



Colorado Department
of Public Health
and Environment

Family Planning Program Prevention Services Division

Family Planning Program Contract Implementation Toolkit

Last update: March 2016

Table of Contents

- ⇒ [Scope of Work Checklist - Overview of Deliverables](#)
- ⇒ [Communication Process and Tools](#)
- ⇒ [Community Education and Marketing](#)
- ⇒ [Contract Performance Measures](#)
- ⇒ [Cost Analysis](#)
- ⇒ [Customer Satisfaction Survey](#)
- ⇒ [Delegate Quarterly Progress Report](#)
- ⇒ [Expenditure Revenue Report](#)
- ⇒ [FPAR Supplemental Report](#)
- ⇒ [iCare Data System](#)
- ⇒ [Information and Education Committee and Advisory Committee](#)
- ⇒ [Manuals and Guidelines](#)
- ⇒ [Reimbursement Process/Invoices](#)
- ⇒ [Services](#)
- ⇒ [Site Visits](#)
- ⇒ [Sliding Fee Scales](#)
- ⇒ [Subcontractors](#)
- ⇒ [Trainings and Meetings](#)

Scope of Work Checklist

The goal of the Colorado Department of Public Health Family Planning Program (FPP) is to reduce unintended pregnancy by insuring access to quality reproductive health services to all Coloradoans. Services include but are not limited to contraceptive, preventative health counseling and education services, reproductive health related testing and screening and referrals. The following are the requirements set forth in the Family Planning Program. Please read, check and sign that your organization is aware of the contract requirement for the following year:

CLIENTS :

Funding is based on the number of clients served from the prior CALENDAR year (the most recent 12-month data set).

Priority Population: Provide comprehensive family planning services to sustain the total number of qualifying family planning clients served in the previous calendar year. Emphasis should be placed on priority clients that are 100% of Federal Poverty Level and below and 19 years of age or younger.

COMMUNITY ENGAGEMENT

- Networking:** Provide outreach services and/or other program efforts designed to improve client recruitment, strengthen existing relationships or create a new linkage.
- Community Education:** Host at least one community presentation on a family planning-related topic.
- Information and Education Committee (I&E):** Provide an opportunity for community involvement and feedback by hosting an Information and Education Committee in your community at least one time a year.

SERVICES

- Medical Services:** Supply nursing and medical services, which shall include a comprehensive health and social history and physical examination administered in accordance with all applicable Title X regulations and, all applicable nursing-medical policies or procedures which have been, or may be established by the State, specifically the Health Service and Connections Branch ;
- Contraceptives:** Supply contraceptive information, education, and supplies regarding all family planning methods. With emphasis on long acting reversible methods of contraception such as (IUD) Mirena and ParaGard, and contraceptive implants.
- Patient Services:** Provide education and counseling services regarding family planning, family planning methods, child spacing, infertility, sterilization, nutrition, sexually transmitted diseases, HIV/AIDS, adolescent counseling and other related health issues, as outlined in the Nursing and Administrative Manual;
- Ensure each client is counseled appropriately on annual flu vaccine and body mass index and report in the Contractor Quarterly Report.**

- Follow-up and/or provide referral services, as appropriate.

MANUALS AND GUIDELINES

- Review and sign the Title Clinical and Administrative Guidelines and Manuals: CDPHE will notify the contractor of all updates. The Contractor shall comply with all updates. Contractor acknowledges having reviewed and accepted these policies and procedures.
- Remain acceptable and in good faith by the State. For a service to be “acceptable” it must comply with all applicable: CFPI requirements, Title X regulations, CDPHE FPP nursing-medical policies and procedures, and any applicable fiscal and administrative policies and procedures of the State and Federal government. All applicable Title X regulations, CDPHE FPP nursing-medical policies and procedures, and all applicable fiscal or administrative policies of the State have been provided to the Contractor by the State as of the effective date of this Contract/Task Order/Interagency Agreement .

BUSINESS TOOLS

- Perform a Cost Analysis for family planning items and services every three years or before if there is a significant change in costs and fees.
- Create an annual Sliding Fee Scale with most recent Poverty Guidelines, using one of the four approved models from CDPHE.
- Participate in an annual Independent Chart Audit.
- Perform an annual Customer Satisfaction Survey and comment on results in the quarterly progress report.
- Ensure that all Subcontractors are fulfilling Title X Requirements by embedding Title X policy and guidelines into the subcontractor MOU, contracts and interagency agreements.
- Participate in an Annual Site Visit (clinical, administrative or chart) from Family Planning Program.
- Work toward or currently generate income for your clinic through Medicaid reimbursement, third party insurance payors and/or other fund raising activities.

CLIENT DATA

- FPAR Supplementary Report: Submit reporting data for the Family Planning Annual Report (supplementary information such as FTE/HIV)
- iCare/FPAR Data Submission: The Contractor shall collect and provide to the State all pertinent data as defined by the State regarding all services offered, and all family planning clients served, by its program, submitted through the Family Planning data system.

FISCAL

- Expenditure Revenue Reports: Contractor shall provide the State with the semi-annual Family Planning Expenditure/Revenue Reports.

- Submit a monthly invoice for reimbursement, no later than 60-days after the work was completed.

REPORTING

- Quarterly Progress Report: Contractor shall participate in state-level evaluation efforts as requested by the State including, but not limited to, progress reports on the implementation.

TRAINING

- At a minimum, the family planning coordinator will participate in two, required trainings.
- These required training sessions will be held electronically and recorded. If the coordinator cannot attend the webinar “live”, than the recording should be reviewed within 30-days of event.

Communication Processes & Tools

REQUIRED OR OPTIONAL

Optional

DATES

- Family Planning Weekly Updates are distributed weekly (typically on Fridays).
- MedPAC minutes are distributed to Family Planning Coordinators usually within two weeks of the meeting date via the Family Planning Weekly Update.

SUPPORTING MATERIALS

| | |
|----------------------------------|--|
| Weekly update | An email containing “Important” (due dates, reminders, etc.) and “FYI” (external trainings, resources) information will be distributed on a weekly basis. This update is sent via cdphe_familyplanning@state.co.us . The update is sent to Coordinators and other staff who have asked to be on the “FP Weekly Update” email list. |
| Title X Contractor Hub (Website) | This CDPHE Family Planning website is a primary mechanism for communication and sharing materials. The website is updated regularly.. On this website, you will find the following: <ul style="list-style-type: none">• Title X documents and forms• Reporting and training Calendar• Affordable Care Act resources• Staff contact information |
| FP Central Email | All reporting submissions (quarterly reports, invoices, ERRs, FPAR data submission, IMAs) should be submitted to this email address: cdphe_familyplanning@state.co.us . You can use this email address to send any questions you may have and that email will be directed to the correct staff member to respond. |
| MedPAC Meetings | In addition, the Family Planning Program will offer three (3) annual Medical Policy Advisory Committee (MedPAC) meetings during the course of the year. The MedPAC meetings are designed to provide contractors with clinical and contract information and updates. The agenda is set with input from the MedPAC co-chairs. Co-chairs are elected from the delegate agencies. |
| Phone calls | A contact list is provided on the Title X Contractor Hub. |
| One-on-One Meetings | Family Planning staff members may also schedule in person one-on-one meetings with contractors, if requested by the contractor. |

Community Education and Marketing

REQUIRED OR OPTIONAL

Required. One community education “event” and marketing the program annually.

THE LOGIC

Community Education

Delegate agencies must provide for community education programs to inform the public of its purpose and services, to disseminate reproductive health information, enlist community support, and attract potential clients [42 CFR 59.5(b)(3)].

Community education may come in the form of community presentations or events. Education programs should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. Evaluations can range from a formal written evaluation completed by each education program participant to an informal show of hands in response to questions. Summary reports of evaluations should be kept on file.

Annually, contractors must record and report on at least one community presentation regarding Title X, family planning.

Marketing

To facilitate community awareness of and access to family planning services, agencies must establish and implement planned activities to make their services known to the community [59.5(b)(3)]. Agencies should review a range of strategies and assess the availability of existing resources and materials. Agencies must make special efforts to make their services known to the target population (men and women below 150% of the federal poverty level and all teens). (Program Guidelines 6.9. p.12)

Federal grant support must be acknowledged in any publication funded for development by the agency’s family planning program. This involves placing a brief statement on any brochures, educational materials or flyers produced by the agency’s family planning program that acknowledges federal support. The word “publication” is defined to include computer software. (Program Guidelines 6.10, p.12). An appropriate statement acknowledging support is: *“This brochure was developed (in part) with federal funds from the Office of Population Affairs grant FPHA080079.”* The statement in Spanish: *“Este folleto fue creado (en parte) con fondos federales de Office of Populations Affairs (La Oficina de Asuntos de Población) subsidio FPHA080079.”*

Any copyrighted materials funded by Title X funds shall be subject to a royalty-free, non-exclusive, and irrevocable license or right of the government to reproduce, translate, publish, use, disseminate, and dispose of such materials and to authorize others to do so. Publications developed under Title X may not contain information that is contrary to program requirements or acceptable clinical practice.

DATES

Ongoing, year round.

Contract Performance Measures

REQUIRED OR OPTIONAL

Required

THE LOGIC

Annually, The Contract Management System (CMS) is a State of Colorado database that was developed to meet the requirements of Section 24-102-205(3)(c) of the Colorado Revised Statutes, mandating the development of a publically searchable website of all personal services contracts entered into by state agencies.

Contractor performance is defined as how a contractor meets the obligations of the contract. Obligations include all standards, requirements and deliverables stated in the contract in addition to the adherence to the budget or price and the provision of customer service. Performance evaluations will occur throughout the contract period. Final evaluations occur at the end of the contract. All evaluations result in a performance rating. Only the rating resulting from the final and construction evaluations will be recorded in the Contract Management System (CMS).

In January 2012, the Title X Family Planning Program was granted permission to move from quarterly contract ratings for the statewide Contract Management System (CMS), to annual ratings. This quarterly waiver was granted because of the strong contract monitoring processes the Title X program already has in place.

Program staff will collect various documents throughout the year and use them as data points for an annual CMS rating in September of each year. A final CMS rating will be due every five years 2012-2016. Program staff will collect four years of annual CMS data points and year five of monthly submission to form an overall, 5-year FINAL CMS rating. Final CMS ratings are posted on the following website: <http://contractsweb.state.co.us/>

Items are only evaluated if they are relevant to the current contract and are related to the specified evaluation time frame. Submissions evaluated for the contract (when applicable):

- Quarterly Progress Reports
- Site visit (administrative and medical) responses
- Chart audits
- Internal medical audits (IMAs)
- Supplemental FPAR reports (PAP/HIV/FTE/Breast Exams)
- Expenditure/revenue reports (ERRs)
- Performance improvement plan progress reports, if any
- Accounts payable estimates
- Monthly Invoices

FIVE PERFORMANCE MEASURE CATEGORIES

Quality

The contractor achieved desired outcomes with a minimum of avoidable errors and problems. Work met the requirements, expectations or desired outcomes set forth in the contract/statement of work. The work was accurate and complete. The work was done in an efficient and effective manner. For the Title X contract the following factors are considered (when applicable):

- Site visits- Did the site visit (Medical, Administrative, etc.) pass with no findings or did agency address finding in the agreed upon timeframe?
- Chart audits - Agencies will have met expectations if agency scores 90% or above on all audit criteria or submits a repeat audit on any criteria that was less than 90% in three months or agreed upon time frame.
- Internal medical audits (IMAs) - Agencies will have met expectations if there were no deficiencies on the IMA or the IMA included a plan to address any deficiencies discovered.
- Completeness of submissions - Were submissions (see list above) complete? Everything that was requested was submitted and all items/questions were answered.
- Accuracy of submissions - The information submitted was correct.

Timeliness

The contractor performs work within the time frames identified. For the Title X contract, the following factors are considered:

- Timely submissions spreadsheet - 75% or more of submissions (see list above) were submitted by the due date, or if an extension was approved, by the extended due date.
 - FPAR Supplemental Report
 - Expenditure Revenue Reports
 - Cost Reimbursements/Invoices
 - Quarterly Progress Reports

Price/Budget

The contractor effectively manages costs. The contractor adhered to the budget as specified in the contract. For the Title X contract, the following factors are considered:

- Cost reimbursements/ Monthly Invoices [determined by Fiscal staff] - Were the cost reimbursements timely, accurate, and complete? Did the contractor spend 97% of its budget? Did invoices reflect the approved budget? Were identified issues resolved in an agreed upon timely manner (i.e., within 2 weeks)?
- Fiscal site visits/desk review (including on-site verification of backup documentation) - Did the fiscal site visit meet expectations?
- Did the contractor spend at least 97% of its budget?
- Did the contractor have minor budgets changes and were those proposed changes submitted in a timely fashion (i.e. not in the last week of the contract period).

Business Relations/Customer Service

The degree to which the contractor is professional and respectful in its business approach and interactions with CDPHE. For the Title X contract, the following factors are considered:

- Courteous, cooperative and professional communications and interactions regarding contracts, program issues, etc., including finding solutions - Did communications and interactions meet expectations? Agencies that do not respond after more than three attempts to contact on a single issue (be phone, email, etc.) will be rated below standard for this category.
- Agencies that participate as a local site for the Title X Federal program review will be rated above standard for this category.

Deliverables/Requirements

The degree to which the contactor is compliant in meeting the standards of the contract requirements and deliverables. for the Title X contract, the following factors are considered:

- **Client numbers (regular Title X) -**
 - **Standard:** The number of Target clients served is at or above 85% of contract expectation goal for time period.
 - **Above Standard:** The number of Target clients served is at or above 150% of contract expectation goal for time period.
 - **Below Standard:** Anything less than the expected %.

DATES

Annually

SUPPORTING MATERIALS

Sample Evaluation:



Colorado Department of Public Health & Environment

FINAL Contractor Performance Evaluation

Colorado Revised Statutes §24-102-205(6)

Upon completion of each personal services contract with a value over \$100,000, the individual selected by the state agency or institution of higher education (IHE), pursuant to CRS §24-103.5-101(3), to monitor the contractor's work under the contract (Contract Monitor) shall complete this FINAL Contractor Performance Evaluation (Evaluation) and submit the completed Evaluation to the contractor for review and comment pursuant to CRS §24-103.5-101(6). This Evaluation and contractor's response, if any, shall be added to the statewide Contract Management System (CMS) within 30 days after contract completion and become publically available as part of the State's searchable website. Soliciting state agencies and IHEs are required to review completed Evaluations prior to making future contract awards to ensure that the prospective contractor meets applicable responsibility. A contractor who disputes any information contained in an Evaluation may exercise the contract rights set forth in CRS §§24-109-106, 107, 201 or 202.

Completing this Form

- Before completing this Evaluation, the Contract Monitor shall ensure that **ALL applicable fields in CMS** are completed upon conclusion of the contract.
- The Contract Monitor or Procurement Staff shall submit the completed Evaluation to the contractor for review and comment within 30 days of contract completion.
- The state agency or IHE shall maintain this Evaluation and contractor's response, if any, as part of its official contract file and shall post the Evaluation on CMS within 30 days of contract completion.
- This Evaluation shall remain a part of CMS for at least 5-years following the date it is attached to the CMS contract record. C.R.S. §24-105-102(4).
- If the contract is for construction services with a value of \$500,000 or more, the Contract Monitor *also* shall complete the form entitled "Construction Contractor Final Performance Evaluation Report".
- This Evaluation is not required for contracts under Medicare, the "Colorado Medical Assistance Act", Articles 4 to 6 of Title 25.5, CRS, the "Children's Basic Health Plan Act", Article 8 of Title 25.5, CRS, or the "Colorado Indigent Care Program", Part I of Article 3 of Title 25.5, CRS.

CMS Identification Number:

Original Contract Routing Number:

Contract Completion Date: June 30, 2014

Name of State Agency/IHE: Colorado Department of Public Health & Environment

Name of Contractor / Grantee:

Name of Project / Program: Title X Family Planning Program

>>Contractor Performance - evaluation conducted after completion of services <<

| | | | | |
|--|--|---|--|--------------------------|
| Contractor met requirements related to Quality | Yes | <input checked="" type="checkbox"/> | No* | <input type="checkbox"/> |
| Contractor met requirements related to Cost | Yes | <input checked="" type="checkbox"/> | No* | <input type="checkbox"/> |
| Contractor met requirements related to Timeliness | Yes | <input checked="" type="checkbox"/> | No* | <input type="checkbox"/> |
| Contractor met requirements related to Business Relations/Customer Service | Yes | <input checked="" type="checkbox"/> | No* | <input type="checkbox"/> |
| Contractor met requirements related to Deliverables/Requirements | Yes | <input checked="" type="checkbox"/> | No* | <input type="checkbox"/> |
| *Briefly indicate area(s) of non-compliance and steps taken to remedy | | | | |
| Indicate number and dates of interim performance evaluation worksheets completed for this contract | 07/01/12 through 06/29/13 | | | |
| Overall Rating of Contractor Performance | Below Standard (1) <input type="checkbox"/> | Standard (2) <input checked="" type="checkbox"/> | Above Standard (3) <input type="checkbox"/> | |

>>The following to be completed by the State following submittal to Contractor for review <<

| | | | | |
|---|-----|--------------------------|-----|--------------------------|
| Provided contractor with opportunity to review Evaluation? (Date sent:) | Yes | <input type="checkbox"/> | No* | <input type="checkbox"/> |
| Contractor submitted response to Evaluation? (Date rebuttal received: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Contractor disputed Evaluation? (Date dispute received: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| *If No, Explain | | | | |

Cost Analysis

REQUIRED OR OPTIONAL

Required

THE LOGIC

Performing a cost analysis is a federal Title X requirement. “Charges must be based on a cost analysis of all services provided by the project.” U.S. Department of Health and Human Services, Office of Population Affairs: Program Guidelines for Project Grants for Family Planning Services, January 2001, pg. 7, 6.3 (1).

In order to meet this requirement, a contractor must update their clinic’s cost analysis every three years, if there is a significant change in family planning costs or if you are considered a new contractor.

The cost analysis is the element-by-element examination of the estimated or actual cost of Title X family planning services contract and a way to determine the probable cost. Conducting a cost analysis allows you to understand the costs associated with your services in order to help you set appropriate fees. Knowing your costs is essential to your sustainability as you navigate changes in service delivery and payment models. A cost analysis gives you the information you need to negotiate payment from third party payers.

DATES

In order to meet this requirement, a contractor must perform an updated Cost Analysis every three years. Cost Analysis was last due in September 2014. The next Cost Analysis will be due in September 2017. In other years, contractors can choose to update their cost analysis, but it is not required unless there are significant changes in costs or you are considered a new contractor.

SUPPORTING MATERIALS

The Family Planning Program will host a live Cost Analysis training annually. Contractors can use their own cost analysis methodology, or use a CDPHE-endorsed methodology. The Family Planning National Training Center has archived a Cost Analysis and Sliding Fee Scale training. To view this webinar series, visit: <http://www.fpntc.org/training-and-resources/webinar-recording-it-pays-to-know-your-costs-why-and-how-to-conduct-an-0>

Customer Satisfaction Surveys

REQUIRED OR OPTIONAL

Required

THE LOGIC

All Title X family planning clinics are required to assess client satisfaction at least annually and comment on the results in the quarterly progress report. Three years of satisfaction survey results will be reviewed during administrative site visits. Each agency must review the results of their most recent client satisfaction survey to identify an area that needs improvement and to implement a strategy to address that area.

Purpose: Quality service is often the difference between keeping clients and losing them. Good marketing brings new customers in, but great service is what keeps them. To provide good service, you need a way to know how well you're doing. It is important to find out what your clients think is important, what they want, and where you need to improve. And the best way to get this information is with a survey.

You may use your own customer service survey or use the CDPHE examples featured in the Administrative Manual. At a minimum, your survey must include the following questions:

1. How did you hear about (insert the name of your clinic)
2. Did you understand your Title X, family planning charges today?
3. Before today's visit, what had you heard about Long Acting Reversible Contraceptives such as the Mirena IUD and Nexplanon?

Your survey ***must also include*** questions relating to the following:

- Confidentiality
- Waiting Time
- Customer service when checking out
- Staff and Provider customer service such as answering questions, friendly and helpful

DATES

Conduct at least annually.

SUPPORTING MATERIALS

Samples of English and Spanish versions of a client satisfaction survey are available on the Title X Contractor Hub and the Title X Administrative Manual.

Delegate Quarterly Progress Report

REQUIRED OR OPTIONAL

Required

THE LOGIC

Title X and CDPHE require a variety of mandatory deliverables throughout the contract period. The Family Planning program will move from a report-by-report basis and simply have contractors update their progress toward these deliverables on a quarterly basis. Please note that the content on each quarterly report may vary.

DATES

Contractors have one month (typically 30 days) to complete and sign-off on the quarterly report. For example, the January, February and March quarterly report would be due April 30.

- Quarter 1 Report due: October 31
- Quarter 2 Report due: January 31
- Quarter 3 Report due: April 30
- Quarter 4 Report due: July 31

SUPPORTING MATERIALS

CDPHE will provide a tutorial video on how to complete the Delegate Quarterly Progress Report. This tutorial will be posted on the Title X Hub. Information about the tutorial will be communicated via the Family Planning Weekly Update.

Expenditure and Revenue Report

REQUIRED OR OPTIONAL

Required

THE LOGIC

The Expenditure and Revenue reports (ERRs) are due once a year. This tool is used to collect data from contractors for the Federal Family Planning Annual Report (FPAR). The ERR collects the contractors income from all sources such as gifts, grants, Medicaid and 3rd party insurance. In addition, it collects all expenditures for that timeframe.

CDPHE Fiscal Department aggregates data from all 28 sites and places it in Table 14 of FPAR in February of each year.

DATES

Contractors will be sent the ERR form in December of each year. Contractors are given until the end of January to submit their ERR information (January through December of the following year).

SUPPORTING MATERIALS

Annually, family planning staff host an ERR training (typically in December).

FPAR Supplemental Data

REQUIRED OR OPTIONAL

Required

THE LOGIC

Annual submission of the Family Planning Annual Report (FPAR) is required of all family planning service grantees. (45 Code of Federal Regulations [CFR] Part 74 and 45 CFR Part 92). FPAR is the only source of annual, uniform reporting by all Title X family planning agencies. It provides consistent, national-level data that is used to comply with accountability with federal performance requirements for Title X family planning funds as required by the 1993 Government Performance and Results Act (GPRA). It also provides information that is used to monitor compliance with statutory requirements, regulations, and to ensure compliance with legislative mandates, such as giving priority in the provision of services to low-income persons and ensuring that a broad range of contraceptive methods and services are provided.

FPAR Supplemental data is data that is not collected in the iCare data system. CDPHE staff will provide form(s) to collect the following information for FPAR:

- FTE Information
 - Job titles (physician, mid-level provider and RN in expanded role)
 - Full time equivalent of each providers position in the family planning program
 - The percent of family planning time each provider spends providing client care.
- Cervical Cancer Screening Activities
 - Number of Pap test with an AS-CUS or higher result
 - Number of Pap test with an HSIL or higher result
- Number of Positive HIV tests

DATES

A completed FPAR supplemental report(s) must be submitted by mid-January each year.

SUPPORTING MATERIALS

An email with the form(s) needed to collect this data will be sent in December each year.

iCare Data System

REQUIRED OR OPTIONAL

Required

THE LOGIC

Delegate agencies must report client-level data through the online iCare data system on clients with qualifying family planning services. Data are used by the Family Planning (FP) program for decision making, assessing program progress throughout the year, and evaluation of program activities. The iCare system tracks demographics of clients seeking services and the type and frequency of services provided. Data are then submitted in aggregate to the Federal government as part of the Family Planning Annual Report (FPAR).

Agencies have two options for submitting and reviewing high quality data on family planning services:

1. Manually Enter Data: Individual users at each agency can be trained and granted access to manually enter data into iCare. Data can then be reviewed using iCare reporting features. Request access at <https://www.phi.dphe.state.co.us>; or
2. Submit 3rd Party Data Extract from Agency Electronic Health Record (EHR): Agencies can work with their EHR IT personnel to develop an extract of required data per CDPHE specifications and submit on a quarterly basis. Data is uploaded by CDPHE staff and then agency staff are granted access to review records with errors and confirm data was uploaded correctly.

Once data are added to the iCare system (by either manually entering or submitting extracted EHR data), agencies are required to run iCare reports to ensure they are on track to meet contract goals. Reports 12F and 16 must be reviewed at least quarterly (agencies are no longer required to submit a signed copy to state staff).

The FP program is transitioning to “locking down” iCare data every six months. This will ensure timely submission of data for statewide reporting to funders on both calendar and fiscal years. In general, services provided during Fiscal Year (FY) Quarters 1 & 2 (July through December) will be “locked down” on January 31. Services provided during FY Quarters 3 & 4 (January through June) will be “locked down” on July 31.

Need assistance with iCare? Contact the Health Informatics Helpdesk at 303-692-6256

SUPPORTING MATERIALS

To learn more about the iCare system, you can view a recorded webinar that explains the features of the iCare data system. The webinar recording can be found here:

http://www.youtube.com/watch?v=e_YVt3NQMA&feature=youtu.be

You can also reference the following document for more information about how to use the iCare data system by viewing the follow website:

[http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadname1=Content-Disposition&blobheadname2=Content-Type&blobheadvalue1=inline%3B+filename%3D%22iCare+Slides.pdf%22&blobheadvalue2=applicati on%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251819338980&ssbinary=true](http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadname1=Content-Disposition&blobheadname2=Content-Type&blobheadvalue1=inline%3B+filename%3D%22iCare+Slides.pdf%22&blobheadvalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251819338980&ssbinary=true)

Independent Medical Chart Audit

REQUIRED OR OPTIONAL

Required

THE LOGIC

As part of its quality assurance tools, CDPHE requires an independent medical chart audit once a year. The activity is used to spot check clinical files and to collect data for federal reports. The purpose is to evaluate whether agency staff members are documenting required client education, screening or referral in the medical record according to CDPHE Title X polices and protocols.

Method: Randomly select 20 charts of clients that have had a new or annual visit within the last 6 months. For agencies with multiple sites, select 10 charts from each site. The questions and chart areas chosen every year, can depend on federal government interests and Office of Population Affairs Title X priorities or key issues.

Delegates that find errors within their files must submit a plan for correction in the space below the completed table.

Completed tables are then aggregated and the results are reported in our federal Title X grant annual progress report. The CDPHE STI-HIV Section uses the Chlamydia statistics in their federal grant progress report.

DATES

An IMA is due in May of each year.

SUPPORTING MATERIALS

Sample IMA questions :

| Client # | For all charts reviewed, was STI/HIV risk reduction counseling/education documented? | | For all charts reviewed, if the client had risk factor(s) for HIV, was the client HIV tested or referred for HIV testing? | | If the client was a female, less than 25 years old, was a Chlamydia test done? | | If the client was a female, 25 years old or older and had a Chlamydia test done, was the test done according to protocol recommendations*? | |
|----------|--|----|---|----|--|----|--|----|
| | YES | NO | YES | NO | YES | NO | YES | NO |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

Information and Education Committee & Advisory Committee

REQUIRED OR OPTIONAL

Required

THE LOGIC

Information and
Education
Committee:

The FPP has delegated the Information and Education (I&E) Committee requirement to its 29 Title X delegates, as they are most familiar with the needs of their communities. I & E committee members are representative of the community served, knowledgeable about the population, and cognizant of the community's need for services and reproductive health education. To help meet this important element to the program, delegate agencies are provided with instructions, a sample recruitment letter, a sample materials evaluation form, and a sample materials approval summary table in the Administrative Manual.

I&E Committees meet to approve information and education materials to ensure that they are current, factual, and medically accurate. Materials are reviewed for literacy level, cultural competence, length, readability, and appropriateness for the target population. Delegate agencies are required to retain documentation of I&E Committee determinations for as long as each material is in use by the family planning program.

The I&E Committee must adhere to the following characteristics/requirements:

1. The committee must have no less than 5 and no more than 9 committee members.
2. The committee must be broadly representative of the community in which the family planning program is implemented.
3. The committee must consider the educational and cultural backgrounds, and the standards of the family planning program clients it serves.
4. The committee must review all informational and educational materials that are given to clients, including educational materials sent from CDPHE. The committee must review materials for:
 - Educational value
 - Literacy level/understandability
 - Cultural competence
 - Moral standards as appropriate to the community.
 - The agency must establish a written record of determinations (minutes of meetings and summary of materials reviewed) made by the committee.

Advisory Committee: In addition to an I&E Committee, delegate agencies must provide an opportunity for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population served and by persons in the community knowledgeable about the community's needs for family planning services [42 CFR 59.5(b)(10)].

Some delegate agencies utilize the same group of community members for the I&E Committee and Advisory Committee, while others have two separate committees.

D A T E S

Ongoing; year round. Delegates are required to meet with their Information and Education Committee when materials are in need of an update or roll-out. It is recommended this committee is engaged at least once, annually.

S U P P O R T I N G M A T E R I A L S

OPA Legislation: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/42-cfr-59-attachment-b.html>

CDPHE can make available the following documents to aid in engaging an Information & Education committee:

- Helpful suggestions for engaging an Information & Education committee
- Recruitment Letter
- Evaluation Form

Manuals and Guidelines

REQUIRED OR OPTIONAL

Required

THE LOGIC

CDPHE staff provides comprehensive nursing and administrative guideline manuals to each contractor. The intent of these manuals is to help translate Federal and State regulations into the family planning practice.

These two manuals are updated on an annual basis. CDPHE will notify the contractor of all updates in the Nursing and Administrative Manuals. The Contractor shall comply with all updates and have all family planning staff read, review and sign the acknowledgment sheets.

Contractors must remain acceptable and in good faith by the State. For a service to be “acceptable” it must comply with all applicable: CFPI requirements, Title X regulations, CDPHE Family Planning Program (FPP) nursing-medical policies, procedures, and protocols and any applicable fiscal and administrative policies and procedures of the State and Federal government. All applicable Title X regulations, CDPHE FPP nursing-medical policies, procedures, and protocols and all applicable fiscal or administrative policies of the State have been provided to the Contractor by the State as of the effective date of this Contract/Task Order/Interagency Agreement.

DATES

Manuals are revised annually. Signatures sheets must be updated annually and will be checked during site visits.

Reimbursement Process/Invoices

REQUIRED OR OPTIONAL

Required

THE LOGIC

CDHPE and Title X are based on a reimbursement model of payment. Family Planning invoices are submitted monthly and then transcribed into your master account and compared to your original budget and request. Payment is sent through a check to your organization for reimbursement. CDPHE's goal is to process each invoice within 30 days of receiving your emailed invoice.

DATES

Contractors have 60-days (after the end of the billing month) to submit an invoice for payment. CDPHE recommends invoicing on monthly basis to better track the spending pattern of the entire grant.

PROCESS FOR SUBMISSION

Monthly, you will submit your family planning invoices to cdphe_familyplanning@state.co.us . Fax and US mail are not accepted methods of submission.

SUPPORTING MATERIALS

CDPHE hosts annual budget and invoice training. An archive of the training is made available on the Title X Hub.

- There is a CDPHE family planning invoice that is pre-populated and unique to your organization. You must use the invoice that was prepared for your organization.

Site Visits

REQUIRED OR OPTIONAL

Required

THE LOGIC

The purpose of the site visit is to determine whether delegate agencies are managed effectively and comply with Title X, federal, and state requirements, as well as with the terms, conditions and specifications of the contract. [45 CFR Part 74.41 & 74.47; 45 CFR 92.37]. CDPHE conducts site visit every third year, alternating with medical site visits and medical chart audits. The visit tools are modeled around the Federal site visit tools that they Federal government uses while auditing CDPHE.

Administrative and Nursing

The objectives of having administrative and nursing site visits are as follows:

1. To improve communication and cooperation between the central office and delegate agency staff by providing one primary contact at the State level for administrative issues and medical/nursing issues.
2. To assess delegate agencies' needs for administrative or medical consultation, training and technical assistance, and to coordinate the provision of these services.
3. To provide Title X program orientation to new delegate agency staff.

Site Visit Procedures

1. CDPHE staff should arrange a date with the delegate agency's Family Planning Coordinator approximately 6 weeks in advance for the site visit.
2. The pre-visit form should be sent to the coordinator at least six weeks prior to the scheduled visit. It should be completed by the coordinator and returned to CDPHE 2 weeks before the visit. The list of materials to be reviewed on site should always be sent with the pre-visit tool.
3. At the beginning of the site visit, an entrance interview should be held with the appropriate delegate agency staff to discuss the process involved and the day's agenda. Agency staff should have all of the materials requested for review available at this time.
4. CDPHE staff will spend most of the day with the Family Planning Coordinator to review the completed pre-visit tool, materials requested, and to complete the site visit tool. Whenever possible, the consultant should confirm compliance by observation vs. report (e.g., if the Bill of Rights for Clients is posted and visible to clients).
5. CDPHE staff will tour the clinic and observe the interactions of the front desk staff with clients, if possible.
6. An exit interview should be held with all appropriate agency staff, including, whenever possible, the supervisor of the Family Planning Coordinator. Discussion should include the preliminary results of the evaluation and possible recommendations. Strengths should be emphasized.
7. A final report should be completed and emailed to the delegate agency within four weeks of the visit. Compliance issues should be clearly outlined in the report. Delegate agencies will be given six weeks to submit a written compliance plan to the CDPHE Family Planning Program, with full compliance achieved within three months of the report. It is the consultant's responsibility to assure that a compliance plan has been received by the due date and that the agency has addressed all compliance issues in a satisfactory fashion.

DATES

- One administrative visit is required every 3 years.
- One clinical visit is required every 3 years.

SUPPORTING MATERIALS

OPA Legislation:

Sec. 74.47 Contract administration. A system for contract administration shall be maintained to ensure contractor conformance with the terms, conditions and specifications of the contract and to ensure adequate and timely follow up of all purchases. Recipients shall evaluate contractor performance and document, as appropriate, whether contractors have met the terms, conditions and specifications of the contract.

Sliding Fee Scale

REQUIRED OR OPTIONAL

Required

THE LOGIC

To ensure that cost is not a barrier to family planning, all Title X family planning services must “slide to \$0” for clients 100% of Federal Poverty Level or below. This must include a proposed schedule of discounts for low to moderate-income clients, too. Title X regulations at 42 CFR §59.5(a)(7)-(9), and in the Program Guidelines.

CDPHE staff will review Contractor sliding fee scales during site visits. CDPHE accepts only four versions of a Sliding Fee Scale.

DATES

Sliding Fee Scales must be updated in February/ March of each year, incorporating the most recent Federal Poverty Guidelines.

SUPPORTING MATERIALS

Training

CDPHE will offer an annual sliding fee Scale training. The training will also be made available on the Title X Hub.

Sliding Fee Scale Schedule

The sliding fee schedule must be selected from one of the models provided by CDPHE and contain sufficient proportional increments so that inability to pay is not a barrier to services. The schedule must be developed using a cost analysis of all services, including clinical and laboratory services and supplies. Charges should be reasonable, fair, and equitable for all clients. The fee schedule must be designed to recover the reasonable cost of providing each service, including clinical and laboratory services and supplies. (Program Guidelines 6.3, p.7-8)

Family planning programs that are part of a hospital system or federally qualified health center that cannot set charges for their family planning program separately from the larger agency, may contact CDPHE for alternate options for setting charges.

Approved Family Planning Sliding Fee Scale Models

5 Code Model

| <i>Poverty Level</i> | <i>Code</i> | <i>% of Full reasonable cost</i> |
|----------------------|-------------|----------------------------------|
| <100% | 1 | 0% |
| 101-150% | 2 | 25% |
| 151-200% | 3 | 50% |
| 201-250% | 4 | 75% |
| >250% | 5 | 100% |

6 Code Model

| <i>Poverty Level</i> | <i>Code</i> | <i>% of Full reasonable cost</i> |
|----------------------|-------------|----------------------------------|
| <100% | 1 | 0% |
| 101-150% | 2 | 20% |

| | | |
|----------|---|------|
| 151-185% | 3 | 40% |
| 186-220% | 4 | 60% |
| 221-250% | 5 | 80% |
| >250% | 6 | 100% |

CHC (CICP) Model

| <i>Poverty Level</i> | <i>Code - CICP Rating</i> | <i>% of Full reasonable cost</i> |
|----------------------|---------------------------|----------------------------------|
| < 100% | 1 - Z, N, A, B, C | 0% |
| 101-117% | 2 - D | 10% |
| 118-133% | 3 - E | 25% |
| 134-159% | 4 - F | 40% |
| 160-185% | 5 - G | 55% |
| 186-200% | 6 - H | 70% |
| 201-217% | 7 - Ia | 85% |
| 218-235% | 8 - Ib | 90% |
| 236-250% | 9 - Ic | 95% |
| >250% | 10 | 100% |

Trainings and Meetings

REQUIRED OR OPTIONAL

Annually, CDPHE will require 2 or 3 trainings for all contractors. Other trainings and meetings offered throughout the year are optional.

THE LOGIC

Title X requires its grantees (CDPHE) to provide training for contractors regarding current clinical and administrative family planning policies and protocols. Annually, CDPHE aligns its required trainings with Office of Populations Affairs Title X priority areas and key issues. Annual grant proposals are designed to complement OPA Title X priorities and key issues in order to make CDPHE more competitive in the application process.

DATES

Dates for trainings and meetings vary throughout the year and are subject to change.

SUPPORTING MATERIALS

- Family Planning Calendar and Training Calendar
- All meetings are offered face-t-face (at CDPHE in Denver) and by conference call, webinar, or Live Stream
- All trainings are archived and can be watched/listened to at a later date

THE DETAILS

All required trainings will be held, via webinar or LiveStream, and archived for future use.

The Family Planning Coordinator or a designated staff member(s) at each agency must attend required trainings and then provide the information to agency staff members. However, we encourage your entire team to attend, when possible.

We know contractors may not be able to attend the “live” webinar. We will archive all trainings. Required trainings must be attended within 30-days.