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

- a. Very well prepared
- b. Somewhat prepared
- c. Not very well prepared
- d. Not at all prepared

6. Does your agency use any of the following to assist patients with obtaining coverage via the Insurance Marketplace?

	<b>Currently</b>	<b>Plan to Hire/ Partner</b>	<b>Unsure</b>	<b>No Plans to Offer</b>
Navigators				
Application Assisters				
Certified Application Counselors				
Partnership with organizations that provide Marketplace assistance				

7. Will you conduct/participate in any marketing surveys to determine patient preferences and needs related to health care reform?

- a. Yes, already done
- b. Yes, plan to do
- c. Not sure
- d. No plans

## Integration into Regional/Local Delivery Network

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

	<b>Currently Do</b>	<b>Plan To Do</b>	<b>Unsure</b>	<b>No Plans</b>
FQHC				
Family Planning Provider				
Public Health Dept				
Health Insurance Plans				
Local Hospital				
Accountable Care Organization (ACO)				
Other:				

2. Which of the following partnership structures do you currently or plan to utilize? (Check all that apply).
- a. One Way Referral Agreements
  - b. Reciprocal Referral Agreements
  - c. Memorandum of Understanding (MOU)
  - d. Subcontracts to other Agencies
  - e. Subcontracts from other Agencies
  - f. Managed Care Contracts
  - g. Other Insurance Plan Contracts

Other partnership structures (describe) \_\_\_\_\_

3. Are you now or are you planning to become a Patient-Centered Medical Home (PCMH), Patient-Centered Specialty Practice (PCSP) or a women’s health home?
- a. We are currently a PCMH with NCQA recognition.
  - b. We are currently a PCMH without NCQA recognition.
  - c. We are currently a PCSP.
  - d. We are currently a women’s health home.
  - e. We are planning to become a PCMH, PCSP, or women’s health home.
  - f. We are deciding whether to become a PCMH, PCSP, or a women’s health home.
  - g. We have no current plans to become a PCMH, PCSP, or a women’s health home.

## Operations and Finance

### Quality Improvement

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

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

2. Which of the following performance data does your agency collect and report?

	<b>Current</b>	<b>Planned</b>	<b>Considering</b>	<b>No Plans</b>
Clinical outcomes				
Patient satisfaction/experience surveys				
Clinical productivity				
Financial indicators				

### Billing and Coding

3. Does your organization participate in a Qualified Health Plan as an Essential Community Provider?
- a. Yes
  - b. No, but plan to participate
  - c. No, and no plans to participate

4. Which type of insurance do you bill for services?

	<b>Current</b>	<b>Planned</b>	<b>Considering</b>	<b>No Plan</b>
Private Insurance				
Medicaid				
Medicare				

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

- a. Yes, on schedule
- b. Yes, but behind schedule
- c. No, not yet started

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

- a. Yes, currently
- b. No, but planning to
- c. No and no current plans

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

- a. Yes, currently performing
- b. Yes, planning to implement in next 12 months
- c. Yes, planning to implement in 1-2 years
- d. Yes, but not for at least 2 years
- e. No current plans

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

- a. FQHC PPS tool
- b. George Christie tool/services
- c. Curtis Degenfelder tool/services
- d. Bill Bullock tool/services
- e. Other (please specify)

## Health Information Technology

### EHR Implementation

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

- a. Yes, have already implemented EHR
- b. Yes, currently implementing or negotiating a contract
- c. Yes, currently evaluating options
- d. Yes, will develop a plan in the next 1-2 years
- e. No current plans to implement EHR

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

	<b>Very Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Somewhat Dissatisfied</b>	<b>Very Dissatisfied</b>
Transition process				
Functionality				
On-going vendor tech support				

If you answered "somewhat dissatisfied" or "very dissatisfied" to any of the aspects above, please describe the reason: \_\_\_\_\_

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3. Which Electronic Health Record system do you currently have or plan to purchase?
- a. eClinicalWorks
  - b. Epic
  - c. GE Centricity
  - d. NextGen
  - e. Undecided
  - f. Other (please specify) \_\_\_\_\_  
\_\_\_\_\_
4. Currently how easy is it for your staff to create custom reports (e.g. Title X report) from your system?
- a. Very easy
  - b. Somewhat easy
  - c. Somewhat difficult
  - d. Very difficult
5. Do you have or are you planning to purchase additional reporting software?

	<b>Current</b>	<b>Planned</b>	<b>Considering</b>	<b>No Plans</b>
Cognos				
Crystal Reports				
i2i Tracks				
BridgelT				
Other:				

6. Are you already or do you intend to work with your providers to participate in the EHR meaningful use incentives program?
- a. Working on Stage 1
  - b. Working on Stage 2
  - c. Ready for Stage 2
  - d. Plan to work with them
  - e. No current plans to participate
7. Currently, how easy is it for your staff to create custom reports (e.g. Title X report) from your system?
- a. Very easy
  - b. Somewhat easy
  - c. Somewhat difficult
  - d. Very difficult
8. Do you use additional software/tools to gather and analyze quality data?
- a. Yes
  - b. Planning to do so
  - c. Considering doing so
  - d. No plans
- If using or planning to use additional tools, please provide more information on the tools you will/use.

## Health Information Exchanges and Telehealth

9. Do you use health information technology (HIT) to manage the following health information? (Check all that apply).
- a. Centralized appointments and scheduling
  - b. Immunization registry
  - c. Lab results
  - d. Patient summary information (includes patient diagnosis and treatment)
  - e. Pharmacy / ePrescribing
  - f. Provider referrals
  - g. Public health department reporting
  - h. Scheduling for specialty care
  - i. Other \_\_\_\_\_  
\_\_\_\_\_
10. Do any of your sites have a telemedicine program, or do you intend to start one in the future?
- a. Yes, we already have
  - b. Yes, currently implementing or negotiating a contract
  - c. Yes, in the next 2 years
  - d. Yes, but not for at least 2 years
  - e. We could use a telemedicine program but have no current plans to start one
  - f. No, we don't need a telemedicine program
11. Is there anything else you think is important to consider about your plans to operationalize health care reform? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2.a.3 Essential Elements of an Agreement with an FQHC

- 1. Referral:** This is the core of any agreement. Would referral be a two-way street, with patients being referred both from and to your entity? Or is referral one-sided, with patients moving from the more limited service to the more comprehensive service?
- 2. Billing/Use of Grant Funds:** FQHCs and Title X-funded agencies have different systems of billing and funding, with different grant requirements, Medicaid reimbursement structures, and commercial insurance rates. In the past, attempts to negotiate agreements have stalled at this critical point. Consider which entity would bill for services provided under the agreement. When a patient is referred from one system to another and the patient's care may be covered by a grant, would the receiving agency use its grant funds to cover the patient's care? Could there be a sub-contract made which allows grant funds from one entity to be spent in the other?
- 3. Provision of Services and Staffing:** Would one entity have full responsibility for providing services and for staffing the services? Consider whether there are staff that could provide services at both entities, including clinicians, clinical residents during training, and educators. Establish terms for how staff might be "shared," if applicable.
- 4. Provision of Supplies and Equipment:** Include in the agreement terms for provision of supplies and equipment. Would one entity have full responsibility for providing supplies and equipment, or would these expenses be shared? For example, if services are being provided in one entity's site by the other entity, would the "host" entity agree to provide the equipment and supplies needed?
- 5. Medical Records:** How would patient medical records be housed and maintained? Set terms and limitations concerning access to medical records, including how complete/partial charts would be handled. Be prepared to discuss how an established patient in one entity would be treated in the other system – the entity with the established relationship may be wary of "losing" the patient to the other system.
- 6. Confidentiality:** Confidentiality is important in all medical care, but especially in family planning and sexual health. Define how your entity's confidentiality rules and requirements and the FQHC's would be reconciled for the purposes of the agreement.
- 7. Space Requirements:** Include the square footage or number of rooms necessary and appropriate for a successful service. Use of a single room is not likely to be sufficient.
- 8. Administrative Support/Patient Interaction:** Establish responsibility for and procedures for patient scheduling, reminders and follow-up. It may be that one entity would be wholly responsible for these activities.
- 9. Monitoring/Data Collection:** Include requirements for oversight as needed and reporting data, such as financial data or data required for the Family Planning Annual Report.
- 10. Access to books and record-keeping responsibilities:** How would financial records and other non-clinical information be made available between the entities? Set the terms under which each entity has access to information it may need for audits or other reporting and how long records must be maintained.
- 11. Compliance:** Set terms for penalties if one entity does not permit contracted access to medical or financial records. For example, if one entity does not provide information that the other entity needs to successfully bill for a service, the refusing entity could be held responsible for reimbursing the billing entity for the cost of the service.
- 12. Insurance/Indemnification:** Include requirements for the range of business insurances and proof of coverage that each entity would be required to maintain, such as workers' compensation, professional liability, property/casualty and general liability, and unemployment insurance. Include mutual indemnification terms, specifying that one entity shall not be liable for actions/events in the other entity.
- 13. Advertising/Publicity:** Consider including terms about advertising or publicizing the partnership being formed under the agreement. Would each entity have "veto" authority over any advertising or marketing one entity may be planning?
- 14. Term:** Any contract requires a term of length. Consider how long your entity might want to "lock in" the agreement. A minimum of six months' term is recommended to give the agreement time to get established. Agreements for one year, with renewal terms, are common. Include a thirty-day "out" clause as well.
- 15. Amendment:** Make sure the agreement provides for amendments.

# 2.a.4 Prepare for State & Local Requirements for Organizational Change

In addition to federal requirements for both Title X and section 330 programs, each state may have a variety of requirements for health care agencies and service providers, including site licensure, certification, and other regulations. In general, state health and insurance departments, health planning agencies, and professional boards are responsible for the issuance and monitoring of those requirements. In some cases, local agencies may also have requirements, especially related to public health and safety issues such as facility inspections and local zoning laws. Other requirements may relate to both public and private insurance reimbursement.

## Initial Considerations:

1. Obtain legal and financial expertise to help define the steps necessary to move forward with the new organizational model, for example, attorneys or certified accountants that have specific knowledge.
2. Identify key contacts at federal, state, and local levels who may provide guidance and expertise on making the changes, i.e. state project manager, Title X Regional Program Coordinator, contacts at National Family Planning Training Centers, other grant project managers.

The necessary actions needed to meet local and state regulations vary depending on how the organization has chosen to adapt and relevant state laws. This table can help you identify specific areas that may be impacted and steps you can take to prepare.

Questions to Ask	Considerations and Actions
How might existing grant requirements influence <b>or</b> be affected by a change in service delivery model?	<ul style="list-style-type: none"> <li>• Engage both federal and state programs that support your current business model in preliminary discussions to identify how to move forward.</li> <li>• Define any grant-required documents or approvals you need to complete and any requirements for participating partners.</li> <li>• Compare requirements of existing and new grants to identify overlap or conflicts.</li> <li>• Develop a plan for ongoing communications for funders, state contacts, and stakeholders regarding implementation of changes.</li> </ul>
Are you making changes in your facilities or in the services you provide?	<ul style="list-style-type: none"> <li>• Clinic licensure to operate.</li> <li>• Certificate of Need (CON) laws.</li> <li>• Local requirements regarding zoning, facility inspections, etc.</li> <li>• Specific laboratory considerations related to adding or modifying services.</li> </ul>
How will the changes impact the organization's structure?	<ul style="list-style-type: none"> <li>• State corporation entities may have requirements.</li> <li>• Does staff size alter adherence to federal, state, or local regulations, i.e. employment laws like the Family Medical Leave Act?</li> <li>• Union or other contract agreements.</li> </ul>
Will the organizational changes impact Medicaid and commercial insurance contracts or coverage for the agency?	<ul style="list-style-type: none"> <li>• Federal Tort Claims Act policies and regulations.</li> <li>• Determine how reimbursement rates, billing, and coding will change.</li> <li>• Medicaid remittances.</li> <li>• Assess and modify current contracts and business associate agreements.</li> </ul>
Are there potential changes in who provides services? If so, how might this affect billing and reimbursement?	<ul style="list-style-type: none"> <li>• Review state practice acts.</li> <li>• State licensing and certifications.</li> <li>• Fraud, abuse, and physician self-referral.</li> <li>• Complete required credentialing as necessary.</li> </ul>



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## 2.b.1 Talking Points: How to Sell Title X Services to Potential FQHC Partners

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- Title X-funded health centers and Federally Qualified Health Centers (FQHC) share a mission to provide high-quality, culturally sensitive services and other preventive health care to low-income, under-insured and uninsured individuals who may otherwise lack access to health care.
- FQHCs would gain access to an existing Title X patient base, many of whom rely on Title X-funded health centers as their sole source of health care and would highly benefit from expanded primary care services.
- Partnerships are important to safety-net success in the changing health care landscape.
- A Title X/FQHC partnership is mutually beneficial: Title X can provide additional funding to enhance and improve established family planning services at FQHCs, while expanding much-needed primary care to its family planning patients.
- Enhancing family planning and sexual health services is good patient care and would ensure specialized, thorough and high-quality care for a sensitive service area.
- It has been shown that the integration of Title X family planning services expands the scope of family planning and sexual health services available at FQHCs, including counseling, outreach, and a broad range of onsite contraceptive methods.<sup>1</sup>
- Title X organizations can offer FQHC clinicians and support staff valuable technical support, including training on counseling techniques for improved patient outcomes (i.e. adherence to birth control methods, and engaging males, teens, and other special populations).

<sup>1</sup> Susan Wood et al., *Health Centers and Family Planning: Results of a Nationwide Study*, (Washington, D.C.: George Washington University School of Public Health and Health Services and RCHN Community Health Foundation, 2013).

## 2.b.2 Board Member Self-Assessment

Key: SD = Strongly disagree, D = Disagree, A = Agree, SA = Strongly agree, NS = Not sure

<b>MISSION AND PURPOSE OF WESTSIDE FAMILY HEALTH CENTER</b>	
The clinic has a clear written mission statement that reflects its purpose.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board's policy decisions and the clinic's programs and services reflect the clinic's mission.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>SELECT AND SUPPORT THE CHIEF EXECUTIVE AND REVIEW HIS OR HER PERFORMANCE</b>	
The board has approved a written job description that clearly spells out the responsibilities of the clinic's chief executive officer/executive director.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board delegates all day-to-day management decisions for the clinic to its chief executive.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board assesses the chief executive's performance on an annual basis.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>APPROVE AND MONITOR THE ORGANIZATION'S PROGRAMS AND SERVICES</b>	
The board is knowledgeable about the clinic's current programs and services.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board knows the strengths and weaknesses of each major program.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board makes sure that the programs are evaluated in order to measure success and impact.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>RAISE MONEY</b>	
The board understands the fundraising strategy for the clinic.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board has a clear policy on the individual board member's responsibility to raise money.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>ENSURE EFFECTIVE FISCAL MANAGEMENT</b>	
The board discusses thoroughly the annual operating budget of the clinic before approving it.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board receives financial reports on a regular basis that are understandable, accurate, and timely.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board requires an annual audit and considers all recommendations made in the independent auditor's report and management letter.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>ENGAGE IN STRATEGIC PLANNING</b>	
The board focuses most of its attention on long-term, significant policy issues rather than day-to-day administrative matters.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board has a strategic vision of how the clinic should be evolving over the next three to five years.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>CAREFULLY SELECT AND ORIENT NEW BOARD MEMBERS</b>	
The board has an effective process to identify the qualifications and expertise that new board members should bring to the clinic.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
At least a majority of the board are individuals who use the clinic as their regular source of health care.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS

The board cultivates and recruits candidates who are representative of the community and possess the qualities needed to strengthen board composition.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board provides new board members with a comprehensive orientation to board responsibilities, the clinic’s services and programs, and administrative procedures.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board has established policies for length of board service and rotation of board members.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>UNDERSTAND RELATIONSHIP BETWEEN BOARD AND STAFF</b>	
The respective roles of the board and staff are clearly defined and understood.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
A climate of mutual trust and respect exists between the board and the chief executive.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board gives the chief executive enough authority and responsibility to lead and manage the organization successfully.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board has adopted adequate personnel policies for staff selection, training, promotion, and grievance procedures.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>ENHANCE THE ORGANIZATION’S PUBLIC IMAGE</b>	
Board members promote a positive image of the organization in the community.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board understands who can serve as the official spokesperson for the organization.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>MEETING EFFICIENCY</b>	
Board members are familiar with the bylaws.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
Board meetings are interesting, well run and start on time.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
Board members receive clear agendas and supporting written material sufficiently prior to board meetings.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
Board members respect each other’s opinions, and participate in board discussions.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
Board minutes are accurate, timely and easy to understand.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
Board members have adequate opportunities to discuss issues and ask questions.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
<b>ENSURE LEGAL COMPLIANCE AND SOUND RISK MANAGEMENT POLICIES</b>	
The board annually reviews the operations of the clinic to make sure it complies with all the requirements imposed on a federally qualified health center or look-alike.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board ensures clinic compliance with all applicable federal, state and local laws and regulations.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS
The board has an adequate amount of liability insurance to cover board members and staff in the event of lawsuits filed against them as individuals or against the clinic as a whole.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> NS

Any Additional Comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 2.b.3 Patient Experience Survey (English)

<p><b>Welcome! Thank you for taking this survey about your visit to Westside Family Health Center. Your responses will help us better understand your experience and improve our services.</b></p>										
<p>1. When you scheduled your appointment for this visit, did you get an appointment as soon as you needed one?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>2. Wait time includes time spent in the waiting room and exam room. During your visit today, did you feel your wait time was appropriate?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>3. During your visit today, were you kept informed about your wait time?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>4. Did the clinician carefully listen to you?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>5. Did the clinician talk with you about your specific goals for your health?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>6. Did the clinician give you easy to understand instructions about taking care of your health problems or concerns?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>7. Did the clinician involve you in decisions about your care?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>8. Were the office staff as helpful as you thought they should be?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>9. Did the office staff treat you with courtesy and respect?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>10. In the last 12 months, when you had a blood test, x-ray, or other test did someone get back to you and give you those results?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>11. How would you rate this health center on a scale from 0 to 10?</p> <p>Worst possible 0    1    2    3    4    5    6    7    8    9    10 Best possible</p>										
<p>12. Will you recommend WFHC to your family and friends?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>13. Throughout your visit, did you feel that your personal information was kept private and confidential?</p> <p><input type="checkbox"/><sup>1</sup> Definitely No      <input type="checkbox"/><sup>2</sup> Somewhat No      <input type="checkbox"/><sup>3</sup> Somewhat Yes      <input type="checkbox"/><sup>4</sup> Definitely Yes</p>										
<p>14. What other services would you like to see offered?</p>										
<p>15. What do you like <u>best</u> about our center?</p>										
<p>16. What do you like <u>least</u> about our center?</p>										
<p>17. Suggestions for improvement?</p>										

## 2.b.4 Patient Experience Survey (Spanish)

<b>¡Bienvenidos! Gracias por llenar esta encuesta sobre su visita en Westside Family Health Center (WFHC). Sus respuestas nos ayudaran a entender su experiencia y a mejorar nuestros servicios.</b>	
1. Cuando pidió una cita, ¿consiguió la cita tan pronto como creía que la necesitaba?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
2. El tiempo de espera incluye el tiempo en la sala de espera y en el cuarto de consulta. Durante la consulta de hoy, ¿cree que el tiempo de espera fue adecuado?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
3. Durante la consulta de hoy, ¿Se le mantuvo informado/a de cuánto tiempo iba a esperar?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
4. ¿El médico le escuchó con atención?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
5. ¿El personal médico hablo con usted acerca de los objetivos específicos para su salud?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
6. ¿Le dio el médico instrucciones fáciles de entender sobre qué hacer para resolver su condición o inquietudes?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
7. ¿Le incluyo el médico en decisiones hechas sobre su cuidado?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
8. ¿Le dieron las recepcionistas y otros empleados toda la ayuda que usted creía que debían darle?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
9. ¿Le trataron a usted con cortesía y respeto las recepcionistas y otros empleados?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
10. ¿En los últimos 12 meses, cuándo se le hizo un examen de sangre, rayos X u otro tipo de exámenes, se comunico alguien con usted para darle los resultados?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
11. Usando un número del 0 al 10, ¿qué número usaría para calificar a este centro de salud?	Lo peor posible 0    1    2    3    4    5    6    7    8    9    10 Lo Mejor Posible
12. ¿Usted le recomendaría WFHC a un amigo/a o pariente?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
13. Durante la consulta de hoy, ¿Cree usted que su información personal se mantuvo en privado y confidencial?	<input type="checkbox"/> <sup>1</sup> Definitivamente No <input type="checkbox"/> <sup>2</sup> Algo No <input type="checkbox"/> <sup>3</sup> Algo Sí <input type="checkbox"/> <sup>4</sup> Definitivamente Sí
14. ¿Qué otros servicios le gustaría que ofreciéramos en WFHC?	
15. ¿Qué es lo que más le gusta de WFHC?	
16. ¿Qué es lo que menos le gusta de WFHC?	
17. ¿Tiene sugerencias para el mejoramiento de WFHC?	

# Section 3: Implementation

Organizational change is complex, involving multiple stages of planning and implementing operational changes at various organizational levels. While each organization interviewed in this case study used a different strategy to engage with FQHCs, there are common steps that can be taken to integrate operations, address data reporting and billing issues, and engage and support staff through the changes.

## a. Integrated Operations

This section contains documents designed to support operationalizing changes at the health center level, which can be used as planning tools or templates.

1. Implementation Checklist - A checklist to guide the development of an implementation plan to shift the agency structure or service delivery model.
2. What Makes a Family Planning Patient? - A flow chart to help staff determine if a patient is eligible for Title X services and if a visit should be counted as a Title X visit.
3. FQHC Protocol for Confidential Visits - A sample protocol detailing how to schedule, conduct, and document a confidential family planning visit within an FQHC setting.
4. Plan, Do, Study, Act - A description of the PDSA approach with a planning tool that can be used to initiate, test, and evaluate operational changes on a small scale prior to full implementation.

## b. Data Reporting & Billing

These are tools and examples of how Title X reporting and billing requirements can fit into health center operations. These documents can be used as templates or to illustrate how some of the information needed to integrate Title X requirements can be presented.

1. Sliding Fee Scales
  - Finger Lakes Community Health Fee Scale - A fee scale showing how primary care, dental, and family planning services can be combined into one fee scale based on annual or monthly income.
  - Westside Family Health Center Fee Scale - A fee scale showing the different sources of payment, and the proportion of the total cost of services a patient is responsible for, depending on income level.
  - Family Planning Association of Maine FQHC Fee Scale - A fee scale indicating the recommended charges for Title X family planning supplies in an FQHC setting, and the percent discount patients can be given on family planning-only visits depending on their income level.
2. FQHC Diagnosis Codes for Title X Visits - A tool used by FQHCs to identify diagnosis codes commonly used in a Title X visit.
3. When to Bill for a Title X Visit - A flow chart for staff that shows the key factors used in determining how and what to bill for a Title X visit.
4. Title X Family Planning EHR Visit Template - A screenshot of an FQHC's EHR Title X family planning visit template.

## c. Staff Engagement & Support

This section contains informational and sample documents, some of which can be used as templates or as examples of ways to engage and involve staff through organizational changes.

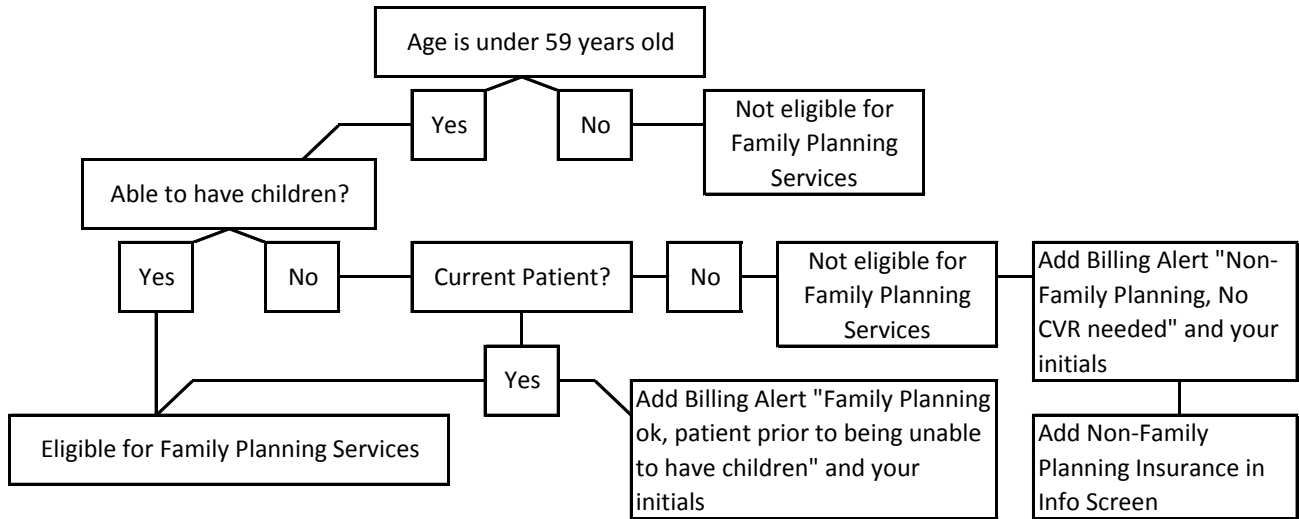
1. How and When to Engage with Staff - A guide for leadership with questions and key considerations on communicating with staff during times of organizational change.
2. Outline for Family Planning 101 Training for FQHCs - A training outline used in conjunction with a companion resource binder for training FQHC staff prior to integrating Title X services into a health center.
3. Quality Assurance Visit Data - A tool used to improve Title X documentation practices showing the numbers and percentages of times clinicians in each health center correctly coded patients who had Title X visits (all names have been removed).

## 3.a.1 Implementation Checklist

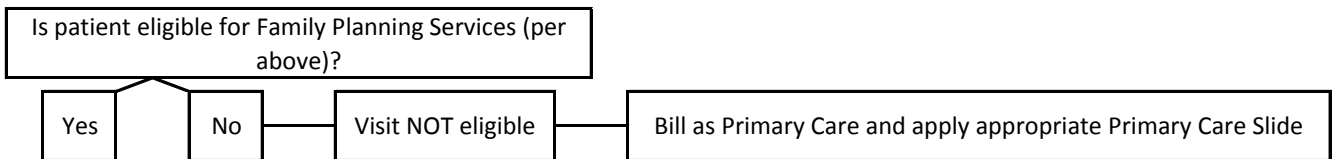
<b>Activity</b>	<b>Merger</b>	<b>Transition</b>	<b>Subcontract</b>
Identify Program Coordinator to oversee Title X integration	✓	✓	✓
Recruit and train community Board members to meet FQHC requirements	✓	✓	
Develop plan to cross-train staff and clinicians in all program requirements and protocols	✓	✓	✓
Configure EHR or practice management system to include all reporting requirements, the ability to bill for services, and assurance of confidentiality	✓	✓	✓
Assess visit flow and determine how the visit process will need to adjust to integrate Title X or primary care program	✓	✓	✓
Determine the need to alter facilities or health center layout to accommodate changes	✓	✓	
Establish appointment scheduling protocol; define related roles for clinicians and support staff	✓	✓	✓
Detail procedure for handling and dispensing medications	✓	✓	✓
Refine patient forms to include essential Title X and section 330 data elements and information	✓		✓
Assess and renegotiate contracts as needed with key payers, including insurance plans and labs	✓	✓	✓
Develop plan to assess and negotiate differences in human resource protocols and benefits	✓		
Develop a single fee scale	✓	✓	✓
Develop marketing plan to inform the community of the changes	✓	✓	✓
Develop outreach plan for new patients and other community providers and organizations	✓	✓	✓

# 3.a.2 What Makes a Family Planning Patient?

## Is PATIENT eligible for Family Planning Services?

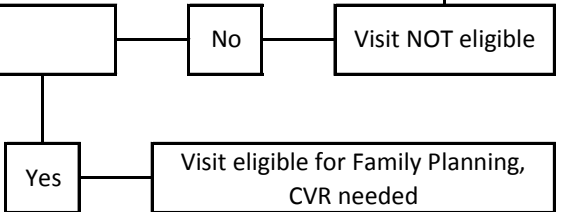


## Is VISIT eligible to count as Family Planning?



**Did patient receive any of the following services at their visit?**

- Breast Exam
- Colposcopy and Cryosurgery
- Complete physical assessment
- Depo-Provera Injection
- Diagnostic Ultrasound
- Family Planning Counseling (v25 ICD-9)
- HIV counseling and/or testing
- Infertility Services
- Lab procedures when required by DHHS or NYSDOH
- Male clients who receive counseling and/or medical services and who meet the definition of a family planning client
- Mammography
- Pap Smear
- Post-abortion check
- Post-partum check
- Pregnancy test & counseling
- Pre-menopausal services
- Screening & counseling related to reproductive health
- Screening and treatment of UTI's
- STD screening and/or treatment
- Sterilization
- Testicular screening



- NOTE:**  
Do Not Complete a CVR for Clients Obtaining the Following Services, in the absence of Services Listed to the Left:
- Abortion
  - General Surgery
  - Genetic screening
  - Immunization
  - Physical exams for purposes not related to contraception
  - Post-menopausal services
  - Prenatal Care and screening
  - Referral visits in the absence of counseling and/or medical assessment
  - Services related to sexual dysfunction, excluding infertility
  - Supply sale visits in the absence of medical and/or counseling services
  - TB screening

9/12



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## 3.a.3 FQHC Protocol for Confidential Visits

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### KATAHDIN VALLEY HEALTH CENTER

In conjunction with the Family Planning program, KVHC will provide confidential appointments to those who are interested in receiving this service. Confidential appointments will be handled as follows:

- All confidential family planning appointments will be scheduled under a new account created for the patient with the last name of Confidential-(then the patient's real last name).
- All confidential appointments require the patient being seen to complete a sliding fee application. There will be no co-pay or money requested from those patients seeking a confidential visit since we receive family planning funding for this service. The entire fee for the confidential visit will be slid using a slide A (make sure you slide the entire amount). No confidential visits will ever be billed to the patient and/or their insurance company.
- The reason for the visit will always be completed with the words Confidential Family Planning Visit. At no time during the check in or check out should anything related to the patient's non-confidential PM account be tied to this appointment or any follow up confidential appointments.
- There will be no confirmation calls or appointment slips mailed for these appointments so anyone requesting the appointment should be informed of this at the time they make the request.
- When the patient arrives the appointment will be checked in and a ticket number created using the confidential appointment account.
- All follow up Confidential Family Planning Appointments for the patient will be scheduled using this account.
- All confidential family planning encounters will be locked when completed.
- Confidential family planning encounters will not be printed when medical records are requested. In the patient's address field [HEALTH CENTER ADDRESS] will be used to assure nothing is received by the patient.
- Patients will not be contacted when their results are received from confidential visits. The provider or nursing staff will instruct the patient to contact the health center for the results and give them a time frame in which to contact their provider/nurse.

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Robert La Morgese, MD

Medical Director

Created: May 2013

Revised: July 2013

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## 3.a.4 Plan, Do, Study, Act<sup>1</sup>

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The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method, used for action-oriented learning.

### Reasons to Test Changes

- To increase your belief that the change will result in improvement.
- To decide which of several proposed changes will lead to the desired improvement.
- To evaluate how much improvement can be expected from the change.
- To decide whether the proposed change will work in the actual environment of interest.
- To decide which combinations of changes will have the desired effects on the important measures of quality.
- To evaluate costs, social impact, and side effects from a proposed change.
- To minimize resistance upon implementation.

### Steps in the PDSA Cycle

#### Step 1: Plan

- Plan the test or observation, including a plan for collecting data.
- State the objective of the test.
- Make predictions about what will happen and why.
- Develop a plan to test the change. (Who? What? When? Where? What data need to be collected?)

#### Step 2: Do

- Try out the test on a small scale.
- Carry out the test.
- Document problems and unexpected observations.
- Begin analysis of the data.

#### Step 3: Study

- Set aside time to analyze the data and study the results.
- Complete the analysis of the data.
- Compare the data to your predictions.
- Summarize and reflect on what was learned.

#### Step 4: Act

- Refine the change, based on what was learned from the test.
- Determine what modifications should be made.
- Prepare a plan for the next test.

### Example of a Test of Change (Plan-Do-Study-Act Cycle)

Plan-Do-Study-Act (PDSA) cycles can be used to test a change quickly on a small scale, see how it works, and refine the change as necessary before implementing it on a broader scale.

#### Test changes in appointment times.

**Plan:** Schedule existing patients for 15 minutes instead of 20 minutes for one day of the week.

**Do:** Appointment staff makes 15 minute appointments for existing patients on Wednesday.

**Study:** Patients did not notice a difference; clinicians struggled to complete contraceptive counseling in this time frame.

**Act:** Provide additional training to improve counseling efficiency to clinicians.

<sup>1</sup> Adapted from The Institute for Healthcare Improvement: <http://www.ihl.org/knowledge/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>



Westside Family Health Center (WFHC) Fee Scale: A fee scale showing the different sources of payment, and the proportion of the total cost of services a patient is responsible for, depending on income level.

WESTSIDE FAMILY HEALTH CENTER CY 2013 Federal Poverty Guidelines Family Size by Monthly Income Sliding Fee Scale															
Family Size	0% - 100% Federal Poverty Level No Charge	133% FPL HWLA	101% - 125%		126% - 150%		151% - 175%		176% - 200%		201% - 225%		226% - 250%		251% and greater Federal Poverty Level Patient Full Pay
			FPL FPACT		FPL FPACT		FPL FPACT		FPL FPACT		FPL FPACT		FPL FPACT		
	Patient Pays 0%	Only	Patient Pays 10%	Patient Pays 25%	Patient Pays 40%	Patient Pays 55%	Patient Pays 70%	Patient Pays 85%	Patient Pays 100%	Patient Pays 100%	Patient Pays 100%	Patient Pays 100%	Patient Pays 100%	Patient Pays 100%	Patient Pays 100%
1	\$0 - \$958	\$1,274	\$959 - \$1,197	\$1,198 - \$1,436	\$1,437 - \$1,676	\$1,677 - \$1,915	\$1,916 - \$2,154	\$2,155 - \$2,394	\$2,395 & up	\$2,395 & up	\$2,395 & up	\$2,395 & up	\$2,395 & up	\$2,395 & up	\$2,395 & up
2	\$0 - \$1,293	\$1,720	\$1,294 - \$1,616	\$1,617 - \$1,939	\$1,940 - \$2,262	\$2,263 - \$2,585	\$2,586 - \$2,908	\$2,909 - \$3,231	\$3,232 & up	\$3,232 & up	\$3,232 & up	\$3,232 & up	\$3,232 & up	\$3,232 & up	\$3,232 & up
3	\$0 - \$1,628	\$2,165	\$1,629 - \$2,034	\$2,035 - \$2,441	\$2,442 - \$2,848	\$2,849 - \$3,255	\$3,256 - \$3,662	\$3,663 - \$4,069	\$4,070 & up	\$4,070 & up	\$4,070 & up	\$4,070 & up	\$4,070 & up	\$4,070 & up	\$4,070 & up
4	\$0 - \$1,963	\$2,611	\$1,964 - \$2,453	\$2,454 - \$2,944	\$2,945 - \$3,434	\$3,435 - \$3,925	\$3,926 - \$4,416	\$4,417 - \$4,906	\$4,907 & up	\$4,907 & up	\$4,907 & up	\$4,907 & up	\$4,907 & up	\$4,907 & up	\$4,907 & up
5	\$0 - \$2,298	\$3,056	\$2,299 - \$2,872	\$2,873 - \$3,446	\$3,447 - \$4,021	\$4,022 - \$4,595	\$4,596 - \$5,169	\$5,170 - \$5,744	\$5,745 & up	\$5,745 & up	\$5,745 & up	\$5,745 & up	\$5,745 & up	\$5,745 & up	\$5,745 & up
6	\$0 - \$2,633	\$3,502	\$2,634 - \$3,291	\$3,292 - \$3,949	\$3,950 - \$4,607	\$4,608 - \$5,265	\$5,266 - \$5,923	\$5,924 - \$6,581	\$6,582 & up	\$6,582 & up	\$6,582 & up	\$6,582 & up	\$6,582 & up	\$6,582 & up	\$6,582 & up
7	\$0 - \$2,968	\$3,947	\$2,969 - \$3,709	\$3,710 - \$4,451	\$4,452 - \$5,193	\$5,194 - \$5,935	\$5,936 - \$6,677	\$6,678 - \$7,419	\$7,420 & up	\$7,420 & up	\$7,420 & up	\$7,420 & up	\$7,420 & up	\$7,420 & up	\$7,420 & up
8	\$0 - \$3,303	\$4,393	\$3,304 - \$4,128	\$4,129 - \$4,954	\$4,955 - \$5,779	\$5,780 - \$6,605	\$6,606 - \$7,431	\$7,432 - \$8,256	\$8,257 & up	\$8,257 & up	\$8,257 & up	\$8,257 & up	\$8,257 & up	\$8,257 & up	\$8,257 & up
9	\$0 - \$3,638	\$4,839	\$3,639 - \$4,547	\$4,548 - \$5,456	\$5,457 - \$6,366	\$6,367 - \$7,275	\$7,276 - \$8,184	\$8,185 - \$9,094	\$9,095 & up	\$9,095 & up	\$9,095 & up	\$9,095 & up	\$9,095 & up	\$9,095 & up	\$9,095 & up
10	\$0 - \$3,973	\$5,284	\$3,974 - \$4,966	\$4,967 - \$5,959	\$5,960 - \$6,952	\$6,953 - \$7,945	\$7,946 - \$8,938	\$8,939 - \$9,931	\$9,932 & up	\$9,932 & up	\$9,932 & up	\$9,932 & up	\$9,932 & up	\$9,932 & up	\$9,932 & up
11	\$0 - \$4,308	\$5,730	\$4,309 - \$5,384	\$5,385 - \$6,461	\$6,462 - \$7,538	\$7,539 - \$8,615	\$8,616 - \$9,692	\$9,693 - \$10,769	\$10,770 & up	\$10,770 & up	\$10,770 & up	\$10,770 & up	\$10,770 & up	\$10,770 & up	\$10,770 & up
12	\$0 - \$4,643	\$6,175	\$4,644 - \$5,803	\$5,804 - \$6,964	\$6,965 - \$8,124	\$8,125 - \$9,285	\$9,286 - \$10,446	\$10,447 - \$11,606	\$11,607 & up	\$11,607 & up	\$11,607 & up	\$11,607 & up	\$11,607 & up	\$11,607 & up	\$11,607 & up

No one is turned away based on ability to pay. Patients who cannot pay in accordance with the sliding fee scale are to be referred to a member of the Senior Management Team who will make arrangements for services.

Family Planning Association of Maine (FPAM) FQHC Fee Scale: A fee scale indicating the recommended charges for Title X family planning supplies in an FQHC setting, and the percent discount patients can be given on family planning-only visits depending on their income level.

FQHC - FAMILY PLANNING VISITS (SELF PAY CLIENTS)										
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I		
ITEM	CODE	PRICE	Affordable Care Level 1	Affordable Care Level 2	Affordable Care Level 3	Affordable Care Level 4	Affordable Care Level 5	Family Planning Level 6		
FEDERAL POVERTY LEVEL			</= 100%	>100%-125%	>125%-150%	>150%-175%	>175%-200%	> 200%-250%		
PERCENT DISCOUNT =			100%	80%	60%	40%	20%	0%		
			\$0.00	FQHC Co-Pay \$ Rate	FQHC Co-Pay \$ Rate	FQHC Co-Pay \$ Rate	FQHC Co-Pay \$ Rate	FQHC Co-Pay \$ Rate		

FQHC - FAMILY PLANNING SUPPLIES										
Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I		
ITEM	CODE	PRICE	Affordable Care Level 1	Affordable Care Level 2	Affordable Care Level 3	Affordable Care Level 4	Affordable Care Level 5	Family Planning Level 6		
FEDERAL POVERTY LEVEL			</= 100%	>100%-125%	>125%-150%	>150%-175%	>175%-200%	> 200%-250%		
PERCENT DISCOUNT =			100%	80%	60%	40%	20%	0%		
DEPO PROVERA 150 ML	J1055	\$35.00	\$0.00	\$7.00	\$14.00	\$21.00	\$28.00	\$35.00		
PARAGUARD IUD	J7300	\$240.00	\$0.00	\$48.00	\$96.00	\$144.00	\$192.00	\$240.00		
MIRENA IUD	J7302	\$367.00	\$0.00	\$73.40	\$146.80	\$220.20	\$293.60	\$367.00		
NEXPLANON OR IMPLANON	J7307	\$420.00	\$0.00	\$84.00	\$168.00	\$252.00	\$336.00	\$420.00		
ORTHO EVRA PER PATCH	J7304	\$21.00	\$0.00	\$4.20	\$8.40	\$12.60	\$16.80	\$21.00		
MICRONOR 28'S 1PK	Micronor	\$5.00	\$0.00	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00		
ORTHO CYCLEN 1 PK	Ortho Cycl	\$5.00	\$0.00	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00		
ORTHO TRI-CYCLEN 1PK	Ortho Tri	\$7.00	\$0.00	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00		
ORTHO TRI-CYCLEN Lo 1 PK	Ortho TriLo	\$8.00	\$0.00	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00		
ON 1/35 1 PK	Ortho 1/35	\$16.00	\$0.00	\$3.20	\$6.40	\$9.60	\$12.80	\$16.00		
PLAN B Per Dose	Plan B	\$8.00	\$0.00	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00		
CONDOMS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

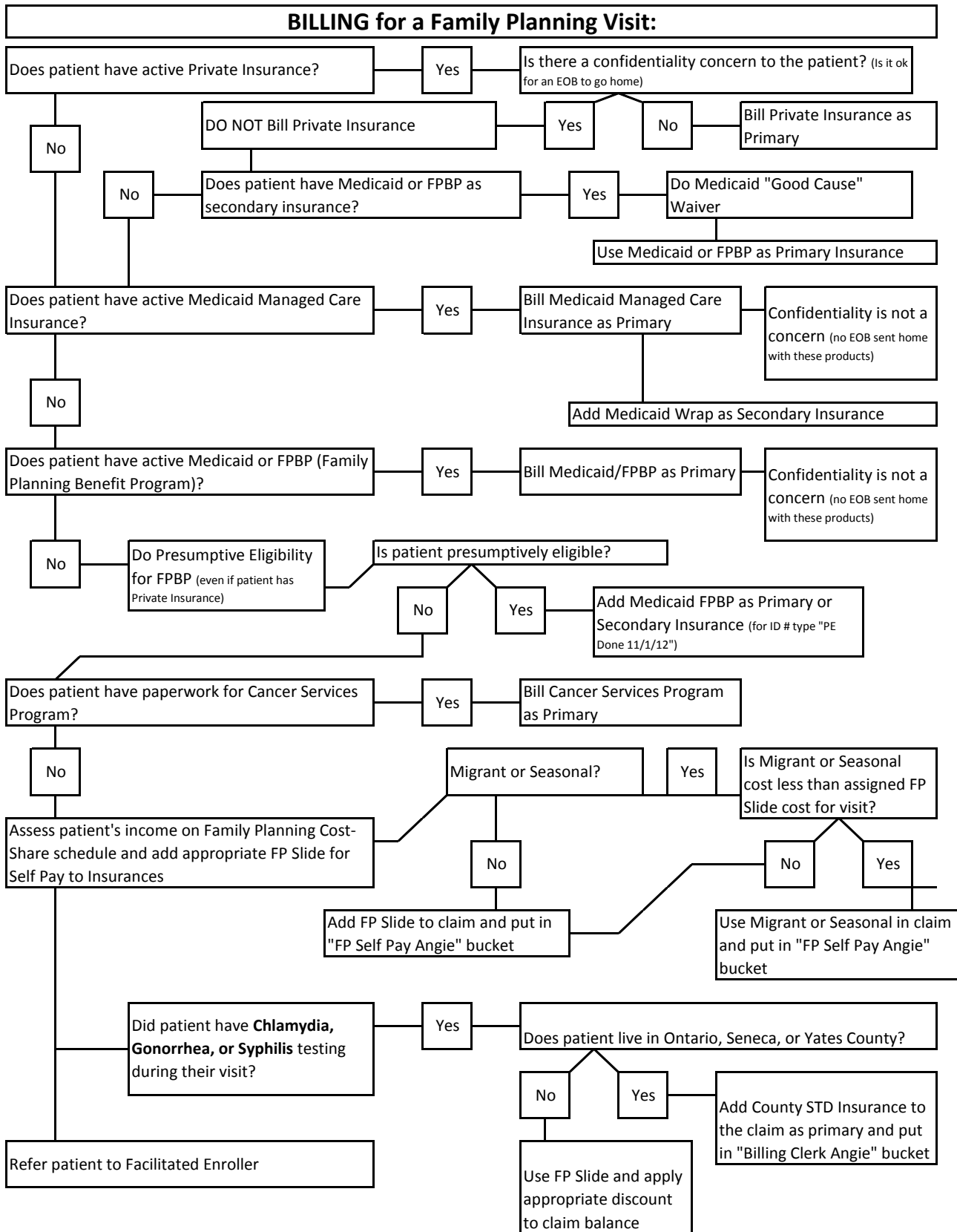
## 3.b.2 FQHC Diagnosis Codes for Title X Visits

<b>Diagnosis (DX) Description</b>	<b>Diagnosis Code</b>
Herpes Genital	054.10
Condyloma/Genital Warts	078.11
Chlamydia Other specified diseases due to chlamydia	078.88
Gonorrhea	098.0
Yeast vulva or vaginal	112.1
Trich vulvovaginitis	131.01
Uterine Fibroid - Leiomyoma of uterus unspecified	218.9
Neoplasm-Benign, cervix	219.0
Neoplasm-Benign, vagina	221.1
Neoplasm-Benign, vulva	221.2
Neoplasm-Benign, scrotum (skin)	222.4
Neoplasm-Benign, scrotum (seminal veseicle spermatic cord)	222.8
Sexual precocious puberty	259.1
Breast Lump/Mass	611.72
PID	614.9
Cervicitis/Endocervicitis	616.0
Vaginitis (unspecified) and vulva vaginitis	616.10
Vulvan carbuncle/ abscess	616.4
Vaginal Ulcer/Carbuncle	616.89
Ovarian Cyst unspecified	620.2
Cervical dysplasia (unspecified)	622.10
Cervical Polyp	622.7
Cervical Polyp (mucous)	622.7
Vaginal Discharge/Leukorrhea not specified as inf.	623.5
Dysmenorrhea	625.3
PMS	625.4
Pelvic Pain	625.9
Amenorrhea (absence of menstruation)	626.0
Irregular Menses	626.4
Metrorrhagia	626.6
Bleeding, post coital	626.7
Bleeding, dysfunctional or functional uterine hemorrhage	626.8
Suppression of menstruation	626.8
Bleeding, postmenopausal	627.1
Menopause	627.2
Pelvic or abdominal mass or lump	789.39
Abnormal Pap Glandular Cervix	795.00
Pap Abnormal Cervic ASC-US	795.01
Pap Abnormal Cervic ASC-H	795.02
PAP Smear of Cervix with low grade squamous intraepithelial lesion (LGSIL)	795.03
PAP Smear of Cervix with high grade squamous intraepithelial lesion (HGSIL)	795.04
Cervical high risk HPV DNA test positive	795.05
Other abnormal pap smear of cervic and cervical HPV	795.09
STI exposure	V01.6
Family HX Cervical/Uterine Cancer	V16.40
Routine/Infant Child Health Visit (14-17 years)	V20.2
Pregnancy State incidental	V22.2
OCP's	V25.01
Contraception, Initiation of other contraception	V25.02
Diaphragm Fitting	V25.02
Contraception, Emergency (Plan B)	V25.03
Family Planning Advice	V25.09
IUD Insertion	V25.11

<b>Diagnosis (DX) Description</b>	<b>Diagnosis Code</b>
IUD remove & reinsert	V25.12
IUD Removal	V25.13
Contraceptive Mgmt (unspecified method)	V25.40
Contraceptive Mgmt (Oral contraceptive)	V25.41
Contraceptive Mgmt (IUD check)	V25.42
Contraceptive Mgmt (Implanon/Nexplanon)	V25.43
Implanon removal, reinsert, recheck	V25.43
Contraceptive Mgmt (Other-Depo, patch, foam, diaphragm, etc)	V25.49
Implanon Insertion	V25.5
Contraceptive Management Unspecified	V25.9
HIV Counseling	V65.44
STI counseling	V65.45
Following surgery follow-up vaginal pap smear	V67.01
High Risk Sexual Behavior	V69.2
Routine General Medical Exam (Female)	V70.0
Annual (routine gynecological exam)	V72.31
PT or exam, pregnancy unconfirmed	V72.40
PT negative	V72.41
PT positive	V72.42
Other specified chlamydial diseases	V73.88
Screening examination for unspecified chlamydial disease	V73.98
STI screening	V74.5
Cervical Cancer Screening Routine	V76.2

<b>Procedure/Medical Service</b>	<b>Procedure (CPT) Code</b>	<b>Diagnosis Code</b>	<b>NOTES</b>
Colposcopy	57420-21	795.01-795.05	depends on pap results
Colposcopy w/Biopsy	57454	795.01-795.05	depends on pap results
Colposcopy w/Leep	57460	795.01-795.05	depends on pap results
Cryo Cautery	57511	795.01-795.05	depends on pap results
Diaphragm/Cap Fitting	57170	v25.02	
Implant Insert	11975	V25.5	
Implant Removal	11976	V25.43	
Implant Replacement	11977	V25.5	
Injection Contraception	J1055	V25.49	
IUD Insertion	58300	V25.11	
IUD Removal	58301	V25.12	
Venipuncture	36415		depend on cont. blood is being drawn for
Wart Treatment FEMALE_SIMPLE	56501	078.11	
Wart Treatment FEMALE_EXTENSIVE	56515	078.11	
Wart treatment MALE_SIMPLE	54050	078.11	
Wart treatment MALE_EXTENSIVE	54065	078.11	
Anemia Screening	85018	V78.0	
Breast Exam	Q0091	V76.01	
CBE Referral		depends on why the referral	
Chlamydia Test	87491	V73.88	
Cholesterol	83718-19	V77.91	
Emergency Contraception		V25.03	
GC		V74.5	
Hep C Test		V73.89	
HIV Standard Test - Result Provided	86701	V73.89	
HIV Test - Rapid		V73.89	
HIV Test - Standard		V73.89	
HPV Test		V76.2	
Pap Smear	Q0091	V72.31	
Pelvic Exam	Q0091		
Pregnancy Test	81025	V72.41 (NEGATIVE) OR V72.42 (POSITIVE)	
RPR	86592-93	V74.5	
Wet Prep/Mount	87210	623.5	or results if known.

# 3.b.3 When to Bill for a Title X Visit





# 3.b.4 Title X Family Planning EHR Visit Template

**Family Planning HR**

## Family Planning

Primary Birth Control - Before Visit:

Primary Birth Control - After Visit:

	Yes	No	Comments
Birth control consent and education provided:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Reproductive coercion:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Sex trafficking:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
STI risk reduction counseling:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Condoms:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Reproductive life planning discussed:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

### Nurse - Birth Control Supply Visit

**Side Effects**

	Yes	No	Side effects comments
Headaches:	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Unscheduled bleeding:	<input type="radio"/>	<input type="radio"/>	
Change in blood pressure:	<input type="radio"/>	<input type="radio"/>	
Other concerns:	<input type="radio"/>	<input type="radio"/>	
Reports satisfaction with birth control method:	<input type="radio"/>	<input type="radio"/>	

Explain how you are using your birth control method:

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# 3.c.1 How and When to Engage with Staff

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## **Designing a Plan for Staff Communication and Involvement**

An important component of successful organizational change is developing a plan to inform and involve an organization's staff about the changes. There is no one best way to do this, although early and consistent communication generally leads to better outcomes. The design of a specific plan should reflect your organization and its leadership's communications style, including formal and informal communications. The following outline offers considerations to help you develop an internal communication plan that best fits your organization and determine when to engage staff across various roles (e.g. executive team, various levels of administration and operations, clinical staff).

### **Q: When do I need to involve the staff?**

Staff should be involved for direction and input at various points during the change timeline:

- While you are considering potential options.
- After you make a decision to pursue a specific option and/or relationship.
- Once an implementation plan is developed.

### **Q: How do I inform staff?**

There are many ways to communicate with your staff about organizational change through:

- Announcements via email, staff meetings, or special meetings.
- Informational sessions focused on the planned or actual change.
- Methods typically used for ongoing exchange of information such as email blasts or newsletters; seek to avoid gossip and misinformation that can often occur after big news by continuing communication after a "big" announcement.

### **Q: How do I involve staff during the decision-making process?**

Consider where it is most important to use the expertise and experience of individual staff members and as a group, as well as your philosophy on information sharing:

- Elicit input during the analysis of and leading up to making a strategic decision.
- Elicit input when developing a strategy to engage potential partners (identifying issues, talking points, individual relationships among staff in the target partner).
- Identify staff members to participate in discussions with potential partners.
- Prepare and distribute key questions and appropriate explanations of the plans to staff ahead of time to make the discussions productive.
- Consider guided discussion for feedback elicitation.

**Q. How do I involve staff in the implementation process?**

It is critical to identify who will be affected by the proposed new arrangements and ensure they are involved in the implementation process. Respect their knowledge as well as their concerns with pending changes.

- Identify staff leaders – regardless of job title – and engage them early.
- Establish working groups or committees to address specific implementation issues including new processes, revisions in protocols, data collection, etc.
- Consider periodic meetings or other opportunities for staff to ask questions and share their experience in a constructive manner.
- Establish feedback mechanisms to assess progress and needs for continuing improvements.

**Q. What information and knowledge will staff need to implement new organizational models and/or services?**

It will largely depend upon the number and level of administrative and clinical changes your organization is making, including how staff roles will shift.

- Define specific knowledge and skills required for various positions; assess staff ability to meet these requirements.
- Assess specific changes required in policies and procedures that staff will need to learn.
- Identify areas that will require specific training and technical assistance and create a plan to offer them.

**Q. What is the best way to communicate with staff in an ongoing way through the implementation process?**

Consider using more than one form of communication to make staff feel supported and to be able to identify and address challenges early and effectively. Make a specific plan for how you will communicate with staff and at which critical junctures they should be hearing from key leaders. Consider incorporating these communications about the change and opportunities for staff discussion, feedback, and appreciation in:

- Regular team meetings;
- Regular individual meetings;
- Email blasts;
- Newsletters;
- Memos; or
- Electronic or paper surveys.

**Q. How do I encourage and reward staff for their hard work and committing to changes that may seem daunting or challenging?**

Make sure that some of your communications with staff recognize their participation and commitment to making positive changes at the organization.

- Explain to staff how the changes will benefit them and the patients they serve.
- Reward staff individually and as a group for their work, saying special thanks to staff who are enthusiastic about the change and taking on a leadership role in ushering it through.
- Consider planning staff appreciation days or activities during and after large milestones in the change to boost morale.

# 3.c.2 Outline for Family Planning 101 Training for FQHCs

## FAMILY PLANNING ASSOCIATION OF MAINE FQHC/SBHC Orientation/Training Manual Table of Contents December 2013

### I. Family Planning Association of Maine

- a. Clinic List
- b. Staff Contacts

This is a list of FPAM health center locations and the staff who can be contacted with questions for support.

### II. Office of Population Affairs, Title X Family Planning

- a. Clinical Guidelines
- b. National Priorities
- c. National Training Center

As part of the Title X training, the Project Director orients FQHC staff to the Title X program. Title X guidelines and priorities are included in the Family Planning binder that accompanies the training.

### III. Region One, Title X Data

- a. Directions for Region One Title X Data System
- b. FPER/FPAR

The Project Director orients FQHC staff to the Region 1 Data System for data entry and reporting purposes. This is also when the Project Director describes what makes a Title X patient and visit.

### IV. Clinic Services

- a. Emergency Contraception
- b. Family Planning Association of Maine Recommended Clinical Guidelines
- c. HIV Testing
- d. Mandated Reporting
- e. Options Counselling
- f. Parental Consent and Involvement
- g. Reproductive Life Planning
- h. Sexual History/Safer Sex Practices
- i. Teens

This is a list of required Title X services, priorities, and policies that need to be in place at the FQHC. The Project Director reviews counseling techniques and patient engagement strategies as part of the training.

# 3.c.3 Quality Assurance Visit Data

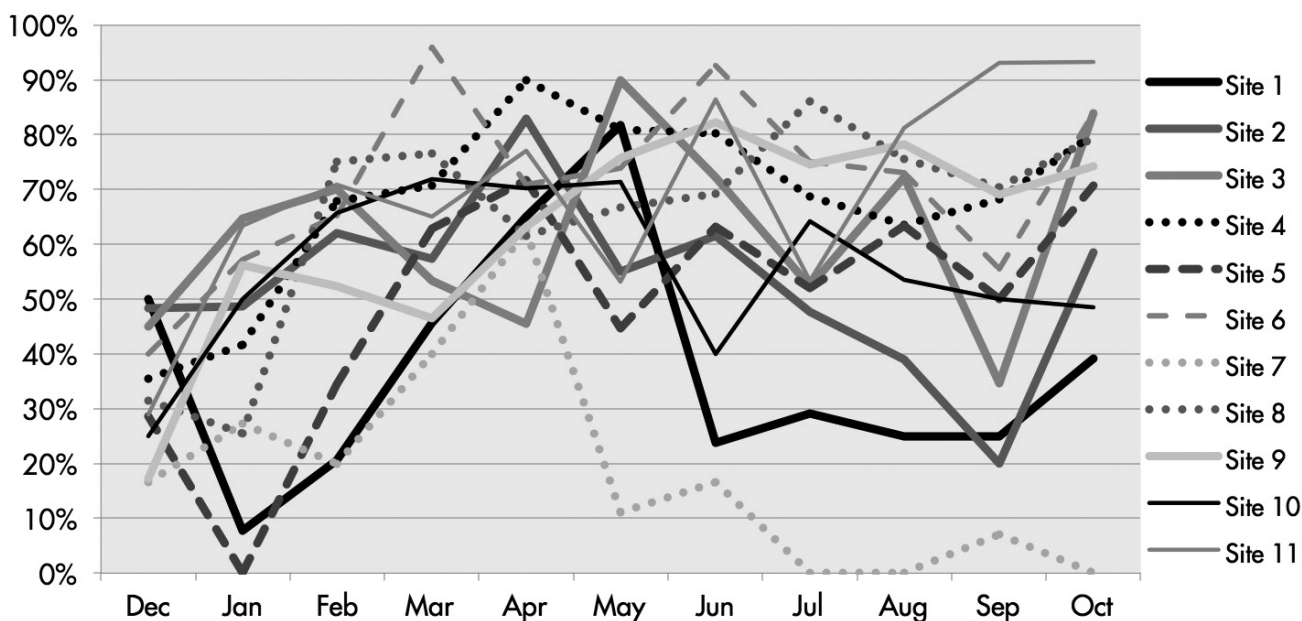
## Multi-Site Comparison of Clinician Use of Family Planning EHR Templates

December 2012 – October 2013

Health Center	# of FP Patients Seen	# of Times FP Template Used	% Used	Health Center	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug*	Sep*	Oct*
Site 1	252	86	34%	Site 1	50%	8%	21%	46%	65%	82%	24%	29%	25%	25%	39%
Site 2	447	233	52%	Site 2	48%	49%	62%	57%	83%	55%	62%	48%	39%	20%	59%
Site 3	217	129	59%	Site 3	45%	65%	70%	53%	45%	90%	72%	52%	72%	35%	84%
Site 4	739	469	63%	Site 4	35%	42%	68%	71%	90%	81%	80%	69%	64%	68%	80%
Site 5	395	202	51%	Site 5	29%	0%	34%	63%	72%	45%	63%	52%	63%	50%	71%
Site 6	258	188	73%	Site 6	40%	57%	65%	96%	71%	74%	93%	75%	73%	56%	84%
Site 7	105	15	14%	Site 7	17%	27%	20%	40%	63%	11%	17%	0%	0%	7%	0%
Site 8	468	303	65%	Site 8	31%	25%	75%	77%	62%	67%	69%	86%	76%	70%	79%
Site 9	630	396	63%	Site 9	17%	56%	52%	46%	63%	76%	82%	75%	78%	69%	74%
Site 10	303	177	58%	Site 10	25%	50%	66%	72%	70%	71%	40%	64%	54%	50%	49%
Site 11	360	245	68%	Site 11	29%	63%	71%	65%	77%	53%	86%	53%	81%	93%	93%

\* increased % shaded gray

**Percent of Visits in which the Family Planning EHR Template was used Appropriately by a Health Center Site**



## Use of the Family Planning EHR Templates\*

October 2013

Health Center	Provider	Total # of Patients Seen	# of Times FP Template Used	% Used
Site 1	Clinician A	4	0	0%
Site 1	Clinician B	10	3	30%
Site 1	Clinician C	7	5	71%
Site 1	Nurses	2	1	50%
<b>Site 1 Totals</b>	<b>Totals</b>	<b>23</b>	<b>9</b>	<b>39%</b>
Site 2	Clinician D	4	3	75%
Site 2	Clinician E	10	4	40%
Site 2	Clinician F	13	10	77%
Site 2	Clinician G	8	4	50%
Site 2	Nurses	6	3	50%
<b>Site 2 Totals</b>	<b>Totals</b>	<b>41</b>	<b>24</b>	<b>59%</b>
Site 3	Clinician H	1	0	0%
Site 3	Clinician I	1	1	100%
Site 3	Clinician J	20	17	85%
Site 3	Nurses	3	3	100%
<b>Site 3 Totals</b>	<b>Totals</b>	<b>25</b>	<b>21</b>	<b>84%</b>
Site 4	Clinician K	19	17	89%
Site 4	Clinician L	28	18	64%
Site 4	Clinician M	14	12	86%
Site 4	Clinician N	11	11	100%
Site 4	Nurses	8	6	75%
<b>Site 4 Totals</b>	<b>Totals</b>	<b>80</b>	<b>64</b>	<b>80%</b>
Site 5	Clinician K	24	18	75%
Site 5	Clinician O	9	6	67%
Site 5	Clinician P	1	0	0%
Site 5	Nurses	7	5	71%
<b>Site 5 Totals</b>	<b>Totals</b>	<b>41</b>	<b>29</b>	<b>71%</b>
Site 6	Clinician A	1	1	100%
Site 6	Clinician I	5	1	20%
Site 6	Clinician Q	10	10	100%
Site 6	Clinician R	7	7	100%
Site 6	Nurses	2	2	100%
<b>Site 6 Totals</b>	<b>Totals</b>	<b>25</b>	<b>21</b>	<b>84%</b>
Site 7	Clinician S	3	0	0%
Site 7	Nurses	4	0	0%
<b>Site 7 Totals</b>	<b>Totals</b>	<b>7</b>	<b>0</b>	<b>0%</b>

\*This chart has been condensed from its original format to be included in the workbook.

# Section 4: Outreach & Promotional Tools

The promotion of services is an important, and often overlooked, component to a successful program. Strong, positive marketing that targets the populations served can help build community support for the organization and increase awareness of available services, which can ultimately lead to an increase in patients and revenue.

## a. Press Release Tools

These tools provide tips for creating a press release.

1. Putting Out a Press Release: FAQs - A document describing when and why to put out a press release with a step-by-step process to build and distribute a press release.
2. Sample Merger Press Release - A sample press release announcing the merger of two organizations.

## b. Example Promotional Materials

These materials provide examples of how organizations promote family planning services within an integrated primary care model.

1. FQHC Family Planning Brochure - An example of how an FQHC advertises Title X family planning services to patients.
2. FQHC Family Planning Flyer - A flyer that promotes reproductive health services as part of the complete set of services offered at a health center.

## 4.a.1 Putting Out a Press Release: FAQs

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### **Why should my organization put out a press release?**

A press release is a good mechanism to communicate to key stakeholders in your community about the exciting change your organization is about to make. It also allows you to explain why the merger is happening and how it will positively impact the patients in your community. You can also preempt any concerns that your community partners, funders, and supporters may have with such a change.

### **How do I create a press release and to whom should I send it?**

The press release should be spread widely to local print, online, and radio media; relevant local blogs; your board of directors, key stakeholders, and volunteers; relevant email listservs; patients if appropriate; and a few copies may even be available in your waiting room.

### **Here are a few steps to help you build and distribute your press release:**

1. Designate someone familiar with the merger to draft the press release.
2. Designate a spokesperson or spokespeople to be quoted in the release - most often an executive director, president, CEO, and/or chairman or president of the board.
3. Using the press release template for guidance, craft a few quotes that explain the merger and why it is an important, beneficial move for the organization.
4. Make sure the press release includes a catchy title and sub-title that get to the point, as well as contact information for the designated spokesperson and links to your organizations' websites.
5. Send the draft through the appropriate review process with your staff and that of the merging organization.
6. Ensure the persons quoted in the story approve of, and are aware of their quotes, and would be comfortable fielding questions from the press and/or community. You may want to prepare a set of easy talking points answering predicted questions about why you chose to merge and what will happen next. But don't be too exhaustive – spokespeople can always tell a reporter they'll get back to them with the information.
7. If you do not already have a press list, spend some time searching the internet for the email addresses of health reporters at your local newspapers, blogs, and news or public radio stations.
8. Decide with the merging organization, your board, and any other key stakeholders on a day to announce the merger. You may want to send key stakeholders an "embargoed" copy of the press release or a heads up the night before.
9. On the day you plan to announce the merger, copy and paste the release right into the body of an email and add email addresses either through an email merge or in the "BCC" field, then send off.
10. Be ready to answer questions from press or key stakeholders.
11. Set up a Google Alert or designate a staffer to track press that emerges as a result of the release.



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## 4.a.2 Sample Merger Press Release

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For Immediate Release  
Date: Month XX, XXXX

Contact  
First, Last Name of Spokesperson  
Title, Organization  
Email Address  
Telephone Number

### **[Name of Organization A] to Merge with [Name of Organization B]**

Merger Will Expand Primary Care and High-Quality Family Planning and Sexual Health Services to More Patients in [Name of Community or City]

[Name of Organization A, linked to website] is pleased to announce a merger with [Name of Organization B, linked to website]. “The opportunities this merger brings are exciting” said [Name of Official], [Title], “We look forward to expanding the range of primary care services available to our patients, while offering high-quality family planning and sexual health services to a whole new set of patients. As a combined entity, we will be able to meet more of the medical needs of poor and low-income individuals in the community and bolster the missions of both organizations to provide care for all who walk through our doors.”

“We look forward to joining with [Organization B] to enhance and expand services in this region” said Name, [Organization A, linked to website]’s Executive Director. “This decision is well aligned with the movement of health care today. We need to team together to provide cost-efficient, coordinated and comprehensive medical care to meet the health needs of our patients. Merging our [XX] years of family planning and sexual health care expertise with [Organization B, linked to website]’s well-established primary care and dental services will enable clients to receive a broader range of quality services and will allow us to expand clinical services and prevention education in the area.”

Under the merger, [Organization A] will become part of a federally qualified health center (FQHC), a federally funded, nonprofit health center that serves medically underserved areas and populations. Both [Organization A] and [Organization B] serve any patient who comes in for services - no one is turned away for inability to pay and both focus on facilitating and/or increasing access to health care. This merger will not alter these basic principles – it will only enhance them. Clients will still be seen at existing [Organization A, linked to website] sites for [estimated amount of time] as the administrative merger takes place and [Organization A] becomes a division of [organization B].

###

[Quick description of organization(s) and/or mission statement(s)]

[www.OrganizationAwebaddress.com](http://www.OrganizationAwebaddress.com) [www.OrganizationBwebaddress.com](http://www.OrganizationBwebaddress.com)

# 4.b.1 FQHC Family Planning Brochure

## What is Family Planning?

Family planning helps you decide the number of children you want and when you want to have them. It is a decision for you and your partner to make together.



## What is the philosophy

of the Katahdin Valley

Health Center Family

## Planning Program?

The Katahdin Valley Health

Center Family Planning

Program helps men and

women take responsibility for

their reproductive health

through education, counseling

and medical services.

Where can I obtain services through the KVHC Family Planning Program?

### **KVHC Patten Office**

30 Houlton St., Patten, ME 04765

### **KVHC Island Falls Office**

1300 Crystal Rd., Island Falls, ME 04747

### **KVHC Houlton Office**

59 Bangor St., Houlton, ME 04730

### **KVHC Millinocket Office**

50 Summer St., Millinocket, ME 04462



## **Katahdin Valley Health Center's Family Planning Program**



**Katahdin Valley Health Center**

*Our goal is your good health.*

**1-866-366-KVHC**

**[www.kvhc.org](http://www.kvhc.org)**

# FQHC Family Planning Brochure (continued)

## Who can use Family Planning Services?

Family planning services are available to all regardless of age, gender, race, nationality, religion, disability, or ability to pay. **Minors do not require parental permission to access family planning services.**



## Why have family planning?

- For healthier mothers, fathers, and babies
- For healthier relationships between adults
- So all babies are wanted
- To help parents prepare for parenthood
- To help women who have health problems
- To counsel patients who have inherited diseases

## Did you know?

The average woman has 32 or more years in her lifetime when she can bear children.

## What is the cost of Family Planning services?

Clients are charged for services according to their ability to pay.

## What services are available at a Family Planning clinic?

- Clients receive education and information about:
  - All contraceptive methods
  - How to use the method of their choice
  - “Safer Sex” practices
  - Pregnancy
  - Nutrition
  - Infertility
  - Sterilization
  - Sexually transmitted disease/AIDS
- A trained and caring staff of nurses, nurse practitioners, physicians, and physician assistants provide clinical services.
- Clients receive the contraceptive method of their choice unless there are contraindications to that method.
  - Pregnancy testing is done.
  - Examinations, treatment and follow-up for infections and sexually transmitted diseases are done.
  - Emergency contraceptive services are available.

## How can I decide about birth control?

Deciding about birth control is a very personal choice. First you need information about all the choices available. This decision is between you and your partner. You will be provided with information about common types of birth control.

**For more information, please call:**  
**1-866-366-KVHC**  
**All Services Are Strictly Confidential**

# 4.b.2 FQHC Family Planning Flyer



***Thank you for choosing  
Westside Family Health Center  
for your healthcare needs!***

## **WFHC Services**

WFHC provides high quality health care and education.



*“WFHC exists because they truly care about folks’ well being. They do not have a huge facility but what they do have is a huge heart that yearns to make everyone’s health experience the best experience possible regardless if they have health insurance or not.”*

### **Family Practice**

- Preventive Services
  - Immunizations & TB Testing
  - Screenings
- Physical Exams (including Sports, School & DMV)
- Sick Care Visits
- Chronic Disease Management
- Lab and Diagnostic Services
- Drug Testing

### **Reproductive Health**

*(for men, women and teens)*

- Birth Control
- Gynecology
- STD Testing and Treatment
- Pregnancy Testing and Options Counseling
- Breast Exams and Mammograms
- HIV Counseling and Testing (Rapid/Traditional)
- Menopause Supportive Care
- Pap Smears
- Emergency Contraception
- Colposcopies

### **Strong Start**

#### **Prenatal Care**

- Initial Medical and Psychosocial Evaluations
- Follow-Up Visits with Midwives and Health Educators
- Prenatal Lab Work
- Childbirth Education Classes
- Breastfeeding Support

#### **Pediatrics**

- Well-Child Checkups
- Sick Child Exams
- School Physicals
- Immunizations & TB Testing
- Parenting Classes
- Sports Physical

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# About NFPRHA

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Founded in 1971 and located in Washington, DC, the National Family Planning & Reproductive Health Association (NFPRHA) is a 501(c)3 non-profit membership organization representing the broad spectrum of family planning administrators and providers who serve the nation's low-income, under-insured, and uninsured women and men.

As the only national membership organization in the United States dedicated to increasing family planning access, NFPRHA is committed to advocacy, education, and training for its members. NFPRHA works to help ensure access to voluntary, comprehensive, and culturally sensitive sexual and reproductive health care services and supplies, and to support reproductive freedom for all.

To that end, NFPRHA seeks to maximize the opportunities for protecting and expanding access to family planning services for vulnerable populations by advocating for programs and resources that enhance both the medical services provided through and infrastructure of the publicly funded safety net.

Furthermore, NFPRHA prepares its membership for changes in the health care economy by providing policy and operational analyses to help its members consider and execute strategies for adapting to evolving economic and policy climates, and by convening administrators and clinicians to share experiences and best practices that help enhance quality and service delivery.

National  
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