Michigan Department of Community Health
Division of Family and Community Health
Request for Proposals (RFP) for Title X Family Planning Grants

Frequently Asked Questions

Questions on this RFP for Title X Family Planning Grants will be responded to in writing in this document. All questions must be received either by email, dfch@michigan.gov, or by fax, 517-335-8822. Questions received after August 18, 2006 at 5:00 p.m. will not receive a response. It is the applicant’s responsibility to regularly check this correspondence for updates.

The most recent responses will be posted at the top of this document under the heading, “Recent Questions.” Responses will also be organized by topic later in the document. All questions and responses will be dated.

**Please Note: All RFP questions received are reflected below. In some cases below, one response addresses two questions.

Recent Questions:

Q: Under Clinical Management, question #5, it asks applicants to identify any required services that will not be provided directly by the applicant (directly in this context means subsidized by Title X). Are you talking about Title X services that may not be provided on site such as cervical caps and IUDs or service that agencies participate in by referral such as sterilizations and colposcopy?

A: Title X agencies are required to provide certain clinical services related to family planning. Good references for required services are Sections 7.0 and 8.0 in the Michigan Family Planning Standards and Guidelines. Section 7.0 states that “All delegate agencies must offer a broad range of acceptable and effective medically approved family planning methods and services either on-site or by referral.” Therefore, when answering this question, an applicant should describe if any methods are only provided by referral. Sterilizations, IUDs and cervical caps (as mentioned in the question above) should be detailed in this question if provided by referral.

Title X agencies should be prepared to provide referrals for colposcopies if not provided on-site, however, colposcopies are not Title X required services and do not need to be described in this question.

Q: If an agency applying also provides primary care services beyond family planning (such as an FQHC), can the Title X family planning services be provided by the same staff and at the same time as other primary care services? For example, a women presents for an upper respiratory infection and during the visit the primary care provider inquires as to her family planning method. The provider
learns that she is in need of an exam, counseling, and contraception. The woman is not eligible for Plan First as her income is 200% of poverty. It appears this would be a legitimate Title X service. (8/3/06)

A: We have prepared the answers to these questions relative to FQHC’s with considerable consultation and dialogue with federal consultants, including the individual who conducts the federal fiscal reviews for Title X. Clearly, trying to align these two separate sources of federal funds involves a particularly complex set of issues.

Title X has extensive and stringent fiscal and program requirements that can and do conflict with those of other federal programs and funding sources. Yet, if Title X funds support any component of the service, all Title X federal requirements must be adhered to; that is, other program requirements cannot supersede or supplant Title X mandatory requirements. Blending conflicting program requirements can potentially cause an agency to be in a position of being unable to defend compliancy with Title X regulations upon a site review. For this reason, and upon the advice of federal consultants, we have asked that services not be commingled.

In conferring with federal consultants, they have indicated it is possible for Title X to co-exist with other FQHC-funded clinic services. However, it would be an arduous task and difficult to withstand a rigorous audit. They report they have seen it done only once in a location with a highly sophisticated accounting and clinical documentation systems. The grantee agency (MDCH, in this case) is required to secure Regional Office approval for all delegate agencies. At this time the Regional Office is expressing considerable concern about service arrangements that are at high risk of financial supplanting, due to the difficulty of demonstrating clear fiscal separation of service delivery costs and the added complexity of assuring that the extensive Title X requirements are met in totality.

That said, any agency providing services in addition to Title X family planning must clearly separate Title X grant related funds from other sources in such a manner as to stand up to a rigorous audit. In addition, Title X funds cannot supplant other funding. It would be a challenge to clearly and completely separate financial, administrative, educational and clinical Title X requirements while running another service at the same time, in the same facility and using the same staff. The Federal Office of Management and Budget (OMB) Circulars for fiscal requirements will need to be consulted for required guidance. See the response to the next question for source citation.

In the example, it can’t be determined that because the woman meets sliding scale income requirements for Title X her service could be designated Title X supported. Before such an arrangement could receive Title X approval, the provider who delivers family planning services must identify their current level of family planning services, demonstrate they will continue this level of family planning services and then demonstrate how the Title X funds will be used to serve an expanded number of people in a designated Title X setting.
• Title X services are intended to enable persons who want family planning services to have access to contraceptive care. The target populations are those in low income families with priority for services going to those in poverty. However, anyone that comes through the Title X service door is to receive the same services without regard to how the services will be paid for. This is one of many requirements that make integrating Title X services in a primary care setting potentially more difficult or a more demanding task.

• All Title X requirements must be strictly enforced and maintained, and can present conflicts with other clinical operations. Examples of requirements that may present conflicts, and/or require additional effort or could be complicated and tedious to systematically implement and monitor to assure regulations are met:

• A schedule of discounts must be implemented with proportional increments so that inability to pay is never a barrier to service. The schedule is required for individuals with family incomes between 101% and 250% of the Federal poverty level. The schedule of discounts must be applied to all services and supplies. If a center has a different sliding fee schedule, when charging for Title X supported services this is a mandatory schedule that must be applied.

• Clients whose income is at or below 100% of the Federal poverty level must not be charged. This includes no co-pays of any kind. Documentation of income must not be required. Income must be self declared. Per visit charges are not allowable.

• All projects must offer a broad range of acceptable and effective medically approved family planning methods and services either on-site or by referral. Clients can not be limited to select contraceptive methods because of the cost. Contraceptive selection can not be determined based on the ability to pay (either by the client, public or private third party payers), nor client’s ability to contribute to the cost of the service and method. Contraceptive methods must be disbursed at the time of the clinic or supply pick-up visits, either in the clinical setting or by the on-site, in-house pharmacy

• Title X projects may not require written consent of parents or guardians for the provision of services to minors. Nor can parents or guardians be notified of a minor’s receipt of services. Diligent efforts must be maintained to assure inadvertent parental/guardian notification or information is provided about a family planning visit or service. For example, through the billing for a primary care service.

• Services must be provided regardless of age and with no residency requirement. In a case where a clinic has a service area, if an individual who reside outside of the area presents for Title X services, they must be served without regards to residence.
Q: Is a Title X agency required to maintain separate staff, separate appointments, separate clinic hours and services, and separate records for Title X clients from other clients they may provide other primary care services to? If not, please clarify what separations are required and why. (8/3/06)

A: Title X requires total separation of service costs and an assurance all program requirements are met. Separation of costs must meet the requirements in the appropriate Office of Management and Budget (OMB) Circulars No. A-87 “Cost Principles for State, Local and Indian Tribal Governments” or A-122 “Cost Principles for Non-Profit Organizations,” depending upon the applicant’s agency type. For examples see Attachment B “Compensation for Personal Services.” Where employees work on multiple activities or cost objectives, the distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that meet the OMB standards.

An agency must also be able to allocate all costs for delivering the services to the appropriate funding source, either Title X family planning or primary care, adhering to requirements in OMB Circular No. 87, such as in “State/Local-Wide Central Service Cost Allocation Plans” while not supplanting primary care covered services costs with Title X funds.

It must be assured that all administrative, financial, clinical, and educational requirements are met and documented in records that are readily available for review or audit. This requires maintaining a list of Title X service recipients so that records can be selected randomly for record reviews during a site review.

Title X family planning client records must be maintained under strict confidentiality in which no one unaffiliated with Title X family planning services can have access to family planning records. The agency has to decide whether in a combined record environment the Title X record confidentiality can be maintained as required.

Q: It would seem reasonable to have clinics that provide both Title X and other primary care services to simply designate clients as Title X or not Title X dependent upon the primary reason for presentation for services and eligibility for Plan First. For women whose primary diagnosis or reason for presentation is for reproductive health services and who are not Plan First participants, it seems these should be allowed to be counted as Title X clients. Please confirm. (8/3/06)

A: This question is being addressed in two parts.

Part A “It would seem reasonable to have clinics that provide both Title X and other primary care services to simply designate clients as Title X or not Title X dependent upon the primary reason for presentation for services and eligibility for Plan First.”

Title X services can be delivered to anyone who seeks family planning services. Therefore, for individuals seeking family planning services, one can not be designed Title
X based on family income or payment source. However, if the example intended one individual to present for both family planning services and primary care services, this person could receive Title X family planning and primary care services. If services are provided in this manner, these are the requirements: the agency has systems in place to adequately document that Title X services were delivered accordingly; assuring all clinical, administrative and educational requirements were met and have a sufficient cost allocation methodology that meets the federal regulations as discussed in the answers to questions 1 and 2 above.

**Part B** “For women whose primary diagnosis or reason for presentation is for reproductive health services and who are not Plan First participants, it seems these should be allowed to be counted as Title X clients. Please confirm.”

Under the Title X definition, all persons presenting for contraceptive services no matter their source of payment (private third party, self pay, sliding fee, and any public payment source such as Medicaid including Plan First!) are counted as Title X clients as long as they meet the definition of a user. (See the MI Title X Family Planning Program Standards and Guidelines Manual 2006, page 151, and the Title X Family Planning Annual Report forms and instruction manual, pages 5 and 6, for the definition of a family planning encounter and client record.) The source of payment for family planning services is not the determining factor for being counted as a Title X user.

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**Archived Questions:**

**Allocations and Caseload**

**Q: If there is only one successful applicant who proposed to serve a county, would they be required to accept the entire Title X caseload for that county, even if they only applied to serve a portion of that caseload? (7/6/06)**

A: No. An applicant will only be responsible for serving the caseload they applied to serve. However, the state may encourage the applicant or another successful applicant to expand their proposed caseload to ensure that the entire caseload in need is served. Ultimately, it is the decision of the applicant how many clients they propose to serve. (7/6/06)

**Q: If there is more than one successful applicant who proposes to serve a county, would they be required to serve that county’s caseload as a group? (7/6/06)**

A: No. Applicants will not be required to serve the county as a group; however collaboration among providers is always encouraged. (7/6/06)
Q: In reviewing Section V: Funding, is it correct to assume that if a delegate agency exceeds its Title X caseload, the agency would be paid $155.00 for each person over that caseload? (7/14/06)

A: MDCH allocates Family Planning Title X funds on a per person basis which sets the agreement caseload and contracted funding level. However, reimbursement of grant funds is based on Financial Status Reports (FSRs), in accordance with the terms and conditions of the grant agreement and budget.

Title X funding is first source funding subject to performance requirements. That is, reimbursement from MDCH is based upon the understanding that the Title X caseload level of performance must be met in order to receive full reimbursement of costs (net program income and other earmarked sources) up to the contracted amount of grant funds prior to any utilization of local funds, if local funds are used. Reimbursement is not based on the per person allocation. The maximum reimbursement an agency may receive is the amount of the agreement which is set by the allocation. (7/14/06)

Q: If there is more than one applicant for a county/city, will both counties be competing for the number of clients listed in the Title X Caseload Allocation column on the “By County Family Planning Caseload and Funding Distribution for FY 08” worksheet? (7/17/06)

A: Correct. The “By County Family Planning Caseload and Funding Distribution for FY 08” worksheet lists the Title X Caseload Allocation available for each county and the city of Detroit. If there is more than one applicant in a county, both applicants will be competing for the number of clients listed in the Title X Caseload Allocation column.

That worksheet also details the Plan First! Caseload Minimum for each county. Agencies are expected to serve this number in addition to the Title X Caseload. However, if an agency proposes to serve a portion of the Title X Caseload, they would only be responsible for serving the same portion of the Plan First! Caseload. This RFP will distribute Title X Caseload and funds only. Plan First! reimbursement will come from Medicaid via the billing system.

In addition to the Title X funding allocation, Title X providers receive benefits such as qualifying for 340B pharmaceutical pricing, and participation in supplemental programs such as bulk purchasing of condoms and laboratory testing services for Chlamydia and Gonorrhea, centralized sterilization, and regional colposcopy services. (7/17/06)

Q: The RFP requires that applicants submit a proposed minimum and maximum caseload. What is that based on if the allocation is predetermined? (7/17/06)

A: The allocation available for each county/city is predetermined, but each applicant may submit a proposal to serve a portion of that Title X caseload allocation. For instance, Wayne County’s Title X Caseload Allocation is 14,289. An applicant is not required to serve all 14,289 clients and may determine the maximum and minimum
number of the Title X Caseload they propose to serve. If they propose to serve 50% of the total 14,289 than that agency must also be prepared to serve 50% of the Plan First! Caseload Minimum listed for Wayne County. (7/17/06)

Q: About one-third of our current Title X caseload are women with Medicaid HMO or straight Medicaid. These women will not be enrolled in Plan First!. Do you want us to count the Medicaid HMO and straight Medicaid clients as Title X or Plan First!? Are the Medicaid HMO and straight Medicaid women part of the FY 08 Title X Caseload Allocation or are they part of the Plan First! Caseload Allocation or are they separated from both? (7/26/06)

A: Medicaid HMO and straight Medicaid clients, as well as any other clients with 3rd party coverage, should be counted towards the contracted Title X caseload. The Plan First! caseload is Plan First! enrolled women only.

Keep in mind, that all clients—Medicaid HMO, straight Medicaid, Plan First!, teens, individuals with incomes above 250% of poverty—all clients should be counted on your Family Planning Annual Report (FPAR). Any person who is served in a Title X clinic gets counted on the FPAR. (7/26/06)

Q: In the RFP, you want us to project the minimum and maximum number of clients the agency is willing to target of the Title X caseload. Should we include Plan First! clients in this projection?

A: The minimum and maximum number of clients each agency projects to serve should be based on the Title X caseload only. These numbers are requested on the Application Cover Sheet. However, in the Proposal Summary, Section XI of the RFP, you are requested to list both a target Title X caseload and a Plan First! minimum target.

Q: What constitutes a “case” in defining a caseload target? Is it defined by a number of appointments kept, length of service, or grant cycle? In other words, can any type or level of family planning service per patient be counted as a case? (8/8/06)

A: A “case” can be used interchangeably with the terms “user” or “client.” An individual who has at least one family planning encounter at a Title X service site with the purpose to avoid unintended pregnancies or achieve intended pregnancy can be a “case.” A family planning encounter is a documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. For more information on what constitutes an encounter, please visit the Family Planning Annual Report (FPAR) directions which you can link to from the Michigan Title X Family Planning Program Standards and Guidelines Manual 2006.

When the RFP references an agency’s caseload, it is referencing the number of unduplicated clients or users who have at least one family planning encounter for family planning services with that agency for the contract year. (8/8/06)
Q: Will agencies proposing to serve multiple counties be held to the projected numbers for each county or is there flexibility within the total agency? (8/9/06)

Q: The RFP requires multi-county agencies/District Local Health Departments to detail caseload projections on a per-county basis. If the multi-county/District LHD is awarded the Title X funds, will that agency continue to be accountable for “agency-wide” caseload management or does MDCH now intend to shift accountability for caseload volume management to a county-specific basis? (8/17/06)

A: Agencies who receive awards to serve Title X clients in multiple counties should strive to meet the caseloads awarded for each county. However, there will be flexibility especially when counties are contiguous and clients can easily cross county borders for services. Agencies must meet their total contract caseload and must balance accomplishing this with efforts to serve the awarded caseload in each individual county. Applicants applying to serve counties that are not geographically bound should be prepared to document the caseloads met in each county. In either case, MDCH reserves the right to request a by county client breakdown, keeping in mind that the breakdown is based on the county in which a client is served not based on the county in which the client lives. Title X requires that services are rendered with no residency requirement. (8/9/06)

Q: How did MDCH arrive at the numbers given in the county caseload and funding distribution for FY 08? Are these the numbers that the counties are to use for the number of people proposed to be served? (8/9/06)

A: First, MDCH determined the number of people who could be served with the available funds (roughly $9 million) and using an allocation of $155 per person. This became the state’s target caseload, and equals 274,882 clients. Next, the state determined the number of women in need throughout the state. In this case, women aged 15-44 living at or below 100% of the federal poverty level were used as the proxy for women in need. Each county was allocated a Title X caseload proportional to the number of the statewide women in need living in that county. For example, if a county had 5 percent of the women in need in the state, then that county receives 5 percent of the state’s caseload. If the county has 10 percent of the women in need in the state, they would receive 10 percent of the state’s caseload.

To answer the second question, yes, the Title X caseload allocation is the number applicants should use to determine the number of people you are applying to serve. (8/24/06)

Q: Why is there a difference between the Title X and Plan First Caseload Target for FY 2007 and FY 2008? (8/18/06)
Q: Referring to the chart with targeted Title X caseload and Plan First! caseload, why would a county served by my agency have a significantly lower caseload target number than we currently served? (8/18/06)

A: This “Frequently Asked Questions” document can only respond to questions regarding this RFP and funding related to FY 2008. For a detailed description regarding how caseloads were determined for FY 2008, please refer to the question immediately above. An agency’s past caseload and funding distribution can not be addressed here and were not taken into consideration in the community’s caseload allocation process for this RFP. (8/24/06)

Q: Do agencies apply for the number of clients indicated in the Title X Caseload Allocation detailed on the “By County Family Planning Caseload and Funding Distribution for FY 08” table? (8/18/06)

A: Yes. Agencies should indicated the number of clients they are proposing to serve by county or City of Detroit in the “By County Family Planning Caseload and Funding Distribution for FY 08” table (See Column B). (8/24/06)

Q: In the Background and Needs Section, Question 6, it asks to identify the minimum and maximum number of clients the applicant agency is willing to target of the Title X caseload available for the area(s) proposed to serve. Should the Title X caseload include Plan First, Medicaid and private pay? (8/9/06)

Q: On the Application Cover Page, Item 7, asks for the Title X minimum and maximum number of people to be served. Should this number include Medicaid and Plan First clients as well? (8/16/06)

A: This information is requested to provide guidance for distributing Title X funds, Column D, and the designated caseload, Column C, of the “By County Family Planning Caseload and Funding Distribution for FY 08.” The expectation is for an application to select a minimum and maximum number of the designated caseload for each county or the city of Detroit identified in Column C of the table. (8/24/06)

Q: Our clinics serve clients who live in neighboring counties. Some of these counties have a Title X service provider. Can we bid for clients in neighboring counties? (8/17/06)

Q: Do we base our minimum and maximum projections on the county of residence or the county of service? (8/16/06)

A: Minimum and maximum projections should be based on the county of service. For instance, if an applicant has only one clinic and it is located in Oakland County, that applicant should apply for the minimum and maximum number of clients that they can serve at that clinic.
Applicants can apply to serve less than a county, less than the city of Detroit, or serve an area without a clinic site within its boundary. When doing this, the application must make a convincing argument for how this arrangement will meet the needs of the population served. Details are described in the RFP Section XII. Background and Need. Applicants should carefully review this section and specifically question #5 which details how applicants must clearly identify the target population and the number of clients to be served by income level when applying for either a portion of a service area or to serve a service area without a clinic site in its boundaries.

Though the Background and Need section addresses this issue most specifically, the method in which clients without a clinic site in their county will be served should be considered throughout the entire application. (8/24/06)

**Administrative Management**

**Q:** In the Program Narrative, Administrative Management section, applicants are asked to describe their history of administering family planning, adolescent, women’s health and primary care services. Will an applicant with prior experience as a Title X provider have a competitive advantage over an applicant who lacks such experience, other things being equal? (7/6/06)

**A:** As a truly competitive bid process, all applicants should use this question to describe and demonstrate their past history in delivering family planning (including Title X), adolescent, women’s health or primary care services. Applicants who can demonstrate a successful history in delivering these services will receive more points for this question than an applicant who is unable to demonstrate that experience. Title X or other family planning experience alone will not be awarded additional points; however, a past Title X provider should use that experience to write a strong application in general. (7/6/06)

**Background and Need**

**Q:** Regarding the demographic worksheet, which year do you want data to reflect for the cases and rates of Chlamydia, gonorrhea and syphilis by gender and age group? (7/20/06)

**A:** Current data will most accurately reflect the current needs of the community. A hyperlink is provided on the Demographic Worksheet to direct applicants to a source for that data. In this case, that source is the MDCH website. Data is available for Chlamydia, gonorrhea, and syphilis cases and rates by gender and age groups for each county for 2005. (7/20/06)

**Q:** In the Background and Needs Section, Question 7, it asks to describe existing services and justify the need for additional family planning services to meet community/cultural needs. What is meant by “justify the need for additional family planning services?” (8/9/06)
A: In this question, the applicant should describe the family planning services currently available in your community and detail why the services proposed by your agency are needed. Are the currently available services insufficient in some way? Can they serve the population in need? Will you be addressing additional barriers to care in your community such as geographic or cultural concerns? Basically, the applicant should describe why, if family planning services are already available in your community, another provider is needed. (8/9/06)

Financial

Q: On the Fiscal Review Questionnaire, under sub-recipient monitoring, is a sub-recipient an outside provider used for follow-up (abnormal pap smears, colposcopy services, etc.) or a completely separate entity contracted with for complete family planning services such as annual visits or birth control? (6/29/06)

A: A sub-recipient is a provider who has received an award from a recipient to provide family planning services, and is responsible and accountable for program standards and the funds spent. An arrangement for a single service like IUD insertion or with a laboratory for testing would be an example of a procurement contract, not a sub-recipient. (6/29/06)

Certifications and Assurances

Q: Who is the authorized agent that signs the Michigan Title X Assurance Form? (8/2/06)

A: The Michigan Title X Assurance Form should be signed by the agency director/CEO or his/her designee. (8/2/06)

Q: Do the director of the department or manager of the family planning clinic sign the provider certification form? Our agency does not provide, perform, or refer pregnant women for abortion. (8/2/06)

A: The Provider Certification Form regarding Public Act 360 should be signed by the agency director/CEO or his/her designee.

Keep in mind that all Title X agencies must offer options counseling. If a pregnancy test is positive, all the following counseling options to manage the pregnancy must be offered: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. The pregnant woman may indicate that she does not wish to receive information and counseling on one or all of these options. If requested to provide such information and counseling, provide neutral, factual information on each of the options, and referral upon request. (8/2/06)

Q: Do we need to include a policy statement for the Title X Assurance of Compliance Certification or do we just complete the form? (8/16/06)
Community Education and Outreach

Q: Is the objective “to promote the Title X program to almost the entire city population within the limits of Title X funding” a SMART objective? (8/8/06)

A: No. A SMART objective must be specific, measurable, attainable, reasonable and time sensitive. A SMART objective for program promotion should include the proposed promotion activities or tactics, target audiences, the number of activities purposed or the number of individuals reached, and a time frame for when that objective will be accomplished. All goals and objectives must be submitted in the required work plan format included in the RFP. Using that format, you are also asked to indicate the person responsible for that activity and an evaluation component. (8/8/06)

Q: The RFP requests letters of support from various types of providers including:
- School-Based or Linked Health Centers
- STI/HIV clinics
- Maternal Infant Health Program provider
- Primary Care Services
- At least two of the following types of providers: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination
- Breast and Cervical Cancer Control Program

When the applying agency has some or all of these programs, do we still need letters of support from others? (8/9/06)

A: We are interested in ensuring that family planning providers are coordinating services and utilizing referral arrangements with, at a minimum, the above types of providers. If the applying agency provides some or all of these programs, please indicate so in your application and a letter is not necessary. If one or more of these providers does not exist in your community, please indicate so in lieu of providing a letter.

Regardless of whether these programs are provided within your agency or by an outside provider, applicants must still describe the coordination of services and referral arrangements with these providers as well as with providers of non-family planning health care services, local health and welfare departments, health plans, hospitals, voluntary agencies, and health service projects supported by other federal programs. (8/9/06)

Q: In the Community Education and Outreach Section, #6, what is meant by School Based or School Linked Health Centers? (8/18/06)

A: School-based health centers are primary care centers that are located on school property. School-linked health centers are primary care centers that have strong ties to
surrounding schools or school districts but are NOT located on school property. Centers operating on school property must follow School Code regulations. (8/18/06)

Q: Is it appropriate to include summary evaluations from teen pregnancy prevention classroom education presentations? (8/18/06)

A: Applicants are encouraged to include pertinent information in the narrative and limit optional attachments. For guidance, please reference page 8 of the RFP, Section X. Required Application Format, Cover Page and Checklist. (8/18/06)

Federal Program Priorities, Legislative Mandates, Key Issues

Q: Under Section IX., Federal Program Priorities, Legislative Mandates, Key Issues, what do they mean by the following Key Issues:
   - #5, Utilization of electronic technologies, such as electronic grants management systems,
   - #7, Service delivery improvement through utilization of research outcomes focusing on family planning and related population issues. (8/14/06)

A: This section of the RFP describes Title X Family Planning priorities, legislative mandates and key issues set annually by the Office of Population Affairs, U.S. Health and Human Services. Applicants should be familiar with these priorities and incorporate them, to the extent possible, into their applications. Key issue, #5, regarding electronic technologies refers to the electronic grants management system used by the federal government. The Michigan Department of Community Health uses this system to submit our federal grant application. Key issue, #7, states that service delivery improvements should be based on research outcomes. (8/14/06)

Q: Can you provide a good reference for counseling minors how to resist coercion into engaging in sexual activities that can be used to train staff? (8/15/06)

A: Staff should be utilizing their general counseling skills when discussing resisting coercion with minors. Staff providing counseling should be trained and evaluated on a regular basis. Agencies should incorporate topics specific to teens in their staff training schedule. Examples of topics could include: helping teens resist coercion; encouraging teens to include their parents in their family planning decisions; and understanding mandatory reporting and sexual abuse or neglect laws in Michigan. Resources for some of these topics include: OPA Office of Family Planning document entitled “Federal Efforts to address Applicable Child Abuse and Sexual Abuse Reporting Requirements for Title X Grantees” located at opa.osophs.dhhs.gov and “Minor Consent, Confidentiality, and Child Abuse Reporting in Title X Funded Family Planning Settings” located at www.youthlaw.org. (8/15/06)
Q: Under Section IX., Federal Program Priorities, Legislative Mandates, Key Issues, can you give further explanation and provide an example of the following Key Issues:

- #7, Service delivery improvement through utilization of research outcomes focusing on family planning and related population issues.
- #8, Utilizing practice guidelines and recommendations developed by recognized professional organizations and federal agencies in the provision of evidence-based Title X clinical services. (8/18/06)

A: This section of the RFP describes Title X Family Planning federal priorities, legislative mandates and key issues set annually by the Office of Population Affairs, U.S. Health and Human Services. Applicants should be familiar with these priorities and consider them when writing their applications.

Key issue, #7, states that service delivery improvements should be based on research outcomes. Research findings in the following areas are examples that could be appropriately implemented in the Title X program to improve service delivery: new clinical findings in reproductive health, educational and motivational techniques, and public health approaches to addressing needy populations to improve community status.

Key issue, #8, examples include practice guidelines and recommendations from the Office of Population Affairs, the American College of Obstetricians and Gynecologists, and the Centers for Disease Control. These professional organizations and federal agencies continuously modify, update and improve clinical practice guidelines that Title X agencies need to be aware of. (8/18/06)

Clinical Management

Q: The following questions apply to the family planning services provided form. (8/16/06)

1. Do you want us to specify what STD testing we do?
2. If we see clients for colposcopies with the BCCCP Title X Program is this considered central grant administration?
3. If we screen and counsel clients for HIV, but refer them out for the actual testing does this mean we provide the service on site?

A: Responses are numbered. (8/16/06)

1. Yes, please specify which Sexually Transmitted Disease testing you perform.
2. There is not a place on the family planning services provided form to specifically record colposcopy services.
3. Please follow the example provided in Attachment F. You should indicate that Prevention Education is provided and list the number of sites proving this service.

Goals and Objectives
Q: When completing the “Required Work Plan Format” for program goals and objectives, do you want the program goals divided into Administrative, Financial, Clinical, etc.? (8/18/06)

A: You do not need a separate goal for each of the content categories listed in the Work Plan Section of the RFP. Goals tend to be far reaching guidance for the program and may necessitate different strategies to achieve success. However, you must have SMART objectives for each of the categories listed as directed in the RFP. Under one goal, you could have an objective related to clinical, community education and outreach, and administrative management. You may want to clearly label each objective by category (Clinical, Administrative, etc), so reviewers of your application can clearly see that you have met the requirements of the work plan section.

Since you will most likely have several objectives linked to one goal, when using the “Required Work Plan Format,” simply restate the goal at the top of each page so reviewers are clear on which goal each objective works to accomplish. Then continue to detail the activities or services, persons responsible, time frame and evaluation for each objective. (8/18/06)

General

Q: Are the forms used in the RFP available in Word or Excel so that they can be completed on the computer? (8/2/06)

A: Yes. All forms are available in downloadable documents at [www.michigan.gov/familyplanning](http://www.michigan.gov/familyplanning), look in the center of the blue box. Budget forms are in an Excel file and all other forms are available as a Word file. (8/2/06)

Q: The Proposal Summary section of the RFP has a two page limit. Do any other sections of the RFP have a page limit? (8/14/06)

A: No. There are no other page limits set for any section of the RFP. (8/14/06)

Q: Should the RFP be single-spaced or double-spaced? (8/14/06)

A: The RFP should be double spaced. (8/14/06)

Q: Is there a particular font style that is required to be used in the RFP? (8/18/06)

A: A clear, readable font should be used in the RFP, such as Times New Roman or Arial. Please use the 12 point font size. (8/18/06)

Q: What are the qualifications of the review panels? (8/18/06)
A: Reviewers will be approached with experience in community health service delivery and advocacy; primary care, women and adolescent health services; and minority/disparity public health issues. Requests will also be made to non-applicant Family Planning Advisory Council members. (8/18/06)

Q: After the September 15 application deadline, will MDCH provide information on which other agencies applied to serve Title X clients in each county/city? (7/6/06)

A: Upon completion of the RFP process and after the Title X awardees have been announced, a list of applicants may be made available by request. (8/24/06)