REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH
Division of Community, Family Health & Equity
Preventive Services & Community Practices
Family Planning Program

WOMEN IN TRANSITION

Applications are due at:

Rhode Island Department of Health
Family Planning Program
c/o Sounivone Phanthavong
3 Capitol Hill, Room 302
Providence, RI 02908

B y
4:00pm (EST) on Thursday, August 6, 2015

Questions concerning this solicitation must be e-mailed to Sounivone Phanthavong at the Department of Health at S.Phanthavong@health.ri.gov. They must be received no later than July 14, 2015. Questions should be submitted in a Microsoft Word attachment. Please reference "RFP: Women in Transition" on all correspondence. Questions received, if any, will be posted on the HEALTH Website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

No other communication with State parties regarding this RFP will be permitted.

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REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH
Division of Community, Family Health & Equity
Preventive Services & Community Practices
Family Planning Program

WOMEN IN TRANSITION

SECTION 1: INTRODUCTION

The Rhode Island Department of Health's (HEALTH) Family Planning Program is soliciting proposals from Title X Family Planning agencies to provide family planning outreach, clinical and education services, and follow-up to sentenced women incarcerated at the Rhode Island Department of Corrections (RIDOC), who are transitioning back to the community. The initial 12-month award period is expected to begin approximately January 1, 2016 and continue through December 31, 2016. HEALTH reserves the right to renew awards on an annual basis for up to four (4) additional 12-month periods depending upon successful vendor performance and availability of funding.

HEALTH seeks to identify one (1) qualified Vendor who will provide the above referenced services to the target population. Services must be provided in accordance with Section 1001 of the Title X Act and all applicable federal regulations, as amended in Title X 42 C.F.R., subpart A, Part 59 as well as all applicable state regulations.

Specifically, services must be provided in accordance with the U.S. Department of Health & Human Services, Office of Population Affairs' (OPA) federal Title X statute and regulations as described in *Program Requirements for Title X Funded Family Planning Projects (Version 1.0; April 2014)*, *2014 Family Planning Program Priorities, Legislative Mandates, & Key Issues,* and relevant policies included in *The Title X Program Instruction Series.* These documents can be downloaded from the OPA website: **http://www.hhs.gov/opa/title-x-family-planning/**. Comprehensive family planning includes all clinical and counseling services described in the Centers for Disease Control and OPA's *Providing Quality Family Planning Services (QFP) (MMWR Recommendations & Reports, Vol.63, No. 4; April 25, 2014)* available at **http://www.hhs.gov/opa/clinical-guidelines/**.

SECTION 2: BACKGROUND AND PURPOSE

Procurement Objective

The objective of this RFP is to procure the services of a RI Title X Family Planning Agency that has experience providing family planning outreach, family planning clinical and education services, and referral and follow-up for other services designed to improve the health and well-being of the targeted population.

The Rhode Island Department of Health anticipates spending up to $30,000 for the first year of this project (January 1, 2016 - December 31, 2016). This amount may be increased or decreased based upon federal awards received through the OPA. Consideration will be given to modifying the contract amount based upon need for service within the contract's scope, contractor's performance, and the availability of funding. Services are expected to begin on January 1, 2016 and will replace previously funded Title X Family Planning: Women in Transition initiatives that end on December 31, 2015. Funding is earmarked for family planning outreach, family planning clinical and education services, and referrals for services designed to address the targeted population's complex needs.

The Vendor is required to recruit and retain qualified staff to perform all activities in Tasks 1-4 as described in the Scope of Work section of this RFP. Title X funds awarded by the Family Planning Program through this RFP are intended to provide the awarded applicant with a core infrastructure for providing the specified services to the targeted population. In order to earn the full agreement amount, minimum numbers of clients, as specified in the application, must be served during the proposed project period. The awarded applicant is required to provide outreach and core required family planning clinical and educational services, including follow-up, to the targeted population for the full project year even if it has met the minimum number of clients to be served. Reimbursements will be made at less than 100% of the actual cost of providing services.

Title X Family Planning

The Family Planning Program, authorized under Title X of the Public Health Services Act, is administered at the federal level by the Office of Population Affairs (OPA) with funds allocated by the Health Resources and Services Administration (HRSA).

The Title X Program is the only federal program dedicated solely to the provision of family planning services. OPA annually sets Title X Family Planning Program Priorities and key issues that must be addressed by recipients of these funds. Recipients of these funds must be highly cognizant of these requirements and understand that they are subject to change on an annual basis. The OPA 2015 Family Planning Program Priorities are as follows:

1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to support implementation (e.g., through staff training and related system changes) of the Title X program guidelines throughout their Title X services projects, and that project staff have received training on Title X program requirements;

2. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with Title X program requirements and QFP. These services include, but are not limited to, natural family planning methods, infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted disease (STD) and HIV prevention education, testing, and referral. The broad range of services does not include abortion as a method of family planning;

3. Assessing clients' reproductive life plan as part of determining the need of family planning services, and providing preconception services as stipulated in QFP;

4. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services;

5. Demonstrating that the project infrastructure will ensure sustainability of family planning reproductive health throughout the proposed service area.

In addition to the program priorities, the following key issues have implications for Title X service projects, and should be considered in developing the project plan:

- Efficiency and effectiveness in program management and operations;
- Patient access to a broad range of contraceptive options, including long-acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests;
- Management and decision-making through performance measures and accountability for outcomes;
- Linkages and partnerships with comprehensive primary care providers, HIV care and treatment providers, mental health, drug and alcohol treatment providers, and other community and social service agencies;
- Incorporation of CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings;"
- Data collection for use in monitoring performance and improving family planning services;
- Incorporation of research outcomes that focus on family planning service delivery;
- Encouragement of vaccination of patients and health care personnel to protect against influenza.

Legislative Mandates for the Title X Family Planning Program include, but are not limited to:

- None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant of the award certifies that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
- Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Women in Transition

The number of female commitments to the RIDOC was approximately 2,030 in 2014. Of these 2,030 women, 512 were sentenced inmates. Seventy-four (30%) of the 512 sentenced commitments were 6 months or less and 47% were committed for non-violent offenses. The majority of female RIDOC offenders are white (62%), single (70%), and mothers (64%). Thirty-four percent (34%) of female inmates have less than a 12th grade education and 36% have a high school diploma or GED. Sixty-nine percent (69%) were unemployed at the time of incarceration. Fifty-seven percent (57%) will return to RIDOC as awaiting trial inmates and 41% will return as sentenced offenders within 3 years of release.[1]

Women entering the correctional system represent a population already at high risk for communicable diseases, substance abuse, physical and or sexual abuse, and mental health problems. Of a survey of 100 incarcerated women at RIDOC, nearly one fourth of respondents reported being homeless, and more than half (56%) did not have health insurance before incarceration. The overwhelming majority of

[1] RI Department of Corrections: Fiscal Year 2014 Annual Population Report

respondents (81%) reported some type of mental health issue, including depression and anxiety, and 76% reported a history of problems with drugs or alcohol.[2]

With increasing numbers of women entering and exiting the prison system in Rhode Island, there is a compelling need to ensure that mechanisms are in place that can adequately address their family planning and other complex needs. Pregnancies are often unplanned and high risk in this population. Seventy-four percent (74%) of Rhode Island's female inmates reported ever having been pregnant, and the majority of female inmates are mothers although they may not have custody of their children. Twenty-seven percent (27%) of pregnancies among incarcerated women in Rhode Island occur within 12 weeks of a prior discharge, and thus, could have potentially been prevented[3].

The top five communities receiving Rhode Island Department of Corrections' released offenders are: Providence (32.5%); Pawtucket (10.4%); Warwick (7.4%); Woonsocket (7.3%); Cranston (7%).[3]

All women can benefit from receiving family planning services. However, women being discharged from prison can face multiple challenges including, but not limited to: homelessness, loss of health insurance, loss of custody of their children, substance abuse, mental health concerns, food insecurity, sexual abuse, unemployment, lack of education, and transportation. Therefore, evaluation scoring will award additional points to applicants who are able to ensure that discharged women who present for family planning services receive referrals for these complex needs.

Given the diversity – racial, ethnic, linguistic – of the target population of women discharged from RIDOC, it is critical that the selected Vendor demonstrates cultural and linguistic competence through clearly defined values, policies, structures, and practices, as well as through the employment of bi-lingual and bi-cultural staff at all levels of the agency.

SECTION 3: SCOPE OF WORK

General Scope of Work

The Vendor will provide outreach and family planning clinical and educational services, and referral and follow-up for other services designed to meet the complex needs of incarcerated women, including women transitioning back into the community.

The Vendor must encompass the scope of work described below:

Task 1: **Engage in outreach activities at the RIDOC designed to increase awareness about the availability of family planning and other available services among the targeted population.**

Planned outreach activities at the RIDOC serve to facilitate awareness of and access to family planning and other available services among the targeted population.

The Vendor will be required to:

- Establish and implement planned outreach activities at the RIDOC to increase awareness of services among the targeted population.

[2] Nijhawan AE, Salloway R, Nunn AS, Poshkus M, Clarke JG. Preventive Healthcare for Underserved Women: Results of a Prison Survey. J Womens Health (Larchmt). 2010 Jan; 19(1): 17–22.
[3] RI Department of Corrections: Distribution of FY12 Sentence Released Offenders

- Outreach activities will include, but not necessarily be limited to: informing incarcerated women about the availability of clinical and education family planning and other available services through the distribution of printed informational materials at the RIDOC and through in-person meetings with incarcerated women.
- Schedule appointments for women transitioning back into the community at the Vendor's community-based health care site family planning clinical and education services and other services.

Task 2: **Provide family planning education/counseling services to incarcerated women incarcerated at the RIDOC, in accordance with state and federal Title X requirements.**

The Vendor will be responsible for providing family planning education/counseling services to women who are incarcerated at the RIDOC regardless of their residency upon discharge.

The Vendor will be required to:

- Provide family planning education/counseling services, including reproductive life planning and preconception counseling, to a minimum of 200 sentenced women incarcerated at the RIDOC regardless of their residency upon discharge.
- Provide family planning education/counseling services to the targeted population at the RIDOC for the full project year even if it has met the minimum number of clients to be served.
- Document all family planning education/counseling services provided at the RIDOC in the client's medical record at the RIDOC.
- Submit Family Planning Encounter Record (FPER) data to the Region I Data System. This data may include encounters for clinical services provided by RIDOC clinical staff.

Task 3: **Provide family planning clinical and education services to women transitioning back into the community, in accordance with federal and state Title X requirements.**

The Vendor will be responsible for providing family planning clinical and education services to all women transitioning back into the community through the Vendor's community-based health care site.

The Vendor will be required to:

- Provide clinical and education services to women transitioning back to the community through the Vendor's community-based health care site.
- Provide clinical and education services to the targeted population regardless of age, citizenship status, or residency.
- Provide referral and follow-up for other services designed to address the complex needs of the targeted population.
- Provide a broad range of acceptable and medically approved family planning methods.
- Submit Family Planning Encounter Record (FPER) data to the Region I Data System.
- Provide referrals and linkages to community agencies to ensure continuity of care

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

Culturally Competent Care (Standards 1-3)

Standard 1
Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2
Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3
Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Standards 4-7)

Standard 4*
Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5*
Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6*
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7*
Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence (Standards 8-14)

Standard 8
Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9
Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10
Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11
Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12
Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13
Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14
Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

*** *Mandates* 11-28-11**

Minimum Vendor Requirements

The successful Vendor will have the requisite experience and resources to carry out the activities detailed in the scope of work section of this RFP. More specifically, the Vendor must:

- Currently be a Title X agency contracted with HEALTH
- Have a system for ensuring that the targeted population receives referral and follow-up for other services designed to address their complex needs.
- Demonstrate cultural and linguistic competence (as described in the above section of the National Standards for CLAS) through clearly defined values, policies, structures, and practices as well as through the employment of bi-lingual and bi-cultural staff at all levels of the agency.
- Provide a sufficient number of dedicated on-site and/or consulting staff with expertise and credentials to carry out Tasks 1-3.

Vendor Responsibilities

The Vendor selected as a result of this RFP will:

- Be responsible to the Rhode Island Department of Health's Family Planning Program;
- Identify a Project Coordinator as well as other appropriate staff to support the tasks outlined in this RFP;
- Ensure that the Project Coordinator reports to the Medical Director at the RIDOC's Women's Division when the Project Coordinator is working on-site at the RIDOC;
- Provide office space, equipment, utilities, and supplies necessary for the management of the project;

- Cover all travel costs for contractor staff, including in-state and out-of-state travel necessary to carry out the tasks within the contract;
- Ensure that all printed informational materials offered to the targeted population are reviewed and approved in accordance with federal Title X requirements;
- Develop policies and procedures for charging, billing, and collecting of client fees for core required family planning services provided by the project, in accordance with federal and state Title X requirements;
- Develop a quality assurance plan that provides for the ongoing evaluation of family planning project personnel and services;
- Utilize practice guidelines and recommendations developed by recognized professional organizations and other federal agencies in the provision of evidence-based clinical services;
- Comply with all project reporting requirements;
- Submit monthly invoices utilizing the Family Planning Program's approved reporting and billing forms;
- Appoint appropriate staff to serve on the Family Planning Program's Family Planning Advisory Council (FPAC) and its associated subcommittees;
- Allow a team or person authorized by the Family Planning Program to periodically conduct comprehensive site reviews to assure that the Vendor conforms with existing federal and state Title X requirements and to take corrective actions if contracted services are not found to be in compliance;
- Serve each client without regard to the client's age, residency, or citizenship status;
- Provide a 10% match in non-federal revenue sources.

SECTION 4: CONTRACT TERMS

A total of $30,000 will be available during CY2016 (1/1/2016 - 12/31/2016) for clinical and educational services and referral and follow-up services designed to address the targeted population's complex needs. The Rhode Island Department of Health will renew this project on an annual basis for up to four additional 12-month terms, depending on contractor performance and availability of funding. The Rhode Island Department of Health reserves the right, at any time during the term of the resultant award pursuant to this solicitation, to expand the base engagement to include additional family planning and follow-up services.

SECTION 5: PROPOSAL SUBMISSION

This section contains the administrative procedures and instructions for submission of the proposal.

One original and five copies of the application must be mailed or hand delivered by close of business (4:00pm) on Thursday, August 6, 2015 to:

Rhode Island Department of Health
Family Planning Program
c/o Sounivone Phanthavong
3 Capitol Hill, Room 302
Providence, RI 02908

Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Rhode Island Department of Health by the scheduled due date and time will be determined to be late and will not be considered.

Administrative Information

Questions concerning this solicitation must be emailed to Sounivone Phanthavong at the Department of Health at S.Phanthavong@health.ri.gov . They must be received no later than July 14, 2015. Questions should be submitted in a *Microsoft Word* attachment. Please reference "RFP: Women in Transition" on all correspondence. Questions received, if any, will be posted on the HEALTH Website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SECTION 6: PROPOSAL CONTENT

This section contains all of the information and forms necessary to develop and submit the application. Applicants must use a standard 12-point Times Roman font on 8 ½ x 11 inch paper. The entire proposal should be typed in black ink on white paper. Applications should not be bound. Margins on all sides should be 1 inch and single line spacing is desirable. The narrative must be typed on one-side of the paper and the applicant's name must appear on each page. The entire application, including appendices, must be sequentially page numbered. The application sequence should be as follows: Cover Page, Table of Contents, Project Narrative (Parts A through D), and Appendices.

The following sections must be completed in response to the RFP. Each section should be submitted using the format presented herein.

Cover Page

The Cover Page must be completed (See Appendix II) and included as a part of the application. The individual authorized to sign on behalf of the organization must sign this cover page.

Table of Contents

A Table of Contents must be completed and based on the sections included in the application sequence.

Project Narrative

The information contained in this section constitutes the bulk of the project proposal. Requested supporting documentation must be included as appendices. The Project Narrative must be submitted in accordance with the following format:

Part A - Agency Qualifications & Experience

The applicant should briefly describe the degree to which it is qualified and experienced in providing family planning clinical and education services. The applicant should include a brief description of similar projects undertaken and data of similar clients served, with tasks similar to those in this RFP.

The narrative for this section should not exceed 3 pages in length.

Service Site Information Form (See Appendix III) should be completed and included as Appendix I of the proposal. Use additional sheets if necessary.

Part B – Work Plan/Proposed Approach

This section should describe the applicant's proposed approach and/or methodology to meet Title X requirements and provide high quality family planning services. The work plan should include goals with clearly defined SMART (specific, measurable, achievable, realistic, time-bound) objectives. Projected number of clients served and services provided should also be included in the work plan. Tasks and activities to address the objectives should be outlined and include monitoring and evaluation.

The applicant should provide detailed information, including targeted work plan objectives and utilization goals as appropriate, on how the agency will address the following:

- Family Planning Services Provided
    - Services Provided Form (See Appendix IV) should be completed and included as Appendix II of the application
    - Provision of contraceptive methods onsite or via referral, including long-acting reversible contraceptives (intrauterine devices/IUD and hormonal implant)
- Preconception Health/Reproductive Life Planning
    - Implementation of routine provision of preconception health services and documented discussion of reproductive life planning
- Referral and Linkages to Care for Women Discharged from RIDOC
- Data Collection & Reporting Practices
    - Mode of FPER submission to Region I Data System

This section should not exceed 8 pages in length.

Part C – Staffing Plan

This section should describe how the applicant's proposed staffing plan will provide project oversight, both administrative and clinical. The applicant should also detail how staff, both current and new, will be trained on Title X guidelines and requirements. The applicant should describe briefly how the proposed project's staffing plan will demonstrate cultural and linguistic competence through clearly defined values, policies, structures, and practices, as well as through the employment of bi-lingual and bicultural staff at all levels of the agency.

This section should not exceed 3 pages in length.

Family Planning Personnel Form (See Appendix V) should be completed and included as Appendix III of the proposal.

Part D - Budget & Justification

Applicants must provide a budget and budget justification (See Appendix VI) for the period 1/1/2016 - 12/31/2016. No additional narrative is needed for this section**.** Please note that applicants must provide a minimum of 10% of the total project costs in non-federal matching funds.

SECTION 7: EVALUATION AND SELECTION

Applications will first be reviewed administratively for completeness, responsiveness, and eligibility. A proposal will be disqualified at this point if it does not meet the basic requirements set forth in the RFP. Qualified proposals will be evaluated by a Technical Review Committee, which will be comprised of state government staff, as required by state procurement policies.

Applications will be evaluated competitively by the Technical Review Committee for adherence to the RFP, Title X, and other federal and state requirements. Applicant experience, capacity to provide family planning services, and the strength and relevance of the proposed program of services will be assessed. The location of the clinic to be funded will be a factor of consideration. The following list outlines the relevant evaluation items and their maximum scores. Each proposal will receive a rating score (maximum 100 points) with a minimum score of 75 points for consideration.

- Agency Qualifications & Experience (25 points)
- Work Plan/Proposed Approach (35 points)
- Staffing Plan (20 points)
- Budget & Justification (20 points)

The applicant with the highest total score will be considered first for possible funding. Based on the Technical Review Committee's evaluation and assigned scores, a recommendation for a tentative award will be made. Once approved, the Rhode Island Department of Health will begin negotiations with the recommended Vendor to finalize the contractual agreements.

Applications, which are incomplete in any material respect, will be deemed non-responsive and will not be considered.

TITLE X FAMILY PLANNING SERVICES
APPLICATION COVER SHEET

Agency Name:	
Address:	
FEIN:	
Type of Organization (Check All That Apply) _____ Community Health Center _____ Hospital Based Clinic _____ Visiting Nurse Association _____ Family Planning Specialty Clinic	
Total Number of Service Sites:	
Executive Director:	
Phone:	Email Address:
Chair, Board of Directors:	
Phone:	Email Address:
Finance or Accounting Director:	
Phone:	Email Address:
Medical Director:	
Phone:	Email Address:
Project Manager (For Family Planning Services):	
Phone:	Email Address:
Project Period From: **1/1/2016** To: **12/31/2016**	
Service Area(s):	
Total Projected Number of Family Planning Clients To Be Served:	

In response to this Request for Proposals (RFP) for funding to support the Women in Transition project, please accept the accompanying application. I hereby certify that, to the best of my knowledge, the program and budgetary information supplied in support of this application is accurate, complete, and current for the award period of January 1, 2016 through December 31, 2016.

I additionally certify that I am duly authorized to submit this application on behalf of the governing body of

_____ (organization name).

_____

Authorized Signature Date

_____

Typed Name Title

TITLE X FAMILY PLANNING SERVICES
SERVICE SITE INFORMATION
CY2016

AGENCY & SERVICE SITES	**LOCATION** (Address & Phone Number)	**ADMINISTRATIVE HOURS**	**CLINIC HOURS**

TITLE X FAMILY PLANNING
SERVICES PROVIDED
CY2016

FAMILY PLANNING SERVICES	***Please indicate: 1, 2, or 3***
Client Education & Counseling	
Informed Consent	
Reproductive Life Planning	
Preconception Health Counseling	
Contraceptive Methods	
Diaphragm	
Emergency Contraception	
Female Condom	
Fertility Awareness Methods	
Hormonal Implant	
Hormonal Injection	
Hormonal Patch	
Intrauterine Device (IUD)	
Copper IUD	
Hormonal IUD	
Male Condom	
Oral Contraception	
Please specify:	
Spermicide	
Sterilization (female)	
Sterilization (male)	
Vaginal Ring	
Other Family Planning Services	
Pregnancy Diagnosis & Counseling	
Preconception Care	
STD Testing	
Please specify:	
HIV Testing	
Level I Infertility Services	
Related Preventive Services	
Breast Exam	
Cervical Cancer Screening (Pap Smear)	
Lab Testing	
Please specify:	

1 = Provided Directly On-Site

2 = Not Provided On-Site; Provided by Referral

3 = Not Provided

TITLE X FAMILY PLANNING SERVICES

DETAIL OF PERSONNEL DEDICATED TO FAMILY PLANNING SERVICE DELIVERY*

CY2016

***Include all administrative, clinical, and support staff dedicated to family planning service delivery, not just those that may be funded through this RFP. Use additional sheets, if necessary.**

NAME	POSITION TITLE	PROFESSIONAL LICENSURE IF APPLICABLE	FTE DESCRIPTION WITHIN AGENCY
			(1.00 FTE)
			(.20 FTE)

DIVISION OF COMMUNITY, FAMILY HEALTH & EQUITY
Family Planning: Women in Transition
Annual Budget Report

CONTRACT PERIOD FROM: _____*January 1, 2016*_____ ***TO:*** *December 31, 2016*____

AGENCY: _____ **DATE:** _____

ADDRESS: _____ **TELEPHONE:** _____

PROGRAM: _____ **FEIN #:** _____

CATEGORY	
PERSONNEL	
FRINGE BENEFITS	
CONSULTANTS	
IN-STATE TRAVEL	
OUT-OF-STATE TRAVEL	
PRINTING	
OFFICE EXPENSES	
TELEPHONE	
EDUCATIONAL MATERIALS	
EQUIPMENT	
(If a category not listed above, please add to "Other" and specify)	
OTHER:	
MEDICAL SUPPLIES	
CONTRACEPTIVE SUPPLIES	
TOTAL REQUEST	

MAIL TO: **RI DEPARTMENT OF HEALTH**
Division of Community, Family Health & Equity
3 Capitol Hill, Room 302
Providence, RI 02908-509
(401) 222-5984

I certify that this data is accurate and correct and that these expenses have been made in accordance with the term of agreement covering this program.

SIGNATURE: _____
(Program Director/Designee)

DETAIL OF PERSONNEL

NAME	POSITION TITLE	HOURLY RATE	Number of Hours Worked	TOTAL ANNUAL SALARY & FRINGE	RIDH PERSONNEL COST
TOTAL REQUEST		**$**			

DETAIL OF CONSULTANT

NAME	POSITION TITLE	HOURLY RATE INCLUDING FRINGE	HOURS WORKED	TOTAL ANNUAL SALARY & FRINGE	RIDH PERSONNEL COST
TOTAL REQUEST		**$**		**$**	**$**

EXPLANATION OF EXPENSES (i.e. travel, printing, office supplies, educational materials, and equipment)

EXPENSE CATEGORY	**DESCRIPTION** *For all expenses please provide a copy of the corresponding bill.	**COST**

PROPOSAL EVALUATION FORM
Title X Family Planning: Women in Transition
Family Planning Clinical and Education Services as well as Outreach

AGENCY NAME: _____ REVIEWER #_____

Proposals will be reviewed and scored based upon the following criteria:

_____ **Agency Qualifications (0-15 points)**

Agency's qualifications and experience in providing family planning clinical and education services as well as conducting outreach

_____ **Work Plan/Proposed Approach (0-40 points)**

Applicant's scope of work effectively addresses the following criteria (objectives and target goals are included as appropriate):

- Projected number of family planning clients to be served
- Family planning services provided, including provision of broad range of approved contraceptive methods onsite or via referral
- Confidential Services
- Preconception Health/Reproductive Life Planning
- Data Collection & Reporting Practices

_____ **Staffing Plan (0-15 points)**

Applicant's staffing plan describes project oversight, staffing training on Title X guidelines and requirements, and demonstrates cultural and linguistic competence.

_____ **Budget and Budget Justification (0-30 points)**

Applicant clearly includes cost-effective and accurate use of line items, billed staff, a complete budget and budget justification.

Notes:

Reviewer's Total _____ (Maximum 100 points)

RHODE ISLAND FAMILY PLANNING ENCOUNTER RECORD

PATIENT INFORMATION – REQUIRED

PATIENT #

SITE #

ZIP CODE

PATIENT NAME

DOB

GENDER F M

VISIT DATE

RACE

____ WHITE
____ BLACK
____ AM. INDIAN
____ ASIAN
____ HAWAIIAN/OTHER PACIFIC ISLANDER

FAMILY SIZE

HISPANIC/LATINO

____ Y ____ N

ENGLISH PROF.

____ Y ____ N

GROSS WEEKLY INCOME

GROSS WEEKLY INCOME

NOT AVAILABLE/UNKNOWN

PRIMARY LANGUAGE

____ ENGLISH ____ SPANISH ____ PORTUGUESE ____ CV CREOLE ____ FRENCH
____ HAITIAN CR. ____ KHMER ____ HMONG ____ LAO ____ UNKNOWN
OTHER: _____

PROVIDER TYPE

____ PHYSICIAN
____ NP/APRN/CNM/PA
____ RN/LPN
____ COUNSELOR/CHE

HEALTH INSURANCE

____ PUBLIC INS.
____ PRIVATE INS.
____ UNINSURED

PRIMARY REIMBURSEMENT

____ MEDICAID (RIte CARE, RIte SHARE)
____ 100% GRANT/TITLE X (FPL < or = 100%)
____ SELF PAY – FULL (FPL 251%+)
____ PRIVATE INSURANCE
____ SELF PAY – PARTIAL (FPL 101% -250%)

VISIT TYPE – AT LEAST ONE VISIT TYPE IS REQUIRED FOR EACH FPER SUBMITTED

OFFICE VISIT

NEW PATIENTS

____ 99201 LIMITED/MINOR
____ 99202 LOW TO MODERATE
____ 99203 MODERATE TO HIGH
____ 99204 MODERATE TO HIGH
____ 99205 HIGH COMPLEXITY

ESTABLISHED PATIENTS

____ 99211 BRIEF
____ 99212 MINOR COMPLEXITY
____ 99213 LOW COMPLEXITY
____ 99214 MODERATE TO HIGH
____ 99215 HIGH COMPLEXITY

PREVENTIVE VISITS

NEW PATIENTS

____ 99384 AGE 12-17 YEARS
____ 99385 AGE 18-39 YEARS
____ 99386 AGE 40-64 YEARS
____ 99387 AGE 65+ YEARS

ESTABLISHED PATIENTS

____ 99394 AGE 12-17 YEARS
____ 99395 AGE 18-39 YEARS
____ 99396 AGE 40-64 YEARS
____ 99397 AGE 65+ YEARS

PROCEDURAL VISIT

____ COLPOSCOPY
____ COLP. W/ BIOPSY
____ COLP. W/ LEEP
____ CRYO CAUTERY
____ DIAPHRAGM FITTING
____ FEMALE STERILIZATION
____ IMPLANT INSERTION
____ IMPLANT REMOVAL
____ IMPLANT REPLACEMENT
____ HORMONAL INJECTION
____ IUD INSERTION
____ IUD REMOVAL
____ VASECTOMY
____ VENIPUNCTURE
____ WART TREATMENT

MEDICAL SERVICES

MARK ALL THAT APPLY

____ ANEMIA SCREENING
____ BREAST EXAM
____ CBE REFERRAL
____ CHLAMYDIA TEST
____ CHOLESTEROL
____ EMERGENCY CONTRACEPTION
____ GC
____ HEP C TEST
____ HPV TESTING
____ PAP SMEAR
____ PELVIC EXAM
____ RPR
____ WET PREP/ MOUNT
____ PREGNANCY TEST
____ POS ____ NEG

OTHER: _____

_____ HIV TEST-RAPID
_____ HIV TEST-STANDARD
_____ HIV TEST- RESULT PROVIDED

CONTRACEPTIVE METHOD

PRIMARY METHOD BEFORE VISIT

____ABSTINENCE
____SPONGE
____DIAPHRAGM
____FEM CONDOM
____FEM STERILIZ.
____FERT. AWAR.
____HORM. IMPL.
____HORMONAL PATCH
____IUD
____MALE CONDOM
____ORAL CONTRACEPTIVE
____SPERMICIDE (USED ALONE)
____VAGINAL RING
____VASECTOMY
____INJECTION - 3MO
____OTHER METHOD.

____NO METHOD

PRIMARY METHOD AFTER VISIT

____ABSTINENCE
____SPONGE
____DIAPHRAGM
____FEM CONDOM
____FEM STERILIZ.
____FERT. AWAR.
____HORM. IMPL.
____HORMONAL PATCH
____IUD
____MALE CONDOM
____ORAL CONTRACEPTIVE
____SPERMICIDE (USED ALONE)
____VAGINAL RING
____VASECTOMY
____INJECTION - 3MO
____OTHER METHOD

____NO METHOD

IF NO METHOD – SELECT ONE FROM BELOW

____PREGNANT
____RELY ON FEMALE METHOD (FOR MALE CLIENTS ONLY)
____ OTHER REASON (SEXUALLY ACTIVE CLIENTS WHO DO NOT WANT/NEED A METHOD)

PREGNANCY INTENTION

PLANS TO BECOME PREGNANT WITHIN:

____ 1 YEAR
____ 2+ YEARS
____ NO PLANS TO BECOME PREGNANT
____ DO NOT KNOW/NOT SURE