



Chris Traylor, Executive Commissioner

Open Enrollment For

Family Planning Program

Enrollment Number: 529-16-0102

Enrollment Period Opens: 05/27/2016

Enrollment Period Closes: 07/12/2016

NIGP Class/Item Code:

952-42

948-47

948-48

918-88

924-16

948-26

948-55

948-74

948-81

Addendum #1 (June 7, 2016)

TABLE OF CONTENTS

1. GENERAL INFORMATION 4

1.1. SCOPE.....4

1.2. POINT OF CONTACT.....4

1.3. PROCUREMENT SCHEDULE4

1.4. BACKGROUND.....5

1.5. ELIGIBLE APPLICANTS5

1.6. STRATEGIC ELEMENTS.....6

1.7. EXTERNAL FACTORS6

1.8. LEGAL AND REGULATORY CONSTRAINTS6

1.9. AMENDMENTS AND ANNOUNCEMENTS REGARDING THIS OPEN ENROLLMENT8

1.10. DELIVERY OF NOTICES.....8

2. STATEMENT OF WORK..... 9

2.1. PROGRAM REQUIREMENTS9

2.2. REPORTING REQUIREMENTS.....12

2.3. FUNDING REQUEST AND REIMBURSEMENT PROCESSES FOR FAMILY PLANNING PROGRAM SERVICES13

2.4. SERVICE DELIVERY AREA(S).....16

3. HISTORICAL UTILIZATION..... 17

3.1. HISTORICAL UTILIZATION.....17

4. HISTORICALLY UNDERUTILIZED BUSINESSES (HUB)..... 18

4.1 INTRODUCTION.....18

4.2 HHSC’s ADMINISTRATIVE RULES18

4.3 STATEWIDE ANNUAL HUB UTILIZATION GOAL.....18

4.4 REQUIRED HUB SUBCONTRACTING PLAN.....19

4.5 CPA CENTRALIZED MASTER BIDDERS LIST.....19

4.6 HUB SUBCONTRACTING PROCEDURES – IF AN APPLICANT INTENDS TO SUBCONTRACT20

4.7 METHOD 5: APPLICANT DOES NOT INTEND TO SUBCONTRACT22

4.8 POST-AWARD HSP REQUIREMENTS.....22

5. INFORMATION AND SUBMISSION INSTRUCTIONS..... 24

5.1. OPEN ENROLLMENT CANCELLATION/PARTIAL AWARD/NON-AWARD24

5.2. RIGHT TO REJECT APPLICATIONS OR PORTIONS OF APPLICATIONS.....24

5.3. JOINT APPLICATIONS.....24

5.4. WITHDRAWAL OF APPLICATIONS.....24

5.5. COSTS INCURRED.....24

5.6. USE OF SUBCONTRACTORS24

5.7. HUB VENDOR TELECONFERENCE24

5.8. APPLICATION SUBMISSION INSTRUCTIONS25

5.9. ORGANIZATION OF ELECTRONIC SUBMISSION OF APPLICATION25

5.10. DELIVERY OF APPLICATIONS.....26

6. ELIGIBILITY DETERMINATION 27

6.1. INITIAL COMPLIANCE SCREENING27

6.2. UNRESPONSIVE APPLICATIONS27

6.3. CORRECTIONS TO APPLICATION27

6.4. ADDITIONAL INFORMATION27

6.5. METHOD OF ALLOCATION.....28

7. GLOSSARY 29

8. PROGRAMMATIC ACRONYMS 32

9. FORMS 33

FORM A-1 -- APPLICATION NARRATIVE 36

FORM B: TABLE OF CONTENTS AND CHECKLIST 45

FORM C: TEXAS COUNTIES AND REGIONS.....	46
FORM D: FAMILY PLANNING PROGRAM CONTACT PERSON INFORMATION.....	47
FORM E: FAMILY PLANNING PROGRAM FUNDING REQUEST & PROPOSED NUMBER OF UNDULICATED CLIENTS.....	48
FORM F: BUDGET GUIDANCE.....	49
FORM G: FAMILY PLANNING PROGRAM APPLICANT READINESS.....	50
FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS.....	52
FORM I: FAMILY PLANNING PROGRAM CLINIC SITES.....	53
FORM J: SERVICES PROFILE TABLE.....	55
FORM K: FAMILY PLANNING CERTIFICATION.....	57
10. APPENDICES.....	61
APPENDIX A: FAMILY PLANNING PROGRAM REIMBURSABLE PROCEDURE CODES.....	62
APPENDIX B: OPTIONAL SERVICES.....	69
APPENDIX C: FAMILY PLANNING PROGRAM RULES.....	77
APPENDIX D: HHSC UNIFORM TERMS AND CONDITIONS - VERSION 2.12.....	82
APPENDIX E: HHSC SPECIAL CONDITIONS, VERSION 1.0.....	83
APPENDIX F: FISCAL YEAR 2016 POLICY AND PROCEDURE MANUAL FOR FAMILY PLANNING SERVICES.....	84
APPENDIX G: STANDARDS FOR PUBLIC HEALTH CLINIC SERVICES.....	85
APPENDIX H: HUB CMBL LISTING.....	86
APPENDIX I: CERTIFICATIONS AND OTHER REQUIRED FORMS.....	87
APPENDIX J: WOMEN AT OR BELOW 200% FPL BY COUNTY.....	88

1. GENERAL INFORMATION

1.1. Scope

The State of Texas, by and through the Health and Human Services Commission (HHSC), seeks qualified Applicants to enter into contracts to provide comprehensive Family Planning Program Services, in order to reduce unintended pregnancies, positively affect future pregnancies, and improve health status of women and men in accordance with the specifications contained in this open enrollment.

1.2. Point of Contact

The Health and Human Services Commission (HHSC) Point of Contact for inquiries concerning this open enrollment until the completion of the initial application screening is:

Stefanie Jackson, CTPM
Procurement and Contracting Services (PCS)
Texas Health and Human Services Commission
1100 W. 49th Street, Mail Code 2020
Austin, TX 78756
512.406.2468
Stefanie.Jackson@hhsc.state.tx.us

Applicant must direct all procurement communications relating to this open enrollment to the HHSC Point of Contact named above unless specifically instructed to an alternate Contact by HHSC Procurement and Contracting Services (PCS).

An alternate contact will be provided to Applicants by email upon completion of the initial screening conducted by the PCS Procurement Manager.

1.3. Procurement Schedule

All dates are subject to change at HHSC's discretion. Applications must be received by the HHSC Point of Contact identified in subsection 1.2 by the enrollment closing period provided in the Procurement Schedule below. Late applications will be deemed non-responsive and will not be considered.

Procurement Schedule	
Open Enrollment Period Opens	05/27/2016
Open Enrollment Period Closes	07/12/2016
HUB Vendor Teleconference	9:00 AM CST 06/02/16
HHSC Post Awards to Electronic State Business Daily (ESBD)	As contracts are executed
Anticipated Contract Start Date	07/01/2016

1.4. Background

1.4.1. Overview of the Health and Human Services Commission (HHSC)

Since 1991, the Texas Health and Human Services Commission (HHSC) has overseen and coordinated the planning and delivery of health and human service programs in Texas. HHSC is established in accordance with Texas Government Code Chapter 531 and is responsible for the oversight of all Texas health and human service agencies (HHS Agencies). HHSC's chief executive officer is Chris Traylor, Executive Commissioner of Health and Human Services.

As a result of the consolidation pursuant to the 78th Texas Legislature, Regular Session (2003), House Bill 2292, some of the contracting and procurement activities for the HHS Agencies have been assigned to the Procurement and Contracting Services (PCS) Division of HHSC. As such, PCS will administer the initial stages of the procurement process, including enrollment announcement and publication, handling of communications from the applicant, as well as managing the receipt and handling of valid applications.

1.5. Eligible Applicants

To be eligible to apply for a contract and receive an award through this open enrollment, Applicants shall:

- 1.5.1.** be an entity free to participate in state contracts and not be debarred by the Texas Comptroller of Public Accounts:
[http://comptroller.texas.gov/procurement/prog/vendor_performance/debarred/;](http://comptroller.texas.gov/procurement/prog/vendor_performance/debarred/)
- 1.5.2.** be free to participate in federal contracts with the System of Award Management (SAM). Applicant is ineligible to apply for funds under this OE if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs. Search the federal excluded list at the following website:
<https://www.sam.gov/portal/public/SAM;>
- 1.5.3.** be "Active" by the Texas Comptroller of Public Accounts:
[http://comptroller.texas.gov/;](http://comptroller.texas.gov/)
- 1.5.4.** have a Medical Director that holds a valid and current medical license to practice in the State of Texas; and
- 1.5.5.** be a Medicaid provider in accordance with [Title 1, Texas Administrative Code, Part 15, Chapter 352](#), or must have submitted a Texas Medicaid Provider Enrollment Application;

NOTE: The applicant must include the Texas Provider Identifier (TPI) and the National Provider Identifier (NPI) for each clinic site that will provide Family Planning Program services on Form I. If a clinic site does not have a TPI or NPI, the applicant must provide the date the Texas Medicaid Provider Enrollment Application was submitted on Form I. Applicants can learn more about the Texas Medicaid Provider Enrollment process by referring to the [TMHP website](#).

1.6. Strategic Elements

1.6.1. Contract Type and Term

HHSC will award one or more contracts under this open enrollment. The initial contract period will commence on or about July 1, 2016 and will terminate August 31, 2017. The resulting contracts may be renewed for up to two additional two-year terms.

1.6.2. Contract Elements

The term “contract” means the contract awarded as a result of this open enrollment, which includes the signature document and all attachments thereto, HHSC’s Uniform Terms and Conditions Version 2.12 (UTCs), the HHSC Special Conditions, this open enrollment, and the successful applicants’ respective application. The UTCs are contained in Appendix F and the HHSC Special Conditions are contained in Appendix G. Additionally, a contract resulting from this open enrollment will be subject to HHSC’s Data Use Agreement (DUA), which will be incorporated in the contract.

HHSC reserves the right to negotiate additional contract terms and conditions. Applicants are responsible for reviewing the UTCs and HHSC Special Conditions and noting any exceptions on the Respondent Information and Disclosures form.

1.7. External Factors

External factors may affect the project, including budgetary and resource constraints. Any contract resulting from the open enrollment is subject to the availability of state. As of the issuance of this open enrollment, HHSC anticipates that budgeted funds will be available to reasonably fulfill the project requirements. If, however, funds are not available, HHSC reserves the right to withdraw the open enrollment or terminate the resulting contract without penalty.

1.8. Legal and Regulatory Constraints

1.8.1. Delegation of Authority

State and federal laws generally limit HHSC’s ability to delegate certain decisions and functions to a contractor, including but not limited to: (1) policy-making authority; and (2) final decision-making authority on the acceptance or rejection of contracted services.

1.8.2. Conflicts of Interest

A conflict of interest is a set of facts or circumstances in which either an Applicant or anyone acting on its behalf in connection with this procurement has past, present or currently planned personal, professional or financial interests or obligations that, in HHSC’s determination, would actually or apparently conflict or interfere with the Applicant’s contractual obligations to HHSC. A conflict of interest would include circumstances in which a party’s personal, professional or financial interests or obligations may directly or indirectly:

- make it difficult or impossible to fulfill its contractual obligations to HHSC in a manner that is consistent with the best interests of the State of Texas;

- impair, diminish or interfere with that party's ability to render impartial or objective assistance or advice to HHSC; or
- provide the party with an unfair competitive advantage in future HHSC procurements.

Neither the applicant nor any other person or entity acting on its behalf, including but not limited to subcontractors, employees, agents and representatives, may have a conflict of interest with respect to this procurement. Before submitting an Application, Applicants should carefully review the UTC's and HHSC Special Conditions for additional information concerning conflicts of interests.

An Applicant must certify that it does not have personal or business interests that present a conflict of interest with respect to the open enrollment and resulting contract (see [Required Certifications Form](#)). Additionally, if applicable, the applicant must disclose all potential conflicts of interest. The applicant must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained (see the [Respondent Information and Disclosure Form](#)). HHSC will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. **Failure to identify potential conflicts of interest may result in HHSC's disqualification of an application or termination of the contract.**

1.8.3. Former Employees of a State Agency

Applicants must comply with Texas laws and regulations relating to the hiring of former state employees (see e.g., Texas Government Code [§572.054](#)). Such "revolving door" provisions generally restrict former agency heads from communicating with or appearing before the agency on certain matters for two years after leaving the agency. The revolving door provisions also restrict some former employees from representing clients on matters that the employee participated in during state service or matters that were in the employees' official responsibility.

As a result of such laws and regulations, an Applicant must certify that it has complied with all applicable laws and regulations regarding former state employees (see the Required Certifications form). Furthermore, an Applicant must disclose any relevant past state employment of the Applicant's or its subcontractors' employees and agents in the Respondent Information and Disclosure form.

1.8.4. Interpretive Conventions

Whenever the terms "shall," "must," or "is required" are used in this open enrollment in conjunction with a specification or performance requirement, the specification or requirement is mandatory.

Whenever the terms "can," "may," or "should" are used in this open enrollment in conjunction with a specification or performance requirement, the specification or performance requirement is a desirable, but not mandatory, requirement.

1.9. Amendments and Announcements Regarding this Open Enrollment

HHSC will post all official communication regarding this open enrollment on the [Electronic State Business Daily](#) (ESBD). HHSC reserves the right to revise the open enrollment at any time. It is the responsibility of each Applicant to comply with any changes, amendments, or clarifications posted to the [ESBD](#). Applicant must check the [ESBD](#) frequently for changes and notices of matters affecting this open enrollment.

All questions and comments regarding this open enrollment must be sent to the HHSC Point of Contact identified in subsection 1.2. Questions must reference the appropriate page and section number. HHSC will post subsequent answers to questions to the ESBD as appropriate. HHSC reserves the right to amend answers prior to the open enrollment closing date.

1.10. Delivery of Notices

Any notice required or permitted under this announcement by one party to the other party must be in writing and correspond with the contact information noted in subsection 1.2 of this open enrollment. At all times, Applicant will maintain and monitor at least one active email address for the receipt of Application-related communications from HHSC. It is the Applicant's responsibility to monitor this email address for Application-related information.

The remainder of this page is intentionally left blank

2. STATEMENT OF WORK

2.1. Program Requirements

Family Planning Services are preventive health, medical, counseling, and educational services that assist low-income Texans to manage their fertility and achieve optimal reproductive and general health. Family Planning Program funding shall not be used to provide abortion services or pay direct or Indirect Costs (including overhead, rent, phones, and utilities) of abortion procedures.

The following sections constitute the minimum program requirements for the Family Planning Program. Applicants that meet the eligibility requirements contained in Section 6 of this open enrollment must also meet the requirements described below, **prior to receiving a contract**.

2.1.1. Family Planning Program Certification

All Applicants, prior to the receipt of a contract resulting from this open enrollment, must submit a signed Family Planning Program Certification, which is contained in Form K, or a document that is substantially similar to the content of Form K. An Applicant may submit their certification at the time it submits its Application.

2.1.2. Required and Optional Services

Appendix A contains a list of the required core Family Planning Services that must be provided under the terms of the contracts resulting from this open enrollment. Additionally, Contractors must provide all FDA-approved methods of contraception (with the exception of emergency contraceptive pills) either directly or by referral to another provider of contraceptive services. Contractors must also provide natural family planning methods, basic infertility services, and services to adolescents.

NOTE: Additional information regarding the required contraceptive methods and services is contained in Appendix F, the HHSC Family Planning Program Policy and Procedure Manual.

2.1.2.1. Pharmaceutical Services:

Contractors must be capable of providing limited pharmaceutical services (including contraceptive methods and related medications) to Clients at each of the clinics identified in its application. Accordingly, for each clinic, Contractors will be required to have at least a Class D pharmacy on-site or have applied for a Class D pharmacy license through the Texas Pharmacy Licensing Board. A Class D pharmacy license is required to ensure Clients have immediate access to contraceptive methods and related medications covered under the Fee-For-Service portion of the Family Planning Program.

NOTE: If an Applicant determines that having a Class D pharmacy license is not feasible, the Applicant may request an exemption to this requirement from HHSC.

2.1.2.2. Optional Services:

In addition to the required core Family Planning Services, contraceptive services, and pharmacy services, Contractors may choose to provide any of the optional services that are contained in Appendix B. These optional services include breast and cervical cancer diagnostic services, limited prenatal services, and immunizations.

2.1.3. Medical Director

Contractors must have a Medical Director who has a valid and current medical license in the state of Texas overseeing its Family Planning Program services. Each clinic site must provide Family Planning Services under the purview of a Medical Director licensed in the state of Texas.

NOTE: A Medical Director may oversee Family Planning Services at multiple clinic sites.

2.1.4. Sterilization Services

Contractors that perform sterilization services must do so in accordance with the requirements and limitations contained in the HHSC Family Planning Program Policy and Procedure Manual contained in Appendix F.

2.1.5. Co-pays Charged to Clients

Contractors may charge Clients a co-pay in accordance with the HHSC Family Planning Program policy. However, a Contractor must not collect a co-pay from a client if the Client is unable to pay, or if it creates a barrier to services/care for the Client. Contractors may not deny a Client services because of a Client's inability to pay current fees or any fees owed to the Contractor.

2.1.6. Eligible Client Population Determination

The eligible population for the Family Planning Program consists of women and men who have income at or below 250% of the [Federal Poverty Level \(FPL\)](#), are age sixty-four or younger, and reside in Texas. Contractors will be required to serve all individuals that meet the eligible population requirements. Contractors will be required to screen potentially eligible women and men for program eligibility in accordance with the HHSC Family Planning Program Policy and Procedure Manual.

2.1.7. Administrative Requirements

Contractors must have a billing system and/or process to submit Fee-For-Service claims to the Texas Medicaid Healthcare Partnership.

NOTE: the Texas Medicaid Provider Procedures Manual provides detailed claims submission information and can be accessed on the TMHP website at: <http://www.tmhp.com>

2.1.7.1. Contractors must ensure compliance with the Reimbursement Processes described in Section 2.3, below.

2.1.7.2. Contractors must use internal Quality Assurance/Quality Improvement (QA/QI) management and processes to monitor Family Planning Services. Contractor must have a QA/QI committee and the Medical Director must be a part of the committee.

2.1.7.3. Contractors must ensure compliance with the reporting requirements described in section 2.2, below.

2.1.7.4. Contractor must ensure the provision of Family Planning Program Services to Clients throughout the entirety of the contract term.

2.1.7.5. Contractors will be required to develop and implement an annual plan to provide Family Planning Program promotion to:

2.1.7.5.1. inform the public of its purpose and services;

2.1.7.5.2. enhance community understanding of its objectives;

2.1.7.5.3. enlist community support; and

2.1.7.5.4. elicit potential Clients.

2.1.7.6. Contractors are required to participate in all HHSC-required Family Planning Program trainings. The four (4) required annual trainings include:

2.1.7.6.1. State of Texas child abuse reporting requirements;

2.1.7.6.2. assessment for human trafficking and intimate partner violence;

2.1.7.6.3. HHSC Family Planning Program Client eligibility and billing; and

2.1.7.6.4. continuing education credits regarding long-acting reversible contraception (LARC). Family Planning Program trainings may include webinars, conference calls, and in-person trainings.

2.1.7.7. NOTE: The selected contractor(s) may attend HHSC-required trainings in person or participate remotely.

2.1.8. Clinic Site Readiness

Each of the Contractor's clinics that will provide Family Planning Services must meet the clinic readiness criteria identified on Form H.

2.1.9. Rules/Policy

Contractors will be required to comply with the requirements set out in the applicable Family Planning Program rules, which are currently contained in Title [25, Part 1 of the Texas Administrative Code, Chapter 39, Subchapter B, Rule §§39.33 and 39.38](#), as currently enacted or as later modified. The applicable Family Planning Program rules are contained in Appendix C. Additionally, Contractors will be required to comply with the Family Planning Program requirements set out in the HHSC Family Planning Program Policy and Procedure Manual contained in Appendix F. The HHSC Family Planning Program Policy and

Procedure Manual may be revised without the need of a written modification to the contracts resulting from this open enrollment.

2.1.10. Procurement Forms

Applicants must sign and submit all of the forms contained in Appendix I prior to receiving a contract resulting from this open enrollment.

2.2. Reporting Requirements

Contractors must adhere to the following reporting requirements to ensure contract obligations have been met. The reports will assist HHSC with tracking progress towards objectives; evaluating and validating performance; ensuring adherence to policy; and ensuring availability and access to services.

HHSC may review, approve, or require modifications to the reporting requirements at its discretion. The agreed upon format will be determined prior to submission of the required report. Contractors will be provided with reporting templates post-award.

Contractors will be required to report on required Professional Development activities on an annual basis. The information contained in these reports must, at a minimum, include: topic, date, and source or presenting body.

Professional Development	Reporting Period	Reporting Due Date
Documentation of Professional Development Activities conducted.	Annually	On or before September 30, 2017

Contractors will be required to report on program promotion activities by providing a Program Promotion report in accordance with requirements set forth in Family Planning Program/Outreach Annual Report, to be provided by HHSC. The information contained in this report must include: the activity, dates, number of agency staff monitoring, number of estimated potential Clients, community partners, type of media presented, and successes and challenges of activities.

Program Promotion	Reporting Period	Reporting Due Date
Description of Program Promotion Activities	Annually	On or before August 15, 2016.
Documentation of Program Promotion Activities conducted	Annually	On or before September 30, 2017

Contractors will be required to report on program services provided to Clients by completing a Family Planning Program Annual Report, to be provided by HHSC. The information contained in this report must include: numbers of Clients served and successes and challenges of providing services.

Annual Report	Reporting Period	Reporting Due Date
Family Planning Program Annual Report	Annually	On or before January 30, 2018

2.3. Funding Request and Reimbursement Processes for Family Planning Program Services

Family Planning Program funding shall not be used to provide abortion services or pay direct or Indirect Costs (including overhead, rent, phones, and utilities) of abortion procedures. Contractors must provide Family Planning Program Services as required under the resulting contracts to serve the number of proposed Unduplicated Clients during the term of the contract. Accordingly, on [Form E](#), Applicant must propose the number of Unduplicated Clients it will serve during the term of the contract resulting from this enrollment.

If funds for these Contracts become unavailable during any budget period, HHSC may immediately terminate or reduce the amount of the resulting Contract at the discretion of HHSC. Contractor will have no right of action against HHSC if HHSC cannot perform its obligations under this Contract due to a lack of funding for any activities or functions outlined in Section 2 of this open enrollment. HHSC does not guarantee funding at any level and may increase or decrease funds at any time during the term of a Contract resulting from this open enrollment.

2.3.1. Reimbursement Options:

Family Planning Program contractors may seek reimbursement for project costs using the following methods:

2.3.1.1. Contractors will be reimbursed using the Fee-For-Service reimbursement method by submitting claims to TMHP for direct clinical care services provided to Clients, which will then be paid by HHSC; and

2.3.1.2. Contractors may seek cost reimbursement for services that enhance the Fee-For-Service services provided to Clients by submitting monthly vouchers for expenses detailed in the categorical budget attached to a contractor's contract.

Accordingly, Applicants must indicate the amount of their total proposed funding request that may be reimbursed using the Fee-For-Service reimbursement method only or using both of the methods (Fee-For-Service and cost reimbursement) on Form E.

NOTE: Applicants may request up to 100% of their total funding request to be reimbursed through the Fee-For-Service reimbursement method or Applicants may request a portion of their funding request to be reimbursed on a cost reimbursement basis in addition to the Fee-For-Service reimbursement method. However, the cost reimbursement amount requested may not exceed 50% of Applicant's total proposed funding request and ultimately, its funding award.

2.3.2. Budget Requirements:

In accordance with the requirements contained in Forms F and F-1 through F-7, Applicant must develop a categorical budget, where costs may be allocated to any of the following categories the Applicant identifies during its budget development process:

- 2.3.2.1. Personnel
- 2.3.2.2. Fringe Benefits
- 2.3.2.3. Travel
- 2.3.2.4. Equipment
- 2.3.2.5. Supplies
- 2.3.2.6. Contractual
- 2.3.2.7. Other
- 2.3.2.8. Indirect Costs

NOTE: Indirect Costs are costs incurred for a common or joint purpose benefiting more than one project or cost objective of Applicant's organization and not readily identified with a particular project or cost objective. Typical examples of Indirect Costs may include general administration and general expenses such as salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; and costs of operating and maintaining facilities.

Applicants must base their budget and funding request on the requirements contained in Section 2 of this open enrollment.

Applicants must separately identify value-added benefits, cost-savings and cost-avoidance methods and measures, and the effect of such methods on the budget, requested funding, and Program Requirements.

2.3.3. Reimbursement for Services

All Family Planning Program funds are required to be used to assist Clients in planning their families, whether it is to achieve, postpone, or prevent pregnancy. Family Planning Program services will be reimbursed as follows:

- 2.3.3.1. All direct Client clinical services provided under the contract resulting from this procurement will be reimbursed using the Fee-For-Service reimbursement method, which requires Contractors to submit their claims to TMHP for services rendered. However, the claims will be paid by HHSC; and

NOTE: Services contained in Appendices A and B are allowable Fee-For-Service program services under the Family Planning Program.

2.3.3.2. Contractors may be reimbursed by HHSC for up to 50% of the total amount of funding awarded on a cost reimbursement basis, which requires contractors to submit monthly vouchers for expenses outlined in the categorical budgets of their respective contracts.

NOTE: Categorical Family Planning Program funds (cost reimbursement funds) must be directly related to support services that enhance clinical outcomes for Clients served under the Fee-For-Service program.

2.3.4. Cost Reimbursement Process

Contractors may seek reimbursement for project costs by submitting monthly vouchers for expenses outlined in the categorical budget included in their contract for the cost reimbursement portion of the Family Planning Program.

Family Planning Program funds will be disbursed to contractors through a voucher system as expenses are incurred during the contract term.

Reimbursement must be requested by using a purchase voucher and providing supporting documentation. Vouchers and supporting documentation must be submitted monthly, within 30 days following the end of the month in which the costs were incurred.

Program Income received from the provision of Fee-For-Service services must be expended before Family Planning Program cost reimbursement funds are requested through the voucher process. Contractors will be required to submit monthly vouchers even if Program Income equals or exceeds program expenses. When program expenses exceed Program Income, the monthly voucher will result in a payment up to the not-to-exceed amount of the contract.

2.3.5. Fee-For-Service Reimbursement Process

Contractors must submit their Fee-For-Service claims to TMHP using the 2017 Family Planning Claim Form. The Texas Medicaid Provider Procedures Manual provides detailed claims submission information and can be accessed on the TMHP website at <http://www.tmhp.com>.

HHSC Family Planning Program claims or appeals must be filed within certain timeframes:

2.3.5.1. Initial claims submission: Submitted within 95 days of the date of service on the claim or date of any third party insurance explanation of benefit (EOB). If the 95th day falls on a weekend or holiday, the filing deadline is extended until the next business day.

2.3.5.2. Appeals: Submitted within 120 days of the date on the R&S Report on which the claim reaches a finalized status. If the 120th day falls on a weekend or holiday, the filing deadline is extended until the next business day. If the claim is denied for late filing due to the initial submission deadline, documentation of timely filing must be submitted along with the claim appeal. Refer to the TMPPM for further information.

2.3.5.3. All claims and appeals must be submitted and processed within 60 days after the end of the contract period.

2.3.5.4. All claims must continue to be billed and denied claims appealed even after the contract funding limit has been met.

NOTE: If a Client co-pay is collected, Contractors are required to include that amount on the corresponding Fee-For-Service claim. Contractors may charge Clients a co-pay based on HHSC Family Planning Program policy. However, Contractors may not collect a co-pay if the Client is unable to pay, or if it creates a barrier to care/services for the Client. Contractors must not deny a Client services because of the Client's inability to pay current fees or any fees owed.

2.4. Service Delivery Area(s)

The geographic area to be served consists of HHSC Regions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and 11. A map of all HHSC Regions may be accessed at the following link:

http://www.hhsc.state.tx.us/about_hhsc/Regions/

NOTE: Applicants should click on a specific Region to view a list of counties found within the Region.

The remainder of the page is intentionally left blank.

3. HISTORICAL UTILIZATION

3.1. Historical Utilization

3.1.1. The table below is an estimate of the number of women at or below 200% of the Federal Poverty Level (FPL). It provides a rough estimate of the need for services statewide. For county level data, see Appendix J.

Region	Women Eligible for Family Planning Services	
	Number	Percent
Texas, all Regions	4,798,259	100%
Region 1	159,586	3.3%
Region 2	96,222	2.0%
Region 3	1,179,889	24.6%
Region 4	203,866	4.2%
Region 5	141,350	2.9%
Region 6	1,111,372	23.2%
Region 7	523,803	10.9%
Region 8	500,004	10.4%
Region 9	98,785	2.1%
Region 10	209,231	4.4%
Region 11	574,151	12.0%

The remainder of the page is intentionally left blank.

4. HISTORICALLY UNDERUTILIZED BUSINESSES (HUB)

In accordance with Texas Government Code [Chapter 2161, Subchapter F, §2161.252 \(b\)](#) and in accordance with Texas Administrative Code [§20.14\(b\)\(3\)](#), an Application that does not contain a HUB Subcontracting Plan (HSP) is non-responsive. Applications that do not include a completed HUB subcontracting plan in accordance with this subsection shall be rejected due to material failure to comply with Government Code, [§2161.252\(b\)](#).

4.1 Introduction

The sole point of contact for HUB inquires:

Texas Health and Human Services Commission

Sherice Williams, HUB Coordinator

Phone: (512) 406-2542

E-mail: sherice.williams@hhsc.state.tx.us

HHSC is committed to promoting full and equal business opportunities for businesses in state contracting in accordance with the goals specified in the State of Texas Disparity Study. HHSC encourages the use of Historically Underutilized Businesses (HUBs) through race, ethnic and gender-neutral means. HHSC has adopted administrative rules relating to HUBs and a Policy on the Utilization of HUBs which is located on HHSC's website.

Pursuant to Texas Government Code [§2161.181](#) and [§2161.182](#) and HHSC's HUB policy and rules, HHSC is required to make a good faith effort to increase HUB participation in its contracts. HHSC may accomplish the goal of increased HUB participation by contracting directly with HUBs or indirectly through subcontracting opportunities.

4.2 HHSC's Administrative Rules

HHSC has adopted the CPA's HUB rules as its own. HHSC's rules are located in the Texas Administrative Code [Title 1, Part 15, Chapter 391, Subchapter G](#) and the CPA rules are located in Texas Administrative Code [Title 34, Part 1, Chapter 20, Subchapter B](#). If there are any discrepancies between HHSC's administrative rules and this open enrollment, the rules shall take priority.

4.3 Statewide Annual HUB Utilization Goal

The CPA has established statewide annual HUB utilization goals for different categories of contracts in Texas Administrative Code [Title 34, Part 1, Chapter 20, Subchapter B, §20.13](#) of the HUB rules. In order to meet or exceed the statewide annual HUB utilization goals, HHSC encourages outreach to certified HUBs. Contractors shall make a good faith effort to include certified HUBs in the procurement process.

This procurement is classified as an All Other Services procurement under the CPA rule and therefore has a statewide annual HUB utilization goal of 26% per fiscal year.

4.4 Required HUB Subcontracting Plan

In accordance with Texas Government Code [Chapter 2161, Subchapter F, §2161.252](#) each state agency that considers entering into a contract with an expected value of \$100,000 or more shall, before the agency solicits bids, Applications, offers, or other applicable expressions of interest for the contract, determine whether there will be subcontracting opportunities under the contract. If the state agency determines that there is that probability, the agency shall require that each bid, proposal, offer, or other applicable expression of interest for the Contract include a Historically Underutilized Business Subcontracting Plan.

In accordance with Texas Administrative Code [Title 34, Part 1, Chapter 20, Subchapter B, §20.14 \(a\)\(1\)\(C\)](#) of the HUB Rule, state agencies may determine that subcontracting is probable for only a subset of the work expected to be performed or the funds to be expended under the contract. If an agency determines that subcontracting is probable on only a portion of a contract, it shall document its reasons in writing for the procurement file.

HHSC has determined that subcontracting opportunities are probable for this Application. As a result, the Applicant must submit an HSP with its Application. The HSP is required whether an Applicant intends to subcontract or not.

In the HSP, an Applicant must indicate whether it is a Texas certified HUB. Being a certified HUB does not exempt an Applicant from completing the HSP requirement.

HHSC shall review the documentation submitted by the Applicant to determine if a good faith effort has been made in accordance with open enrollment and HSP requirements. During the good faith effort evaluation, HHSC may, at its discretion, allow revisions necessary to clarify and enhance information submitted in the original HSP.

If HHSC determines that the Applicant's HSP was not developed in good faith, the HSP will be considered non-responsive and will be rejected as a material failure to comply with advertised specifications. The reasons for rejection shall be recorded in the procurement file.

4.5 CPA Centralized Master Bidders List

Applicants may search for HUB subcontractors in the CPA's Centralized Master Bidders List (CMBL) HUB Directory, which is located on the CPA's website at <http://www2.cpa.state.tx.us/cmb/cmbhub.html>. For this procurement, HHSC has identified the following class and item codes for potential subcontracting opportunities:

4.5.1 National Institute of Governmental Purchasing (NGIP) Class/Item Code(s):

- **Class 918**, Consulting Services – **Item 88**: Quality Assurance/Control Consulting
- **Class 924**, Education/Training Services – **Item 16**: Course Development Services, Instructional/Training
- **Class 948**, Health Related Services – **Item 26**: Cytology Screening Services
- **Class 948** Health Related Services – **Item 48**: Health Care Services (Not Otherwise Classified)
- **Class 948** Health Related Services – **Item 55**: Medical and Laboratory Services (Non-Physician)

- **Class 948 Health Related Services – Item 74:** Professional Medical Services (Including Physicians, Pharmacists, and All Specialties), (*Including Physicians, Pharmacists and all Specialties*)
- **Class 948 Health Related Services – Item 81:** Radiation Therapy Treatment Services

Applicants are not required to use, nor limited to using, the class and item codes identified above, and may identify other areas for subcontracting.

HHSC does not endorse, recommend nor attest to the capabilities of any company or individual listed on the CPA's CMBL. The list of certified HUBs is subject to change, so Applicants are encouraged to refer to the CMBL often to find the most current listing of HUBs.

4.6 HUB Subcontracting Procedures – If an Applicant Intends to Subcontract

An HSP must demonstrate that the Applicant made a good faith effort to comply with HHSC's HUB policies and procedures. The following subparts outline the items that HHSC will review in determining whether an HSP meets the good faith effort standard. An Applicant that intends to subcontract must complete the HSP to document its good faith efforts.

4.6.1 Identify Subcontracting Areas and Divide Them into Reasonable Lots

An Applicant should first identify each area of the contract work it intends to subcontract. Then, to maximize HUB participation, it should divide the contract work into reasonable lots or portions, to the extent consistent with prudent industry practices.

4.6.2 Notify Potential HUB Subcontractors

The HSP must demonstrate that the Applicant made a good faith effort to subcontract with HUBs. The Applicant's good faith efforts shall be shown through utilization of all methods in conformance with the development and submission of the HSP and by complying with the following steps:

Divide the contract work into reasonable lots or portions to the extent consistent with prudent industry practices. The Applicant must determine which portions of work, including goods and services, will be subcontracted.

Use the appropriate method(s) to demonstrate good faith effort. The Applicant can use either method(s) 1, 2, 3, 4 or 5:

4.6.2.1 Method 1: Applicant Intends to Subcontract with only HUBs:

The Applicant must identify in the HSP the HUBs that will be utilized and submit written documentation that confirms 100% of all available subcontracting opportunities will be performed by one or more HUBs; or,

4.6.2.2 Method 2: Applicant Intends to Subcontract with HUB Protégé(s):

The Applicant must identify in the HSP the HUB Protégé(s) that will be utilized and should:

- include a fully executed copy of the Mentor Protégé Agreement, which must be registered with the CPA prior to submission to HHSC, and
- identify areas of the HSP that will be performed by the Protégé.

HHSC will accept a Mentor Protégé Agreement that has been entered into by an Applicant (Mentor) and a certified HUB (Protégé) in accordance with Texas Government Code §2161.065. When an Applicant proposes to subcontract with a Protégé(s), it does not need to provide notice to three (3) HUB vendors for that subcontracted area.

Participation in the Mentor Protégé Program, along with the submission of a Protégé as a subcontractor in an HSP, constitutes a good faith effort for the particular area subcontracted to the protégé; **or**,

4.6.2.3 Method 3: Applicant Intends to Subcontract with HUBs and Non-HUBs (Meet or Exceed the Goal):

The Applicant must identify in the HSP and submit written documentation that one or more HUB subcontractors will be utilized and that the aggregate expected percentage of subcontracts with HUBs will meet or exceed the goal specified in this open enrollment. When utilizing this method, only HUB subcontractors that have existing contracts with the Applicant for five years or less may be used to comply with the good faith effort requirements.

When the aggregate expected percentage of subcontracts with HUBs meets or exceeds the goal specified in this open enrollment, Applicants may also use non-HUB subcontractors; **or**,

4.6.2.4 Method 4: Applicant Intends to Subcontract with HUBs and Non-HUBs (Does Not Meet or Exceed the Goal):

The Applicant must identify in the HSP and submit documentation regarding both of the following requirements:

- Written notification to trade organizations and/or development centers to assist in identifying potential HUBs of the subcontracting opportunities with whom the Applicant intends to subcontract.

Applicants must give trade organizations and/or development centers at least seven (7) working days prior to submission of the Applicant's Application for dissemination of the subcontracting opportunities to their members. A list of trade organizations and/or development centers is located on CPA's website under the [Minority and Women Organization Links](#).

- Written notification to at least three (3) HUB businesses of the subcontracting opportunities that the Applicant intends to subcontract. The written notice must be sent to potential HUB subcontractors prior to submitting Applications and must include:
 - a description of the portion of the SOW to be subcontracted;
 - information regarding the location to review project plans or specifications;
 - information about bonding and insurance requirements;
 - required qualifications and other contract requirements; and
 - a description of how the subcontractor can contact the Applicant.

- Applicants must give potential HUB subcontractors a reasonable amount of time to respond to the notice, at least seven (7) working days prior to submission of the Applicant's Application unless circumstances require a different time period, which is determined by the agency and documented in the contract file.
- Applicants must also use the CMBL, the HUB Directory, and Internet resources when searching for HUB subcontractors. Applicants may rely on the services of contractor groups, local, state and federal business assistance offices, and other organizations that provide assistance in identifying qualified applicants for the HUB program.

4.6.3 Written Justification of the Selection Process

HHSC will make a determination if a good faith effort was made by the Applicant in the development of the required HSP. One or more of the methods identified in the previous sections may be applicable to the Applicant's good faith efforts in developing and submission of the HSP. HHSC may require the Applicant to submit additional documentation explaining how the Applicant made a good faith effort in accordance with the open enrollment.

An Applicant must provide written justification of its selection process if it chooses a non-HUB subcontractor. The justification should demonstrate that the Applicant negotiated in good faith with qualified HUB bidders and did not reject qualified HUBs who were the best value responsive bidders.

4.7 Method 5: Applicant Does Not Intend to Subcontract

When the Applicant plans to complete all contract requirements with its own equipment, supplies, materials and/or employees, it is still required to complete an HSP.

The Applicant must complete the "Self Performance Justification" portion of the HSP, and attest that it does not intend to subcontract for any goods or services, including the class and item codes identified in Section 4.5. In addition, the Applicant must identify the sections of the Application that describe how it will complete the SOW using its own resources or provide a statement explaining how it will complete the SOW using its own resources. The Applicant must agree to comply with the following if requested by HHSC:

- provide evidence of sufficient Applicant staffing to meet the Application requirements;
- provide monthly payroll records showing the Applicants staff fully dedicated to the contract;
- allow HHSC to conduct an onsite review of company headquarters or work site where services are to be performed and,
- provide documentation proving employment of qualified personnel holding the necessary licenses and certificates required to perform the SOW.

4.8 Post-award HSP Requirements

The HSP shall be reviewed and evaluated prior to contract award and, if accepted, the finalized HSP will become part of the contract with the successful Applicant(s).

After contract award, HHSC will coordinate a post-award meeting with the successful Applicant to discuss HSP reporting requirements. The Contractor must maintain business records documenting compliance with the HSP and must submit monthly subcontract reports to HHSC by completing the HUB HSP [Prime Contractor Progress Assessment](#).

This monthly report is required as a condition for payment to report to the agency the identity and the amount paid to all subcontractors.

As a condition of award, the Contractor is required to send notification to all selected subcontractors as identified in the accepted/approved HSP. In addition, a copy of the notification must be provided to the agency's Contract Manager and/or HUB Program Office within 10 days of the contract award.

During the term of the contract, if the parties amend the contract to include a change to the SOW or add additional funding, HHSC will evaluate to determine the probability of additional subcontracting opportunities. When applicable, the Contractor must submit an HSP change request for HHSC review. The requirements for an HSP change request will be covered in the post-award meeting.

When making a change to an HSP, the Contractor will obtain prior written approval from HHSC before making any changes to the HSP. Proposed changes must comply with the HUB Program good faith effort requirements relating to the development and submission of a HSP.

If the Contractor decides to subcontract any part of the contract after the award, it must follow the good faith effort procedures outlined in Section 4.6 of this Application (e.g., divide work into reasonable lots, notify at least three (3) vendors per subcontracted area, provide written justification of the selection process, and/or participate in the Mentor Protégé Program).

For this reason, HHSC encourages Applicants to identify, as part of their HSP, multiple subcontractors who are able to perform the work in each area the Applicant plans to subcontract. Selecting additional subcontractors may help the selected Contractor make changes to its original HSP, when needed, and will allow HHSC to approve any necessary changes expeditiously.

Failure to meet the HSP and post-award requirements will constitute a breach of contract and will be subject to remedial actions. HHSC may also report noncompliance to the CPA in accordance with the provisions of the Vendor Performance and Debarment Program.

5. INFORMATION AND SUBMISSION INSTRUCTIONS

5.1. Open Enrollment Cancellation/Partial Award/Non-Award

At its sole discretion, HHSC may cancel this open enrollment, make partial award, or no awards.

5.2. Right to Reject Applications or Portions of Applications

At its sole discretion, HHSC may reject any and all responses or portions thereof.

5.3. Joint Applications

HHSC will not consider joint or collaborative responses that require it to contract with more than one Applicant in a single contract.

5.4. Withdrawal of Applications

Applicants have the right to withdraw their Application from consideration at any time prior to Contract award, by submitting a written request for withdrawal to the HHSC Point of Contact, as designated in [subsection 1.2](#).

5.5. Costs Incurred

Applicants understand that issuance of this open enrollment in no way constitutes a commitment by the HHS agency to award a Contract or to pay any costs incurred by an Applicant in the preparation of an Application in response to this open enrollment. The HHS agency is not liable for any costs incurred by an Applicant prior to issuance of, or entering into a formal agreement, Contract, or purchase order. Costs of developing applications, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by an Applicant are entirely the responsibility of the Applicant, and will not be reimbursed in any manner by the State of Texas.

5.6. Use of Subcontractors

Subcontractors providing services under the contract shall meet the same requirements and level of experience as required of the Applicant. No subcontract under the contract shall relieve the Applicant of the responsibility for ensuring the requested services are provided. Applicants planning to subcontract all or a portion of the work to be performed shall identify the proposed subcontractors.

5.7. HUB Vendor Teleconference

HHSC will hold a HUB vendor teleconference call on **June 2, 2016 at 9:00 A.M. (CST) to discuss HUB requirements and to review the HUB PowerPoint presentation posted as Package 2 on the Electronic State Business Daily (ESBD) and embedded below**. Please make a copy of the PowerPoint presentation for the teleconference call.

Teleconference information: **1-877-226-9790**, access code: **8802578#**. Vendor conference attendance is strongly recommended, but is not required.



HUB Vendor
Conference PowerPt

5.8. Application Submission Instructions

Applicant must submit two (2) paper copies and two (2) electronic copies of all required documents as scanned versions (.pdf) on separate portable media devices, such as flash drives or compact discs. These devices and their content must be compatible with Microsoft Office 2013. Applicants must ensure there are no encryptions on these devices, so as to prevent HHSC from opening the documents. **The electronic Application submission must be organized as directed in subsection 5.9 of this open enrollment.** If Applicant is having difficulty providing an electronic Application submission, contact the HHSC Point of Contact identified in [subsection 1.2](#) of this open enrollment for hard copy submittal accommodations.

Each media device must be labeled with the following information:

- Name of the Organization;
- Organization's point of contact;
- Organization's point of contact's job title;
- Organization's point of contact's telephone number and Email address;
- HHSC Procurement number of this open enrollment; and
- Date of submission

5.9. Organization of Electronic Submission of Application

Applicant should organize its scanned and signed Application packets in the following order and format. Each electronic copy of the Application packet should include the following respective listed documents and the documents should be in the following order. As discussed in Section 2.1, an applicant that meets the initial screening criteria will not be entitled to receive a contract until all of the forms listed below are received by HHSC.

Completed Forms A-K

Form A: Face Page

Form A-1: Application Narrative

Form B: Table of Contents and Checklist

Form C: Texas Counties and Regions

Form D: Family Planning Program Contact Person Information

Form E: Family Planning Funding Request and Proposed Number of Unduplicated Clients

Form F: Budget Summary

Forms F1-F7: Budget Category Detail Forms

Form G: Family Planning Program Applicant Readiness

Form H: Family Planning Clinic Site Readiness

Form I: Family Planning Clinic Sites

Form J: Family Planning Services Profile Table

Form K: Family Planning Certification

Appendix I: Certifications and Other Required Forms

5.10. Delivery of Applications

5.10.1. Submit the Application to HHSC Procurement and Contracting Services (PCS) Division provided below. **All required documents must be received by PCS by the due date and time listed in the Procurement Schedule in [subsection 1.3](#) of this open enrollment.**

Delivery Option
Physical Address for Delivery (Operating Hours – 8:00 A.M. to 5:00 P.M.)
Health and Human Services Commission Attn: <i>Bid Coordinator</i> Procurement and Contracting Services Building 1100 W. 49 th St. Mail Code: 2020 Austin, Texas 78756

5.10.2. PCS will date and time-stamp all submissions when received. The clock in the PCS office is the official timepiece for determining compliance with the deadlines in this procurement. HHSC reserves the right to reject late submissions. It is the Applicant's responsibility to appropriately mark and deliver the Application to HHSC by the specified time and date. All Applications must be submitted by hand delivery, by courier, or by mail.

5.10.3. HHSC will not accept Applications by any other method of delivery (e.g., telephone, facsimile, or email).

5.10.4. All Applications become the property of HHSC after submission.

5.10.5. Submission of an Application does not execute a Contract.

6. ELIGIBILITY DETERMINATION

6.1. Initial Compliance Screening

HHSC will perform an initial screening of all Applications received.

If the Application passes the initial screening, the Applicant will be contacted for further instructions or actions.

6.2. Unresponsive Applications

Unless Applicant has taken action to withdraw the Application for this open enrollment, an Application will be considered unresponsive and will not be considered further when any of the following conditions occurs:

6.2.1. The Applicant fails to meet major open enrollment specifications, including:

6.2.1.1. The Applicant fails to submit the required Application by the closing of the open enrollment period provided in subsection 1.3 of this open enrollment.

6.2.1.2. The Applicant is not eligible under [subsection 1.5](#) of this open enrollment.

6.2.2. The Application is not signed.

6.3. Corrections to Application

Applicants have the right to amend their Application at any time prior to an unresponsive decision or Contract award decision by submitting a written amendment to the HHSC Point of Contact, as designated in [subsection 1.2](#). HHSC may request modifications to the Application at any time.

6.4. Additional Information

By submitting an Application, the Applicant grants HHSC the right to obtain information from any lawful source regarding the Applicant's, its directors', officers', and employees:

6.4.1. Past business history, practices, and conduct;

6.4.2. Ability to supply the goods and services; and

6.4.3. Ability to comply with Contract requirements.

By submitting an Application, the Applicant generally releases from liability and waives all claims against any party providing HHSC information about the Applicant. HHSC may take such information into consideration in screening or the validation of information on Applications or supporting documentation.

6.5. Method of Allocation

Total funding available under this open enrollment is \$40,000,000.

The Family Planning Program funding awards will be distributed first to public entities that provide family planning services (that include state, county and local community health centers, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine, then to non-public entities that provide comprehensive primary and preventive care as a part of their family planning services, and finally to non-public entities that provide family planning services but do not provide comprehensive primary and preventive care.

Funding award decisions will be based on available funds, a regional assessment of women at or below 200 percent of the Federal Poverty Level (FPL), Applicant readiness, and proposed number of Clients to be served by the Applicant. HHSC will give Applicants that utilize Community Health Workers and/or provide services in the identified underserved counties, priority in funding determinations. The underserved counties include: Bell, Cameron, Comal, Hays, Hidalgo, Hill, Lubbock, McLennan, Potter, Randall, Starr, Travis, Webb, Williamson, and Zapata.

REGION	Family Planning Program Funding
Texas, all Regions	\$40,000,000
Region 1	\$1,330,366
Region 2	\$802,141
Region 3	\$9,835,976
Region 4	\$1,699,500
Region 5	\$1,178,344
Region 6	\$9,264,794
Region 7	\$4,366,609
Region 8	\$4,168,212
Region 9	\$823,507
Region 10	\$1,744,224
Region 11	\$4,786,328

NOTE: During the term of the contract(s) awarded as a result of this open enrollment, HHSC reserves the right to distribute or redistribute funds in any manner HHSC deems necessary to ensure that the Family Planning Program does not severely limit or eliminate access to services to any region of the state.

7. GLOSSARY

TERM	DEFINITION
Affiliate	An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates a common ownership, management, or control, a franchise, or the granting or extension of a license or other agreement that authorizes the entity to use the other entity's brand name, trademark, service mark, or other registered identification mark
Applicant	Any individual or entity that submits an application for Enrollment pursuant to this open Enrollment.
Application	An Application submitted by an Applicant in response to this Open Enrollment.
Client	An individual who has been screened and successfully completed the eligibility process for the Family Planning Program.
Community Health Worker	A person who, with or without compensation, is a liaison and provides cultural mediation between health care and social services and the community. A Community Health Worker (CHW) is a trusted member of the community who: has a close understanding of the ethnicity, language, socio-economic status, and life experiences of the community served; assists people gain access to needed services; and increases health knowledge and self-sufficiency through a range of activities such as outreach, client navigation and follow-up to community health education and information, informal counseling, social support, advocacy, and participation in clinical research. A Certified CHW is an individual with current certification as a Community Health Worker issued by the Department of State Health Services.
Elective Abortion	The intentional termination of a pregnancy by an attending physician who knows that the female is pregnant, using any means that is reasonably likely to cause the death of the fetus. The term does not include the use of any such means to terminate a pregnancy that resulted from an act of rape or incest; in a case in which a female suffers from a physical disorder, physical disability, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy, that would, as certified by a physician, place the female in danger of death or risk of substantial impairment of a major bodily function unless an abortion is performed; or in a case in which a fetus has a life-threatening physical condition that, in reasonable medical judgment, regardless of the provision of life-saving treatment, is incompatible with life outside the womb.
Family Planning Program	A state-funded program administered by HHSC to provide Family Planning Services to eligible females and males.

TERM	DEFINITION
Family Planning Services	Educational or medical activities that enable individuals to determine the number and spacing of their children and to select the means by which this may be achieved. These services include contraceptive services, pregnancy testing and counselling, health screenings, and sexually transmitted infection screening and services.
Federal Poverty Level (FPL)	The set minimum amount of income that a family needs for food, clothing, transportation, shelter, and other necessities. In the United States, this level is determined by the United States (U.S.) Department of Health and Human Services. FPL varies according to household size. Public assistance programs, such as Medicaid in the U.S., define eligibility income limits as some percentage of FPL.
Fee-For-Service	Payment mechanism for services that are reimbursed on an agreed rate per unit of service (also known as unit rate).
Health and Human Services Commission (HHSC)	The state agency that has oversight responsibilities for designated health and human services agencies, including DSHS, and administers certain health and human services programs including the Texas Medicaid Program, Children’s Health Insurance Program (CHIP), and Medicaid waste, fraud, and abuse investigation
Healthy Texas Women Program (HTW Program)	HTW is a state-funded program administered by HHSC to provide eligible Uninsured women with Women’s Health Services and Family Planning Services.
Indirect Costs	Costs incurred for a common or joint purpose benefiting more than one project or cost objective of Applicant’s organization and not readily identified with a particular project or cost objective. Typical examples of Indirect Costs may include general administration and general expenses such as salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; and costs of operating and maintaining facilities. Refer to Budget Summary Instructions of this document for greater detail. Indirect cost should not exceed 15% of the total personnel cost.
Medicaid	Title XIX of the Social Security Act; reimburses for health care services delivered to low-income clients who meet eligibility guidelines.
Program Income	Monies collected directly by the contractor for services provided under the contract award. Program income includes Client co-pay fees, Client donations, and HHSC Family Planning Program Fee-For-Service reimbursements.
Promote	Advancing, advocating, or popularizing Elective Abortions.

TERM	DEFINITION
Readiness	A determination that Applicant has the specified attributes to support a given service, the ability to meet program and contractual requirements, and the capacity to achieve service levels based on services proposed to be provided with the funds awarded under a contract resulting from this procurement.
State Fiscal Year	The twelve-month period beginning September 1st and ending August 31st.
Texas Medicaid and Healthcare Partnership (TMHP)	The Texas Medicaid Claims and Primary Care Case Management (PCCM) Administrator.
Texas Women’s Health Program (TWHP)	TWHP is a state-funded program administered by HHSC to provide eligible Uninsured women with Women’s Health Services and Family Planning Services that is being replaced with the HTW Program.
Unduplicated Client	An HHSC Family Planning Program Client who is counted only one time during a State Fiscal Year, regardless of the number of visits, encounters, or services he/she receives (e.g., one client seen four times during the State Fiscal Year is counted as one Unduplicated Client).
Uninsured	Not having medical insurance or not enrolled in a medical assistance program, such as Medicaid.
Women’s Health Services	Preventative health services that are beneficial to a woman’s reproductive health including, but not limited to, vaccines and immunizations, breast cancer screening, cervical cancer screening and treatment, and gynecological services including cancer screening or repair of abnormalities.

8. Programmatic Acronyms

ADA	Americans with Disabilities Act
CWH	Community Health Worker
CLIA	Clinical Laboratory Improvement Amendments
CPT	Current Procedural Terminology
FDA	Federal Drug Administration
FPL	Federal Poverty Level
HHSC	Health and Human Services Commission
HTW	Healthy Texas Women Program
NPI	National Provider Identifier
QA	Quality Assurance
QI	Quality Improvement
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TMHP	Texas Medicaid Healthcare Partnership
TPI	Texas Provider Identifier
TWHP	Texas Women's Health Program

9. FORMS

The remainder of the page is intentionally left blank.

Texas Health and Human Services Commission – Family Planning FY17 Open Enrollment

FORM A: FACE PAGE

This form requests basic information about the Applicant and project, including the signature of the authorized representative.
The face page must be completed in its entirety.

APPLICANT INFORMATION

1) LEGAL BUSINESS NAME:

2) MAILING Address Information (include mailing address, street, city, county, state and zip code):

3) PAYEE Name and Mailing Address (if different from above):

4) DUNS Number (9-digit):

5) Health and Human Service Region:

6) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit):

*The Applicant acknowledges, understands and agrees that the Applicant's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.

7) TYPE OF ENTITY (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Nonprofit Organization* | <input type="checkbox"/> Individual |
| <input type="checkbox"/> County | <input type="checkbox"/> For Profit Organization* | <input type="checkbox"/> Federally Qualified Health Centers |
| <input type="checkbox"/> Other Political Subdivision | <input type="checkbox"/> HUB Certified | <input type="checkbox"/> State Controlled Institution of Higher Learning |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Indian Tribe | <input type="checkbox"/> Minority Organization | <input type="checkbox"/> Private |
| | <input type="checkbox"/> Faith Based (Nonprofit Org) | <input type="checkbox"/> Other (specify): _____ |

*If incorporated, provide 10-digit charter number assigned by Secretary of State:

8) BUDGET PERIOD: Start Date: **July 1, 2016** End Date: **August 31, 2017**

9) COUNTIES SERVED BY FAMILY PLANNING PROJECT: (complete Form C: Texas Counties and Regions)

10) PRIMARY PLACE OF SERVICES PROVIDED:

11) TOTAL FUNDING REQUESTED:

Fee for Service: _____ Categorical: _____

12) PROJECTED EXPENDITURES

Does Applicant's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for Applicant's current fiscal year (excluding amount requested in line 9 above)? **

Yes No

**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.

13) FAMILY PLANNING (FP) PRIMARY CONTACT PERSON

Name:
Phone:
Fax:
Email:

14) FINANCIAL OFFICER

Name:
Phone:
Fax:
Email:

The facts affirmed by me in this proposal are truthful and I warrant the Applicant is in compliance with the assurances and certifications contained in APPENDIX I: HHSC Assurances and Certifications. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the Applicant and I (the person signing below) am authorized to represent the Applicant.

15) AUTHORIZED REPRESENTATIVE

Name:
Title:
Phone:
Fax:
Email:

16) SIGNATURE OF AUTHORIZED REPRESENTATIVE

17) DATE

FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the Applicant and the proposed project with the Texas Health and Human Services Commission (HHSC), including the signature of the authorized representative. It is required to be completed. Signature affirms the facts contained in the Applicant's response are truthful and the Applicant is in compliance with the assurances and certifications contained in APPENDIX I: HHSC Assurances and Certifications, acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the Applicant's proposal.

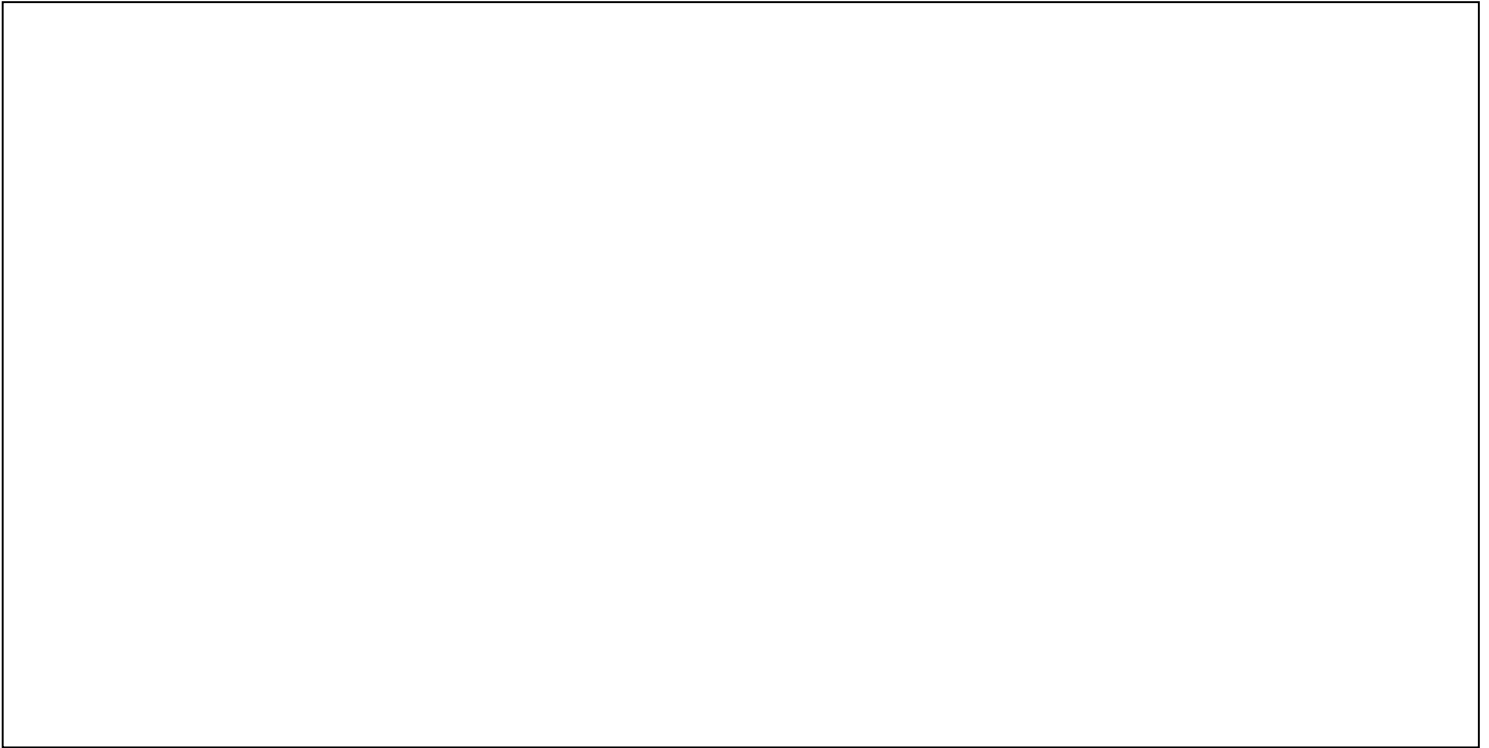
- 1) LEGAL BUSINESS NAME - Enter the legal name of the Applicant.
- 2) MAILING ADDRESS INFORMATION - Enter the Applicant's complete physical and mailing address, city, county, state, and zip code.
- 3) PAYEE NAME AND MAILING ADDRESS - Payee – Entity involved in a contractual relationship with Applicant to receive payment for services rendered by Applicant and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the Applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) DUNS NUMBER – 9 digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. This can be obtained at: <http://fedgov.dnb.com/webform>
- 5) HEALTH AND HUMAN SERVICE REGION – Enter contractor's Health and Human Service Region. A map of all HHSC regions may be accessed at the following link: http://www.hhsc.state.tx.us/about_hhsc/Regions/.
- 6) FEDERAL TAX ID / STATE OF TEXAS COMPTROLLER VENDOR ID / SOCIAL SECURITY NUMBER - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The Applicant acknowledges, understands and agrees the Applicant's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 7) TYPE OF ENTITY - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml>, http://www.sos.state.tx.us/corp/nonprofit_org.shtml, and/or the Texas State Comptroller at https://fmxcpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf. Check all other boxes that describe the entity.
- 8) BUDGET PERIOD - Enter the budget period for this proposal. Budget period is defined in the Open Enrollment solicitation.
- 9) COUNTIES SERVED BY FAMILY PLANNING PROJECT - List the proposed counties served by the project and complete Form C: Texas Counties and Regions.
- 10) PRIMARY PLACE OF SERVICES PROVIDED – Enter the primary city, state, and 9-character zip code in which the Family Planning Services will be performed. If the services will be performed in multiple places, list the information for the place that will receive the greatest benefit from these funds.
- 11) TOTAL FUNDING REQUESTED - Enter the total amount of funding requested from HHSC for proposed project activities. The total funding amount requested must match the total amount requested on the Budget Summary Form (Form F).
- 12) PROJECTED EXPENDITURES - If Applicant's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for Applicant's current fiscal year, Applicant must arrange for a financial compliance audit (Single Audit).
- 13) FAMILY PLANNING PRIMARY CONTACT PERSON - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 14) FINANCIAL OFFICER - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 15) AUTHORIZED REPRESENTATIVE - Enter the name, title, phone, fax, and email address of the person authorized to represent the Applicant.
- 16) SIGNATURE OF AUTHORIZED REPRESENTATIVE - The person authorized to represent the Applicant must sign in this blank.
- 17) DATE - Enter the date the authorized representative signed this form.

Form A-1 -- APPLICATION NARRATIVE

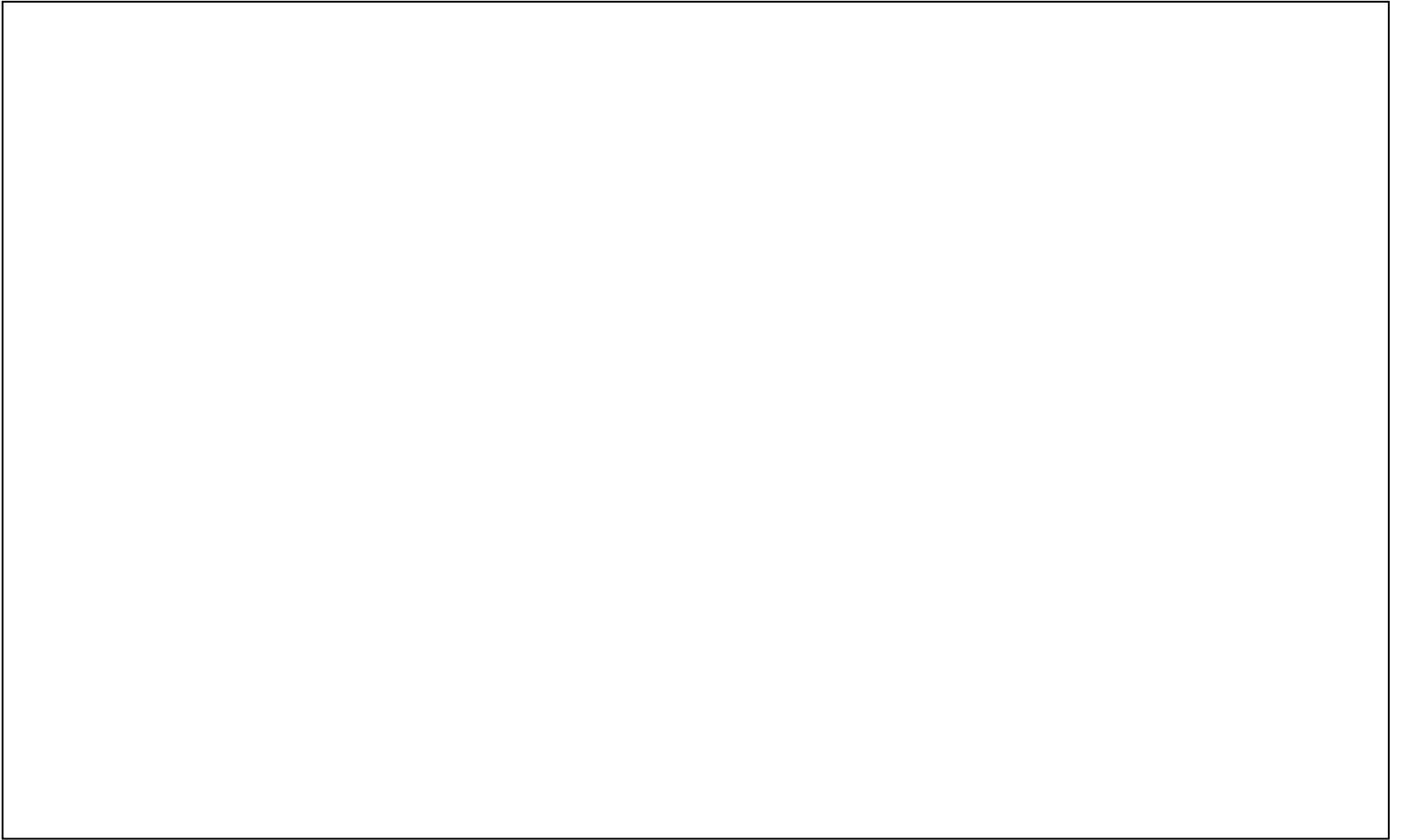
1. Provide the job descriptions (including specific duties) for the following key employees in the space provided:

➤ Quality Assurance/Quality Improvement personnel:

➤ Eligibility Staff:



➤ Data Collection Staff:



➤ Billing Staff:

2. In the space provided, Applicant must provide a summary of how it will ensure compliance with the Program Requirements contained in Section 2 of this open

enrollment:

3. If an Applicant will subcontract any of the required (or optional) services, the Applicant must describe, in the space provided below how it will:
 - a. develop, negotiate, and administer the subcontracts;
 - b. provide training and technical assistance to subcontractors on all aspects of service delivery and administration;
 - c. monitor subcontractors' programmatic performance, including professional and clinical services; and
 - d. monitor subcontractors' quality assurance/quality improvement.

4. Applicants must provide in the space provided the following information related to its Family Planning Program promotion plan:
 - a. a description of the Applicant's Family Planning Program promotion plan for the contract period July 1, 2016 through August 31, 2017;
 - b. a description of the Applicant's implementation and evaluation strategy(ies); and
 - c. a description of the Applicant's Family Planning Program promotion collaborative efforts carried out in conjunction with other health care providers or social service agencies in the proposed service area. Applicant must include a description of the outreach plan and strategies for marketing the program to the community.

5. Applicant must describe in the space provided how it will design, implement, and monitor Family Planning Program funds in order to ensure the provision of Family Planning and other support services to Clients throughout the duration of the contract.

6. Applicant must describe in the space provided its internal Quality Assurance/Quality Improvement management and processes utilized to monitor services provided under the contract resulting from this open enrollment.

A large, empty rectangular box with a thin black border, intended for the applicant to provide a detailed description of their internal Quality Assurance/Quality Improvement management and processes.

7. Provide a copy of the current and valid Texas medical license for the Medical Director that will oversee Applicant's provision of Family Planning Services;
8. Provide resumes for the following key employees:
 - a. Medical Director;
 - b. Program Director;
 - c. Clinical Director/Supervisor.
9. Applicants must fill out all the Program Forms and Contract Forms identified in Section 5.9 of this open enrollment.

FORM B: TABLE OF CONTENTS AND CHECKLIST

Legal Business Name: _____

In coordination with the requirements of **Section 5.9 Organization of Electronic Submission of Application**, this form is provided to ensure Applicants submit the required forms.

FORMS	DESCRIPTION	Included	Page #
A	Face Page	<input type="checkbox"/>	
A-1	Application Narrative	<input type="checkbox"/>	
B	Table of Contents and Checklist	<input type="checkbox"/>	
C	Texas Counties and Regions	<input type="checkbox"/>	
D	Family Planning Program Contact Information	<input type="checkbox"/>	
E	Family Planning Funding Request and Proposed Number of Unduplicated Clients	<input type="checkbox"/>	
F	Budget Summary	<input type="checkbox"/>	
F-1 – F-7	Budget Category Detail Forms	<input type="checkbox"/>	
G	Family Planning Program Applicant Readiness	<input type="checkbox"/>	
H	Family Planning Clinic Sites Readiness	<input type="checkbox"/>	
I	Family Planning Program Clinic Sites	<input type="checkbox"/>	
J	Family Planning Services Profile Table	<input type="checkbox"/>	
K	Family Planning Certification	<input type="checkbox"/>	
Appendix I	Certifications and Other Required Forms: Form 1: Child Support Certification Form 2: Debarment, Suspension, Ineligibility, ...Certification Form 3: Federal Lobbying Certification Form 4: Required Certifications Form 5: Respondent Information and Disclosures Form 6: Anti-Trust Certification Form 7: HUB Subcontracting Plan (HSP) Form 8: Security and Privacy Initial Inquiry (SPI)	<input type="checkbox"/>	

FORM C: TEXAS COUNTIES AND REGIONS

Legal Business Name:

Applicant must identify the counties in which it proposes to provide the services required under this enrollment by placing a checkmark or an X in the respective county(ies) box(es).

Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R
-A-			Crosby	<input type="checkbox"/>	01	Hays	<input type="checkbox"/>	07	Martin	<input type="checkbox"/>	09	Schleicher	<input type="checkbox"/>	09
Anderson	<input type="checkbox"/>	04	Culberson	<input type="checkbox"/>	10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	09	Scurry	<input type="checkbox"/>	02
Andrews	<input type="checkbox"/>	09	-D-			Henderson	<input type="checkbox"/>	04	Matagorda	<input type="checkbox"/>	06	Shackelford	<input type="checkbox"/>	02
Angelina	<input type="checkbox"/>	05	Dallam	<input type="checkbox"/>	01	Hidalgo	<input type="checkbox"/>	11	Maverick	<input type="checkbox"/>	08	Shelby	<input type="checkbox"/>	05
Aransas	<input type="checkbox"/>	11	Dallas	<input type="checkbox"/>	03	Hill	<input type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	09	Sherman	<input type="checkbox"/>	01
Archer	<input type="checkbox"/>	02	Dawson	<input type="checkbox"/>	09	Hockley	<input type="checkbox"/>	01	McLennan	<input type="checkbox"/>	07	Smith	<input type="checkbox"/>	04
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input type="checkbox"/>	01	Hood	<input type="checkbox"/>	03	McMullen	<input type="checkbox"/>	11	Somervell	<input type="checkbox"/>	03
Atascosa	<input type="checkbox"/>	08	Delta	<input type="checkbox"/>	04	Hopkins	<input type="checkbox"/>	04	Medina	<input type="checkbox"/>	08	Starr	<input type="checkbox"/>	11
Austin	<input type="checkbox"/>	06	Denton	<input type="checkbox"/>	03	Houston	<input type="checkbox"/>	05	Menard	<input type="checkbox"/>	09	Stephens	<input type="checkbox"/>	02
-B-			DeWitt	<input type="checkbox"/>	08	Howard	<input type="checkbox"/>	09	Midland	<input type="checkbox"/>	09	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	10	Milam	<input type="checkbox"/>	07	Stonewall	<input type="checkbox"/>	02
Bandera	<input type="checkbox"/>	08	Dimmit	<input type="checkbox"/>	08	Hunt	<input type="checkbox"/>	03	Mills	<input type="checkbox"/>	07	Sutton	<input type="checkbox"/>	09
Bastrop	<input type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input type="checkbox"/>	02	Swisher	<input type="checkbox"/>	01
Baylor	<input type="checkbox"/>	02	Duval	<input type="checkbox"/>	11	-I-			Montague	<input type="checkbox"/>	02	-T-		
Bee	<input type="checkbox"/>	11	-E-			Irion	<input type="checkbox"/>	09	Montgomery	<input type="checkbox"/>	06	Tarrant	<input type="checkbox"/>	03
Bell	<input type="checkbox"/>	07	Eastland	<input type="checkbox"/>	02	-J-			Moore	<input type="checkbox"/>	01	Taylor	<input type="checkbox"/>	02
Bexar	<input type="checkbox"/>	08	Ector	<input type="checkbox"/>	09	Jack	<input type="checkbox"/>	02	Morris	<input type="checkbox"/>	04	Terrell	<input type="checkbox"/>	09
Blanco	<input type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input type="checkbox"/>	01
Borden	<input type="checkbox"/>	09	Ellis	<input type="checkbox"/>	03	Jasper	<input type="checkbox"/>	05	-N-			Throckmorton	<input type="checkbox"/>	02
Bosque	<input type="checkbox"/>	07	El Paso	<input type="checkbox"/>	10	Jeff Davis	<input type="checkbox"/>	10	Nacogdoches	<input type="checkbox"/>	05	Titus	<input type="checkbox"/>	04
Bowie	<input type="checkbox"/>	04	Erath	<input type="checkbox"/>	03	Jefferson	<input type="checkbox"/>	05	Navarro	<input type="checkbox"/>	03	Tom Green	<input type="checkbox"/>	09
Brazoria	<input type="checkbox"/>	06	-F-			Jim Hogg	<input type="checkbox"/>	11	Newton	<input type="checkbox"/>	05	Travis	<input type="checkbox"/>	07
Brazos	<input type="checkbox"/>	07	Falls	<input type="checkbox"/>	07	Jim Wells	<input type="checkbox"/>	11	Nolan	<input type="checkbox"/>	02	Trinity	<input type="checkbox"/>	05
Brewster	<input type="checkbox"/>	10	Fannin	<input type="checkbox"/>	03	Johnson	<input type="checkbox"/>	03	Nueces	<input type="checkbox"/>	11	Tyler	<input type="checkbox"/>	05
Briscoe	<input type="checkbox"/>	01	Fayette	<input type="checkbox"/>	07	Jones	<input type="checkbox"/>	02	-O-			-U-		
Brooks	<input type="checkbox"/>	11	Fisher	<input type="checkbox"/>	02	-K-			Ochiltree	<input type="checkbox"/>	01	Upshur	<input type="checkbox"/>	04
Brown	<input type="checkbox"/>	02	Floyd	<input type="checkbox"/>	01	Karnes	<input type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input type="checkbox"/>	09
Burleson	<input type="checkbox"/>	07	Foard	<input type="checkbox"/>	02	Kaufman	<input type="checkbox"/>	03	Orange	<input type="checkbox"/>	05	Uvalde	<input type="checkbox"/>	08
Burnet	<input type="checkbox"/>	07	Fort Bend	<input type="checkbox"/>	06	Kendall	<input type="checkbox"/>	08	-P-			-V-		
-C-			Franklin	<input type="checkbox"/>	04	Kenedy	<input type="checkbox"/>	11	Palo Pinto	<input type="checkbox"/>	03	Val Verde	<input type="checkbox"/>	08
Caldwell	<input type="checkbox"/>	07	Freestone	<input type="checkbox"/>	07	Kent	<input type="checkbox"/>	02	Panola	<input type="checkbox"/>	04	Van Zandt	<input type="checkbox"/>	04
Calhoun	<input type="checkbox"/>	08	Frio	<input type="checkbox"/>	08	Kerr	<input type="checkbox"/>	08	Parker	<input type="checkbox"/>	03	Victoria	<input type="checkbox"/>	08
Callahan	<input type="checkbox"/>	02	-G-			Kimble	<input type="checkbox"/>	09	Parmer	<input type="checkbox"/>	01	-W-		
Cameron	<input type="checkbox"/>	11	Gaines	<input type="checkbox"/>	09	King	<input type="checkbox"/>	01	Pecos	<input type="checkbox"/>	09	Walker	<input type="checkbox"/>	06
Camp	<input type="checkbox"/>	04	Galveston	<input type="checkbox"/>	06	Kinney	<input type="checkbox"/>	08	Polk	<input type="checkbox"/>	05	Waller	<input type="checkbox"/>	06
Carson	<input type="checkbox"/>	01	Garza	<input type="checkbox"/>	01	Kleberg	<input type="checkbox"/>	11	Potter	<input type="checkbox"/>	01	Ward	<input type="checkbox"/>	09
Cass	<input type="checkbox"/>	04	Gillespie	<input type="checkbox"/>	08	Knox	<input type="checkbox"/>	02	Presidio	<input type="checkbox"/>	10	Washington	<input type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input type="checkbox"/>	09	-L-			-R-			Webb	<input type="checkbox"/>	11
Chambers	<input type="checkbox"/>	06	Goliad	<input type="checkbox"/>	08	Lamar	<input type="checkbox"/>	04	Rains	<input type="checkbox"/>	04	Wharton	<input type="checkbox"/>	06
Cherokee	<input type="checkbox"/>	04	Gonzales	<input type="checkbox"/>	08	Lamb	<input type="checkbox"/>	01	Randall	<input type="checkbox"/>	01	Wheeler	<input type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input type="checkbox"/>	07	Reagan	<input type="checkbox"/>	09	Wichita	<input type="checkbox"/>	02
Clay	<input type="checkbox"/>	02	Grayson	<input type="checkbox"/>	03	La Salle	<input type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input type="checkbox"/>	02
Cochran	<input type="checkbox"/>	01	Gregg	<input type="checkbox"/>	04	Lavaca	<input type="checkbox"/>	08	Red River	<input type="checkbox"/>	04	Willacy	<input type="checkbox"/>	11
Coke	<input type="checkbox"/>	09	Grimes	<input type="checkbox"/>	07	Lee	<input type="checkbox"/>	07	Reeves	<input type="checkbox"/>	09	Williamson	<input type="checkbox"/>	07
Coleman	<input type="checkbox"/>	02	Guadalupe	<input type="checkbox"/>	08	Leon	<input type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input type="checkbox"/>	08
Collin	<input type="checkbox"/>	03	-H-			Liberty	<input type="checkbox"/>	06	Roberts	<input type="checkbox"/>	01	Winkler	<input type="checkbox"/>	09
Collingsworth	<input type="checkbox"/>	01	Hale	<input type="checkbox"/>	01	Limestone	<input type="checkbox"/>	07	Robertson	<input type="checkbox"/>	07	Wise	<input type="checkbox"/>	03
Colorado	<input type="checkbox"/>	06	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input type="checkbox"/>	03	Wood	<input type="checkbox"/>	04
Comal	<input type="checkbox"/>	08	Hamilton	<input type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input type="checkbox"/>	02	-Y-		
Comanche	<input type="checkbox"/>	02	Hansford	<input type="checkbox"/>	01	Llano	<input type="checkbox"/>	07	Rusk	<input type="checkbox"/>	04	Yoakum	<input type="checkbox"/>	01
Concho	<input type="checkbox"/>	09	Hardeman	<input type="checkbox"/>	02	Loving	<input type="checkbox"/>	09	-S-			Young	<input type="checkbox"/>	02
Cooke	<input type="checkbox"/>	03	Hardin	<input type="checkbox"/>	05	Lubbock	<input type="checkbox"/>	01	Sabine	<input type="checkbox"/>	05	-Z-		
Coryell	<input type="checkbox"/>	07	Harris	<input type="checkbox"/>	06	Lynn	<input type="checkbox"/>	01	San Augustine	<input type="checkbox"/>	05	Zapata	<input type="checkbox"/>	11
Cottle	<input type="checkbox"/>	02	Harrison	<input type="checkbox"/>	04	-M-			San Jacinto	<input type="checkbox"/>	05	Zavala	<input type="checkbox"/>	08
Crane	<input type="checkbox"/>	09	Hartley	<input type="checkbox"/>	01	Madison	<input type="checkbox"/>	07	San Patricio	<input type="checkbox"/>	11			
Crockett	<input type="checkbox"/>	09	Haskell	<input type="checkbox"/>	02	Marion	<input type="checkbox"/>	04	San Saba	<input type="checkbox"/>	07			

FORM D: FAMILY PLANNING PROGRAM CONTACT PERSON INFORMATION

Legal Business Name: _____

- This form provides information about the appropriate contacts in the Applicant's organization.
- Mark N/A if a contact does not apply to your agency.
- ALL phone numbers should be a direct line to the designated individual.
- If any of the following information changes during the term of the contract, please send written notification to the program.

Contacts	
<i>Billing Contact</i>	
Last Name:	Last Name:
First Name:	First Name:
Salutation:	Salutation:
Title:	Title:
Email:	Email:
Phone:	Phone:
<i>Executive Director</i>	
<i>Financial Director</i>	
Last Name:	Last Name:
First Name:	First Name:
Salutation:	Salutation:
Title:	Title:
Email:	Email:
Phone:	Phone:
<i>Medical Director</i>	
<i>Primary Program Contact</i>	
Last Name:	Last Name:
First Name:	First Name:
Salutation:	Salutation:
Title:	Title:
Email:	Email:
Phone:	Phone:
<i>Quality Assurance Contact</i>	

FORM E: FAMILY PLANNING PROGRAM FUNDING REQUEST & PROPOSED NUMBER OF UNDUPLICATED CLIENTS

Legal Business Name: _____

Family Planning Program contractors may seek reimbursement for project costs using the following methods:

- A. Contractors will be reimbursed using the Fee-For-Service reimbursement method by submitting claims to TMHP for direct clinical care services provided to Clients, which will then be paid by HHSC; and
- B. Contractors may seek cost reimbursement for services that enhance the Fee-For-Service services provided to Clients by submitting monthly vouchers for expenses detailed in the categorical budget attached to a contractor's contract.

NOTE: Applicants may request up to 100% of their total funding request to be reimbursed through the Fee-For-Service reimbursement method or Applicants may request a portion of their funding request to be reimbursed on a cost reimbursement basis in addition to the Fee-For-Service reimbursement method. However, the cost reimbursement amount requested may not exceed 50% of Applicant's total proposed funding request and ultimately, its funding award.

Enter the amount of funds requested in the boxes below:

Fee-for-Service Amount	
Cost Reimbursement Amount	
Total Amount	

The number of Unduplicated Clients an Applicant intends to serve through the Family Planning Program will be used to assess, in part, the Applicant's effectiveness in providing the proposed services under the contract resulting from this open enrollment. This number is the estimated total number of Unduplicated Clients to whom the Applicant will provide services at the proposed clinic sites. This total should be an estimate of the number of Unduplicated Clients the Applicant proposes to serve at the Family Planning Program clinic sites included in its application. Use the following average cost per Client OR submit an explanation of the average used by the agency: **\$285.00**.

Enter the estimated number of Unduplicated Clients to be served during the term of the contract, categorized by State Fiscal Year in the table below.

Period of Time	Proposed Number of Unduplicated Clients
July 1, 2016 – August 31, 2016 -- FY'16	
September 1, 2016 – August 31, 2017 -- FY'17	
Total Number	

Applicants must provide an explanation/justification if the average cost per Client exceeds the statewide average of \$285.

FORM F: BUDGET GUIDANCE

F1-F7: Budget Category Detail Forms (Excel attached)

Legal Business Name: _____

Applicants must complete the following forms, as applicable to the Applicant's funding request as indicated on Form E:

- A. Fee-For-Service funding request ONLY
 - 1. No budget forms to complete
- B. Fee-For-Service AND Cost Reimbursement funding request
 - 1. Budget Forms F and F-1 through F-7

The forms are posted as a separate Excel file on the Electronic State Business Daily (ESBD) for downloading and completion. Instructions for completing these forms are included with the Excel file. Applicants proposing to use only the Fee-For-Service reimbursement method are not required to complete budget forms.

Indirect Costs must not exceed 15% of the total personnel cost.

To assist in estimating the amount of Program Income generated through the Family Planning Program Fee-For-Service reimbursements, Applicant should consult the proposed Family Planning Program benefits package in Appendices A and B.

Contractors are required to participate in all HHSC-required Family Planning Program trainings. The contractor may attend in person or participate remotely. In the event the contractor would like to attend physically, they may include associated travel in their budget requests.

All equipment purchased with cost reimbursement funds must be purchased within the first quarter of the contract and approved by HHSC.

Form F: Budget Summary Worksheet

Column 1: Totals must be filled using budget category details forms (individual worksheets contained in budget spreadsheet). This must include the Applicant's proposed Family Planning Program funding request plus any co-pays the Applicant anticipates collecting from eligible Clients.

Columns 2 & 3: Distribute the total amount in Column 1 manually between Columns 2 & 3 for each budget category.

FORM G: FAMILY PLANNING PROGRAM APPLICANT READINESS

Legal Business Name:

Check Yes or No:

1. Program Administration and Management	Yes	No
a. As part of this Application, did your agency provide job descriptions that include specific duties for the key employees related to the Family Planning Program? <ul style="list-style-type: none"> • QA/QI personnel • Eligibility staff • Data collection staff • Billing staff 		
b. As part of this Application, did your agency provide resumes for the following key employees related to the Family Planning Program? <ul style="list-style-type: none"> • Medical Director • Program Director • Clinical Director/Supervisor 		
c. Does your agency have experience providing comprehensive primary and preventive health care (i.e., prevention, screening, diagnostic, treatment services, and appropriate referral)?		
d. Is your agency a public entity that provides Family Planning Services including state, county, and local community health centers, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine?		
e. Is your agency a non-public entity that provides comprehensive primary and preventive care as a part of Family Planning Services?		
f. Is your agency non-public entity that provides Family Planning Services but does not provide comprehensive primary and preventive care?		
g. Is your agency a current certified Texas Women’s Health Program provider?		
2. Service Delivery		
a. Does your agency have staff available to determine eligibility?		
3. Partnerships/Subcontracting		
a. Does your agency plan to subcontract any of the required or optional services?		
4. Data Collection and Billing Systems		
a. Does your agency have a billing system and/or process to submit Fee-For-Service claims to the Texas Medicaid Healthcare Partnership (the Texas Medicaid Provider Procedures Manual provides detailed claims submission information and can be accessed on the TMHP website at: http://www.tmhp.com)?		
5. Use of Community Health Workers		
a. Does your agency currently employ or plan to employ Community Health Workers for community outreach, education, or other client service activities?		

If No is marked for any of the above, please explain:

FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

Legal Business Name: _____

Clinic Site # ___ **of** ___

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the required contraceptives available on-site?	<input type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

FORM I: FAMILY PLANNING PROGRAM CLINIC SITES

Complete a **separate clinic form for each clinic site that will provide Family Planning Program services funded through this open enrollment.** Each clinic form must contain current and accurate information.

HEADER INFORMATION:	
Legal Name of Applicant	Applicant's legal name.
Clinic Site # ___ of ___	Example: Clinic Site #1 of 5 for the first clinic site out of five clinic sites, Clinic Site #2 of 5 for the second clinic site of five, etc.
CLINIC SITE INFORMATION:	
Clinic Name	State the name of the clinic as it will appear on the online clinic locator. The name should be recognizable to Clients.
Street Address	Physical address of clinic. (Do not enter a P.O. box)
Suite	Indicate clinic suite number, if applicable.
City/County/Zip Code	City, county and zip code of clinic.
HHSR	Health and Human Service Region where clinic is located.
Clinic APPOINTMENT Phone #	Phone number to make an appointment at clinic.
Clinic PRIMARY Phone #	Primary phone number for the clinic site.
Fax	Fax number for the clinic.
Service Area	List counties served by the specific clinic site.
Contact Person	Name of contact person for that clinic site.
Pharmacy License #	Current pharmacy license number for the clinic.
Class	Indicate class of pharmacy license (e.g., class D, A, etc.)
Date of Pharmacy License Application Submission	If no current pharmacy license number is available, enter date the pharmacy license application submitted
TPI#	Texas Provider Identifier # for the clinic, or date application submitted. Enter the TPI# that the clinic will use to bill TMHP for HHSC Family Planning Program services.
NPI#	National Provider Identifier # for the clinic, or date application submitted.
Subcontractor Site	Indicate whether or not the clinic site is a subcontractor site.
Mobile Site	Indicate whether or not the clinic site is a mobile site.
CLINIC HOURS AND SERVICES:	
Hours of Operation	List the operating hours of each clinic site for each day of the week by morning (e.g., 8am – 12pm), afternoon (12pm – 5pm), and evening hours (after 5pm). Indicate days of the week when the clinic is closed (e.g., Tuesday – closed).

FORM I: FAMILY PLANNING PROGRAM CLINIC SITES

Legal Business Name: _____ **Clinic Site #** ___ **of** ___

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide Family Planning Program services funded under this enrollment.

Clinic Name:			
Street Address:			Suite:
City:	County:	Zip Code:	HHSR:
Clinic APPOINTMENT Phone #:			
Clinic PRIMARY Phone #:		Fax:	
Service Area (counties to be served by this clinic site):			
Contact Person:			
Pharmacy License #:	Class:	Date of Pharmacy License Application Submission:	
TPI#:	NPI #:		
Date of Medicaid Application Submission (if no TPI# or NPI#):			
Subcontractor Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile Site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

FORM J: SERVICES PROFILE TABLE

Legal Business Name:

Fill out this form **for each clinic site** for which a Family Planning Program Clinic Site (Form I) was completed. Indicate how each supply or service is provided to clients. If a supply or service will not be provided, an explanation must be included.

Note: All FDA-approved methods of contraception (with the exception of emergency contraception) must be made available to the client, either directly or by referral to another provider of contraceptive services, at the fee that would be charged if the method or service were provided on-site.

Applicants must offer the full range of available contraception methods, either on-site or by referral. At a minimum, the following services must be available to clients on-site:

- Anti-infectives for the treatment of STIs/STDs;
- Barrier methods and spermicides;
- Injectable hormonal contraceptive;
- Oral contraceptives;
- Sexual abstinence education and counseling; and
- Transdermal hormonal contraceptive (patch) or vaginal hormonal contraceptive (ring).

Clinic Name:	Clinic Site # ___ of ___
---------------------	---------------------------------

Supply or Service	Provided On-Site	Provided Through Referral	Referral Provider Name & Location
Informed Consent			
History			
Physical Assessment			
Lab Testing			
Pap Test			
Client Education/Counseling			
Pregnancy Diagnosis / Counseling			
STI/STD Testing			
STI/STD Treatment			
HIV Testing			
Level I Infertility Services			
Minor GYN Problems			
Health Promotion / Disease Prevention			
Special GYN Procedures			

Supply or Service	Provided On-Site	Provided Through Referral	Referral Provider Name & Location
Female sterilization (<i>counseling provided, consent signed, scheduling & payment for procedure, even if procedure done elsewhere</i>)			
Intrauterine Contraception (IUD/IUS)			
Hormonal Implant (Nexplanon™)			
Medroxyprogesterone Acetate (DMPA/Depo)			
Oral Contraceptives (<i>providing a client with a prescription does not meet the definition of "on-site"</i>)			
Transdermal Hormonal Contraceptive (Patch)*			
Vaginal Hormonal Contraceptive (Ring)*			
Diaphragm and/or Cervical Cap			
Contraceptive Sponge			
Female Condoms			
Spermicidal Methods or Products			
Natural Family Planning Instruction			
Abstinence Education			
Male sterilization (<i>counseling provided, consent signed, scheduling & payment for procedure, even if procedure done elsewhere</i>)			
Male Condoms			

*At least one of these two methods (patch/ring) **must** be provided on-site; the other may be provided by referral.

The services on the table below are optional. Please complete the table below with services Applicant intends to provide.

Optional Services (<i>see Appendix B for reimbursable procedure codes</i>)	Provided On-site	Not Provided	Provided Through Referral	Subcontracted
Breast and Cervical Cancer Diagnostic Services				
Limited Prenatal Services				
Immunizations				

FORM K: FAMILY PLANNING CERTIFICATION

This certification pertains to the following Family Planning Program Applicant:

Applicant's Name _____

Federal Tax ID Number _____

NPI Number _____

Applicant's primary billing address:

Street Address _____

Street Address City/State/Zip Code _____

Telephone Number _____

Applicant's primary physical address:

Street Address _____

DEFINITIONS

For the purposes of this certification, the following terms are defined as follows:

The term *"Affiliate"* means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control; a franchise; or
2. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, articles of incorporation, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term *"Promote"* means advancing, furthering, advocating, or popularizing Elective Abortion by, for example:

1. taking affirmative action to secure Elective Abortion services for a Family Planning Program Client (such as making an appointment, obtaining consent for the Elective Abortion, arranging for transportation, negotiating a reduction in an Elective Abortion provider fee, or arranging or scheduling an Elective Abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
2. furnishing or displaying to a Family Planning Program Client information that publicizes or advertises an Elective Abortion service or provider; or
3. using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.

My name is _____ . I am the provider or, if the provider is an organization, I am the provider's _____ (title or position) I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that the Texas Legislature has specified that Family Planning Program funds may not be used to pay the direct or Indirect Costs of abortion procedures provided by HHSC contractors, or distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures. (H.B. 1, 84th Legislature, Regular Session, 2015, art. II, at II-104, Section 85 (relating to Prohibition on Abortions-Family Planning). I also understand that to receive Family Planning Program funds I must, if applicable, meet the organization requirements under Health and Human Services Commission Rider 87 of the 2016-17 General Appropriations Act (H.B. 1, 84th Legislature, Regular Session, 2015, art. II, at II-104, Section 87 (relating to Family Planning Affiliate Requirements)).

I understand that I am not qualified to participate in the Family Planning Program or to bill the Program for services if I, or any of my organization's subcontractors, perform or Promote Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions outside the scope of the Family Planning Program.
 I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate, as defined on p. 2 of this document, of an entity that performs or Promotes Elective Abortions. Furthermore, my organization, and any of my organization's subcontractors, are legally separate entities from entities that perform or Promote Elective Abortions.
 I affirm that this statement is true and correct.
3. In offering or performing a Family Planning Program service, I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions within the scope of the Family Planning Program.
 I affirm that this statement is true and correct.
4. In offering or performing a Family Planning Program service, I, as well as my organization's subcontractors, maintain physical and financial separation between any Family Planning Program activities and any Elective Abortion-performing or abortion-promoting activity, in particular:
 - a. All Family Planning Program services are physically separated from any Elective Abortion activities, no matter what entity is responsible for the activities;
 - b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
 - c. None of the funds that I, or any of my organization's subcontractors, receive for performing Family Planning Program services are used to directly or indirectly support

the performance or promotion of Elective Abortions by an Affiliate, and my, and any of my organization's subcontractors', accounting records can confirm this;

- d. My organization does not, nor do any of my organization's subcontractors, transfer any funds, through gift or payment, to an entity that performs or Promotes Elective Abortions. My organization and my organization's subcontractors do not share expenses or costs (including overhead, rent, phone, equipment, or utilities) with an entity that performs or Promotes Elective Abortions;
- e. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
- f. Any employee employed by my organization, or any my organization's subcontractors, is not also employed by an entity that performs or Promotes Elective Abortions.

I affirm that this statement is true and correct.

- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.

I affirm that this statement is true and correct.

- 6. I cannot affirm that the statements 1-5 above are "true and correct," but I do affirm all of the following: I do not perform Elective Abortions; none of the funds that I, or any of my organization's subcontractors, receive (or will receive) for performing Family Planning Program services are (or will be) used to directly or indirectly support the performance of Elective Abortions, and my accounting records can confirm this; my organization does not, nor do any of my organization's subcontractors, transfer any Family Planning Program funds, through gift or payment, to an entity for the performance of Elective Abortions; and I comply with all of the requirements of Health and Human Services Commission Rider 87, Sections a - g, under the 2016-17 General Appropriations Act (H.B. 1, 84th Legislature, Regular Session, 2015, art. II, at II-104, Section 87 (relating to Family Planning Affiliate Requirements)) if applicable.

I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- 1. If I fail to complete and submit this certification, I will be disqualified from the Family Planning Program and the Texas Health and Human Services Commission (HHSC) (henceforth, "HHSC") will deny any claims I submit for Family Planning Program services.
- 2. If, after I submit this signed certification, I, or any my organization's subcontractors, perform or agree to perform, or Promote Elective Abortions, I will notify HHSC at least 30 calendar days before such action is taken. If I fail to notify HHSC as required, I will be disqualified from the HHSC Program and HHSC will deny any claims I submit for Family Planning Program services.
- 3. If, while participating in the Family Planning Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the Family Planning Program, and HHSC will deny any claims I submit for Family Planning Program services.
- 4. If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the Family Planning Program, HHSC may place a payment hold on claims submitted by me or my organization for Family Planning Program services until HHSC can make a final determination regarding my eligibility.
- 5. If HHSC determines that I am ineligible to receive funds under the Family Planning Program:
 - a) HHSC may recoup Family Planning Program funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all Family Planning Program claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the Family Planning Program until I comply with the provisions of this certification form.

If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HHSC Program.

If statements 1 – 5 are, or alternatively statement 6 is, marked “true,” the effective dates of your certification are as follows: (The effective date of the Certification spans from the contract start date through the end of the contract/project year.)

Effective Date of Certification: 07/01/2016 through 08/31/2017.

Note: Each Applicant must complete a new certification form annually and provide it to HHSC prior to execution of a Family Planning Program contract. The certification form will be provided to Applicants and/or contractors as a part of the contracting packet.

If, after certification, you can no longer affirm that any of statements 1 – 5 are, or alternatively 6 is, true, you must request an immediate termination of your Family Planning Program certification.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

10. APPENDICES

The remainder of the page is intentionally left blank.

APPENDIX A: Family Planning Program Reimbursable Procedure Codes

The Family Planning Program was directed to implement a 7% reduction to reimbursement rates effective September 1, 2011. Consequently, the CPT code reimbursement rates will remain the same and the 7% reduction will be taken from the total amount to be reimbursed.

A list of reimbursable Family Planning Program procedure codes are listed below. Please note that reimbursement rates are subject to change.

APPENDIX A - Core Family Planning Services

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
Anesthesia	00851	*
Surgery - integumentary system	11976	150.00
	11981	103.45
	11982	117.08
	11983	163.06
Surgery - male genital system	55250	303.12
Surgery - female genital system	57170	22.05
	58300	69.00
	58301	76.72
	58340	88.75
	58565	442.57
	58600	292.70
	58611	61.75
	58615	195.67
	58670	282.81
58671	283.08	
Radiology - diagnostic imaging	73060	28.06
	74000	20.80
	74010	32.39
	74740	66.83
Radiology - diagnostic ultrasound	76830	96.28
	76856	96.28
	76857	50.79
	76881	96.28
	76882	30.35
	76998	137.65

*Reimbursement rate dependent on multiple factors

APPENDIX A - Core Family Planning Services

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
Pathology & Lab - organ or disease oriented panels	80061	18.83
Pathology & Lab - drug testing	80300	12.36
	80301	12.36
Pathology & Lab - urinalysis	81000	4.45
	81001	4.45
	81002	3.60
	81003	3.16
	81005	3.05
	81015	4.28
	81025	8.90
Pathology & Lab - chemistry	82947	5.52
	82948	4.45
	84443	23.63
	84702	2.29
	84703	10.57
Pathology & Lab - hematology and coagulation	85013	3.34
	85014	3.34
	85018	3.34
	85025	10.93
	85027	9.10
Pathology & Lab - immunology	86318	18.21
	86580	
	86592	6.00
	86689	27.22
	86695	18.55
	86696	27.22

APPENDIX A - Core Family Planning Services

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
	86701	12.49
	86702	14.85
	86703	19.28
	86762	20.23
	86803	20.07
Pathology & Lab - transfusion medicine		
	86900	4.20
	86901	4.20
Pathology & Lab - microbiology		
	87070	12.11
	87086	11.36
	87088	11.39
	87102	11.81
	87110	27.55
	87205	6.00
	87210	6.00
	87220	6.00
	87252	36.66
	87389	33.86
	87480	28.20
	87490	28.20
	87491	49.35
	87510	28.20
	87535	49.35
	87590	28.20
	87591	49.35
	87624	47.87
	87625	49.47
	87660	28.20
	87797	28.20
	87800	56.41
	87801	98.70

APPENDIX A - Core Family Planning Services

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
	87810	16.86
	87850	16.86
Pathology & Lab - cytopathology		
	88150	14.86
	88164	14.86
	88175	37.25
Medicine - immunization administration		
	90460	8.00
	90471	7.84
Medicine - vaccines/toxoids		
	90649	158.07
	90650	138.14
	90651	175.03
Medicine - hydration, diagnostic injections/infusions, chemo		
	96372	18.98
Medical nutrition therapy		
	97802	26.73
	97803	22.99
	97804	12.03
Medicine - special services, procedures, and reports		
	99000	9.30
	99078	29.40
Behavioral change interventions, individual		
	99406	11.18
	99407	21.82
HCPCS A Codes - Supplies		
	A4261	50.84
	A4264	1560.00
	A4266	34.11
	A4267	0.54
	A4268	2.83
	A4269	12.26

APPENDIX A - Core Family Planning Services

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
	A9150	14.00
HCPCS H Codes - Rehabilitative services		
	H1010	12.30
HCPCS J Codes - Drugs other than oral		
	J0696	0.68
	J1050	64.98
	J3490	5.01
	J7297	671.25
	J7298	826.72
	J7300	753.78
	J7301	663.32
	J7303	93.53
	J7304	37.48
	J7307	672.61
HCPCS S Codes - Private payer codes		
	S4993	19.42
	S5000	5.90
Office or Other Outpatient Services		
	99201	26.04
	99202	41.09
	99203	55.52
	99204	81.24
	99205	101.00
	99211	13.49
	99212	22.59
	99213	33.95
	99214	47.68
	99215	73.40
Evaluation and Management		
	99241	39.66
	99242	62.10
	99243	80.23

APPENDIX A - Core Family Planning Services

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
	99244	112.50
Preventive Medicine		
	99384	93.40
	99385	78.85
	99386	92.22
	99394	85.93
	99395	68.43
	99396	74.84

APPENDIX B: Optional Services
Optional Services – Breast and Cervical Cancer Diagnostics

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
Breast Cancer Screening		
Anesthesia	00400	*
Surgery - general	10022	90.21
Surgery - integumentary system	19000	84.47
	19081	508.95
	19082	411.12
	19083	505.47
	19084	405.50
	19100	112.80
	19101	254.74
	19120	370.75
	19125	364.03
	19126	122.96
	19281	183.37
	19282	352.31
	19283	208.23
	19284	152.63
	19285	352.31
	19286	295.37
Radiology - diagnostic imaging	71010	22.05
	71020	28.74
	76098	17.04
Radiology - diagnostic ultrasound Procedure Grouping	76641	91.69
	76642	84.20
	76942	163.86
Radiology - breast mammography	77051	8.02
	77052	8.02
	77053	54.80
	77055	70.03
	77056	90.09
	77057	64.15
	77058	495.58
	77059	491.84
Pathology & Lab - organ or disease oriented panels	80048	11.89
Pathology & Lab - organ or disease oriented panels	80053	14.85

Pathology & Lab - hematology and coagulation

85730

8.44

**APPENDIX B -
Optional Services – Breast and Cervical Cancer Diagnostics**

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
Breast Cancer Screening		
Anesthesia	00400	*
Surgery - general	10022	90.21
Surgery - integumentary system	19000	84.47
	19081	508.95
	19082	411.12
	19083	505.47
	19084	405.50
	19100	112.80
	19101	254.74
	19120	370.75
	19125	364.03
	19126	122.96
	19281	183.37
	19282	352.31
	19283	208.23
	19284	152.63
Pathology & Lab - surgical pathology	88305	54.53
	88307	229.35
Medicine - cardiovascular	93000	12.83
Cervical Cancer Screening Services		
Anesthesia	00940	18.42
Surgery - female genital system	57452	67.37
	57454	100.65
	57455	82.10
	57456	76.65
	57460	120.83
	57461	139.93
	57500	55.10
	57505	66.55
	57520	199.66
	57522	178.11
	58110	30.82
Radiology - diagnostic imaging	71010	18.71
	71020	24.32
Pathology & Lab - organ or disease oriented panels	80048	11.89
	80053	14.85

**APPENDIX B -
Optional Services – Breast and Cervical Cancer Diagnostics**

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
Breast Cancer Screening		
Anesthesia	00400	*
Surgery - general	10022	90.21
Surgery - integumentary system	19000	84.47
	19081	508.95
	19082	411.12
	19083	505.47
	19084	405.50
	19100	112.80
	19101	254.74
	19120	370.75
	19125	364.03
	19126	122.96
	19281	183.37
	19282	352.31
	19283	208.23
	19284	152.63
Pathology & Lab - hematology and coagulation	85730	8.44
Pathology & Lab - cytopathology	88141	24.06
	88142	28.49
	88143	28.49
	88173	*
	88174	30.05
Pathology & Lab - surgical pathology	88305	54.53
	88307	229.35
Medicine - cardiovascular	93000	12.83
Medicine - psychiatry	90791	113.91
	90792	113.91

*Reimbursement rate dependent on multiple factors

**APPENDIX B -
Optional Services – Breast and Cervical Cancer Diagnostics**

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
Breast Cancer Screening		
Anesthesia		
	00400	*
Surgery - general		
	10022	90.21
Surgery - integumentary system		
	19000	84.47
	19081	508.95
	19082	411.12
	19083	505.47
	19084	405.50
	19100	112.80
	19101	254.74
	19120	370.75
	19125	364.03
	19126	122.96
	19281	183.37
	19282	352.31
	19283	208.23
	19284	152.63
Problem-Focused Gynecological Services		
Surgery - female genital system		
	56405	78.28
	56420	66.56
	56501	81.53
	56515	142.21
	56605	43.84
	56606	21.65
	56820	61.48
	57023	225.07
	57061	69.50
	57100	47.58
	57421	89.01
	57511	94.63
	58100	63.35

*Reimbursement rate dependent on multiple factors

APPENDIX B - Optional Services - Immunizations and Vaccinations

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
Medicine - immunization administration	90460	8.00
	90471	7.84
	90472	7.84
Medicine - vaccines/toxoids	90632	45.54
	90633	30.73
	90636	99.08
	90654	17.82
	90656	13.28
	90660	22.10
	90670	145.05
	90673	35.04
	90707	63.94
	90710	180.40
	90714	19.32
	90715	32.46
	90716	113.28
	90732	73.34
	90733	132.15
	90734	121.15
	90736	196.04
90743	22.82	
90744	22.82	
90746	56.25	

APPENDIX B - Optional Services - Prenatal Services

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
Surgery - maternity care and delivery	59025	33.55
	59430	92.47
Radiology - diagnostic ultrasound	76801	96.28
	76802	62.25
	76805	96.28
	76810	94.23
	76811	373.03
	76813	62.25
	76815	62.25
	76816	62.25
	76817	62.25
	76818	96.28
	76819	85.88
	76820	39.44
Pathology & Lab - organ or disease oriented panels	80055	35.60
Pathology & Lab - drug testing	80300	12.36
	80301	12.36
Pathology & Lab - chemistry	82105	23.59
	82677	34.01
	82951	18.10
	84436	9.66
	84479	8.81
Pathology & Lab - hematology and coagulation	85384	11.95
	85610	5.53
Pathology & Lab - immunology	86336	21.92
	86777	20.23
	86778	17.97
Pathology & Lab - transfusion medicine	86850	7.15
	86900	4.20
	86901	4.20
Pathology & Lab - microbiology	87081	9.32
	87184	9.70
	87340	14.53

APPENDIX B - Optional Services - Prenatal Services

Procedure Grouping	Procedure Code	Reimbursement Rate (in dollars and cents)
Medicine - vaccines/toxoids	90656	13.28
	90658	16.16
	90686	16.94
	90688	15.87
	90715	32.46
HCPCS A Codes - Supplies	A4253	28.28
	A4258	14.65
	A4259	11.10
HCPCS J Codes - Drugs other than oral	J0702	5.42
	J1100	0.15
	J1725	2.82 per mg
	J2790	75.92

APPENDIX C: Family Planning Program Rules

TITLE 25 HEALTH SERVICES
PART 1 DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 56 FAMILY PLANNING

§56.1 Introduction

The requirements in this chapter apply to the department's Family Planning Program unless otherwise specified within the section. Department Family Planning providers are also required to observe all guidelines and operating procedures outlined in the most recent Family Planning Policy Manual, as required by their contracts. In addition to the requirements set out in this chapter, Title XIX (Medicaid) providers must comply with the terms and conditions of the Provider Agreement signed by all providers as a condition of participation in the Texas Medical Assistance Program.

§56.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings.

- (1) Client--Any individuals seeking assistance from a Department of State Health Services contractor or provider to meet their family planning goals.
- (2) Commission--The Texas Health and Human Services Commission.
- (3) Contraception--Any United States Food and Drug Administration (FDA)-approved means of pregnancy prevention. Methods include permanent methods and temporary methods.
- (4) Department--The Department of State Health Services.
- (5) Family planning services may include:
 - (A) health history and physical;
 - (B) counseling and education;
 - (C) laboratory testing;
 - (D) provision of a contraceptive method; and
 - (E) referrals for additional services as needed.
- (6) Intended pregnancy--Pregnancy a woman reports as desired at the time of conception.
- (7) Medicaid--Title XIX of the Social Security Act.

Family Planning Program

529-16-0102

(8) Provider--Any entity that receives department or Title XIX funding to provide family planning services.

(9) Region--Any of the public health service regions established by the Department of State Health Services.

(10) Title XIX family planning program--Family planning services provided under Title XIX (Medicaid) of the Social Security Act, 42 United States Code §1396 et seq.

§56.3 Purposes

The purposes of family planning services are:

- (1) to enable women and men to determine the preferred number and spacing of their children;
- (2) to positively affect the outcome of future pregnancies;
- (3) to increase the proportion of intended pregnancies; and
- (4) to improve the health status of Texas communities.

§56.4 Maximum Rates and Specific Codes

For payment of purchased counseling, educational, medical, and sterilization department family planning services maximum rates are established by the department according to specific diagnosis and procedure codes. The commission sets fees, charges, and rates for family planning services provided under Title XIX (Medicaid).

§56.5 Contraceptive Methods

A broad range of FDA-approved methods of contraception must be made available to the client, either directly or by referral to another provider of contraceptive services. All brands of the different contraceptive methods need not be made available; however, each major contraceptive category must be made available.

§56.6 Prohibition of Abortion

Abortion is not considered a method of family planning, and no state funds appropriated to the department shall be used to pay the direct or indirect costs (including overhead, rent, phones, equipment, and utilities) of abortion procedures provided by department providers.

§56.7 Requirements for Reimbursement of Family Planning Services

The commission and the department shall reimburse providers for services in compliance with program standards, policies and procedures, and contract requirements unless payment is prohibited by law.

§56.8 Records Retention

Family Planning Program

529-16-0102

Department providers shall maintain for the time period specified by the department all records pertaining to client services, contracts, and payments. Title XIX (Medicaid) record retention requirements are found in 1 Texas Administrative Code §354.1004 (relating to Retention of Records). All records relating to services must be accessible for examination at any reasonable time to representatives of the commission and/or the department and as required by law.

§56.9 Abuse Reporting

Texas Family Code, Chapter 261, requires child abuse reporting.

(1) Providers are required to have an internal policy and procedure concerning determination, documentation, and reporting instances of sexual and non-sexual abuse in accordance with the department's Child Abuse Screening Documenting and Reporting Policy.

(2) Additionally, providers must develop an agency specific policy for Human Anti-Trafficking and Intimate Partner Violence to comply with abuse reporting guidelines and requirements as interpreted by department policy.

§56.10 Freedom of Choice

Clients have the right to freely choose family planning methods and sources of services. Clients shall not be coerced to accept services.

§56.11 Confidentiality

Providers shall safeguard client family planning information. Clients must provide written authorization prior to the release of any personally identifying information except reports of child abuse required by Texas Family Code, Chapter 261, and as required or authorized by other law. The department may distribute appropriated funds only to providers that show good faith efforts to comply with all child abuse reporting guidelines and requirements as interpreted by department policy.

(1) Providers shall ensure client confidentiality and provide safeguards for clients against the invasion of personal privacy.

(2) All personnel (both paid and volunteer) must be informed during orientation of the importance of keeping information about a client confidential.

(3) Clients' records must be monitored to ensure access is limited to appropriate staff and to department and/or commission staff or their authorized representatives.

(4) The client's preference of methods of follow-up contact shall be documented in the client's record.

(5) Each client shall receive verbal assurance of confidentiality and an explanation of what confidentiality means.

§56.12 Eligibility for Family Planning Services

Eligibility shall be determined according to the requirements of the most recent department Family Planning Policy Manual. Department providers shall not deny family planning services to eligible clients because of their inability to pay for services. Title XIX (Medicaid) eligibility is determined by the guidelines set by the commission. Individuals who receive Medicaid are eligible for family planning medical, counseling, and educational services.

§56.13 Consent

Department Family Planning services must be provided with consent from the minor's parent, managing conservator, or guardian only as authorized by Texas Family Code, Chapter 32, or by federal law or regulations. Providers may reference the current Family Planning Policy Manual. A provider may not require consent for family planning services from the spouse of a married client.

§56.14 Family Planning for Adolescents

(a) Adolescents age 17 and younger shall be provided individualized family planning counseling and family planning medical services that meet their specific needs as soon as possible.

(b) The provider shall ensure that:

(1) counseling for adolescents seeking family planning services have parental consent;

(2) counseling for adolescents includes information on use of all medically approved birth control methods, including abstinence; and

(3) appointment schedules are flexible enough to accommodate access for adolescents requesting services.

§56.15 Civil Rights

Providers shall make family planning and genetic services available without regard to marital status, parenthood, handicap, age, color, religion, sex, ethnicity, or national origin. The provider must comply with Title VI of the Civil Rights Act of 1964 (Public Law 88 - 352); §504 of the Rehabilitation Act of 1973 (Public Law 93 - 112); The Americans with Disabilities Act of 1990 (Public Law 101 - 336), including all amendments to each; and all regulations issued pursuant to these Acts.

§56.18 Family Planning Genetics Services Provided

Family planning genetics services must be prescribed by a physician (MD or DO) and have implications for reproductive decisions. Services may include the following, based on the client's needs:

(1) health history and detailed family genetic health history;

(2) medical genetics physical examination;

- (3) psychosocial genetic assessment;
- (4) medical genetic counseling;
- (5) psychosocial genetic counseling;
- (6) follow-up genetic counseling;
- (7) prenatal genetic diagnostic services; and
- (8) laboratory services.

§56.19 Limitations of Family Planning Genetics Services

For the Title XIX Family Planning Genetics Program, the following types of services are not allowed:

- (1) genetic services for conditions that do not have serious psychosocial or medical implications for the client; and
- (2) prenatal diagnosis for sex determination of the fetus alone without implications for genetic disorders.

APPENDIX D: HHSC Uniform Terms and Conditions - Version 2.12



Grantee UTC
VERSION 2.12 -- HTV

APPENDIX E: HHSC Special Conditions, Version 1.0



HHSC Special
Conditions 1 0.pdf

**APPENDIX F: Fiscal Year 2016 Policy and Procedure Manual for
Family Planning Services**



APNDX F - FY16
Family Planning Poli

APPENDIX G: Standards for Public Health Clinic Services



APNDX G - DSHS
Clinic Standards.pdf

APPENDIX H: HUB CMBL Listing



HUB Listing.pdf

APPENDIX I: Certifications and Other Required Forms

- Form 1: [Child Support Certification \(PDF\)](#)
- Form 2: [Debarment, Suspension, Ineligibility, ... Certification \(PDF\)](#)
- Form 3: [Federal Lobbying Certification \(PDF\)](#)
- Form 4: [Required Certifications \(PDF\)](#)
- Form 5: [Respondent Information and Disclosures \(PDF\)](#)
- Form 6: [Anti-Trust Certification \(DOC\)](#)
- Form 7: [HUB Subcontracting Plan \(HSP\)](#)
- Form 8: [Security and Privacy Initial Inquiry \(SPI\)](#)

APPENDIX J: Women At Or Below 200% FPL By County



Women At Or
Below 200 Percent F