

Reproductive Health Integration Initiative

Solicitation of Offers - 2022

The Reproductive Health Program (RHP), of the Louisiana Department of Health – Office of Public Health – Bureau of Family Health (LDH-OPH-BFH), is issuing a Solicitation of Offers for Community Health Centers (CHC), including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), in Louisiana who are interested in participating in the Reproductive Health Integration Initiative (RHII). For the purpose of this application, CHCs include Federally Qualified Health Centers (FQHCs), FQHC look-alikes, and Rural Health Clinics (RHCs).

RHII participants are Title X sub-recipients and receive financial resources, training, and technical assistance to help build their capacity to increase access to high quality, client-centered reproductive health care services for low-income, under-insured and uninsured individuals. Training and technical assistance for RHII participants will be provided by RHP, the Louisiana Public Health Institute (LPHI), and other professionals in the field of reproductive health. Contracts are awarded for a minimum of three years.

Title X Family Planning Program

The Title X Family Planning Program is the only federal program dedicated solely to the provision of family planning and related preventive health services. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. All Title X-funded projects are required to offer a broad range of acceptable and effective medically (U.S. Food and Drug Administration (FDA)) approved contraceptive methods and related services on a voluntary and confidential basis. For more information on Title X Program Requirements, visit: <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>

Title X Program Services

- Contraceptive services (including access to a broad range of contraceptive methods)
- Sexually transmitted disease services (prevention education, testing, treatment, and referral)
- Pregnancy testing and counseling services
- Basic infertility services
- Achieving pregnancy
- Related preventive health services (e.g., screening for breast and cervical cancer)

RHII participants are sub-recipients of the LDH-OPH-BFH Title X grant and will be required to comply with all Title X requirements. RHP, in partnership with LPHI, will provide training and technical assistance on complying with Title X rules and regulations and will conduct monitoring activities such as data collection and site visits to ensure compliance.

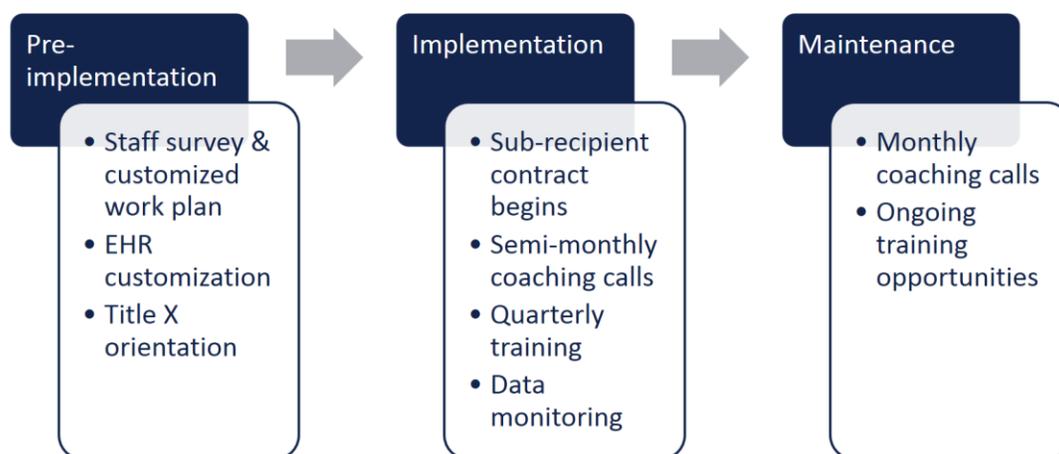
About the Reproductive Health Integration Initiative

The goal of the Reproductive Health Integration Initiative (RHII) is to increase access to and utilization of reproductive health services by integrating these services into primary care settings. Through this initiative, reproductive health screening questions are incorporated into every visit with clients of reproductive age (15-44). These questions serve to initiate a conversation about family planning and the client's reproductive health needs. By gathering information about pregnancy intention and sexual risk behavior at every visit, providers can address the patient's health needs using a proactive approach. Health centers participating in RHII will receive targeted training, technical assistance, and supplemental funding from the BFH's Title X Family Planning grant to support the provision of the health services. [Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs](#), developed by the CDC and the Office of Population Affairs, provides best-practice recommendations on providing these services.

Benefits of Participating in RHII

- Financial assistance to support the integration of comprehensive reproductive health services in primary care practice. Uses for the funding could include provision of clinical services, medical or pharmaceutical supplies, practice change and quality improvement (QI) support, EHR and data support, and/or support for administrative management.
- Training for clinical staff on comprehensive reproductive health services based on [Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs](#).
- Technical assistance with procurement and supply management of contraception, particularly long-acting reversible contraception (LARC) methods, hormonal implants and intrauterine devices (IUDs).
- Expert guidance to maximize reimbursement from third-party payers, including Medicaid, for reproductive health services.
- Improved health outcomes for the local client population.

RHII Implementation Process



RHII Implementation

There are three phases to implementing RHII in a health center site.

Pre-implementation Phase (3-6 months, depending on site readiness) – During this introductory phase, RHP and LPHI conduct a staff survey and health center assessment in order to develop a targeted implementation plan. The health center's EHR is also customized during this phase, in preparation for data collection and reporting.

Implementation Phase (Year 1 of contract)– During implementation sub-recipients begin fully integrating Title X services and are contractually bound to Title X regulations and reporting guidelines.

Maintenance Phase (Ongoing) – During this phase health centers maintain high-quality service provision of reproductive health services, with ongoing training and technical assistance from RHP and LPHI.

Time Commitment

Change team:

The RHII change team for each health center site is expected to participate in regularly scheduled, 1-hour coaching calls. Coaching calls will occur monthly through pre-implementation and Year 1, then quarterly in Years 2 and 3.

Additionally, RHII change teams are expected to spend time outside of coaching calls implementing Title X at their sites. Implementation activities may include training staff on new workflows, building and running reports, and executing quality improvement projects.

Finally, the RHII change team (with other staff as needed) will be responsible for completing programmatic and financial reports. Frequency will vary by report type with a range from monthly (financial invoices and performance measures) to annually (Family Planning Annual Report).

All health center site staff:

Title X orientation (Self-paced: 3 hours for nonclinical staff, 8 hours for clinical staff. Additional training time for clinicians seeking training on placing LARC methods): all staff is required to complete a Title X orientation that will be provided by RHP as an e-learning module.

E-learning: Additional e-learning trainings will be assigned based on the job functions of each staff member. Clinical staff members (MDs, NPs, PAs, RNs, LPNs, MAs, etc.) will be required to complete approximately 4 hours of training per year. Administrative staff members (front desk, billing, etc.) will be required to complete approximately one hour of training per year.

Quarterly clinical calls (1 hour each, 4 per year): RHP will host calls for clinical staff on a quarterly basis to share the latest updates to clinical practice guidelines. Every clinical staff member is not expected attend each call, but each health center site must have some clinical staff in attendance. Attendees are expected to share the information discussed on the call with their coworkers.

Clinician training (as needed): RHP will facilitate or connect participants with resources for trainings to ensure clinicians are competent and comfortable providing all Title X services. This

typically includes skills related to the prescribing and placement of contraceptive methods such as hormonal implants and intrauterine devices. Clinician training can include other reproductive health topics as identified by RHP.

Reproductive Health Symposium (4 hours per year): RHP will host a Reproductive Health Symposium annually for all Title X providers in the state. All RHII participant sites are expected to have a delegation of staff in attendance.

Requirements for Participating in RHII

By participating in RHII, health centers will commit to implementing reproductive health services in compliance with the [requirements set by Title X](#) and RHP. This includes all the following services and protocols:

- Provide STI preventive education, testing and treatment, HIV prevention education, testing, and referrals for all clients of reproductive age (15-44).
- Offer a broad range of FDA-approved family planning methods, such as oral contraceptives, 3-month hormonal injection, vaginal ring, IUDs, implants, and referrals for sterilization.
- Screen for pregnancy intention to help clients achieve intended pregnancy and promote healthy birth spacing.
- Pregnancy testing and counseling with options counseling if desired.
- Provide confidential reproductive health services, including for adolescents, by establishing systems to ensure that communication and billing practices do not breach patient confidentiality.
- Offer a schedule of discounts for individuals seeking reproductive health services.
- Guarantee reproductive health services to all clients regardless of ability to pay.
- Participate in Title X Orientation, quality assurance and quality improvement assessments and activities, and capacity building trainings.
- Provide data and regular reports on designated reproductive health indicators.

Through participation in RHII, RHP and LPHI will work with health centers to develop and/or optimize any of the above requirements that have not yet been established at the CHC.

Measuring Successful Implementation

In order to measure successful implementation of high-quality reproductive health service into sub-recipient sites, RHP regularly gathers data from sites on numbers of clients served, types of services rendered, and movement towards full implementation. A summary of data collected is available below.

Contract Measures – On a monthly basis during the first year of implementation (and quarterly thereafter), sub-recipients will submit data to RHP on the following items:

- Percentage of visits with patients of reproductive age (15-44 years old) who have completed sexual risk behavior screening
- Percentage of visits with patients of reproductive age who have completed the pregnancy intention screening

- Percentage of visits with patients with negative pregnancy intention who have documented contraceptive counseling services

Quality Measures – On a quarterly basis, sub-recipients will submit data on RHP’s selected quality improvement (QI) Measures. Quality measures include, but are not limited to, pregnancy intention screening; chlamydia screening; and cervical cancer screening. Beginning in year two of engagement in RHII, sub-recipients will complete one QI project per year focusing on reproductive health. Sub-recipients are encouraged to integrate RHII QI projects into their regular QI activities.

Integration Monitoring – Annually, the RHII team will monitor integration of reproductive health into primary care delivery using a framework designed for this initiative. This framework outlines integration of reproductive health into the services, staff skills, health information technology, finances, and continuous quality improvement of a health center.

Funding and Payment Methodologies

The sub-recipient contract amount per site will be determined based on client volume, staffing mix, percentage of uninsured clients, and availability of Title X funds. RHII sub-recipients will submit invoices on a monthly basis up to 1/12th of the total contract amount. Sub-recipients will be paid 75% of total monthly amount for participating in RHII in good standing. The remaining 25% will be contingent on sub-recipients meeting targets for on the **Contract Measures** listed above. Targets will increase each year of the contract.

- The target for contract measures for year one will be 50%.
- The target for year two will be based on performance during year one but will be a minimum of 65%.
- The target for year three will be based on performance during year two but will be a minimum of 80%.

Selection Criteria for Participating in the RHII

Community Health Centers interested in participating in the Reproductive Health Integration Initiative must meet all criteria listed below.

- Have a designation as either a Federally Qualified Health Center (FQHC), FQHC Look-Alike, or Rural Health Clinic (RHC);
- Use an Electronic Health Records system (EHR) that is designated as Certified Electronic Health Record Technology by the Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology;
- Be able to enroll clients in Medicaid on site; and
- Commit to complying with all Title X regulations.

Priority will be given to health centers located:

- Within a [Health Professional Shortage Area \(HPSA\)](#)
- In an area with a high percentage of the surrounding population living at or below 250% of the Federal Poverty Level
- In an area with gaps in access to reproductive health services and high rates of unintended pregnancies and sexually transmitted infections

Responding to this Solicitation of Offers

The Reproductive Health Integration Initiative works with Community Health Centers at the site-level, rather than the organization-level. Therefore, multi-site organizations are asked to designate a specific site for RHII participation when they apply.

Applicants must complete all sections of the application to be eligible for selection.

Applications (see below) are due to the Bureau of Family Health - Reproductive Health Program by **11:59 pm on May 6th, 2022**. Applicants will be notified of their application status no later than **June 3rd, 2022**.

[Click here to submit your application.](#)

The Reproductive Health Program will host a Q&A call on **April 21, 2022 at 1:00 pm**. Click the link to register for the call: <https://laredcap.oph.dhh.la.gov/surveys/?s=R7CL9XALHF>

If you have any questions about the application, please contact Cara McCarthy at cara.mccarthy@la.gov.

Application Form

If you are interested in participating in the RHII, please complete this application, tables and project narrative, and submit to the Bureau of Family Health Reproductive Health Program by 11:59 pm on May 6th, 2022. Applications should be uploaded in PDF or Microsoft Word format using the submission form at <https://laredcap.oph.dhh.la.gov/surveys/?s=DW7EXLT98D>

Please contact cara.mccarthy@la.gov with questions.

Organizational Information

Name of Organization:			
Location of Proposed Site:			
Parish:			
Main Contact, Phone, Email:			
		# FTE	# Staff
Clinical staff who see patients of reproductive age (15-44 years old)	MD		
	APRN/PA		
	RN		
	MA		
	Other (specify): _____		
Electronic Health Record (EHR) vendor:			
Date of go-live:			
Does your organization have any plans to change EHR vendors? If so, please describe:			
Ability to customize EHR templates and reports		(Select one) <input type="checkbox"/> CHC organization customizes as needed <input type="checkbox"/> Vendor customizes as requested <input type="checkbox"/> Vendor customizes on a fixed schedule <input type="checkbox"/> Other: _____	
Are there any costs associated with customizing EHR templates or reports?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your EHR support FPAR 2.0 ?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Additional comments on your EHR:			
Briefly describe your organization's Quality Improvement plan/activities:			
Reporting		(Select all that apply) <input type="checkbox"/> UDS	

Does your organization produce clinical data reports for any of the following programs?	<input type="checkbox"/> Alternative Payment Models (ACO, IPA, etc.) <input type="checkbox"/> Data collection for other programs (e.g., American Cancer Society, Centers for Disease Control and Prevention, etc.) Please list:
Has your organization previously created custom clinical data reports to support a grant, contract, special project, or internal initiative? If so, please briefly describe:	

Client Information

		Unduplicated	Average visits per user
Clients served in 2021 (ages 15-44); Male:			
Clients served in 2021 (ages 15-44); Female:			
% Payer Mix in 2021 (client ages 15-44)	Uninsured		
	Medicare		
	Medicaid/CHIP		
	Commercial		

Reproductive Health Services Currently Provided

Service	Provided to			(Include referral resource)
Basic Infertility Services	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Neither	<input type="checkbox"/> Referral:
STI Counseling	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Neither	<input type="checkbox"/> Referral:
HIV Counseling	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Neither	<input type="checkbox"/> Referral:
HPV Vaccinations	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Neither	<input type="checkbox"/> Referral:
Contraceptive Services	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Neither	<input type="checkbox"/> Referral:
Pregnancy Testing	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Neither	<input type="checkbox"/> Referral:
Preconception Health	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Neither	<input type="checkbox"/> Referral:

Contraceptive Methods Currently Provided

Method	Prescribe	Stock/Dispense on site	Same Day	Referral
IUD: Hormonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:

IUD: Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Nexplanon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Birth Control Pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Emergency Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Nuva Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Depo-Provera (IM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Depo-Provera (SQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Essure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Internal Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
External Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Foam or suppositories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Fertility Awareness-Based Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> To:

Title X Compliance

RHII participants are considered Title X service delivery sites and therefore must comply with Title X program regulations. Please indicate your organization's current level of compliance or ability to achieve compliance with the following Title X regulations and use the narrative section below to provide additional context.

Title X regulation	Level of Compliance
Provide services in a patient-centered manner that is culturally and linguistically appropriate.	<input type="checkbox"/> Currently in compliance <input type="checkbox"/> Not in compliance If NOT in compliance, indicate organization's capacity to achieve compliance: <input type="checkbox"/> Already have the capacity to make this change <input type="checkbox"/> Willing to change but would like training and/or technical assistance <input type="checkbox"/> Unable or unwilling to make this change
Provide confidential reproductive health services to all patients, including minors.	<input type="checkbox"/> Currently in compliance <input type="checkbox"/> Not in compliance If NOT in compliance, indicate organization's capacity to achieve compliance: <input type="checkbox"/> Already have the capacity to make this change <input type="checkbox"/> Willing to change but would like training and/or technical assistance

	<input type="checkbox"/> Unable or unwilling to make this change
<p>Offer reproductive health visits on a sliding fee scale that does not require a copay for patients with an income at or below 100% Federal Poverty Level.</p>	<input type="checkbox"/> Currently in compliance <input type="checkbox"/> Not in compliance <p>If NOT in compliance, indicate organization's capacity to achieve compliance:</p> <input type="checkbox"/> Already have the capacity to make this change <input type="checkbox"/> Willing to change but would like training and/or technical assistance <input type="checkbox"/> Unable or unwilling to make this change
<p>Provide reproductive health services in a non-coercive manner.</p>	<input type="checkbox"/> Currently in compliance <input type="checkbox"/> Not in compliance <p>If NOT in compliance, indicate organization's capacity to achieve compliance:</p> <input type="checkbox"/> Already have the capacity to make this change <input type="checkbox"/> Willing to change but would like training and/or technical assistance <input type="checkbox"/> Unable or unwilling to make this change

Project Narrative

In 3000 words or fewer, briefly describe how your organization would use funding provided by the Reproductive Health Program's Title X grant to provide client-centered, high-quality family planning and related preventive health services that lead to improved reproductive health outcomes and overall optimal health.

Your project narrative must include the following components:

- The need for comprehensive reproductive health services in your patient population and local parish/region;
- How your organization will address the family planning needs of those in your parish/region;
- Your organization's experience providing reproductive health services for women, men, and adolescents that conform with current professional and medical standards of care;
- Your organization's administrative, management, and clinical capability to provide comprehensive reproductive health services;
- Level of readiness and buy-in of your providers to integrate comprehensive reproductive health into their practice and how your change team will engage providers and maintain their buy-in throughout the implementation process; and
- The plan for ensuring that all family planning services offered are provided in compliance with state laws and Title X statute and program regulations.