State of Hawaii
Department of Health
Family Health Services Division
Maternal & Child Health Branch
Women's and Reproductive Health Section-
Reproductive Health Services Unit

Request for Proposals

HTH-560-CW-014
STATEWIDE FAMILY PLANNING SERVICES INCLUDING CLINICAL FAMILY PLANNING AND RELATED PREVENTIVE HEALTH SERVICES

Issued: July 17, 2015
Date Due: October 15, 2015

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

July 17, 2015

REQUEST FOR PROPOSALS

STATEWIDE FAMILY PLANNING SERVICES INCLUDING CLINICAL FAMILY PLANNING AND RELATED PREVENTIVE HEALTH SERVICES
RFP No. HTH 560-CW-014

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Women's and Reproductive Health Section, Reproductive Health Services Unit (RHSU) is requesting proposals from qualified applicants to provide comprehensive service specifications related to the provision of Title X Family Planning Services (Title X of the Public Health Service Act) to all persons desiring such services, with priority for services to persons from low income and vulnerable populations, statewide. Family Planning Services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. The contract term will be effective from July 1, 2016 through June 30, 2019. Multiple contracts will be awarded under this proposal.

Proposals shall be mailed, postmarked by the United States Postal Service on or before October 15, 2015 and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on October 25, 2015, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Maternal and Child Health Branch will conduct an orientation on July 31, 2015 from 9:30 a.m. to 11:30 a.m. HST, via Video Conference Centers, see Table 1. All prospective applicants are encouraged to attend the orientation. The deadline for submission of written questions is 4:30 p.m., HST, on August 7, 2015. All written questions will receive a written response from the State on or about August 14, 2015.

Any inquiries and requests regarding this RFP should be directed to Ms. Maria Lee at 741-A Sunset Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-9027, FAX (808) 733-9032, e-mail: maria.lee@doh.hawaii.gov.
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Table 1. Video-conference Centers for the RFP Orientation for the statewide family planning services including clinical family planning and related preventive health services, July 31, 2015.

Hawaii **Hilo State Office Building** 75 Aupuni Street, Rm 105 Hilo, HI PH: 974-6241 **Hamakua Health Center** 45-549 Plumeria St. Honokaa, HI PH: 775-7204	Oahu **Kalanimoku State Office Building** 1151 Punchbowl Street, Basement Honolulu, HI PH: 586-1920 x 310 **Kakuhihewa State Office Building** 601 Kamokila Blvd., Rm. 167B Kapolei, HI PH: 692-7180 **Waimanalo Health Center** 41-1347 Kalannianaole Hwy. Waimanalo, HI 96795 PH: 954-7139
Kauai **Lihue State Office Building** 3060 Eiwa Street, Basement Lihue, HI PH: 274-3002	Lanai **Lanai Community Health Center-** STAN 478 Lauhala Place Lanai City, HI PH: 565-6919
Maui **Wailuku State Building Office** 54 High Street, 3rd Floor, Conference Room B Wailuku, HI PH: 984-2086	Molokai **Molokai General Hospital** 280 Home Olu Place Kaunakakai, HI 96748 PH: 553-5488 or 553-3123

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: (4)

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **October 15, 2015 and received by the state purchasing agency no later than 10 days from the submittal deadline**.

All Mail-ins

Department of Health
Maternal and Child Health Branch
Reproductive Health Service Unit
741-A Sunset Avenue, Room 102
Honolulu, Hawaii 96816

DOH RFP COORDINATOR

Maria Lee
For further information or inquiries
Telephone Number: 733-9027
Fax Number: 733-9032
e-Mail Address: maria.lee@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), October 15, 2015.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., October 15, 2015.

Drop-off Sites

Oahu:
Department of Health
Maternal Child Health Branch
741-A Sunset Avenue, Room 102
Honolulu, Hawaii 96816
Attn: Reproductive Health Services Unit

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Section 1

Administrative Overview

Section 1
Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing Request for Proposals (RFP)	July 17, 2015
Distribution of RFP	July 17, 2015 to October 15, 2015
RFP orientation session	July 31, 2015
Closing date for submission of written questions for written responses	August 7, 2015
State purchasing agency's response to applicants' written questions	August 14, 2015
Discussions with applicant prior to proposal submittal deadline (optional)	July 17, 2015 to October 14, 2015
Proposal submittal deadline	October 15, 2015
Discussions with applicant after proposal submittal deadline (optional)	October 2015
Final revised proposals (optional)	October 2015
Proposal evaluation period	November-December 2015
Provider selection	December 2015
Notice of statement of findings and decision	December 2015
Contract start date	July 1, 2016

1.2 Website Reference

	Item		Website
1	Procurement of Health and Human Services		http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2	RFP website		http://hawaii.gov/spo2/health/rfp103f/
3	Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services		http://spo.hawaii.gov Click on the "References" tab.
4	General Conditions, AG-103F13		http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5	Forms		http://spo.hawaii.gov Click on the "Forms" tab.
6	Cost Principles		http://spo.hawaii.gov Search: Keywords "Cost Principles"
7	Protest Forms/Procedures		http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8	Hawaii Compliance Express (HCE)		http://spo.hawaii.gov/hce/
9	Hawaii Revised Statutes		http://capitol.hawaii.gov/hrscurrent
10	Department of Taxation		http://tax.hawaii.gov
11	Department of Labor and Industrial Relations		http://labor.hawaii.gov
12	Department of Commerce and Consumer Affairs, Business Registration		http://cca.hawaii.gov click "Business Registration"
13	Campaign Spending Commission		http://ags.hawaii.gov/campaign/
14	Internal Revenue Service		http://www.irs.gov/
15	US Department of Health and Human Services, Title X Family Planning Office of Population Affairs		http://www.hhs.gov/opa/title-x-family-planning
	Program Requirements for Title X Funded Family Planning Projects version 1.0, April 2014		http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf
	OPA Program Policy Notices		http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program_policy_notice/).
	Legislative Mandates Statues and Regulations: Title X of the Public health Service Act, 42 I.S.C. 300 et seq. 42 CFR part 59 subpart A 42 CFR part 50, subpart B		http://www.hhs/opa/family-planning

	Program Priorities and Key Issues		http://www.hhs.gov/opa/pdfs/title-x-family-planning-program-priorities-march-2015.pdf
16	Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR 2014:63(RR4)		http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w
17	U.S. Selected Practice Recommendations for Contraceptive Use, 2013. MMWR 2013:62(RR5		http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf
18	U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. Adapted from the World Health Organization Medical Eligibility Criteria for Contraceptive Use, 4th Edition. MMWR 2010:59(RR4)		http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf
19	Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR 2015:64(RR3), 1-137		http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm
20	Center for Disease Control Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings; MMWR 2006:55(RR14);1-17		**http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm**
21	State of Hawaii, Department of Health STD/HIV Screening, Treatment and Reporting Requirements		**http://health.hawaii.gov/std-aids/**
22	State of Hawaii, Department of Health, Family Health Services Division, Primary Care Needs Assessment Data Book, 2012		**http://health.hawaii.gov/about/files/2013/06/pcna2012databook.pdf**
23	Family Health Services Division Profiles 2014, Department of Health State of Hawaii		**http://health.hawaii.gov/about/files/2015/01/FHSDProfiles2014.pdf**
24	Hawaii PRAMS. Hawaii *PRAMS Trend Report 2000-2008*. Honolulu, HI. Hawaii Department of Health, Family Health Services Division. August 2010		**http://hawaii.gov/health/doc/prmastrendreport2010.pdf**
25	Family Planning Annual Report ("FPAR") Data System		**https://fpar.opa.hhs.gov/**
26	Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Grants and Agreements. Subtitle A- Office of Management and Budget Guidance for Grants and Agreements. Chapter II- Office of Management and Budget Guidance. 2 CFR 200. HHS Codified 2 CFR 200 (and included some additional, stricter standards) in its regulations at 45 CFR part 75.		**http://www.ecfr.gov/cgi-bin/text-idx?SID=06a0b0411d1520fae5e2799030e64ebf&node=pt45.1.75&rgn=div5**
27	Clinic Efficiency: A compendium of strategies and recommendations for Title X Family Planning Programs		http://fpntc.org/sites/default/files/resource-library-files/CE%20Compendium%20061412%20Final%20Draft1.pdf

(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

1.4 RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

***Section 5, Attachments*:** Provides applicants with information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Health, State of Hawaii
Family Health Services Division- Maternal and Child Health Branch
Women's and Reproductive Health Section- Reproductive Health Services Unit
741-A Sunset Avenue, Room 102
Honolulu, Hawaii 96816
Phone: (808) 733-9027 Fax: (808) 733-9032
E-mail: maria.lee@doh.hawaii.gov

1.6 RFP Point-of-Contact

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Maria Lee Reproductive Health Services Unit Email: maria.lee@doh.hawaii.gov Phone: (808) 733-9027

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: **July 31, 2015** **Time:** **9:30 am- 11:30 am**
Location: **Video-conference Centers**

Hawaii **Hilo State Office Building** 75 Aupuni Street, Rm 105 Hilo, HI PH: 974-6241 **Hamakua Health Center** 45-549 Plumeria St. Honokaa, HI PH: 775-7204	Oahu **Kalanimoku State Office Building** 1151 Punchbowl Street, Basement Honolulu, HI PH: 586-1920 x 310 **Kakuhihewa State Office Building** 601 Kamokila Blvd., Rm. 167B Kapolei, HI PH: 692-7180 **Waimanalo Health Center** 41-1347 Kalannianaole Hwy. Waimanalo, HI 96795 PH: 954-7139
Kauai **Lihue State Office Building** 3060 Eiwa Street, Basement Lihue, HI PH: 274-3002	Lanai **Lanai Community Health Center-** STAN 478 Lauhala Place Lanai City, HI PH: 565-6919
Maui **Wailuku State Building Office** 54 High Street, 3rd Floor, Conference Room B Wailuku, HI PH: 984-2086	Molokai **Molokai General Hospital** 280 Home Olu Place Kaunakakai, HI 96748 PH: 553-5488 or 553-3123

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP point-of-contact identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: **August 7, 2015** **Time:** 4:30 pm HST

State agency responses to applicant written questions will be provided by**:**

Date: **August 14, 2015**

1.9 Submission of Proposals

A. **Forms/Formats -** Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in Section 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.

2. **Proposal Application Checklist**. The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.

3. **Table of Contents**. A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPOH-200A)**. Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.

B. **Program Specific Requirements**. Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.

C. **Multiple or Alternate Proposals**. Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

D. **Provider Compliance**. All providers shall comply with all laws governing entities doing business in the State.

- Tax Clearance. Pursuant to HRS §103-53, as a prerequisite to entering into contracts of $25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.

- Labor Law Compliance. Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments

relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.

- Business Registration. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently $12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

E. **Wages Law Compliance**. If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.

F. **Campaign Contributions by State and County Contractors**. HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.

G. **Confidential Information**. If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

H. **Proposal Submittal**. All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:

1. Postmarked after the designated date; or
2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
3. If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Faxed proposals and/or submissions of proposals on diskette/CD or transmission by email, website or other similar electronic formats will not be permitted.

1.10 Discussions with Applicants

A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

B. **After Proposal Submittal Deadline.** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

1.12 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.13 RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for final revised proposals.

1.14 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

1.16 Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,
☐ are required
☒ are not required
to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

1.18 Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

(1) Rejection for failure to cooperate or deal in good faith. (HAR §3-141-201)

(2) Rejection for inadequate accounting system. (HAR §3-141-202)
(3) Late proposals (HAR §3-143-603)
(4) Inadequate response to request for proposals (HAR §3-143-609)
(5) Proposal not responsive (HAR §3-143-610(a)(1))
(6) Applicant not responsible (HAR §3-143-610(a)(2))

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. Refer to Section 1.2, Website Reference for website address. Only the following matters may be protested:

(1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

(2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

(3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	**Procurement Officer**
Name: Virginia Pressler, M.D., M.P.H.	Name: Gordon Takaki
Title: Director of Health	Title: Public Health Administrative Officer

Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801	Mailing Address: 3652 Kilauea Avenue, Honolulu, Hawaii 96816
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1.21 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2
Service Specifications

2.1 Introduction

A. Overview, purpose or need

Since the early 1970's, the Hawaii State Department of Health ("DOH") has been the Grantee for the federally funded Title X Family Planning Services ("FPS") Project under the authority of the Title X of the Public Health Service Act ("PHS"). Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. Voluntary FPS is provided to all persons desiring such services with priority for services to persons from low-income and vulnerable population. The award is made by the U.S. Department of Health and Human Services ("HHS"), Office of Population Affairs ("OPA"), Office of Family Planning. The Hawaii State DOH Reproductive Health Services Unit ("RHSU") of the Women and Reproductive Health Section ("WRHS"), Maternal and Child Health Branch ("MCHB"), Family Health Services Division ("FHSD") is responsible to administer the project and funds enabling the provision of Title X subsidized voluntary family planning services in Hawaii.

As Grantee, the RHSU's functions and responsibilities include:

1. Assessing community needs in the area of family planning for individuals with low incomes and for those at risk for unintended pregnancy.
2. Identifying funding and contracting with service providers to assure the delivery of quality family planning and related preventive 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.
3. Ensuring compliance with Title X statute and regulations, legislative mandates, program requirements, OPA Program Priorities and Key Issues
   a. Title X statute and regulation includes:
      i. Sterilization of clients as part of the Title X program must be consistent with 42 Code of Federal Regulations ("CFR") part 50, subpart B ("Sterilization of Persons in Federally Assisted Family Planning Projects").
      ii. Provide voluntary family planning services to any person desiring such services, with priority given to individuals from low-income families.
      iii. Expand and assure access to a broad range of acceptable and effective family planning methods and related preventive health services (including natural family planning methods, basic infertility services, long acting reversible contraceptive ("LARC"), and services for adolescents, emphasizing the important role Title X plays in teen

pregnancy prevention. The broad range of services does not include abortion as a method of family planning.

iv. The FPS shall consist of educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children (42 CFR 59.1).

v. The Providers shall encourage family participation in FPS.

vi. None of the funds appropriated shall be used in program where abortion is a method of family planning.

b. Legislative mandates includes:

i. The FPS should include administrative, financial, clinical, counseling and referral services necessary to ensure adherence to Program Requirements for Title X Funded Family Planning Projects version 1.0, April 2014.

ii. "None of the funds appropriated in this Act may be made available to any entity under Tittle X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services 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,"

iii. ''Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.''

iv. For carrying out the program under Title X of the PHS Act to provide for voluntary family planning projects, that amounts provided to said projects under such title shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that such amounts shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office.

c. Program Requirements for additional operational requirements can be found in the:

i. Program Requirements for Title X Funded Family Planning Projects version 1.0, April 2014 (http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf)

ii. OPA Program Policy Notices (http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program_policy_notice/).

d. Program Priorities and Key Issues. Each year OPA establishes program priorities that represent overarching goals for the Title X project. Program priorities are derived from Healthy People 2020 Objectives and from the HHS priorities.

Proposals are requested from qualified Applicants to become a designated Title X Delegate and provide FP and related preventive health services to women and men including adolescents and with priority given to individuals with low incomes from July 1, 2016 to June 30, 2019 or for a three (3) year period. Applicants who are not able to serve all of

these populations can also be a qualified applicant. Proposals that are awarded will be funded by federal Title X Family Planning funds and State funds awarded to the DOH.

In 2012, 70,970 women in Hawaii were in need of publicly supported contraceptive services and supplies. This includes 17,100 women less than 20 years of age. Many women who do not have health insurance cannot afford contraceptive services. When family planning services are not used, women have an increased risk for an unintended pregnancy.

Unintended pregnancies are strongly associated with late or no prenatal care, low birth weight and neonatal death, domestic violence, child abuse and exposure of the fetus to harmful substances like tobacco, alcohol and other drugs. It is also associated with higher incidence of child abuse, maltreatment and neglect, and economic costs. The 2020 Healthy People Objective is to increase the proportion of intended pregnancy to 70% and decrease unintended pregnancy to 30%.

Unintended pregnancies can be prevented through the use of effective contraception. In Hawaii, unintended pregnancy has been for the last ten years a state priority based on the associated risks with this outcome. Access to family planning and reproductive health services are needed to prevent unintended pregnancies and improve positive birth outcomes and a healthy start for infants.

Research shows numerous complex factors such as environmental, psycho-social, behavioral, and partner influences can result in an unintended pregnancy. These multiple factors and social determinants impacting health, pregnancy intention, reproductive life planning, preconception and interconception care and decision making are not limited to: neighborhood conditions, unhealthful living conditions, effects of domestic or personal violence, racism, occupation or work related effects and stress, low socio-economic status, and stressful life events. These multi-factorial determinants can influence women's health outcomes early in life, most often in the preconception and interconception periods and has the potential to determine an individual's overall health status during their life span.

Family planning and related reproductive health services are a primary gateway to women's health care. For higher risk clients this is often their first exposure to preventive health care and promotes an opportunity for connection to a medical home and ongoing preventive health services for both reproductive and general health and well-being. With health care reform and movement to ensure each individual has a medical home, the program community-based outreach and health education activities can be targeted to individuals at highest risk and in need of services using culturally appropriate strategies to improve service connection and access. Culturally appropriate refers to services and activities that are responsive to, and respectful of the history, traditions, and cultural values of different ethnic groups.

For men, family planning and reproductive health service access provides a unique opportunity for a population sub-set that infrequently seek health care to be served in a holistic manner. Also by including men there is the potential to expand family planning birth control method choices, decrease sexually transmitted infections ("STI"), including

HIV/AIDS, reduce gender based and intimate partner violence, and decrease unintended pregnancies. Males may more commonly seek care for a STI and family planning services can also provide a gateway for reproductive health discussion and comprehensive male health service access.

Community participation, education and project promotion ("CPEPP") activities to reach hard to reach and vulnerable populations are important components to support access to family planning services. This includes those facing unequal access to resources and impacted by social determinants, which in turn increase risks for unintended pregnancies and other related health and psycho-social risks that impact optimal health outcomes. Quality care requires partnering with other community-based and social service providers that provide needed services, community education and public awareness on the health benefits of planned pregnancies, child spacing, use of contraceptives, and access to contraceptive services will be key integrated components. This approach assures services for those in need and in reducing Hawaii's unintended pregnancy rates and associated health care costs. There is a service expectation/requirement that all service providers will facilitate community awareness of and access to family planning services and assure that community members know about the availability of family planning services and how to access those services.

B. Planning activities conducted in preparation for this RFP

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Women's and Reproductive Health Section, Reproductive Health Services Unit conducted a Request for Information ("RFI") on April 20, 2015 from 1:00 p.m. to 4:00 p.m. by statewide video conference to assist in its planning activities related to the provision of statewide comprehensive Title X Family Planning Services. The following lists references and websites relating to Title X Family Planning Services:

US Department of Health and Human Services, Title X Family Planning Office of Population Affairs, (http://www.hhs.gov/opa/title-x-family-planning)

Program Requirements for Title X Funded Family Planning Projects version 1.0, April 2014, (http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf)

OPA Program Policy Notices, (http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program_policy_notice/).

Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR 2014:63(RR4), (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w).

U.S. Selected Practice Recommendations for Contraceptive Use, 2013. MMWR 2013:62(RR5), (http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf)

U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. Adapted from the World Health Organization Medical Eligibility Criteria for Contraceptive Use, 4th Edition. MMWR 2010:59(RR4), (http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf)

Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010. MMWR 2010:59(RR12), (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5912a1.htm) (*Note: Since the release of this RFI, a new guideline was released in June 4, 2015 and the reference and website is noted in Section 1, Administrative Overview, 1.2 Website Reference*)

Center for Disease Control Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings; MMWR 2006:55(RR14);1-17 (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm)

State of Hawaii, Department of Health STD/HIV Screening, Treatment and Reporting Requirements, (http://health.hawaii.gov/std-aids/)

State of Hawaii, Department of Health, Family Health Services Division, Primary Care Needs Assessment Data Book, 2012, (http://health.hawaii.gov/about/files/2013/06/pcna2012databook.pdf)

Family Health Services Division Profiles 2009, Department of Health State of Hawaii, (http://health.hawaii.gov/about/files/2013/06/FHSDProfiles2009.pdf) *(Note: Since the release of this RFI, a new Family Health Services Division Profile was released and the reference and the reference and website is noted in Section 1, Administrative Overview, 1.2 Website Reference)*

Hawaii PRAMS. Hawaii *PRAMS Trend Report 2000-2008*. Honolulu, HI. Hawaii Department of Health, Family Health Services Division. August 2010, (http://hawaii.gov/health/doc/prmastrendreport2010.pdf)

Family Planning Annual Report Data System, (https://fpar.opa.hhs.gov/)

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Grants and Agreements. Subtitle A-Office of Management and Budget Guidance for Grants and Agreements. Chapter II- Office of Management and Budget Guidance. 2 CFR 200. HHS Codified 2 CFR 200 (and included some additional, stricter standards) in its regulations at 45 CFR part 75. (http://www.ecfr.gov/cgi-bin/textidx?SID=06a0b0411d1520fae5e2799030e64ebf&node=pt45.1.75&rgn=div5)

Request for Information Session:

A written summary of RFI session and related information was available upon request to Maria Lee through e-mail at maria.lee@doh.hawaii.gov.

C. Description of the service goals

The goals of this project are to:

1. Assure access to delivery of quality voluntary clinical family planning and reproductive health services including access to a broad range of acceptable and effective contraceptive methods, counseling on establishing a reproductive life plan and preconception care as appropriate, cancer and sexually transmitted infection screening and prevention education, including HIV prevention education, counseling, and testing to all individuals of reproductive age with a priority to low income and hard-to-reach individuals that are the most under-served and the least likely to access family planning services in a traditional setting.

2. Promote medically accurate information, education, awareness and understanding of family planning, and assure the promotion of voluntary family planning clinical services throughout Hawaii to prevent unintended pregnancies and poor outcomes associated with unintended pregnancy. Family planning providers should collaborate with community programs to improve strategies to reach populations in need, with the objective to increase the number of unduplicated clients served by family planning providers. Activities shall include community-based information and education that are age and culturally appropriate (activities that are responsive to and respectful of the history, traditions and cultural values of different ethnic groups). Emphasis shall also be placed on both the rationale for family planning, preconception care, and the complete range of family planning choices (including postponing sexual involvement for youth).

3. Improve the health status of populations in areas of the State designated in need of services in the 2012 Primary Care Needs Assessment Data Book published by the Family Health Services Division, DOH.

4. Assure implementation of Title X Program Requirements and project staff funded by Title X receives such training.

D. Description of the target population to be served

The target population is low-income and hard-to-reach individuals that are the most under-served and the least likely to access family planning services in a traditional setting. These individuals may include, but are not limited to adolescents, males, immigrants, persons with limited English proficiency ("LEP"), populations with special needs, substance abusers, homeless persons, homeless and at-risk youth, individuals exposed to or experiencing violence, clients recently released from incarceration and others experiencing situations that impact ability to access health related services.

Special emphasis is placed on those who may be especially at risk for unprotected sexual activity and unintended pregnancy. This may be due to socioeconomic, cultural, environmental, developmental, and/or health factors. Some of these populations may be inclusive of groups of higher risk individuals such as illicit substance abusers or developmentally disabled individuals.

For purposes of this RFP, the term "low income" means a family whose total annual income does not exceed two hundred fifty percent (250%) of the most recent Poverty Guidelines issued. "Low-income family" also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services.

E. Geographic coverage of service

The services shall be statewide, in areas of high population density such as Honolulu, and in locations that have been federally designated as medically underserved areas ("MUAs") and medically underserved populations ("MUPs") as indicated in the State of Hawaii Primary Care Needs Assessment Databook 2012.

F. Probable funding amounts, source, and period of availability

Family planning services and supplies:

The estimated amount of federal and state funds available per period follows: July 1, 2016 to June 30, 2017, twelve (12) months, $1,631,300 federal and $752,729 state; July 1, 2017 to June 30, 2018, twelve (12) months, $1,631,300 federal and $752,729 state; July 1, 2018 to June 30, 2019, twelve (12) months, $1,631,300 federal and $752,729 state. In addition, in each budget year the Office of Population Affairs and the Hawaii State Legislature may appropriate one (1) million in Title X funds and five hundred thousand ($500,000) in state funds for clinical family planning and related preventive health services.

Funds are subject to budget additions and restrictions. The RFP will be developed in such a manner as to satisfy the procurement requirements for additional federal (i.e. Title X) and/or state funds. Provider(s) must meet performance expectations of their current contract in a satisfactory manner prior to receiving any supplemental agreements, as determined by program and fiscal monitoring and audits.

2.2 Contract Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

(1) Performance/Outcome Measures
(2) Output Measures
(3) Quality of Care/Quality of Services
(4) Financial Management
(5) Administrative Requirements

2.3 General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

There must be a method ensuring that health care practitioners have the knowledge, skills and attitudes necessary to provide effective, quality family planning related preventive health services that are consistent with current, evidence-based national standards of care including training of select healthcare practitioners.

Clinical Services

Advanced practice nurses (i.e. nurse practitioners, certified nurse midwives, and clinical nurse specialists), registered nurses, physician assistants, pharmacists, social workers and physicians providing FPS must have unencumbered licenses to practice in the State of Hawaii.

Delegation of special tasks of nursing care to unlicensed assistive personnel is allowed if criteria for delegation are met under state law, (Chapter 116-89, Hawaii Administrative Rules).

Compliance with the Hawaii Occupational Safety and Health Administration ("Hi-OSH") Blood Borne Pathogens, Clinical Laboratory Improvement Amendments ("CLIA") Requirements, and Health Insurance Portability and Accountability Act ("HIPAA") must be met.

Medical assistants who provide family planning health information to clients as well as health educators and community workers shall have training in: counseling; family planning; use of contraceptive methods including emergency contraception; effectiveness of contraceptive methods; risk screening and reduction; and reproductive health care, pre-conception and inter-conception care.

The clinic staff providing family planning services shall participate in an orientation to the Program Requirements for Title X Federally Funded Family Planning Services, knowledgeable about current recommendations in providing quality family planning

services and family planning data collection requirements that are to be submitted to RHSU.

Personnel delegated to collect and report the required family planning data for the Family Planning Annual Report are trained in data management principles ensuring accuracy and validity of data collected and submitted to RHSU or OPA.

Community Participation, Education and Project Promotion (CPEPP)

The personnel providing community participation, education and project promotion services shall have experience and be knowledgeable about the community needs, cultural values, norms, and resources and able to deal effectively with cultural and sensitive service delivery issues and other characteristics of the targeted geographic population. This staff shall have adequate knowledge and training to provide client-centered counseling, current and medically accurate family planning information, have good communication and public speaking skills.

B. Secondary purchaser participation
(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases - None

C. Multiple or alternate proposals
(Refer to HAR §3-143-605)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded (Refer to HAR §3-143-206)

☐ Single ☒ Multiple ☐ Single & Multiple

Criteria for multiple awards:

Prefer at least one provider per island; with additional providers in higher population density areas. **Applicants shall submit one (1) application proposal for each geographic area (county, island).**

E. Single or multi-term contracts to be awarded
(Refer to HAR §3-149-302)

☐ Single term (2 years or less) ☒ Multi-term (more than 2 years)

Contract terms:
Initial term of contract: July 1, 2016 to June 30, 2019
Length of extension: 12 months

Number of possible extension: Two
Maximum length of contract: Up to sixty (60) months

The initial period shall commence on the contract start date or State Notice to Proceed date, whichever is later. Conditions for extension must be in writing and must be executed prior to the expiration of the initial term of contract for continuation of services. Any additional funding, changes in contract language, or changes in service specification will be agreed upon in writing.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities

A. Service Activities
(Minimum and/or mandatory tasks and responsibilities)

1. Needs Assessment

The Applicant shall fully describe the need for services and how the project will address Title X requirements. A summary of this includes:

a. Description of demographics, unique characteristics of the specific populations and geographic area for provision of family planning services.
b. Description of the need for family planning services including identifying high priority populations and/or target areas to be served.
c. Evidence that the proposed project will address the family planning needs identified.
d. Discuss any existing resources for provision of family planning services in these areas.

2. Clinical Family Planning and Related Preventive Health Services

a. The Applicant has experience in and shall provide voluntary quality clinical family planning and related preventive health information, education, counseling, and referrals in accordance to Title X Program Requirements. These preventive health services provided to men and women with priority to low-income individuals include, but are not limited to: initial and annual health assessments and physical examinations; offering a broad range of acceptable and effective contraceptive methods and services including natural family planning methods, basic infertility services, Food and Drug Administration ("FDA") approved contraceptives such as LARC and services for adolescents, emphasizing the important role Title X plays in teen pregnancy prevention. The broad range of services does not include abortion as a method of family planning.

The Applicant shall also provide STD screening and retesting as required, treatment and expedited partner therapy (as appropriate), HIV risk assessment

and onsite testing or assurance to testing, routine visits, health education, counseling, including but not limited to establishing a reproductive life plan, preconception and interconception care (i.e. care received prior or between pregnancies to improve individual health and outcomes), pregnancy screening and counseling, follow-up (not limited to STD/HIV and abnormal pap tests), care coordination and referral.

b. In the delivery of service, the Applicant shall provide full range of Title X family planning services targeting both females and males including adolescents in accordance to CDC and OPA recommendations in providing quality family planning services and nationally recognized standards of care. Services should include medical and reproductive histories, physical assessments, appropriate lab testing and return visits which are individualized and based on client needs. See Section 5, Attachment C, Hawaii Family Planning Services Summary of Visit Types. Additional services shall include, but not be limited to:

   i. Provide initial comprehensive visit for family planning services which includes a complete medical and reproductive history, education and counseling, informed consent, physical assessment consistent with Title X requirements and national standards for care, and laboratory tests as indicated in prescribing information for specific method of contraception and other tests as appropriate.
   ii. Prescribe tests when required for specific contraceptive methods are provided and may be provided for the maintenance of health status and/or diagnostic purposes either on-site or by referral.
   iii. Notify client of any abnormal lab test and notification procedure maintaining client confidentiality.
   iv. Schedule Return or Follow-up Visits (also termed “Routine” or “Problem” visits) are based on the client need for education, counseling and clinical care beyond that provided at prior visits.
   v. Schedule Brief Service Visit for new patients who do not get comprehensive services at the time of their first visit. Examples of these visits include provision of all methods of contraception, related family planning laboratory testing such as STD/HIV testing, health education and counseling with chart documentation, emergency contraception counseling encouraging patient to return for comprehensive visit, family planning or other related services when appropriate.
   vi. Provide onsite pregnancy testing and diagnosis and counseling to all clients in need of these services in accordance to QFP or professional medical organizations. The visit should include a discussion about a reproductive life plan and medical history that includes asking about any coexisting conditions (e.g. chronic medical illnesses, physical disability, and psychiatric illness). The test results should be presented to the client followed by discussion of options and appropriate referral.

vii. Provide STD prevention education, counseling and testing for clients 25 years of age and younger according to current CDC and Hawaii STD Screening Guidelines. All other clients should be tested based on risk factors and client needs. Clients with STD and their partners should be treated according to current CDC and Hawaii STD Treatment Guidelines. When appropriate, expedited partner therapy is utilized to treat partner(s) who are unable to access clinical services. Reporting of reportable STD to the DOH is required.

viii. Provide HIV/AIDS prevention services that include HIV education, counseling and testing services either on-site or by referral and ensure medical care follow-up and referral for those testing positive for HIV. Availability of rapid HIV testing and ability to draw blood specimen for confirmatory HIV test is recommended.

ix. Provide basic infertility care to family planning clients and focus on determining potential causes of the inability to achieve pregnancy and making any referrals to specialist care. Services should include initial interview, education and counseling, reproductive life plan, medical history, sexual health assessment, appropriate physical examination and referral as indicated.

c. The Applicant shall provide screening for risk factors that could impact care or choice of contraceptive method. These risk factors include, but are not limited to: overweight (body mass index 25.0-29.9), obesity (body mass index 30.0 and above); diabetes, blood pressure, tobacco use, alcohol use, drug use; domestic/intimate partner violence, sexual coercion and depression. Appropriate counseling shall be provided for interventions initiated, and referrals shall be made as needed and desired.

d. The Applicant should offer preconception health services to family planning clients in accordance to CDC's recommendations to improve preconception health and health care. This may be prioritized screening and counseling about preconception health for couples that are trying to achieve pregnancy and couples seeking basic infertility services.

e. The Applicant shall obtain the client's written informed voluntary consent prior to services and written in a language understood by the client or translated and witnessed by an interpreter. In addition, if a client chooses a prescription method of contraception, discussion of risk and benefits, effectiveness including correct use, potential side effects, complications, discontinuation issues, danger signs of method chosen, and use of condom to (prevent STI/HIV transmission) is documented and understanding by the client is ensured. This includes ensuring appropriate language or interpreter services, when required.

f. The Applicant shall assure client confidentiality, as required by the federal and state privacy acts, including, but not limited to: the Privacy Act of 1974, Health Insurance Portability and Accountability Act of 1996 ("HIPPA").

g. The Applicant shall have written clinical protocols in place at each service site, reviewed and updated regularly, approved and signed-off by the Medical Director.

h. The Applicant shall maintain written policies and protocols for client education and counseling. A range of information should be provided to support informed decisions on family planning including reproductive life plan, range of services, sequence of clinical services, value of fertility regulation, family/individual health, use of specific methods of contraception and adverse effects, actions to reduce the transmission of STI/HIV, health promotion/disease prevention information (i.e. nutrition, exercise, smoking cessation, alcohol/drug abuse, domestic violence/intimate partner violence and sexual abuse (assault, coercion). Family planning client education and counseling must be documented in the client record and a mechanism in place to measure that the information provided was understood. There should be counseling for minors on how to resist attempts to coerce minors into engaging in sexual activities.

i. The Applicant shall inform all adolescents seeking contraceptive services about all methods of contraceptive services, including abstinence but are not required to be counseled on all methods. Counseling shall include: information regarding abstinence, contraceptive options, safer sex practices and options to reduce risks for pregnancy and STDs such as HIV, Chlamydia and gonorrhea; resisting sexual coercion; mandated reporting laws; and encouragement of family involvement.

j. The Applicant shall adopt developed policies and protocols to address domestic violence/ intimate partner violence and sexual assault (e.g. coercion, abuse) and have in place mandated reporting requirements through policies, procedures and routine training for any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. This includes policies and procedures in place for human trafficking and any related reporting to include compliance with Federal anti-trafficking laws. All of the policies and procedures shall address mandated reporting and screening and assessment, intervention, documentation, annual staff training, and documentation of such. Making appropriate referral for services must be a part of the protocol developed.

k. The Applicant must have in place or be in the process of developing and can assure the implementation of an electronic health record keeping system for all family planning client medical records.

l. The Applicant offer related preventive health services either onsite or referral to clients without a primary care provider: medical history for increased risk for breast cancer, cervical cytology, clinical breast examination, mammography and genital examination.

m. The Applicant screen immunization status and offer age-appropriate immunization such as human papillomavirus ("HPV"), hepatitis B, influenza, pneumococcal, meningococcal, tetanus-diphtheria-pertussis, and measles, mumps and rubella.

n. The Applicant must have an established medical record for each client who obtains clinical family planning services and that such record is confidential and safeguarded against loss or use by unauthorized persons. A process must be in place to expedite the transfer of medical records to other providers upon client's request.

3. Community Participation, Education and Project Promotion

All Applicants will address the following:

a. A CPEPP plan for providing community information and education which promotes understanding of the objectives of the project and informs the community about the availability of services. The CPEPP plan should include a strategy for maintaining records of information and education activities provided as part of the project.

   i. Facilitate steps to increase community awareness of and access to family planning services, and implement activities whereby its services are made known to the community.
   ii. Form a Community Participation Advisory Committee ("CPC") consisting of members broadly representative of the community they serve. This committee should develop the CPEPP Annual Plan to include methodologies to measure if populations reached then access family planning services. See Section 5, Attachment D, Family Planning Services Community Participation, Education, and Project Promotion Annual Plan.

   The CPEPP Plan shall be based on activities to meet the target groups identified. The action plan will also include an annual estimation of the number of individuals in the community to be reached, at a minimum using proposed direct and indirect numbers.

   The Plan shall be reviewed and revised as needed and submitted annually to the RHSU.

b. A plan for information and education advisory committee that is consistent with the Title X statute and regulations at 42 CFR 59.6 and that ensures that all information and education materials used as part of the project are current, factual, and medically accurate, as well as suitable for the population or community to which they will be made available.

   i. Provide education to community focusing on the importance of family planning and the procedures for accessing subsidized clinical services through RHSU's, contracted clinics statewide to assist with increasing the number of unduplicated clients.
   ii. Provide medically accurate family planning project materials, information, education and outreach programs. To meet this outcome each awardee forms the Community Information and Education Committee ("IEC") consistent with Title X requirements.

   The IEC may use a pre-existing community participation group (e.g. CPC) to perform the functions of advising, reviewing and approving information and education materials provided to family planning clients, if the group(s) meet annually for these purposes and specifically documents each of these activities. This group is required to annually document its determinations to select materials that would be distributed including: materials are at a sixth grade or less reading level; information considers the education and cultural backgrounds of the individuals and communities to be served with the materials; and a review of the material determines it is current, factual and medically accurate.
   iii. An Applicant shall include details of the CPC/IEC with a description of how they are or will be broadly representative of the community they serve. All materials reviewed and approved by the applicant shall be submitted to RHSU. See Section 5, Attachment D, Family Planning Services Community Participation, Education, and Project Promotion Annual Plan.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

a. A staffing plan which is reasonable that family planning medical services shall operate under the responsibility of a medical director who is a licensed and qualified physician or clinician with special training or experience in family planning.

b. For clinical services, advanced practice nurses (nurse practitioners, certified nurse midwives, clinical nurse specialists), registered nurses, physician assistants, pharmacists, social workers, and physicians providing family

planning services must have unencumbered licenses and function within the applicable professional practice in the State of Hawaii.

c. Staff who provide family planning health information and counseling to clients shall have documented formal training and/or experience in providing family planning; use of contraceptive methods including emergency contraception; effectiveness of contraceptive methods; risk screening and reduction; reproductive health care, preconception and interconception care.

   Counselors shall be trained to provide accurate information regarding the benefits and risk, safety, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the various contraceptive methods. Counselors should be objective, nonjudgmental, culturally aware and sensitive to individual differences of clients. Counselor should be knowledgeable about other services offered by the provider and other Title X providers in the State.

d. Personnel involved in collection of data for the FPAR via completion of the Client Visit Record ("CVR") should have training in Title X FPAR Forms and Instructions and RHSU CVR Program Basics and Terms and Definitions in Competing the Client Visit Record to ensure timely submission of accurate and valid data. See Section 5, Attachment E, Family Planning Client Visit Record, Hawaii Department of Health.

e. There shall be a process for professional licenses to be verified prior to employment and documentation of current licensure maintained.

f. There shall be a methodology for ensuring health care practitioners have the knowledge, skills, and attitudes necessary to provide effective, quality family planning and related preventive health services that are consistent with current, evidence-based national standards of care. This should include training of select health care practitioners by the Clinical Training Center for Family Planning ("CTCFP") and utilizing clinical training opportunities available through the National Training Centers.

g. There should be an annual training plan that provides for the routine training of staff on state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as human trafficking and includes Federal anti-trafficking. The RHSU will also support opportunities for provider training as these become available through webinars, etc.

   Documentation of continuing education relating to family planning and reproductive health is maintained for each family planning funded staff and should be assessed annually as part of job performance**.**

h. Written personnel policies regarding nondiscrimination in recruitment, selection, performance evaluation, discipline, promotion, termination, and formal grievance mechanism have been established.

i. Clinic staff shall be broadly representative of the population to be served and should be sensitive to and able to work effectively with the cultural and other characteristics of the client population.

j. Job descriptions for all family planning project staff including contract staff (e.g. project director, medical director, each type of clinical provider, community health workers) and each type of position funded in the project shall be kept up-to-date and reflect family planning activities.

k. The staff funded by the family planning project shall have an orientation to the Title X Program Requirements and program data collection and sign a Title X assurance of compliance statement. FP staff shall participate in trainings sponsored and offered by RHSU, National Family Planning Training Centers and other nationally recognized centers (e.g. CDC, National Family Planning and Reproductive Health Association, Regional STD Prevention Training Centers) as applicable and/or required. The RHSU must be notified for changes in staff involved in providing FP services.

l. The Applicant shall inform its project personnel that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or sterilization procedure. There shall be documentation that this information was obtained by all project personnel.

m. The Applicant must certify that, if funded, their Title X Family Planning Services Project will encourage family planning participation in the decision of minors to seek family planning services, and that they will provide counseling to minors on how to resist attempt to coerce minors into engaging in sexual activities. See Section 5, Attachment F, Family Planning Services Title X Assurance of Compliance Statement.

2. Administrative

The Provider shall:

a. Designate a staff as the qualified family planning project director who shall be the liaison between the RHSU and the awardee.

b. Actively participate in and be a member of the family planning quarterly videoconference meetings convened by the RHSU in collaboration with family planning program administrative staff, providers, and community partners. The Family Planning Services Project Director assigned or designee shall attend all four (4) meetings a year. Providers should send their

appropriate staff when subject-area trainings are scheduled (e.g. clinical staff representative for clinical presentation/training, accountant for financial-related topics).

c. Comply with Federal regulations regarding the use of Title X clients in research and that a policy will be in place for this assurance.

d. Ensure family planning clinic services used by clients shall be solely on a voluntary basis. Individuals shall not be subjected to coercion to receive services or to use or not to use any particular method of family planning/birth control. Acceptance of family planning 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 applicant. Project personnel must be informed that they may be subject to prosecution if they coerce or they try to coerce any person to undergo abortion or sterilization procedures See Section 5, Attachment F, Family Planning Services Title X Assurance of Compliance Statement.

e. Ensure compliance with the Title X Statute, Section 1008 prohibiting abortion as a method of family planning.

f. Safeguard confidentiality requirements relating to staff disclosures, client billing and privacy of personal and medical information, referrals and follow-up results, reporting abnormal test results, adolescent services, and medical and employee records.

g. Comply with state requirements for notification, or reporting of child abuse, child molestation, sexual abuse, rape, or incest and human trafficking. This includes having policies and procedures and routine training plan to address mandated reporting for notification of child abuse, child molestation, rape, or incest, domestic/intimate violence, sexual abuse (e.g. coercion, assault). This includes policies and procedures in place for human trafficking and any related reporting to include compliance with Federal anti-trafficking laws. All of the policies and procedures shall address screening and assessment, intervention, documentation, annual staff training and documentation of such. Making appropriate referral for services must be a part of the protocol developed.

h. Assure that the counseling must assure a client's decision to undergo sterilization is completely voluntary and federal sterilization regulations must be complied with when sterilization is performed or arranged for by the project. Agency counseling should inform client of consents which will be required by the provider of the procedure. Note: As of this time period sterilization is not being provided through the project. (See 42 CFR part 50, Subpart B.)

i. Assure that preventive health care services are provided in accordance with nationally recognized standards of care. This includes but is not limited to, breast and cervical cancer screening and prevention services; sexually transmitted disease and HIV prevention education, testing, and referral; and, other related preventive health services. Have the medical director biennially review (sooner if new standards/recommendations/guidelines are released) and approve all clinical and preventive health protocols and submit to the RHSU a cover page with a list of the protocols for standards of care reviewed and approved, and the medical director's signature and date. This information will also be reviewed on all monitoring visits.

   The RHSU will provide resource information and technical support to awardees in this compliance, including monitoring and technical support follow-up, through the quarterly video-conferences, national webinars and other training or technical support opportunities that become available. The RHSU will also facilitate discussions with the awardees medical directors or designees to support as needed development of evidence based protocols that can be used or adapted for use and compliance.

j. Protocols shall be in place for medical emergencies and emergencies requiring emergency medical support transport, after hour emergencies and management of contraceptive emergencies. All staff members shall know their role during an emergency and able to manage clinic based emergencies (e.g. fire, vandalism) and training for emergencies (including CPR) is available to staff.

k. Have regulations in place for disaster plans (e.g. fire, bomb/terrorism, earthquake, etc.) developed and available to staff. Staff should be able to identify emergency routes, have completed training and understand their role in an emergency or natural disaster.

l. Maintain a current referral list for care beyond the scope of the project that includes but is not limited to: health care providers, hospitals, voluntary agencies, social service providers, health service projects including those supported by other Federal programs (e.g. Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), STD/HIV, substance use treatment programs, etc.).

m. Be responsible for its own determination and compliance efforts in regards to the HIPAA and in place regarding the Provider's compliance with the Privacy Act.

n. Adopt or develop workplace violence guidelines to assure safety of employees, clients and visitors.

o. Acknowledge the Hawaii State Department of Health and U.S. Department of Health and Human Services as the awardee's program sponsors.

   This acknowledgement shall appear on all publications, media or printed materials developed using Federal and state funds and not contain information contrary to program requirements or accepted clinical practices.

p. Responsible for understanding and complying with the Hawaii Administrative Rules (HAR) Chapter 3-141 effective on January 23, 2006 (available on the website http://www4.hawaii.gov/spoh/HAR/ch3_141.htm), for an appropriate accounting system and record keeping.

q. Acknowledge the DEPARTMENT and the FHSD as the awardee's program sponsor. This acknowledgement shall appear on all printed materials for which the DEPARTMENT is a program sponsor.

r. Comply, as a covered entity, with the provisions of Hawaii Revised Statutes Chapter 371, Part II, Language Access. This requires that families be linked with interpreter services if English is not the family's native or primary language.

s. Comply with the DEPARTMENT's Directive 04-01, dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients. See Section 5, Attachment G.

t. Comply with Section II-355, H.R.S., which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by the legislative body.

u. Obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

   i. General liability insurance issued by an insurance company in the amount of at least ONE MILLION and NO/100 DOLLARS ($1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION and NO/100 DOLLARS ($2,000,000.00) aggregate.
   ii. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS ($1,000.000.00) per occurrence.

   The insurance shall be obtained from a company authorized by law to issue such insurance, in the State of Hawaii (or meet Section 431:8-301, Hawaii Revised Statues, if utilizing an insurance company not licensed by the State of Hawaii).

For both the general liability and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The Provider shall maintain in effect this liability insurance until the State has certified that the Provider's work under the Contract has been completed satisfactorily.

Prior to any execution of the contract, the Provider shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above.

Each insurance policy for a contract shall contain the following clauses:

i. The State of Hawaii and it officers and employees are additional insured with respect to operations performed for the State of Hawaii.
ii. It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

The certificate of insurance shall indicate these provisions are included in the policy.

The Provider shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under the contract, the Provider, upon renewal of the policy, shall promptly cause to be provided to the State an updated certificate of insurance.

v. Comply with the DEPARTMENT's provisions to protect the use and disclosure of personal information administered by the AWARDEE. These provisions will be incorporated in the General Conditions of the contract. For the specific language, go to:

http://www4.hawaii.gov/StateForms/Internal/ShowInternal.cfm.

Below is specific requirement that shall be established for the purposes of statewide family planning services including clinical family planning and related preventive health services.

Provider(s) own determination and compliance efforts in regards to the Federal Health Insurance Portability Act of 1996 ("HIPAA").

w. If subcontracting for responsibilities or services, a written agreement consistent with Title X must be submitted with the proposal and reviewed and approved by the DOH.

x. Below are specific requirements for financial management.

   i. Applicant shall comply with the federal Office of Management and Budget ("OMB") circulars 2 CFR 200. HHS codified 2 CFR 200 (and included some additional, stricter standards) in its regulations at 45 CFR part 75.
   ii. The Applicant ensures that services provided through a contract or other similar arrangements are paid for under agreements that include a schedule of rates and payment procedures maintained by the Applicant and must be prepared to substantiate that these rates are reasonable and necessary.
   iii. The Applicant must submit a current cost-based method report (2014 or later) to determine reasonable cost of providing family planning services.
   iv. The Applicant is responsible for the development and implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the project.
   v. The Applicant shall not deny clients project services or subject any individual to any variation in quality of services, because of the inability to pay. Billing and collection procedures must have the following characteristics:

      a) Charges must be based on cost-based method of all services provided by the project.
      b) A schedule of discounts shall be developed and implemented with sufficient increments so that inability to pay is not a barrier to service. A schedule of discounts is required for individuals with family incomes between 101% and 250% of the FPL. Eligibility for discounts is documented in the client's financial record.
      c) Clients whose documented income is at or below 100% of the Federal poverty level must not be charged so they will not have an out of pocket expense.
      d) For persons whose family income exceeds 250% of the FPL, charges are made in accordance with a current schedule of fees designed to recover the reasonable cost of providing services.
         i) Fees shall be waived for individuals with family income above 100% the FPL, who as determined by the service site project director, are unable for good cause, to pay for family planning services.
      e) Projects shall bill all third parties authorized or legally obligated to pay for services.

f) Client income is reevaluated annually.
g) Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.
h) Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.
i) Eligibility for discounts for minors shall be based on the income of the minor.

vi. Agency has written procurement policies and procedures for procurement of supplies, equipment and other services.
vii. Agency has inventory system to control purchase, use, reordering of medications and supplies.

3. Quality assurance and evaluation specifications

The Applicant shall have a plan and a system for conducting quality improvement which is designed to review and strengthen the quality of services and personnel (to include reception and billing) on an ongoing basis. This plan shall assure the deliberate and continuous effort to achieve measurable improvements in the identified indicator of quality of care, which improve the health of the community.

The Applicant shall have a framework for conducting quality improvement of planning services and identify performance measures that will provide information about how well the service site is meeting pre-established goals.

a. The quality improvement plans should include at a minimum:
   i. A system to assess the quality of care provided to clients, which includes a method for providing effective quality family planning related services and related preventive health services that are consistent with current, national standards of care; the effectiveness and efficiency of clinical operations, including quality assurance documentation through activities such as peer review; and the process to assess client satisfaction. It should include an evaluation component that identifies indicators by which the program measures achievement of objectives.
   ii. Goal statement(s) and related outcome objectives are specific, measureable, achievable, realistic and time-framed (SMART).
   iii. A clinical tracking system to identify client in need of follow-up, continuing care and/or referral, a process for resolution of identified quality issues, and the ongoing and systematic documentation of quality assurance/quality improvement activities.
   iv. A process for ensuring compliance with program requirements and a methodology for ensuring that health care practitioners have the knowledge, skills, and attitudes necessary to provide effective, quality family planning and related preventive health services that are consistent

with current, evidence-based national standards of care. This should include training of select health practitioners.

b. Other quality assurance plans shall be in the proposal, but are not limited to:
   i. Accurate and complete data and billing forms (i.e. invoices, budgets, and expenditure reports) are submitted to RHSU to ensure timely processing of payments to the Provider.
   ii. Management and supervision of personnel performing family planning services and documentation of activities.
   iii. Family planning objectives are being implemented to meet performance measure outcomes.
   iv. Adherence to RHSU scope of services, program supervision, staffing, and that accounting system practices are followed.
   v. Quality assurance plan must include an annual customer service satisfaction survey. This survey at a minimum shall include questions regarding satisfaction with services; how did the patient find out about your family planning services.

c. The Provider shall conform to established standards of care and practice, including, but not limited to, the following:

   i. U.S. Department of Health and Human Services**,** Office of Population Affairs, Office of Family Planning, Program Requirements for Title X Funded Family Planning Projects version 1.0, April 2014, (http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf)
   ii. Office of Population Affairs Program Policy Notices. (http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program_policy_notice/).
   iii. Protection of Human Subjects, Title 45 CFR part 46. Uniform Requirements for Government and Non-Profits, 45 CFR 92 & 74.
   iv. Office of Management and Budget ("OMB") Circulars, 2 CFR 200. HHS codified 2 CFR 200 to 45 CFR part 75.
   v. Hawaii Department of Health Family Planning Services Policies, Procedures and Guidelines Manual, 2014.
   vi. Family Planning Services Summary of Visit Types.
   vii. Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR 2014:63(RR4), (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w).
   viii. U.S. Selected Practice Recommendations for Contraceptive Use, 2013. MMWR 2013:62(RR5), (http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf)
   ix. U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. Adapted from the World Health Organization Medical Eligibility Criteria for Contraceptive Use, 4th Edition. MMWR 2010:59(RR4), (http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf)

x. Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR 2015:64(RR3);1-137, (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm)
xi. Center for Disease Control Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings; MMWR 2006:55(RR14);1-17 (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm)
xii. State of Hawaii, Department of Health STD/HIV Screening, Treatment and Reporting Requirements, (http://health.hawaii.gov/std-aids/)
xiii. Family Planning Annual Report Data System, (https://fpar.opa.hhs.gov/)
xiv. Title 2- Grants and Agreements. Subtitle A-Office of Management and Budget Guidance for Grants and Agreements. Chapter II- Office of Management and Budget Guidance. Part 200—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, (http://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
xv. Recognized professional organizations that establish national standards of care, e.g. American College of Obstetricians and Gynecologists ("ACOG"), American Society for Colposcopy and Cervical Pathology ("ASCCP"), American Cancer Society ("ACS"), and the U.S. Preventive Services Task Force ("USPSTF").
xvi. Clinic Efficiency: A compendium of strategies and recommendations for Title X Family Planning Programs, (http://fpntc.org/sites/default/files/resource-library-files/CE%20Compendium%20061412%20Final%20Draft1.pdf)
xvii. The awardee shall participate in comprehensive compliance program review on-site visits by RHSU Project staff at least once for the period July 1, 2016 to June 30, 2019, in order to evaluate the quality of administration; clinical; community participation, education and program promotion; and financial sections.

4. Output and performance/outcome measurements

The DOH requires reporting of output and performance measures. The performance measures are linked to "Program Requirements for Title X Funded Family Planning Projects" and related laws and QFP. The Performance measures are estimated on Table A – Performance Measures for Family Planning Client Services and Table B – Performance Measures for Family Planning Fiscal Sustainability. See Section 3 and Section 5 Attachment H. The annual number of family planning clients and family planning visits will be projected on Table A – Output Measures for Family Planning Client Services. See Section 3 and Section 5, Attachment I.

The Provider must report all family planning service clients served regardless of the payers for the visits.

In addition, as a means toward achieving the goal of improving the health status of the population in areas of the state designated as in need of services the approach taken is for the awardee to take responsibility for achieving short term performance objectives for specific health indicators, linked to long-term statewide and/or national objectives that measure these objectives in their entirety.

The DOH reserves the right to modify the performance measures during the term of the contract to incorporate measures for all service activities under the Scope of Work.

5. Experience

The Applicant shall demonstrate that they have the experience in providing clinical health services and is specially qualified to deliver family planning services, and has the capacity to undertake the comprehensive clinical family planning and related preventive health services required, including offering a broad range of acceptable and effective family planning methods and services. The Applicant shall provide evidence of experience in the particular service area and with the particular community to be served, and the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed family planning services.

The evidence of familiarity with and ability to provide services include the following:

a. Family planning related preventive health issues as indicated in the Title X program requirements and program priorities.

b. Services that are consistent with current, recognized national standards of care related to family planning, reproductive health, and general preventive health measures.

c. Compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

d. Counseling techniques that encourage family participation in healthcare and reproductive decision-making of adolescent, and teach resistance skills for adolescents to avoid exploitation and/or sexual coercion.

e. Promoting an understanding of the objectives of the program and informing the community about the availability of services.

f. Facilitating access to the following:
   i. Required clinical service if not provided by the applicant; comprehensive primary care services; and/or

ii. Other needed health and social services for clients served. This includes formal agreements for referral services, and collaborative agreements with other service providers in the community, where appropriate.

g. Collecting and reporting required data for Title X annual data collection system, the FPAR.

6. Coordination of services

Few agencies have total expertise and experience in working with hard-to-reach populations and in providing clinical family planning services. Therefore, the importance of coordination as an integral component of service delivery is emphasized. Collaboration can facilitate ease of access to available service. This shall be accomplished through collaborative arrangements established between organizations and/or programs. Referrals shall be available for services to assist in meeting the client's needs, such as, but not limited to: screening, assessments, prenatal care, HIV/AIDS related care, counseling, financial, and other assistance programs. Coordination shall include establishing a good working relationship with other providers to facilitate client's entry into healthcare and written protocol to safeguard client's privacy and confidentiality of medical and personal information.

The service delivery plan should include how the Applicant will work and collaborate with community based organizations, workgroups or others to promote access to those most in need of family planning. This includes 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.

The RHSU will broker and collaborate to expand opportunities to reach those who may be most in need of family planning services with internal programs, other state agencies not limited to: Department of Education; Department of Human Services and organizations implementing teen pregnancy prevention, STD/STI/HIV and HPV initiatives.

The Applicant should describe any coordination of service that occurs or will occur between other DOH managed programs such as the Perinatal Support Services, Home Visiting Program (as applicable).

7. Reporting requirements for program and fiscal data

a. Client Visit Record. An individual CVR will be completed for all family planning client visits (i.e. encounter) made to the agency, See Section 5, Attachment E, Client Visit Record. A family planning client visit or

encounter is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted, a written record of the services must be documented in the client record. This would include laboratory tests and related counseling and education when there is face-to-face contact between the client and provider and the provider documents the encounter in the client's record, and the tests are accompanied by family planning counseling or education. The CVR data will be entered into the FP software by the awardee or using the awardee's electronic medical record system.

The awardee will submit monthly CVR data to the RHSU Data Unit within the 15th day of the following month. If awardee's data collection system is used, the awardee is responsible for costs to use their own system, including upgrades and changes to accommodate the FP program data collection. The awardee is responsible for ensuring the validity and accuracy of data transmission to RHSU. It will be required that all awardee CVR data for the month of December be received no later than January 15th to ensure the RHSU required timeframe to complete and submit an accurate and timely report.

It is expected that the reporting system of data elements for the Title X FPAR due every calendar year for annual reporting and publication will be updated in 2017. The awardee is required to comply with proposed changes in the FPAR reporting procedure.

b. Clinical Laboratory Quarterly Reports. The awardee will submit a quarterly report within thirty (30) calendar days after each quarter ends. This report includes documentation on abnormal pap results by type, HIV tests/selected results, and retesting of clients with positive Chlamydia and gonorrhea tests. See Section 5, Attachment J, Family Planning Services Clinical Quarterly Report

c. Annual Variance Reports. The awardee shall submit to the DOH an annual variance report within sixty (60) calendar days after the end of the fiscal year in the format requested by the DOH. The report will document the organization's achievement toward the planned output and performance measures (objectives) for the budget period and explain any significant variances (+/-10%). See Section 5, Attachments H, Table A. Performance Measures for Family Planning Client Services and Table B. Performance Measures for Family Planning Fiscal Sustainability. See Section 5, Attachment I, Table A. Client Services Output Measures for Family Planning Client Services.

The Applicant shall report all clients that are projected to receive family planning services regardless of the payers for the visits. The Applicant

will project the number of unduplicated clients to be served. The expectation is that services will be provided the full contract year even if the agreed upon client number is met prior to the end of the year. In order to earn the full contracted amount, a minimum number of clients, as specified in the contract, must be served. See Section 3 and Section 5, Attachment I, Table A- Output Measures for Family Planning Client Services.

d. Community Participation, Education and Project Promotion Annual Plan. The awardee will submit to the RHSU annually the CPEPP Annual Plan within thirty (30) calendar days of the beginning of the fiscal budget period documenting the organization's planned promotional and educational activities including timeline. See Section 5, Attachment D, Community Participation, Education and Project Promotion Annual Plan.

e. Information and Educational Advisory Committee ("IEC")/Community Participation Advisory Committee (CPC). The awardee will submit documentation relating to their IEC/CPC that include the committee consists of persons broadly representative and knowledgeable of all significant elements of the population to be served and the community participated in an assessment process about family planning services.
   i. The committee must meet at least annually and meeting minutes shall include a discussion on the how the awardee evaluated and revised the CPEPP Annual Plan to appropriately respond to changes in the community needs.
   ii. The committee membership roster must be submitted to RHSU within sixty (60) days of the fiscal budget period. The committee agenda, minutes of the meeting, and sign-in sheet must be submitted to RHSU thirty (30) calendar days after the meeting.

f. Annual Budget Report. The awardee shall submit an Annual Budget Report to RHSU within 45 days of the fiscal year. See Section 5, Attachment K, Budget.

g. Monthly Expenditure Report and Invoice. The awardee shall submit monthly expenditure reports and invoices, based on the approved budget, within 45 days of the following month. See Section 5, Attachment L, Expenditure Report- POST 210 and 210A)

h. Schedule of Discount and Fees. The awardee will submit annually a schedule of discount based on current federal poverty level guidelines for Hawaii within 30 days of notice from RHSU.

i. FPAR Tables 13 and 14. The awardee shall submit annually FPAR Tables 13 and 14, (Section 5 Attachments M and N, respectively) within 30 days at the end of the reporting period.

j. Independent Audit. The awardee will submit an annual independent audit report within 45 days of receipt of report. The independent audit will include an audit of the family planning services.

k. Cost-based method analysis. The awardee will submit every two to three (2-3) years a cost-based method analysis report.

All of the above will adhere to the format established by the DOH.

C. Facilities

Facilities are geographically accessible for population served (e.g. close to mass transit) and hours of operation are convenient for those seeking services (e.g. evening and/or weekend hours). If services will be provided at more than one site, then details for each site would be provided.

Facilities must be clean and well-kept, be accessible to clients and staff, and be specially equipped to provide the full range of FP services ensure to provide privacy for clients, and are designed to enhance workflow.

The Applicant shall have facilities which demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, plans to secure facilities would need to be detailed. Facilities shall meet ADA requirements, as applicable and any special equipment required for the services.

2.5 COMPENSATION AND METHOD OF PAYMENT
Pricing structure or pricing methodology to be used

A. Pricing Structure Based on Cost Reimbursement

Applicants shall submit a cost proposal utilizing the pricing structure designated by the Title X Family Planning Services. The cost proposal shall be attached to the Proposal Application. See Section 5, Attachment K, SPO-H-205 for the family planning service budgets for the timeframes for three (3) separate one (1) year budgets for (7/1/2016-6/30/2017, 7/1/107-6/30/2018, 7/1/2018-6/30/2019).

The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the Provider for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

The Family Planning Services project funds (federal and state) are used to leverage additional resources for the provision of a comprehensive family planning services to

be contracted. The Provider will report all clients served by the family planning project and who receive any of the covered services included in the contract. All related revenues and expenditures from these family planning client services will be reported. Providers are required to bill third party payers, private insurance and Medicaid. Revenues/funding sources that partially support the family planning project may include, but not be limited to: Title V, client fees, client donations, private insurance, Medicaid (Fee-For-Service and Med-QUEST), Maternal Child Health block grant, tobacco tax funds, other federal funds or agency contributions. With the exception of the contributions provided by the Provider of its own funds, Family Planning Services project is the funding source of last resort. Non-expended funds will be returned to the State.

Reimbursement cannot be made in excess of the actual cost of services provided under this contract.

B. Prohibited Costs

The following costs are not allowed:

1. For awardees receiving other federal awards, indirect costs based on a rate that has not been negotiated with the federal government are not allowed. (A valid copy of the written agreement with the federal agency for the negotiated rate must be provided to the State.)

2. Depreciation of Assets acquired through the state or federal government.

C. Travel Out of State

An out of state trip must be pre-approved by the RHSU. The request must be adequately justified on form SPO-H-206D (Section 5, Attachment K, Budget Justification, Travel – Out of State).

The RHSU will review requests for out of state travel using the following guidelines:

1. Travel is essential to the implementation of the family planning services.

2. Personal attendance is preferable to participating in FP business through email, FAX transmission, correspondence, telephone or other telecommunication method.

Units of service and unit rate

Not Applicable.

Method of compensation and payment

Payments shall be made based on receipt of accurate and validated monthly CVR data and monthly invoice and expenditure report submitted to RHSU.

Section 3

Proposal Application Instructions

Section 3
Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section**.** See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (Refer to Section 1.2 Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application is comprised of the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

The project narrative should provide a clear and concise description of your project that includes a clear description of the administrative, financial management, and clinical capabilities of the applicant organization. All services to be provided by the project should be included as part of the program plan.

Proposed project must adhere to all requirements of the Title X statute; applicable regulations, including regulations regarding sterilization of persons in federally-assisted family planning projects; and legislative mandates. Applicants are also expected to utilize Program Requirements for Title X Funded Family Planning Projects, Program Policy Notices and the CDC/OPA Recommendations in Providing Quality Family Planning Services in developing the program plan. As indicated in the Title X regulations at 42 CFR 59.5(a)(7)-(9) and Program Requirements, persons from a low-income family, with incomes that fall at or below 100% of the current Federal Poverty Level ("FPL"), must not be charged except where third parties are authorized or legally obligated to pay. Charges to persons from a low-income family, with incomes that fall between 101% and 250% of the FPL should be charged based on a schedule of discounts with sufficient increments so that inability to pay does not present a barrier to services. The schedule of discounts should be developed based on a cost analysis of services provided.

3.2 Experience and Capability

This is also detailed in Section 2, Service Specifications, 2.4. Scope of Work, 5. Experience, pages 2-26 to 2-27

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The Applicant shall demonstrate abilities in working with various population groups such as low income, immigrants, males, adolescents, persons with limited English proficiency, substance abusers, homeless persons, homeless and at-risk youth, individuals exposed to or experiencing violence, clients recently released from incarceration and others experiencing situations that impact ability to access health related services. The Applicant shall also demonstrate the ability to incorporate community participation, education and project promotion in service delivery requirements.

B. Experience

The applicant shall provide evidence of experience in:

1. Providing clinical health services, is specially qualified to deliver family planning services and has the capacity to undertake the comprehensive clinical family planning and related preventive health services required, including offering a broad range of acceptable and effective family planning methods and services;

2. Serving in a particular service areas and with the particular community to be served; familiarity with, and ability to provide services that include the following:
   a. Family planning and related preventive health issues as indicated in the Program Requirements, Program Notices, and program priorities and key issues.
   b. Services that are consistent with current, recognized national standards of care related to family planning, reproductive health, and general preventive health measures;
   c. Compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest;
   d. Counseling techniques that encourage family participation in healthcare and reproductive decision-making of adolescents, and teach resistance skills for adolescents to avoid exploitation and/or sexual coercions.
3. Promoting an understanding of the objectives of the program and informing the community about the availability of services.
4. Facilitating access to the following:
   a. Required clinical service if not provided by the applicant; comprehensive primary care services; and/or
   b. Other needed health and social services for clients served. This includes formal agreements for referral services, and collaborative agreements with other service providers in the community, where appropriate.
5. Collecting and reporting required data for title X annual data collection system, the Family Planning Annual Report (FPAR).

This may include experience to the proposed services in the past five (5) years that are detailed in Section 2 Service Specifications, 2.4 Scope of Work, page 2-10. The description shall include the number of participants served of various cultural and ethnic groups. The Applicant shall also demonstrate experiences in achieving similar programmatic goals and interventions for improving family planning services through coordination of services. Applicant shall include points of contact, addresses, email, and phone numbers. The State reserves the right to contact references to verify experience. Information to demonstrate experience shall also include the completion of the Family Planning Services Provider Survey (See Section 5, Attachment O) and the Program Service Site Information (See Section 5, Attachment P) by the Applicant. The Family Planning Service Provider Survey and the Program Service Site Information shall be included with the Application Proposal as attachments. In addition to existing service site(s), any service site(s) confirmed to open by July 1, 2016 and the projected number of clients to be served should be included in the Program Service Site Information table, Attachment P.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. This is also detailed in Section 2

Service Specifications, 2.4 Scope of Work, Quality Assurance and Evaluation Specifications, pages 2-23 to 2-25.

Quality assurance ("QA")/quality improvement ("QI") plans shall be in the proposal, and at a minimum, plans should include description of the system for conducting quality improvement which is designed to review and strengthen the quality of services and personnel (to include reception and billing) on an ongoing basis. These plans shall assure the deliberate and continuous effort to achieve measurable improvements in the identified indicator of quality of care, which improve the health of the community.

The Applicant shall describe the framework in conducting quality improvement of planning services and identify performance measures that will provide information about how well the service site is meeting pre-established goals.

The quality improvement plans that shall be in the proposal include at minimum:

1. A system to assess the quality of care provided to clients, which includes a method for providing effective quality family planning related services and related preventive health services that are consistent with current, national standards of care; the effectiveness and efficiency of clinical operations, including quality assurance documentation through activities such as peer review; and the process to assess client satisfaction. It should include an evaluation component that identifies indicators by which the program measures achievement of objectives.
2. Goal statement(s) and related outcome objectives are specific, measureable, achievable, realistic and time-framed (SMART).
3. Plans should include a clinical tracking system to identify client in need of follow-up, continuing care and/or referral, a process for resolution of identified quality issues, and the ongoing and systematic documentation of quality assurance/quality improvement activities.
4. Description of a process for ensuring compliance with program requirements and a methodology for ensuring that health care practitioners have the knowledge, skills, and attitudes necessary to provide effective, quality family planning and related preventive health services that are consistent with current, evidence-based national standards of care. This should include training of select health care practitioners.

Other quality assurance plans shall be in the proposal, but are not limited to:

1. Accurate and complete data and billing forms (i.e. invoices, budgets, and expenditure reports) are submitted to RHSU to ensure timely processing of payments to the Provider.
2. Management and supervision of personnel performing family planning services and documentation of activities.
3. Family planning objectives are being implemented to meet performance measure outcomes.

4. Adherence to RHSU scope of services, program supervision, staffing, and that accounting system practices are followed.
5. Quality assurance plan must include an annual customer service satisfaction survey. This survey at a minimum should include questions regarding satisfaction with services; how did the patient find out about your family planning services.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. This is also detailed in Section 2 Service Specifications, 2.4 Scope of Work, 6. Coordination of Services page 2-27.

The Applicant shall demonstrate the capability to coordinate FP services within the agency, (e.g., satellite clinics) and with other agencies and resources in the community. Describe the process for follow-up and referral criteria, guidelines, and protocols that facilitate links with supportive specialists, community programs, and support agencies. Describe collaborative arrangements established between organization and/or programs. Referrals should be available for services to assist in meeting the client's needs, such as, but not limited to: screening assessment, prenatal care, HIV/AIDS related care, counseling, financial, and other assistance programs. Describe how the Applicant will work and collaborate with other community based organizations, workgroups or others to promote access to those most in need of family planning. This includes describing how the Applicant will address 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 socials service provided that provide needed services.

Applicant should describe any coordination of service that occurs or will occur between other DOH managed programs such as the Perinatal Support Services, Healthy Start, PATH Clinic (Oahu) Programs (as applicable), WIC, Early Intervention.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If services will be provided at more than one site, then provide details for each site. This includes that hours of operation are convenient for those seeking services (e.g. evening and or weekend hours). If facilities are not presently available, describe plans to secure facilities and how the facilities meet ADA requirements, as applicable, and the special equipment that may be required for the services. Facilities must be clean and well-kept, be accessible to clients and staff, and be specially equipped to provide the full

range of family planning services. All clinical services are to be provided through a facility and not through other methods (e.g. online, etc.).

Also describe how timely quality language assistance service to LEP persons that are consistent with the HHS Office for Civil Rights policy document, Guidance to federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin, Discrimination Affecting Persons with Limited English Proficiency; non-discrimination on the basis of disability and, when viewed in its entirety, the facility must be readily accessible to people with disabilities; and management of emergencies that meets applicable standards established by Federal, State, City and County governments (local fire, building, and licensing codes) including disaster plans (e.g. fire, bomb/terrorism, earthquake, etc.) and staff training plans.

This is also detailed in Section 2 Service Specifications, 2.4 Scope of Work, C. Facilities, page 2-30.

3.3 Project Organization and Staffing

A. Staffing

1. Proposed Staffing

   The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the family planning and related preventive health services. (Refer to the personnel requirements in Section 2 Service Specifications, 2.3 General Requirements and 2.4 Scope of Work, B. Management Requirements 1. Personnel and 2. Administrative, as applicable)

   If satellite sites will also provide family planning services, include a description of this staffing.

2. Staff Qualifications

   The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in Section 2 Service Specifications, 2.3 General Requirements and 2.4 Scope of Work, B. Management Requirements 1. Personnel and 2. Administrative, as applicable)

   The Applicant shall submit position descriptions of qualified personnel to be hired and/or of staff assigned to provide overall project supervision and those to perform family planning service activities.

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. (Also discussed in Section 2 Service Specifications, 2.3 General Requirements and 2.4 Scope of Work, as applicable)

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

3. FPP must be informed of changes in staff involved in providing FP services.

3.4 Service Delivery (Limit to 40 pages)

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Service Specifications, 2.4, Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

If services are provided at more than one site, describe how the Applicant will ensure meeting family planning requirements at all sites. Applicants shall address each item in Section IV, Proposal Evaluation which will be reviewed on its own merit.

The scope of work encompasses the following tasks and responsibilities

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. Needs Assessment

The Applicant shall fully describe the need for services and how the project will address Title X requirements. A summary of this includes:

a. Description of demographics, unique characteristics of the specific populations and geographic area for provision of family planning services.
b. Description of the need for family planning services including identifying high priority populations and/or target areas to be served.
c. Evidence that the proposed project will address the family planning needs identified.
d. Discuss any existing resources for provision of family planning services in these areas. Also discussed in Section 2 Service Specifications, 2.4 Scope of Work, A. Service Activities, page 2-10.

2. Clinical Family Planning and Related Preventive Health Services

Also discussed in Section 2 Service Specifications, 2.4 Scope of Work, A. Service Activities, pages 2-10 to 2-15.

a. The Applicant has experience in and shall provide voluntary quality clinical family planning and related preventive health information, education, counseling, and referrals in accordance to Title X Program Requirements. These preventive health services provided to men and women with priority to low-income individuals include, but are not limited to: initial and annual health assessments and physical examinations; offering a broad range of acceptable and effective contraceptive methods and services including natural family planning methods, basic infertility services, Food and Drug Administration ("FDA") approved contraceptives such as LARC and services for adolescents, emphasizing the important role Title X plays in teen pregnancy prevention. The broad range of services does not include abortion as a method of family planning.

   The Applicant shall also provide STD screening and retesting as required, treatment and expedited partner therapy (as appropriate), HIV risk assessment and onsite testing or assurance to testing, routine visits, health education, counseling, including but not limited to establishing a reproductive life plan, preconception and interconception care (i.e. care received prior or between pregnancies to improve individual health and outcomes), pregnancy screening and counseling, follow-up (not limited to STD/HIV and abnormal pap tests), care coordination and referral.

b. In the delivery of service, the Applicant shall provide full range of Title X family planning services targeting both females and males including adolescents in accordance to CDC and OPA recommendations in providing quality family planning services and nationally recognized standards of care. Services should include medical and reproductive histories, physical assessments, appropriate lab testing and return visits which are individualized and based on client needs. See Section 5, Attachment C, Hawaii Family Planning Services Summary of Visit Types. Additional services shall include, but not be limited to:
   i. Provide initial comprehensive visit for family planning services which includes a complete medical and reproductive history, education and counseling, informed consent, physical assessment consistent with Title X requirements and national standards for care, and laboratory tests as indicated in prescribing information for specific method of contraception and other tests as appropriate.
   ii. Prescribe tests when required for specific contraceptive methods are provided and may be provided for the maintenance of health status and/or diagnostic purposes either on-site or by referral.
   iii. Notify client of any abnormal lab test and notification procedure maintaining client confidentiality.

iv. Schedule Return or Follow-up Visits (also termed “Routine” or “Problem” visits) are based on the client need for education, counseling and clinical care beyond that provided at prior visits.

v. Schedule Brief Service Visit for new patients who do not get comprehensive services at the time of their first visit. Examples of these visits include provision of all methods of contraception, related family planning laboratory testing such as STD/HIV testing, health education and counseling with chart documentation, emergency contraception counseling encouraging patient to return for comprehensive visit, family planning or other related services when appropriate.

vi. Provide onsite pregnancy testing and diagnosis and counseling to all clients in need of these services in accordance to QFP or professional medical organizations. The visit should include a discussion about a reproductive life plan and medical history that includes asking about any coexisting conditions (e.g. chronic medical illnesses, physical disability, and psychiatric illness). The test results should be presented to the client followed by discussion of options and appropriate referral.

vii. Provide STD prevention education, counseling and testing for clients 25 years of age and younger according to current CDC and Hawaii STD Screening Guidelines. All other clients should be tested based on risk factors and client needs. Clients with STD and their partners should be treated according to current CDC and Hawaii STD Treatment Guidelines. When appropriate, expedited partner therapy is utilized to treat partner(s) who are unable to access clinical services. Reporting of reportable STD to the DOH is required.

viii. Provide HIV/AIDS prevention services that include HIV education, counseling and testing services either on-site or by referral and ensure medical care follow-up and referral for those testing positive for HIV. Availability of rapid HIV testing and ability to draw blood specimen for confirmatory HIV test is recommended.

ix. Provide basic infertility care to family planning clients and focus on determining potential causes of the inability to achieve pregnancy and making any referrals to specialist care. Services should include initial interview, education and counseling, reproductive life plan, medical history, sexual health assessment, appropriate physical examination and referral as indicated.

c. The Applicant shall provide screening for risk factors that could impact care or choice of contraceptive method. These risk factors include, but are not limited to: overweight (body mass index 25.0-29.9), obesity (body mass index 30.0 and above); diabetes, blood pressure, tobacco use, alcohol use, drug use; domestic/intimate partner violence, sexual coercion and depression. Appropriate counseling shall be provided for interventions initiated, and referrals shall be made as needed and desired.

d. The Applicant should offer preconception health services to family planning clients in accordance to CDC's recommendations to improve preconception health and health care. This may be prioritized screening and counseling about preconception health for couples that are trying to achieve pregnancy and couples seeking basic infertility services.

e. The Applicant shall obtain the client's written informed voluntary consent prior to services and written in a language understood by the client or translated and witnessed by an interpreter. In addition, if a client chooses a prescription method of contraception, discussion of risk and benefits, effectiveness including correct use, potential side effects, complications, discontinuation issues and danger signs of method chosen, and use of condom to (prevent STI/HIV transmission) is documented and understanding by the client is ensured. This includes ensuring appropriate language or interpreter services, when required.

f. The Applicant shall assure client confidentiality, as required by the federal and state privacy acts, including, but not limited to: the Privacy Act of 1974, Health Insurance Portability and Accountability Act of 1996 ("HIPPA").

g. The Applicant shall have written clinical protocols in place at each service site, reviewed and updated regularly, approved and signed-off by the Medical Director.

h. The Applicant shall maintain written policies and protocols for client education and counseling. A range of information should be provided to support informed decisions on family planning including reproductive life plan, range of services, sequence of clinical services, value of fertility regulation, family/individual health, use of specific methods of contraception and adverse effects, actions to reduce the transmission of STI/HIV, health promotion/disease prevention information (i.e. nutrition, exercise, smoking cessation, alcohol/drug abuse, domestic violence/intimate partner violence and sexual abuse (assault, coercion). Family planning client education and counseling must be documented in the client record and a mechanism in place to measure that the information provided was understood. There should be counseling for minors on how to resist attempts to coerce minors into engaging in sexual activities.

i. The Applicant shall inform all adolescents seeking contraceptive services about all methods of contraceptive services, including abstinence but are not required to be counseled on all methods. Counseling shall include: information regarding abstinence, contraceptive options, safer sex practices and options to reduce risks for pregnancy and STDs such as HIV, Chlamydia and gonorrhea; resisting sexual coercion; mandated

reporting laws; and encouragement of family involvement. See Section 5, Attachment F. Family Planning Services Title X Assurance of Compliance Statement.

j. The Applicant shall adopt developed policies and protocols to address domestic violence/ intimate partner violence and sexual assault (e.g. coercion, abuse) and have in place mandated reporting requirements through policies, procedures and routine training for any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. This includes policies and procedures in place for human trafficking and any related reporting to include compliance with Federal anti-trafficking laws. All of the policies and procedures shall address mandated reporting and screening and assessment, intervention, documentation, annual staff training, and documentation of such. Making appropriate referral for services must be a part of the protocol developed.

k. The Applicant must have in place or be in the process of developing and can assure the implementation of an electronic health record keeping system for all family planning client medical records.

l. The Applicant offer related preventive health services either onsite or referral to clients without a primary care provider: medical history for increased risk for breast cancer, cervical cytology, clinical breast examination, mammography and genital examination.

m. The Applicant screen immunization status and offer age-appropriate immunization such as human papillomavirus ("HPV"), hepatitis B, influenza, pneumococcal, meningococcal, tetanus-diphtheria-pertussis, and measles, mumps and rubella.

n. The Applicant must have an established medical record for each client who obtains clinical family planning services and that such record is confidential and safeguarded against loss or use by unauthorized persons. A process must be in place to expedite the transfer of medical records to other providers upon client's request.

3. Community Participation, Education and Project Promotion

All Applicants will address the following:

a. A CPEPP plan for providing community information and education which promotes understanding of the objectives of the project and informs the community about the availability of services. The CPEPP plan should include a strategy for maintaining records of information and education activities provided as part of the project.

i. Facilitate steps to increase community awareness of and access to family planning services, and implement activities whereby its services are made known to the community.

ii. Form a Community Participation Advisory Committee ("CPC") consisting of members broadly representative of the community they serve. This committee should develop the CPEPP Annual Plan to include methodologies to measure if populations reached then access family planning services, See Section 5, Attachment D, Family Planning Services Community Participation, Education and Project Promotion Annual Plan.

The CPEPP Plan shall be based on activities to meet the target groups identified. The action plan will also include an annual estimation of the number of individuals in the community to be reached, at a minimum using proposed direct and indirect numbers.

The Plan shall be reviewed and revised as needed and submitted annually to the RHSU.

b. A plan for information and education advisory committee that is consistent with the Title X statute and regulations at 42 CFR 59.6 and that ensures that all information and education materials used as part of the project are current, factual, and medically accurate, as well as suitable for the population or community to which they will be made available.

i. Provide education to community focusing on the importance of family planning and the procedures for accessing subsidized clinical services through RHSU's, contracted clinics statewide to assist with increasing the number of unduplicated clients.

ii. Provide medically accurate family planning project materials, information, education and outreach programs. To meet this outcome each awardee forms the Community Information and Education Committee ("IEC") consistent with Title X requirements.

The IEC may use a pre-existing community participation group (e.g. CPC) to perform the functions of advising, reviewing and approving information and education materials provided to family planning clients, if the group(s) meet annually for these purposes and specifically documents each of these activities.

This group is required to annually document its determinations to select materials that would be distributed including: materials are at a sixth grade or less reading level; information considers the education and cultural backgrounds of the individuals and communities to be served with the materials; and a review of the material determines it is current, factual and medically accurate.

iii. An Applicant shall include details of the CPC/IEC with a description of how they are or will be broadly representative of the community they serve. All materials reviewed and approved by the applicant shall be submitted to RHSU.

4. Reporting Requirements for Program Data

This is also detailed in Section 2 Service Specifications, 2.4 Scope of Work, pages 2-27 to 2-30.

a. Output and performance/outcome measurements. The Performance measures are estimated on Table A – Performance Measures for Family Planning Client Services and Table B – Performance Measures for Family Planning Fiscal Sustainability. See Section 5, Attachment H.

The Applicant shall report all clients that are projected to receive family planning services regardless of the payers for the visits. The Applicant will project the number of unduplicated clients to be served. The expectation is that services will be provided the full contract year even if the agreed upon client number is met prior to the end of the year. In order to earn the full contracted amount, a minimum number of clients, as specified in the contract, must be served. The estimated annual number of family planning clients and family planning visits will be noted on Table A – Output Measures for Family Planning Client Services. See Section 5, Attachment I.

b. Community Participation, Education and Project Promotion Annual Plan. The Applicant shall submit a CPEPP Annual Plan documenting the organization's planned promotional and educational activities including timeline. See Section 5, Attachment D, Community Participation, Education, and Project Promotion Annual Plan.

All of the above will adhere to the format established by the DOH.

3.5 Financial

Details are also included in Section 2 Service Specifications, 2.5 Compensation and Method of Payment, Pricing structure or pricing methodology to be used, pages 2-30 to 2-31.

A. Pricing Structure

Applicant shall submit a budget/cost proposal utilizing the pricing structure designated by the Title X Family Planning Services and budget justification narrative for year one of the program that is detailed, reasonable, adequate, cost efficient and derived from proposed activities. Budget projections for each of the continuing years should be included. The cost proposal shall be attached to the Proposal Application. Applicants for family planning services will be required to

use the example provided in Section 5, Attachment K for the form SPO-H-205 which has added details (to be reported on Program Income) for the family planning service budgets for the timeframes for three (3) separate one (1) year budgets for (7/1/2016-6/30/2017, 7/1/2017-6/30/2018), 7/1/2018-6/30/2019).

All budget forms, instructions and samples are located on the SPO website. Refer to Section 1.2, Websites References for website address.

Applicants are to use the example provided in Section 5, Attachment K for the form SPO-H-205 which has added details to be reported on Program Income for the family planning service budgets for the timeframes specified above. The following budget form(s) shall be submitted with the Proposal Application: SPO-H-205; SPO-H-206A - 206F, SPO-H-206H. See Section 5, Attachment K.

The Budget, Form SPO-H-205, Column A shall indicate in the Budget Category A, Personnel Cost, and B, Other Current Expenses, the Applicant's cost to provide clinical family planning and related reproductive health services for the entire project. The information in Column B shall indicate the budget request for this application. The Budget Category C, Sources of Funding, shall indicate all revenue including client collections or self-pay, third-party payers, and other revenue such as 330/donations.

The Budget Justification, Forms SPO-H-206A – 206F and SPO-H-206H, shall reflect cost indicated in column A.

B. Other Financial Related Materials

1. Accounting System

   To determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

   a. Annual Schedule of Fees and Discount. The Applicant shall submit a schedule of discount based on current federal poverty level guidelines for Hawaii and designed to recover the reasonable cost of providing family planning and related reproductive health services.
      i. The Applicant shall submit a cost method analysis report based on a method selected by the Applicant.

   b. Independent Audit. The Applicant shall submit the most current independent audit report.

3.6 Other

A. Litigation

The applicant shall disclose and explain any pending litigation to which they are a party, including the disclosure of any outstanding judgment.

Section 4

Proposal Evaluation

Section 4
Proposal Evaluation

4.1 Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories		**Possible Points**
Administrative Requirements		
Proposal Application		**200 Points**
Program Overview	0 points	
Experience and Capability	50 points	
Project Organization and Staffing	15 points	
Service Delivery	100 points	
Financial	35 Points	
TOTAL POSSIBLE POINTS		**200 Points**

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

a. Application Checklist.
b. Registration (if not pre-registered with the State Procurement Office).
c. Federal Certifications.

2. Proposal Application Requirements

a. Proposal Application Identification Form (Form SPOH-200)
b. Table of Contents
c. Program Overview
d. Experience and Capability
e. Project Organization and Staffing
f. Service Delivery
g. Financial (All required forms and documents)
h. Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (200 Points)

1. ***Program Overview:*** No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

A five (5)-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this five (5)-point rating scale. Points will be awarded to bullets under the criteria by the evaluation committee, such as 100% of points are given for outstanding responses, 80% of points are given for satisfactory response, 60% of points are given for marginally adequate response, 40% of points for unsatisfactory response and 20% of points for unresponsive response. Consensus scoring will be used by an evaluation committee to reviewing the proposals.

5 – Outstanding ***(100% of points)***	• Each bullet identified and addressed clearly. • Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.
4 – Satisfactory ***(80% of points)***	• Bullets addressed clearly in subheading under the appropriate numbered heading. • More than met expectations by providing additional details or specific examples of the services or strategies for implementation.
3 – Marginally Adequate ***(60% of points)***	• Competent; general description of "what we do" for all required elements. • No additional details, specific examples, or additional services or strategies to achieve RFP.
2 – Unsatisfactory ***(40% of points)***	•Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP. • Did not answer the question completely in terms of approach, strategies, services, or descriptions.
1 – Unresponsive ***(20% of points)***	•Not all bullets or components of a bullet were addressed or evident in the proposal. • Only reiterated the wording of RFP or other attached DOH materials.

2. ***Experience and Capability (50 Points)***

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

a. Necessary Skills

• Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.	**3 Points**
• Demonstrate ability to work with various population groups, such as low income, immigrants, adolescents, males, persons with limited English proficiency, populations with special needs, substance abusers, homeless persons, individuals exposed to or experiencing violence, clients recently released from incarceration and others experiencing situations that impact ability to access health related services.	**3 Points**
• Demonstrate ability to incorporate community participation, education and project promotion in service delivery requirements.	**4 Point**

b. Experience

• Demonstrated family planning experience with projects or contracts for the most recent five years that are pertinent to the proposed services.	**2 Points**
• Demonstrated experience shown with inclusion of Family Planning Services Provided Survey and Program Service Site Information. See Section 5, Attachments O and P, respectively.	**2 Points**
• Demonstrated serving in a particular service area(s) and with the particular community to be served	**2 Points**
• Demonstrated ability to facilitate access to required clinical services and other needed health and social services for clients served.	**2 points**
• Demonstrated experience in collecting and reporting data elements with accuracy and timeliness.	**2 points**

c. Quality Assurance/ Quality Improvement (QA/QI) and Evaluation

- Described QA/QI and evaluation plans for the proposed services, including methodology. The plans demonstrate continuous effort to achieve measurable improvements in the indicator of quality of care. **4 Points**

- Sufficiently describes a system to assess the quality of care provided to clients including effectiveness and efficiency of clinical operations and has evaluation component that identifies indicators by which the program measures achievement of objectives. QA/QI plans have goal statement(s) and related outcome objectives in SMART format. These may include the following: accurate and timely completion of data/billing forms and submission of invoices, staff supervision, and meeting performance/output measures. **7 Points**

- Quality improvement plan describes compliance with applicable guidelines standards of care and practice for high quality services, that are consistent with current evidence based national standards of care, and how these are competently and efficiently administered by ongoing evaluation of project operations, personal and service delivery. **2 Points**

- Quality assurance plan describes an annual customer service satisfaction survey. The survey includes, at a minimum, questions regarding satisfaction with services; how did the patient find out about your service. **2 Points**

d. Coordination of Services

- Described demonstrated capability to coordinate FP services within the agency and with other agencies and resources in the community and also described the process for follow up and referrals, and collaborative arrangements between organizations and program. **5 points**

- Adequacy of the Applicant's description to address 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 provides needed services. **5 Points**

e. Facilities

- Adequacy of facilities relative to the proposed services including details if at more than one site. **3 Points**
- Has a system in place to provide quality language assistance service to persons with limited English proficiency. **2 points**

3. *Project Organization and Staffing (15 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

a. Staffing

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the FP and related preventive health services. **5 Points**
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. **5 Points**

b. Project Organization

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. **5 Points**
- Organization Chart**:** Approach and rationale for the structure, functions, and staffing of the proposed organization for the FP service activities and tasks. **2 Points**

4. *Service Delivery (100 Points)*

a. Service Activities

i. Needs Assessment

- Does the Applicant's needs assessment demonstrate the need for family planning services in geographic area(s) for individuals who are low income, hard to reach and in need of these services, evidence that the project will address the family planning needs identified, discuss existing resources for the provision of these services, and how Title X requirements will be addressed? **10 points**

ii. Clinical Family Planning and Related Preventive Health Services

- Adequacy of plan and approach which clearly describes ability to provide voluntary quality family planning clinical and related preventive health information, education, counseling, and referrals in accordance to Title X Program Requirements. Are these preventive health services provided men and women with priority to low income individuals which include, but are not limited to: initial and annual health assessments and physical examinations; offering a broad range of acceptable and effective contraceptive methods and services including natural family planning methods, basic infertility services, Food and Drug Administration ("FDA") approved contraceptives such as LARC and services for adolescents, emphasizing the important role Title X plays in teen pregnancy prevention. The broad range of services does not include abortion as a method of family planning. **15 points**

- Does the plan and approach clearly describe that STD screening and retesting will be provided as required, with treatment and expedited partner therapy (as appropriate), HIV risk assessment and onsite testing or assurance to testing, referral of HIV positive clients for medical management, routine visits, health education, counseling , including but not limited to establishing a reproductive life plan, preconception and interconception care (i.e. care received prior or between pregnancies to improve individual health and outcomes), pregnancy screening and counseling, follow-up (not limited to STD/HIV) and abnormal pap tests), care coordination and referral. **10 points**

- Adequacy of plan to provide clinical and preventive health services in accordance to Centers for Disease Control and Prevention (CDC) and Office of Population Affairs recommendations in providing quality family planning services and nationally recognized standards of care. Services should include medical and reproductive histories, physical assessment, appropriate lab testing and return visits that are individualized and based on client needs. Additional services that should be included, but are not limited to are discussed in Section 2 Service Specifications, 2.4 Scope of Work, pages 2-10 to 2-14 and in Section 3, Proposal Application Instructions, pages 3-7 to 3-11. Was there discussion on the process for ensuring the provision of these services? **5 points**

- Adequacy of plan for providing risk factors that could impact care or choice of contraceptive method. Risk factors include, but are not limited to: overweight, obesity; diabetes, blood pressures, tobacco use, alcohol use, drug use; domestic/intimate partner violence, sexual coercion and depression. Was there a description of screening or assessment tools/questions used? Was there a description of when referrals are made what service(s) are available for intervention and outside organizations that may be used? **5 points**

- Adequacy of plan to offer preconception health services to family planning clients in accordance with CDC's recommendations to improve preconception health and health care. This may be prioritized screening and counseling about preconception health for couples that are trying to achieve pregnancy and couples seeking basic infertility services. **5 points**

- Adequacy of plan for assuring that the client's written informed voluntary consent is obtained prior to services and written in a language understood by the client or translated and witnessed by an interpreter. In addition, did the plan include that if a client chooses a prescription method of contraception, discussion of risk and benefits, effectiveness including correct use, potential side effects, complications, discontinuation issues and danger signs of method chosen, and use of condom to (prevent STI/HIV) transmission is documented and understanding by the client is ensured. This includes ensuring appropriate language or interpreter services, when required. **5 points**

- Adequacy of plan to assure client confidentiality, as required by the federal and state privacy acts, including but not limited to: the Privacy Act of 1974, Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). **5 points**

- Adequacy of plan which shall have in place written clinical protocols at each service site. Does this plan address that the clinical protocols are reviewed and updated regularly, approved and signed-off by the Medical Director? **5 points**

- Adequacy of plan that there shall be maintained policies and protocols for client education and counseling. That this will include a range of information that should be provided to support informed decisions on family planning including reproductive life plan, range of services, sequence of clinical services, value of fertility regulation, family/individual health, use of specific methods of contraception and adverse effects, actions to reduce the transmission of STI/HIV, health promotion/disease prevention information (i.e. nutrition, exercise, smoking cessation, alcohol/drug abuse, domestic violence/intimate partner violence and sexual abuse (assault, coercion). Does the plan address that family planning client education and counseling must be documented in the client record and a discussion of the mechanism which is in place to measure that the information provided was understood? Does the plan address that there should be counseling for minors on how to resist attempts to coerce minors into engaging in sexual activities? **5 points**

- Does the plan include that all adolescents shall be informed who are seeking contraceptive services about all methods of contraceptive services, including abstinence but are not required to be counseled on all methods. Does the plan include that counseling shall include information regarding abstinence, contraceptive options, safer sex practices, and options to reduce risks for pregnancy and STDs such as HIV, Chlamydia and gonorrhea; resisting sexual coercion; mandated reporting laws; and encouragement of family engagement? **5 points**

- Adequacy of plan for adopting developed policies and protocols to address domestic violence/intimate partner violence and sexual assault (coercion, abuse) and have in place mandated reporting requirements through policies, procedures and routine training for any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. This includes that the Applicant has policies and procedures in place for human trafficking and any related reporting to include compliance with Federal anti-trafficking laws. All of the policies shall address mandated reporting and screening and assessment, intervention, documentation, annual staff training, and documentation of such. Making appropriate referral for services must be shown to be a part of the protocol developed. Did applicant discuss that they do have mandated reporting requirement policies and procedures in place for child abuse, child molestation, sexual abuse, rape, or incest? Did the applicant discuss that they do have policies and procedures in place for human trafficking and any reporting, and that this includes compliance with Federal anti-trafficking laws? Did the Applicant discuss that they do have annual provider training and documentation of such (including screening, assessment, intervention) for child abuse, child molestation, rape or incest, sexual abuse (coercion, assault), domestic violence/intimate partner violence, and human trafficking? **5 points**

- Adequacy of plan to be compliant with having in place or be in the process of developing and can assure the implementation of an electronic health record keeping system would be in place for all family planning client medical records. **5 points**

- Adequacy of plan to offer related preventive health services either onsite or referral to clients without a primary care provider; medical history for increased risk for breast cancer, cervical cytology, clinical breast examination, mammography and genital examination. **5 points**

- Adequacy of plan to screen immunization status and offer age-appropriate immunization such as human papillomavirus ("HPV"), hepatitis B, influenza, pneumococcal, meningococcal, tetanus-diphtheria-pertussis, and measles, mumps and rubella. **5 points**

- Adequacy of plan that there will be an established medical record for each client who obtains clinical family planning services and that such record is confidential and safeguarded against loss or use by unauthorized persons. A process much be in place to expedite the transfer of medical records to other providers upon clients request. **5 points**

iii. Community Participation, Education and Project Promotion

- Adequacy of plan that there will be in place a CPEPP plan for providing community information and education which promotes understanding of the objectives of the project and informs the community about the availability of services. Does the CPEPP plan include a strategy for maintaining records of information and education activities as part of the project, facilitate steps to increase community awareness of and access to family planning services, and implement activities whereby its services are made known to the community? **2 points**

- Adequacy of plan in forming a Community Participation Committee ("CPC") consisting of members broadly representative of the community they serve. **2 points**

- It is discussed that this committee would develop and review the CPEPP Annual Plan. The CPEPP Plan shall be based on activities to meet the target groups identified and revised as needed and submitted annually to RHSU. **2 points**

- Adequacy of plan to have in place the Community Information and Education Committee ("IEC") consistent with Title X requirements. The plan adequately shows how that all information and education materials used as part of the project are current, factual, and medically accurate, as well as suitable for the population or community to which they will be made available. **2 points**

- Do the plan details of the CPC/IEC provide a description of how they are or will be broadly representative of the community they serve? **2 points**

  Note: The IEC may use a pre-existing community participation group (e.g. CPC) to perform how the functions of advising, reviewing and approving information and education materials provided to family planning clients, if the group(s) meet annually for these purposes and specifically document each of these activities. If this is the decision of the applicant this should be noted as such in the proposal.

iv. Reporting Requirements for Program Data.

- Are the Applicant's performance objectives both reasonable and achievable, and approach is adequate to meet them? **5 points**

- Are the Applicant's output measures reasonably achievable? **5 points**

5. *Financial (35 Points*)

a. Pricing Structure and Other Financial Related Materials

- Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. **5 Points**

- The budget fully supports the scope of service and requirements of the Request for Proposal. **5 Points**

- The budget shows the ability to bill third party payer, private insurance, and Medicaid. **15 points**

- The applicant adequately describes cost reimbursement pricing structure. **10 Points**

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

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Section 5

Attachments

Attachment A.	Proposal Application Checklist
Attachment B.	Sample Proposal Application Table of Contents
Attachment C.	Hawaii Family Planning Services Summary of Visit Types
Attachment D.	Family Planning Services Community Participation, Education, and Project Promotion Annual Plan
Attachment E.	Family Planning Client Visit Record: Hawaii Department of Health
Attachment F.	Family Planning Services Title X Assurance of Compliance Statement
Attachment G.	Interpersonal Relationships between Staff and Clients/Patients (DOH Policy)
Attachment H.	Table A. Performance Measures for Family Planning Client Services Table B. Performance Measures for Family Planning Fiscal Sustainability
Attachment I.	Table A. Output Measures for Family Planning Client Services
Attachment J.	Family Planning Services Clinical Quarterly Report
Attachment K.	Budget, SPO-H-205, SPO-H-206A-206F, SPO-H-206H
Attachment L.	Expenditure Report
Attachment M.	Family Planning Annual Report, Table 13
Attachment N.	Family Planning Annual Report, Table 14
Attachment O.	Provider Survey
Attachment P.	Service Site Information
Attachment Q.	Federal Certifications

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	**X**	
Proposal Application Checklist	Section 1, RFP	Attachment A	**X**	
Table of Contents	Section 5, RFP	Section 5, RFP	**X**	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	**X**	
Provider Compliance	Section 1, RFP	SPO Website*		
Cost Proposal (Budget)				
SPO-H-205	Section 5, RFP	SPO Website*	**X**	
SPO-H-205A	Section 5, RFP	SPO Website*		
SPO-H-205B	Section 5, RFP	SPO Website*		
SPO-H-206A	Section 5, RFP	SPO Website*	**X**	
SPO-H-206B	Section 5, RFP	SPO Website*	**X**	
SPO-H-206C	Section 5, RFP	SPO Website*	**X**	
SPO-H-206D	Section 5, RFP	SPO Website*	**X**	
SPO-H-206E	Section 5, RFP	SPO Website*	**X**	
SPO-H-206F	Section 5, RFP	SPO Website*	**X**	
SPO-H-206G	Section 5, RFP	SPO Website*		
SPO-H-206H	Section 5, RFP	SPO Website*	**X**	
SPO-H-206I	Section 5, RFP	SPO Website*		
SPO-H-206J	Section 5, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP	**X**	
Debarment & Suspension	Attachment Q	Section 5, RFP	**X**	
Drug Free Workplace	Attachment Q	Section 5, RFP	**X**	
Lobbying	Attachment Q	Section 5, RFP	**X**	
Program Fraud Civil Remedies Act	Attachment Q	Section 5, RFP	**X**	
Environmental Tobacco Smoke	Attachment Q	Section 5, RFP	**X**	
Program Specific Requirements:				
Financial Audit, 2013 or later			**X**	
Cost-based Method Analysis, 2014 or later			**X**	
Organization Chart			**X**	
Table A. Performance Measures for Family Planning Client Services	Attachment H	Section 5, RFP	**X**	
Table B. Performance Measures for Family Planning Fiscal Sustainability	Attachment H	Section 5, RFP	**X**	
Table A. Output Measures for Family Planning Client Services	Attachment I	Section 5, RFP	**X**	
Family Planning Services Community Participation, Education, and Project Promotion Annual Plan	Attachment D	Section 5, RFP	**X**	
Family Planning Services Title X Assurance of Compliance Statement	Attachment F	Section 5, RFP	**X**	
Interpersonal Relationships between Staff and Clients/Patients (DOH Policy)	Attachment G	Section 5, RFP	**X**	
Provider Survey	Attachment O	Section 5, RFP	**X**	
Service Site Information	Attachment P	Section 5, RFP	**X**	

*Refer to Section 1.2, Website Reference for website address.

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ATTACHMENT C

Hawaii Family Planning Services Summary of Visit Type

VISIT TYPE and DESCRIPTION
When completing a comprehensive or annual for either females or males agencies should follow Agency Protocols, based on nationally recognized standards of care, recommendation and/or practice standards the family planning provider has selected and is implementing including client centered needs. These visits would obtain all pertinent medical and reproductive history and determine the client's needs in preventing unintended pregnancy, preventing disease and promoting health and wellness.

Comprehensive Family Planning (FP) Visit for Females

- Education, counseling, informed consent, history, examination (as indicated), laboratory testing and referrals properly documented in the clients charts.
- Complete medical history – past medical history (i.e. significant illnesses, hospitalization, surgery, blood transfusions or exposure to blood products, and chronic or acute medical conditions); pregnancy status; intimate partner violence; depression; folic acid intake; reproductive life plan; allergies; current medications (including OTC medications), tobacco, alcohol, and drug use (both prescription and other drugs), immunization and Rubella status, review of systems, pertinent history of immediate family members, partner history (i.e. injectable drug use, multiple partners, history for STDs/STIs and HIV, sex with men, sex with women, or both).
- Female reproductive history must include: contraceptive use past and current (including adverse effects), menstrual history, sexual history, obstetrical/gynecological history, STD/STI including HBV and HIV infection, Pap testing history.
- Physical assessment is consistent with Title X requirements and national standards for care (e.g. ACOG, ACS, ASCCP, USPSTF) as appropriate. Initial female physical assessment: height/weight; thyroid, breasts, abdomen, pelvis and rectum; STD /STI, and HIV screening and signs of androgen excess, as indicated. Includes chlamydia and gonorrhea testing.
- Laboratory tests advised in prescribing information for specific method of contraception must be provided. Also includes chlamydia, STD and HIV testing, pap testing or, as needed, pregnancy testing, diabetes testing, cervical cytology, mammography, retesting for chlamydia and gonorrhea after treatment, if positive.
- May include treatment of gynecological problems; breast or bimanual exam (depending on which guidelines are being followed).
- Informed consent signed by client.
- Condom use, in addition to birth control, STD and HIV education & counseling.
- Provision of birth control which can include placement of an intrauterine device or a contraceptive implant
- Birth control supply for up to one (1) year.
- Importance of health maintenance screening procedures.
- Arrangement of appropriate referrals or follow-up for other related preventative health or social services, as indicated.
- Suggested number of visits: One visit per year.

VISIT TYPE and DESCRIPTION

Comprehensive Family Planning Visit for Males

- Education, counseling, informed consent, history, examination (as indicated), laboratory testing and referrals properly documented in the clients charts.
- Complete medical history: past medical history (i.e. significant illnesses, hospitalization, surgery, blood transfusions or exposure to blood products, and chronic or acute medical conditions); allergies; current medications (including OTC medications), tobacco, alcohol, and drug use (both prescription and other drugs), immunization (HPV and HBV, as indicated), reproductive life plan, depression, review of systems, pertinent history of immediate family members, partner history (i.e. injectable drug use, multiple partners, history for STDs/STIs and HIV, sex with men, sex with women, or both)
- Male reproductive history must include: sexual history, STD/STI including HBV and HIV infection, urological conditions
- Physical assessment is consistent with Title X requirements and with national standards for care as appropriate: height, weight, genitals, blood pressure, physical examination including genitalia, prostate, instructions for testicular self-exam (TSE), rule-out hernia.
- Laboratory tests: chlamydia, gonorrhea, HIV, HBV, diabetes, as indicated. If positive, retesting for chlamydia and gonorrhea after treatment.
- May include treatment of urological problems.
- Importance of health maintenance screening procedures.
- Condom use, in addition to birth control, STD and HIV education & counseling.
- Birth control supply.
- Arrangement of appropriate referrals or follow-up for other preventative health or social services, as indicated.
- Suggested number of visits: One visit per year.

Return Visit

These visits can also be characterized as Follow-up or Revisits and were formerly termed “Routine” or “Problem Visits”.

- Based on client need for education, counseling, clinical care beyond that provided at previous visit.
- First time users of hormonal implants, IUDs, diaphragms and cervical caps, should be scheduled for early revisit.
- Examples of visits include: oral contraceptive clients following up after initiation of method, IUD check following insertion, users of a particular method returning for a refill, repeat pap smear after an abnormal pap smear.
- Services must include: assessment in changes in health since the last visit including current complaints, changes in medical, social or family history**;** Education and counseling.
- Evaluation of the proper use or placement of a contraceptive method.
- Opportunities for the client to change methods (as needed).
- Performance of physical examination (as needed).
- Performance of laboratory tests such as STD testing for reinfection (as needed).

VISIT TYPE and DESCRIPTION

- Provision of medications, supplies, referrals, clinical procedures (as needed).
- Discussion of follow-up plans.
- Services may include: Education and counseling such as addressing the side effects of a particular contraceptive; Treatment of a gynecological problem; Placement or removal of an IUD or contraceptive implant.
- Pregnancy test: with history, pregnancy test, counseling on test result, family planning information, education and referral.

  For clients with a negative pregnancy test: If pregnancy is undesired, provide contraceptive method and information, and recommend return for on-going effective contraceptive method; If pregnancy is desired, counsel client about her own fertility and recommend physical exam if none in the last year.
  For clients with a positive pregnancy test: Offer non-directive counseling on pregnancy options; provide information on good health practices during early pregnancy, and recommend physical exam within 15 days.
- Emergency contraception: provision of emergency contraception, family planning education & counseling about on-going, more effective contraception.
- FP education and/or counseling: provide family planning related information, support, counseling/education, and/or referral and related chart documentation.

Brief Service Visit
These visits would be **new patients** who do not get comprehensive services at the time of their first visit. Examples of these visits include:

- Provision of all methods of contraception.
- Complaints regarding a particular symptom such as vaginal discharge, abdominal pain, or dysuria.
- Pregnancy testing.
- Emergency contraception with counseling.
- STD testing and education.
- Health education with chart documentation.[1]

  When appropriate, services may include:

- Assessment of medical history.
- Education and counseling with chart documentation.[1]
- Laboratory testing such as STD testing.
- Physical assessment as needed (for example, a pelvic examination for a patient complaining of discharge).
- Provision of treatment and drugs for any gynecological problems.
- Encouraging patient to return for comprehensive visit, family planning or other related services when appropriate.

[1]Health education and counseling Title X service site encounters for either female or male clients shall provide and document in a client chart that family planning and related preventive health information was provided to clients who want to avoid unintended pregnancy or achieve intended pregnancy.

ATTACHMENT D

Family Planning Services
Community Participation, Education, and Project Promotion Annual Plan
Fiscal Year: July 1, 20___ to June 30, 20___

Agency: _____ Date of report: _____

Preparer: _____ Title: _____

Purpose: This plan shall describe community participation, education and project promotion activities and efforts to inform the community about family planning services based on the needs of the population to be served. The Needs Assessment submitted with the Family Planning proposal may be referenced in this plan. This plan shall provide community participation in the development, implementation, and evaluation of the Family Planning project by persons broadly representative of all significant elements of the population to be served and by persons in the community knowledgeable about the community's need for family planning services. If the Agency has an Information and Education Advisory Committee, this committee may serve the community participation function if it meets these requirements of persons described above.

This plan establishes and implements planned activities to facilitate community awareness of and access to FPS through community education programs based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. The community education activities should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom FPS may be beneficial.

Reference: Family Planning Services Contract, Scope of Services; Title X Program Requirements

Instructions:

1. Attach the Community Participation Advisory Committee (CPC) membership roster with brief background summary of the member.
2. Attach the latest CPC meeting minutes, agenda and sign-in sheets. The minutes document that the CPC presented information on the entire family planning project, and not just one component (e.g. community education and project promotion activities), for their input and that project information has been presented to the committee and the committee has had an opportunity to make recommendations and comments; review/update Agency website promotes the availability of family planning services.
3. Describe the assessment process to evaluate family planning services and how this was and/or will be revised (as required) in response to changing community needs.
4. Describe the community participation, education and project promotion activities during the reporting period to facilitate community awareness of and access to family planning services based on assessment of the needs of target population, Table 1 or similar may be used.
5. Please complete and submit within 30 days of the beginning of the fiscal year to RHSU.

Table 1. Summary of Community Participation, Education and Project Promotion Activities

Activities (Outreach, education)	Target Groups (include demographics as available)		Number of Contacts	
			Direct	Indirect

Attach additional sheets as needed

ATTACHMENT E

Family Planning Client Visit Record (CVR) Hawaii Department of Health

A. Demographics

Client ID:_____ Sex: ☐ F ☐ M Date of Birth: ____/ ____/____ Zip Code: _____ Date of Visit: ___ / ___ / ___

Race (Select one only): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ More Than One Race ☐ Unknown or Not Reported

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino **Federal Poverty Level Calculate:** _____

Sub-Race (Check all that apply):

- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Caucasian or White
- ☐ Portuguese
- ☐ Puerto Rican or Mexican or Cuban
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian _____ (Specify)
- ☐ Hawaiian
- ☐ Marshallese
- ☐ Micronesian
  - ☐ Chuukese
  - ☐ Kosraean
  - ☐ Pohnopeian
  - ☐ Yapese
- ☐ Samoan
- ☐ Other Pacific Islander_____ (Specify)
- ☐ Other _____ (Specify)
- ☐ Unknown or Refused

Education Achieved:

- ☐ < High School
- ☐ High School Graduate/GED
- ☐ Some College but No Degree
- ☐ Associate Degree
- ☐ Bachelor Degree or Higher

Limited English Proficiency: ☐ Yes ☐ No

Compact of Free Association (Check One): ☐ Republic of Marshall Islands ☐ Federated States of Micronesia ☐ Republic of Palau

Health Insurance Status (Check one): ☐ Uninsured ☐ Public ☐ Private ☐ Military

If insurance is not used, is the reason due to confidentiality? ☐ Yes ☐ No

B. Family Planning Services

Provider of Service (Check one): ☐ Physician ☐ PA, NP, CNM, or APRN ☐ Other Service Provider

Pregnancy Intention (Self or Partner): ☐ Avoid Pregnancy ☐ Seek Pregnancy

Risk Factors (Screen all, circle Yes/No):

Tobacco	Alcohol Use	Drug Use	Domestic Violence/IPV	Depression	BMI Calculate_____
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	

Service This Visit (Check all that apply):

- ☐ BP Screening
- ☐ Pelvic Exam
- ☐ Pap Smear
- ☐ Testicular Exam
- ☐ Clinical Breast Exam
- ☐ Referred for Further Breast Evaluation

Pregnancy Test:

- ☐ Negative
- ☐ Positive
- ☐ Emergency Contraceptive (Check if provided)

STD Tests (Check all that apply):

- ☐ Chlamydia
- ☐ Chlamydia Re-screening
- ☐ Gonorrhea
- ☐ Gonorrhea Re-screening
- ☐ HIV-Confidential
- ☐ Syphilis

STD Treatments (Check all that apply):

- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ Syphilis

Procedures (Check all that apply):

- ☐ Cervical/Diaphragm Fitting
- ☐ IUD Insertion
- ☐ IUD Removal
- ☐ Implant Insertion
- ☐ Implant Removal

Health Education Counseling (Check all that apply):

- ☐ Reproductive Health
- ☐ Infertility/Level one
- ☐ Preconception
- ☐ DV/IPV
- ☐ Reproductive Life Plan
- ☐ Pregnancy
- ☐ Adolescent
- ☐ Other _____ (Specify)
- ☐ HIV/STD

Condom Use: ☐ Yes ☐ No

Contraceptive Method At End Of Visit – (Check one Primary Method):

- ☐ Vasectomy
- ☐ Female Sterilization
- ☐ Implant
- ☐ Intrauterine Device or System (IUD/IUS)
- ☐ Lactational Amenorrhea Method (LAM)
- ☐ Injectable
- ☐ Vaginal Ring
- ☐ Patch
- ☐ Oral Contraceptive
- ☐ Cervical cap/diaphragm
- ☐ Male Condom
- ☐ Female Condom
- ☐ Contraceptive Sponge
- ☐ Withdrawal
- ☐ Fertility Awareness Method (FAM)
- ☐ Spermicide (used alone)
- ☐ Rely on Female Method(s)
- ☐ Abstinence
- ☐ Other Method Not Listed: _____ (Specify)

No Method

- ☐ Pregnant/Partner Pregnant
- ☐ Seeking Pregnancy
- ☐ Other Reason Not Listed: _____ (Specify)

C. Provider

Clinic Site ID _____ **Provider Initials**_____

July 5, 2013

ATTACHMENT F

Family Planning Services Title X Assurance of Compliance Statement

TITLE X ASSURANCE OF COMPLIANCE

_____ assures that it will:
(Name of Organization)

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, handicapping 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.

Further:_____ certifies that it will:
(Name of Organization)

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.

_____
(Signature)

_____
(Title)

_____
(Date)

ATTACHMENT G

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

INTRA-DEPARTMENTAL DIRECTIVE 04-01
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.
Director of Health

SUBJECT: ***INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS***

04-1.1 **PURPOSE**

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 **POLICY**

A. Staff shall not use their professional position to exploit others for any reason.

B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.

C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.

E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.

F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.

G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3 SCOPE

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4 DEFINITIONS

Clients/Patients:	Persons under observation, care, treatment, or receiving services.
Department:	Department of Health
Director:	Director of Health

Dual/multiple relationships:	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
Staff:	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
Health:	Includes physical and mental health.
Providers:	Any persons, public or private vendors, agencies,or business concerns authorized by the department to provide health care, services, or activities.
Services:	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
Treatment:	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5 **RESPONSIBILITIES**

A. **Director**: Insure this policy is maintained, interpreted, updated, and communicated to all program managers.

B. **Deputy Directors**: Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.

C. **Program Managers**:

(1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.

(2) Insure this policy is enforced.

(3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.

(4) Recommend needed changes to this policy to their Deputy Directors.

D. **Employees**: Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.

E. **Providers**: Insure this policy is communicated, understood, and implemented.

04-1.6 **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7 **REFERENCES**

A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.

B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.

C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.

D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.

E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.

F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.

Organization: _____
RFP No: HTH-560-CW-014

ATTACHMENT H

Table A. Performance Measures for Family Planning Client Services

Performance Measure	Benchmark (Percent)	Baseline FY 2015	Annual Performance Objectives, Fiscal Year (FY)						Applicant's approach in meeting the performance objectives, describe successes and challenges and explain any variances of +/- 10%. (Attach additional sheets as necessary)
			FY 2017		FY 2018		FY 2019		
			Estimated[1]	Actual	Estimated	Actual	Estimated	Actual	
1. Percent (number[2]) of *female* patients 25 years old and under received a test for Chlamydia within the last 12 months. 1a. If positive, percent of unduplicated returning patients are retested between 90 days and 12 months after treatment.	100% 100%								
2. Increase the percent (number) of unduplicated adolescent clients (18 years old and under) 2a. Females by 2b. Males by	3% 3%								
3. Increase the percent (number) of unduplicated female clients not seeking pregnancy or sterilization leaving with a highly effective method (long acting reversible contraceptive) by	5%								
4. Percent (number) of unduplicated family planning clients seeking pregnancy have received preconception planning counseling within the last 12 months.	60%								
5. Percent (number) of all unduplicated family planning clients have received counseling on making a reproductive life plan within the last 12 months.	60%								
6. Increase percent (number) of unduplicated male clients seen for family planning services by	3%								
7. Percent (number) of unduplicated clients with high level (HSIL and AGC) abnormal pap results have appropriate follow-up within 6 months of the clinic receiving test results.	100%								

[1]The estimated numbers should be the same as those noted in Agency's proposal.
[2]Number should include the numerator (number of client meeting criteria) divided by the denominator (total number of clients meeting and not meeting criteria)

Agency: _____

Form: PM Est/Act Clinical Nov 2014

Prepared by: _____ Date: _____

Title: _____

Table B. Performance Measures for Family Planning Fiscal Sustainability

Performance Measure	Baseline FY 2015	Annual Performance Objectives, Fiscal Year (FY)						Applicant's approach in meeting the performance objectives, describe successes and challenges and explain any variances of +/- 10%. (Attach additional sheets as necessary)
		FY 2017		FY 2018		FY 2019		
		Estimated[1]	Actual	Estimated	Actual	Estimated	Actual	
1. Average Cost per Visit Numerator = Total expenses of the program Denominator = Total Title X Visits Calculates the cost per visit								
2. Average Revenue per Visit (All Sources) Numerator = Total of all revenue sources for Title X Program Denominator = Total visits Calculates the average revenue per visit. Compare this to the average cost per visit to assess the loss or profit per visit.								

Agency: _____

Form: PM Est/Act Fiscal July 2015

Prepared by: _____ Date: _____

Title: _____

ATTACHMENT I

Table A - Output Measures for Family Planning Client Services

Program Activity	Baseline FY 2015	Output Measures Numbers						Applicant's approach in meeting the performance objectives, describe successes, challenges, and explain any variance of +/- 10%.(Attach additional sheets as necessary)
		FY 2017		FY 2018		FY 2019		
		Estimated[1]	Actual	Estimated	Actual	Estimated	Actual	
1a. Total number of unduplicated family planning clients including uninsured, Medicaid (Fee-For-Service and Med-QUEST), military, and private insurance and private pay clients.								
1b. Total number of female unduplicated family planning clients								
1c. Total number of male unduplicated family planning clients								
2a. Total number of family planning client visits including uninsured, Medicaid (Fee-For-Service and Med-QUEST), military, and private insurance and private pay clients.								
2b. Total number of female family planning client visits								
2c. Total number of male family planning client visits								

[1]The estimated numbers should be the same as those noted in Agency's proposal.

Agency: _____ ..... Form: OM Est/Act Nov 2014

Prepared by: _____ Date: _____

Title: _____

ATTACHMENT J

Family Planning Services
Clinical Quarterly Report

Agency: _____ **Date of report:** _____

Preparer: _____

Title: _____

Instructions: Submit completed form to the RHSU by the Due Date.

Check Reporting Period	Reporting Period, *Indicate Year*	Due Date
	July – September, 20__	October 31
	October – December, 20__	January 15
	January – March, 20__	April 30
	April – June, 20__	July 31

Table 1. Family Planning Services Clinical Quarterly Report by Screening Activity

Screening Activity	Number of Tests			
	July - September	October - December	January - March	April – June
Number of Pap tests with an ASC or higher result [1]				
Number of Pap tests with a HSIL or higher result [1]				
Number of positive tests Chlamydia Gonorrhea HIV (Confidential, Confirmed Tests)				
Of the number of HIV positive tests, number referred for medical management				
Number of Retests for Chlamydia Gonorrhea				
Number of HIV- Anonymous tests				
RHSU Use only Reviewed by				

[1]Based on The 2001 Bethesda System (Abridged) available at http://bethesda2001.cancer.gov/terminology.html

ATTACHMENT K

BUDGET

Period: ( ) 7/1/16-6/30/17 ( ) 7/1/17-6/30/18 ( ) 7/1/18-6/30-19

Applicant/Provider: _____
RFP No.: _____
Contract No. (As Applicable): ASO LOG NO. XX-XXX

BUDGET CATEGORIES	Total Reproductive Health Services Project Budget (a)	Title X Family Planning Services Budget Request (b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Subsistence/Per Diem				
16. Supplies - Non-Clinical				
17. Supplies - Clinical				
18. Telecommunication				
19. Transportation				
20. Utilities				
21. Federally Approved Indirect Cost Rate				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Client Collections/Self Pay		Name (Please type or print)		Phone
(b) Third Party Payers				
(1) Medicaid (Title XIX)				
(2) Medicare (Title XVIII)				
(3) CHIP				
(4) Quest				
(5) Private Health Insurance				
Total - Third Party Payers				
(c) Other Revenue		Signature of Authorized Official		Date
(1) Local Government				
(2) Other (Specify: 330/Donations)				
Total - Other Revenue				
(d) Budget Request		Name and Title (Please type or print)		
TOTAL REVENUE		For State Agency Use Only		
		Signature of Reviewer		Date

Form SPO-H-205
(Reformatted for Family Planning Service Budgets)

BUDGET JUSTIFICATION
PERSONNEL - SALARIES AND WAGES

Applicant/Provider: _____ Date Prepared: _____
RFP No.: _____ Period: ( ) 7/1/16-6/3-/17 ( ) 7/1/17-6/30/18 ( ) 7/1/18-6/30/19
Contract No. ASO Log No. XX-XXX

POSITION NO.	POSITION TITLE	FULL TIME EQUIVALENT TO ORGANIZATION	ANNUAL SALARY INCLUDING BUDGETED SALARY INCREASE A	% OF TIME BUDGETED TO THE CONTRACT B	TOTAL SALARY BUDGETED TO THE CONTRACT A x B
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL:					

JUSTIFICATION/COMMENTS:

Form SPO-H-206A (Effective 10/01/98)

BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS

Applicant/Provider: _____ Date Prepared: _____

RFP No.: _____ Period: ( ) 7/1/16-6/3-/17 ( ) 7/1/17-6/30/18 ( ) 7/1/18-6/30/19

Contract No.: (As Applicable) ASO Log No. XX-XXX

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security			
Unemployment Insurance (Federal)			
Unemployment Insurance (State)			
Worker's Compensation			
Temporary Disability Insurance			
SUBTOTAL:			
FRINGE BENEFITS:			
Health Insurance			
Retirement			
SUBTOTAL:			
TOTAL:			

JUSTIFICATION/COMMENTS:

Form SPO-H-206B (Effective 10/01/98)

BUDGET JUSTIFICATION
TRAVEL - INTER-ISLAND

Applicant/Provider: _____ Date Prepared: _____

RFP No.: _____ Period: ( ) 7/1/16-6/3-/17 ( ) 7/1/17-6/30/18 ( ) 7/1/18-6/30/19

Contract No. (As Applicable) ASO Log No. XX-XXX

NAME OF EMPLOYEE & TITLE	DESTINATION	NO. DAYS	PER DIEM OR SUBSISTENCE A	AIR FARE B	TRANSPORTATION C	TOTAL A+B+C
TOTAL:						

JUSTIFICATION/COMMENTS:

Form SPO-H-206C (Effective 10/01/98)

BUDGET JUSTIFICATION
TRAVEL - OUT OF STATE

Applicant/Provider: _____ Date Prepared: _____

RFP No.: _____ Period: ( ) 7/1/16-6/3-/17 ( ) 7/1/17-6/30/18 ( ) 7/1/18-6/30/19

Contract No. (As Applicable) ASO Log No. XX-XXX

NAME OF EMPLOYEE & TITLE	DESTINATION	NO. DAYS	PER DIEM OR SUBSISTENCE A	AIR FARE B	TRANSPORTATION C	TOTAL A+B+C
TOTAL:						

JUSTIFICATION/COMMENTS:

Form SPO-H-206D (Effective 10/01/98)

BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - ADMINISTRATIVE

Applicant/Provider: _____ Date Prepared: _____

RFP No.: _____ Period: ( ) 7/1/16-6/3-/17 ( ) 7/1/17-6/30/18 ( ) 7/1/18-6/30/19

Contract No. (As Applicable) ASO Log No. XX-XXX

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
TOTAL:			

Form SPO-H-206E (Effective 10/01/98)

BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - SUBCONTRACTS

Applicant/Provider: _____ Date Prepared: _____

RFP No.: _____ Period: ( ) 7/1/16-6/3-/17 ( ) 7/1/17-6/30/18 ( ) 7/1/18-6/30/19

Contract No. (As Applicable) ASO Log No. XX-XXX

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
TOTAL:			

Form SPO-H-206F (Effective 10/01/98)

BUDGET JUSTIFICATION
PROGRAM ACTIVITIES

Applicant/Provider: Date Prepared: _____
RFP No.: Period: ( ) 7/1/16-6/30/17 ( ) 7/1/17-6/30/18 ( ) 7/1/18-6/30/19
Contract No. (As Applicable): ASO Log No. XX-XXX

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS
TOTAL:		

Form SPO-H-206H (Effective 10/01/98)

ATTACHMENT L

EXPENDITURE REPORT

Provider:
ASO Log No.: 16-XXX
Month & Year: July 2016

BUDGET CATEGORIES	Current FP Cost (a)	Total Contract Budget (b)	Prior Periods To Date (c)	Contract Period to Date (a)+(c) (d)	Balance (b)-(d) (e)
A. PERSONNEL COST					
1. Salaries					
2. Payroll Taxes & Assessments					
3. Fringe Benefits					
TOTAL PERSONNEL COST					
B. OTHER CURRENT EXPENSES					
1. Airfare, Inter-Island					
2. Airfare, Out-of-State					
3. Audit Services					
4. Contractual Services - Administrative					
5. Contractual Services - Subcontracts					
6. Insurance					
7. Lease/Rental of Equipment					
8. Lease/Rental of Motor Vehicle					
9. Lease/Rental of Space					
10. Mileage					
11. Postage, Freight & Delivery					
12. Publication & Printing					
13. Repair & Maintenance					
14. Staff Training					
15. Subsistence/Per Diem					
16. Supplies - Non-Clinical					
17. Supplies - Clinical					
18. Telecommunication					
19. Transportation					
20. Utilities					
21. Indirect Cost					
22					
23					
24					
25					
TOTAL OTHER CURRENT EXPENSES					
C. EQUIPMENT PURCHASES					
D. MOTOR VEHICLE PURCHASES					
E. TOTAL EXPENSES					
PROGRAM INCOME:					
(a) Client Collections/Self Pay					
(b) Third Party Payers					
(1) Medicaid (Title XIX)					
(2) Medicare (Title XVIII)					
(3) CHIP					
(4) QUEST					
(5) Private Health Insurance					
Total - Third Party Payers					
(c) Other Revenue					
(1) Local Government					
(2) Other (Specify: 330/Donations)					
Total - Other Revenue					
F. TOTAL REVENUE					
G. TOTAL COST IN EXCESS OF REVENUE					
H. TOTAL CURRENT DOH BILLING					

Report Prepared By:

Name (Please type or print) Phone

Signature of Authorized Official Date

Name and Title of Authorized Official (Please type or print)

For Official Use Only

Signature of Program Reviewer Date

Signature of Fiscal Reviewer Date

*Billing cannot exceed total in line G, if G is negative carry forward to the next month.

Form FPS POST 210 10/2014

Provider:
Contract No. (As Applicable): ASO Log No. 16-XXX

REPORT OF EXPENDITURES
PERSONNEL COST - SALARIES & WAGES

Reporting Period Covered: July 1-31, 2016

POSITION NUMBER	EMPLOYEE NAME	POSITION TITLE	MONTHLY SALARY	FULL TIME EQUIV. (FTE)	% OF TIME CHARGED TO FP CONTRACT	SALARY CHARGED TO FP CONTRACT (CURRENT PERIOD)	TOTAL FP CONTRACT BUDGET

For Official Use Only

Signature of Program Reviewer Date

Signature of Fiscal Reviewer Date

DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting periods) stated.

Report Prepared By:

Name (Please Type or Print) Phone

Signature of Awardee's Authorized Official Date

Name and Title (Please Type or Print)

Form POST 210A 11/17/94

ATTACHMENT M

Family Planning Services Annual Report: Encounters by Type of Provider Reporting Period for January 1 – December 31, 20__

Agency: _____ Date of report: _____

Preparer: _____

Title: _____

Instructions: Complete 1a – 1c of Table 13 for the previous calendar year and submit to RHSU- Accountant by January 15. Thank you.

Table 13
Number of Family Planning Encounters by Type of Provider

	Provider Type	Number of FTEs (A)	Number of Family Planning Encounters (B)
1	**Clinical Services Providers**		
1a	Physicians		
1b	Physician assistants/nurse practitioners/ certified nurse midwives		
1c	Registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessment		
2	**Other Services Providers**		
3	**Total Family Planning Encounters (sum rows 1 + 2)**		

Form: FPAR T13 Nov 2014

ATTACHMENT N

Family Planning Services Annual Report: Revenue
Reporting Period for January 1 – December 31, 20__

Agency: _____ Date of report: _____

Preparer: _____

Title: _____

Instructions: Complete Table 14 for the previous calendar year and submit to RHSU-Accountant by January 15. Thank you.

Table 14
Revenue Report

	Revenue Source	Amount	
Title X			
1	**Title X grant** (Section 1001: family planning services)		
Payment for Services			
2	**Total client collections/self-pay**		
3	**Third-party payers**	**Amount Prepaid (A)**	**Amount Not Pre-paid (B)**
3a	Medicaid (Title XIX)		
3b	Medicare (Title XVIII)		
3c	State Children's Health Insurance Program (SCHIP)		
3d	Other public health insurance		
3e	Private health insurance		
4	**Total – Third-Party Payers (sum rows 3a to 3e)**		
5	**Total – Payment for Services (sum row 2 + cell 4a + cell 4b)**		
Other Revenue			
6	Title V (MCH Block Grant)		
7	Title XX (Social Services Block Grant)		
8	Temporary Assistance for Needy Families (TANF)		
9	Local government revenue		
10	State government revenue		
11	Bureau of Primary Health Care (BPHC)		
12	Other (Specify:_____)		
13	Other (Specify:_____)		
14	Other (Specify:_____)		
15	Other (Specify:_____)		
16	Other (Specify:_____)		
17	**Total– Other Revenue (sum rows 6 to 16)**		
18	**Total Revenue (sum rows 1 + 5 + 17)**		

Organization: _____
RFP No: HTH-560-CW-014

ATTACHMENT O

Family Planning Provider Survey, 2015

	Service	Service Site 1- Direct Services, Offered On-site 2- Direct Services, Offered Off-site 3- Paid Referral 4-Not Provided, Referral 5-Not Provided, No referral			
		1	2	3	4
1	Comprehensive Primary Care Service				
2	Informed Consent				
3	Adolescent Services				
4	Male Services				
5	Medical History				
6	Immunizations				
7	Alcohol & Other Drug Use Assessment				
8	Tobacco Use Assessment				
9	Sexual Health Assessment				
10	Depression screening				
11	Pelvic Exam				
12	Mammography				
13	Physical Assessment Height, Weight, Body Mass Index, Blood Pressure				
14	Laboratory Blood Draw				
15	Pap Smear Testing				
16	Pregnancy Testing/Diagnosis				
17	Pregnancy Options Counseling if pregnant				
18	Pregnancy care (excluding options counseling)				
19	Chlamydia/Gonorrhea Testing Cervical/Urethral Self Collected Vaginal Urine				
20	Chlamydia/Gonorrhea Retesting after appropriate treatment				
21	Chlamydia/Gonorrhea Treatment at Clinic site Expedited Partner Therapy				
22	Syphilis Testing				
23	Syphilis Treatment				
24	HIV Testing Rapid Blood draw (Standard)				
25	HIV/AIDS Medical Management				
26	Diabetes Testing				
27	Basic Infertility for Men and Women				
28	Minor Gynecological Problems, Diagnosis and Treatment				
29	Client Education/Counseling: Reproductive Life Planning Preconception Care and Interconception Care Adolescent STD/HIV				
30	Domestic Violence/Intimate Partner Violence				
31	Special Gynecological Procedures				
32	Emergency Contraception				
33	Contraceptive Methods Sterilization (Female)				
34	Sterilization (Male)				
35	Vasectomy				
36	Intrauterine Device/System				
37	Implant				
38	Injectable (DMPA)				
39	Oral Contraception				
40	Contraceptive Patch				
41	Contraceptive Ring				
42	Diaphragm/Cervical Cap				
43	Contraceptive Sponge				
44	Condom: Female Male				
45	Spermicidal Foam, Jelly / Cream, Film				
46	Fertility Awareness Method/Lactational Amenorrhea				
47	Abstinence				
48	Other Method				
49	Abortion Services				
50	Number of Staff Trained Hormonal Implant Physician Physician Assistant/Advance Practitioner Nurse Certified Nurse Midwife Other				
51	Intrauterine Device/System Physician Physician Assistant/Advance Practitioner Nurse Certified Nurse Midwife Other				
52	Electronic Health Record System, established (indicate year) Billing Medical Record				

ATTACHMENT P

Table A. Sample of Service Site Information, 2015[1]

Sub-Recipient Agency and Service Sites, Address	City	Service Area	Office Hours	Family Planning Clinic Hours	Total Number of Clients Served, 2014	Projected 2015[2]
Main site 1111 Family Planning Lane Honolulu, 96800	Honolulu	Honolulu	M-F 8:30 am-12:30 pm, 1:30 pm -6:00pm Sat 8:30 am - 12:30pm Closed on Federal and State Holidays	M-F 8:30 am-12:30 pm, 1:30 pm -6:00pm Sat 8:30 am - 12:30pm Closed on Federal and State Holidays	500	
Satellite Site 1 1111 Satellite Road Honolulu, 96800	Honolulu	Honolulu	T, Th 8:30 am-3:30 pm	T, TH 8:30 am-3:30 pm	200	
Satellite Site 2 1111 Satellite Site 2 Way Honolulu, 96800	Honolulu	Honolulu	W 1:30 pm - 5:30 pm	W 1:30 pm - 7:30 pm	100	

[1]Note: Any service site confirmed to open by July 1, 2016 and the projected number of clients to be served should be included.
[2]Projected number of clients served in 2015 should be based on January to June 2015 data.

ATTACHMENT Q

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

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Prescribed by OMB Circular A-102

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

By signing and submitting this application, the prospective primary participant as defined in 45 CFR Part 76 is providing certification regarding debarment and suspension as set out in Appendix A of 45 CFR Part 76. The applicant agrees that by submitting this application it will include, without modification, the clause in Appendix B of 45 CFR Part 76 in all lower tier covered transaction and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Should the applicant not certify regarding debarment and suspension, an explanation as to why should be placed after the assurances page in the application package.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

By signing and submitting this application, the applicant is providing certification regarding drug-free workplace requirements as set out in Appendix C to 45 CFR Part 76. For purposes of notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Division of Grants Policy and Oversight
Office of Management and Acquisition
Department of Health and Human Services
Room 517-D
200 Independence Avenue, S.W.
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The authorized official signing for the applicant organization certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The official signing agrees that the applicant organization will comply with the DHHS, PHS, and OPHS terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the

Act. The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

OPHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS and OPHS mission to protect and advance the physical and mental health of the American people.