2020 Report to the General Assembly

Virginia Long-Acting Reversible Contraception (LARC) Initiative

Office of Family Health Services
Virginia Department of Health

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Executive Summary

The 2018 General Assembly appropriated $3M the first and second years from the Temporary Assistance for Needy Families (TANF) Block Grant to establish a two-year pilot program to expand access to hormonal long-acting reversible contraceptives (LARC) that delay or prevent ovulation. The Virginia LARC Initiative offers free hormonal intrauterine devices (IUDs) and implants to women whose income is below 250 percent of the federal poverty level (FPL). Launched in 2018, this two-year pilot program is designed to prevent unintended pregnancies and improve maternal and child health outcomes. This report includes data about the LARC Initiative from July 1, 2018 to March 31, 2020, and also includes operational summary information that may extend past this reporting period. Highlights include:

- The Virginia Department of Health (VDH) released Requests for Applications (RFAs) to health providers on July 19, 2018, and May 8, 2019;
- VDH initiated contracts with twelve qualified health providers on October 1, 2018, and six additional providers on August 1, 2019;
- VDH developed a data system to collect and monitor program impact; and
- VDH provided funding for 2,902 patient encounters.

Given the positive public health impact of making family planning services available to patients regardless of ability to pay, VDH anticipates that the Virginia LARC Initiative will achieve positive health outcomes. To demonstrate this, VDH will monitor both patient-level and aggregate-level data as the program progresses and post-project completion.

Introduction

The Virginia LARC Initiative is funded by the Commonwealth of Virginia's Temporary Assistance for Needy Families (TANF) Block Grant. The purpose of the Virginia LARC Initiative is to expand access to hormonal intrauterine devices (IUDs) and implants, known as LARCs, in order to decrease unintended pregnancies and improve maternal and birth outcomes. Under this program, qualified health providers offer free hormonal LARCs to patients whose income is below 250 percent of the federal poverty level (FPL). Priority access is given to uninsured women and underinsured women who choose a LARC as their preferred contraceptive method.

The Virginia LARC Initiative is detailed in the 2018 Appropriation Act (Item 292, subsection F), which states the following:

> *F.1. Out of this appropriation, $3,000,000 the first year and $3,000,000 the second year from the Temporary Assistance for Needy Families (TANF) block grant shall be provided for the purpose of developing a two-year pilot program to expand access to hormonal long-acting reversible contraceptives (LARC) that delay or prevent ovulation. The Virginia Department of Health shall establish and manage memorandums of understanding with qualified health care providers who will provide access to LARCs to patients whose income is below 250% of the federal poverty level, the Title X family planning program income eligibility requirement. Providers shall be reimbursed for the insertion and removal of LARCs at Medicaid rates. As part of the pilot program, the department, in cooperation with the Department of Medical Assistance Services and stakeholders, shall develop a plan to improve awareness and utilization of the Plan First program and include outreach efforts to refer women who have a diagnosis of substance*

use disorder and who seek family planning services to the Plan First program or participating providers in the pilot program.

2. The Virginia Department of Health shall develop metrics to measure the effectiveness of the pilot project such as impacts on morbidity, reduction in abortions and unplanned pregnancies, and impacts on maternal health such as an increase in the length of time between births, among others. In addition, the department shall collect data on the number of women served who also sought treatment for substance use disorder. The department shall submit a progress report to the Governor, Chairmen of the House Appropriations and Senate Finance Committees, Secretary of Health and Human Resources, and the Director, Department of Planning and Budget, that describes the program, metrics used to measure results, preliminary results, actual program expenditures, and projected expenditures by July 1, 2019, with a final report on June 30, 2020.

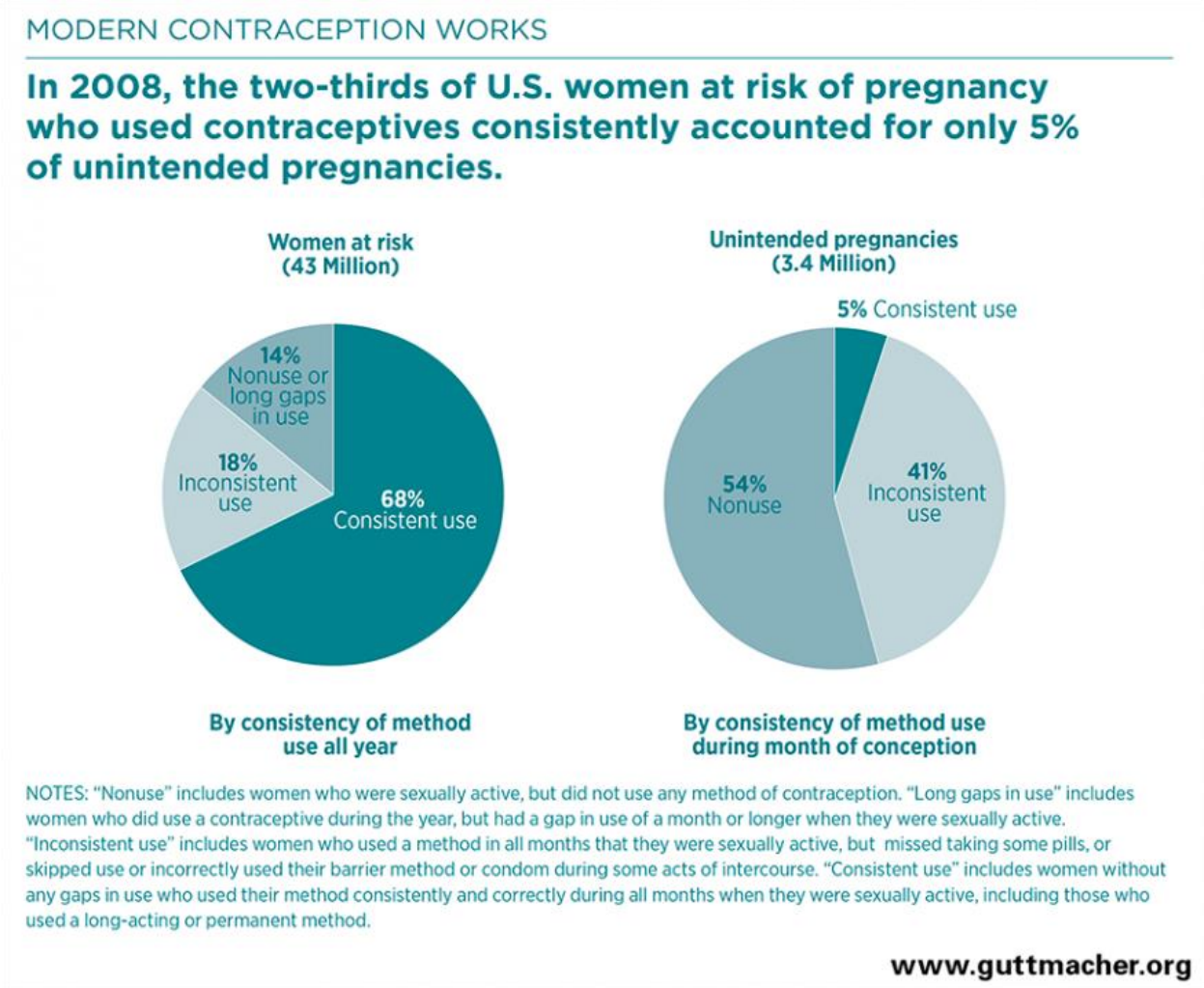
Background

Virginia's Plan for Wellbeing, developed by the Virginia Department of Health (VDH), outlines the agency's goals and objectives for improving health outcomes among all Virginians. The Virginia LARC Initiative aims to reduce unintended pregnancy and improve birth spacing, supporting Virginia's goal to establish a strong start for children. LARCs are the most effective method of contraception, and are thus an ideal choice for Virginians aiming to achieve healthy birth spacing. Pregnancies that occur less than 18 months after a prior birth are at risk for negative health outcomes, including preterm birth, low birthweight, and birth complications (March of Dimes, 2015).

In 2018, approximately 41% of pregnancies among Virginia women were unintended (Virginia Department of Health). Based on historical data, of those pregnancies that are "wanted later or unwanted," 46% result in births, 41% in abortions, and the remainder in miscarriages (Kost, 2018). While unintended pregnancy rates are steadily declining across the nation, the fact remains that nearly 50% of Virginia families experience a pregnancy that is unintended, unwanted, or mistimed, and all communities do not have equal access to preventive services. Poverty is strongly correlated with unintended pregnancy. In 2011, national unintended pregnancy rates among women with incomes below the FPL were more than five times the rate among women with incomes of at least 200 percent of the FPL (Finer & Zolna, 2016).

"When used correctly, modern contraceptives are very effective at preventing pregnancy. Among U.S. women at risk of unintended pregnancy, the 68% who use contraceptives consistently and correctly through the course of any given year account for only 5% of all unintended pregnancies; in contrast, the 18% who use contraceptives inconsistently account for 41% of unintended pregnancies, and the 14% who do not use contraceptives at all or have a gap in use of at least one month account for 54% of unintended pregnancies" (Guttmacher Institute, 2018). Image 1 shows the impact of contraception on preventing unintended pregnancies in 2008.

Image 1.



In 2010, the federal and state government spent a combined $506 million on unintended pregnancies in Virginia; $312 million was paid by the federal government and $194 million was paid by the state. The total public costs for unintended pregnancies in Virginia was $306 per woman aged 15–44 (Guttmacher Institute, 2014). LARCs have a demonstrated return on investment. It is estimated that every $1 invested in family planning services saves $7.09 in public expenditures (Sonfield, 2014). When patients choose LARCs, the return on investment increases exponentially: if 10% of women under 29 switched to LARCs, states could save $288 million a year (Trussell, 2013). The CHOICE Project and the Colorado Family Planning

Initiative both demonstrated that increasing access to contraceptive methods, including LARCS, regardless of ability to pay leads to declines in unintended pregnancy rates.

While LARCs are the most effective method of contraception, they are also the most expensive, with some devices costing as much as $1,000. The LARC Initiative removes financial barriers for these contraceptive methods, making them more accessible to women regardless of their income. This program allows women to work with their providers to choose the contraceptive method that best meets their needs, rather than potentially settling for a less effective method due to costs.

Findings and Recommendations

Program Development

In order to transfer the appropriated TANF funds from the Department of Social Services (DSS) to VDH, the two agencies developed a Memorandum of Agreement (MOA) that outlines program expectations. VDH then released a Request for Applications (RFA) on July 19, 2018, inviting health providers to participate in the Virginia LARC Initiative. The full RFA can be found in Appendix A. Providers were eligible for funding if they met the following criteria:

- The applicant was a licensed health care provider;
- The applicant had the ability to insert and remove LARCs in accordance with the manufacturer's guidelines;
- The applicant served women below 250 percent of the federal poverty level;
- The applicant had the ability to bill third party payers; and
- The applicant had experience and expertise in providing contraceptive counseling, including for LARCs.

VDH received twelve applications by the deadline of August 17, 2018. A review panel consisting of VDH, Health and Human Resources (HHR), and American College of Obstetricians and Gynecologists (ACOG) staff reviewed and scored each application according to the criteria listed in the RFA, which included the following factors:

- Applicant capacity to provide LARCs to eligible patients;
- A demonstrated need for the project in the proposed service area;
- Project quality; and
- Project budget.

The review panel met in person on August 30, 2018, to discuss each application and reach final funding decisions. All applicants met the criteria and were funded.

In order to increase participation among providers, VDH released a nearly identical RFA on May 8, 2019. The review panel met in person on June 24, 2019, to discuss the six applications received. All new applicants met the criteria and were funded effective August 1, 2019.

A list of awarded agencies, along with project allocations and estimated expenditures as of March 31, 2020, is found in Table 5.

Program Launch

Contracts with the initially awarded agencies began on October 1, 2018, and the majority of participating agencies began offering services that same month. In order to increase public awareness of the program, VDH issued a press release, launched a webpage, and created a promotional video.

Each month, participating agencies submit patient encounter and demographic data to VDH, and are then reimbursed for services rendered according to reimbursement rates determined by the Department of Medical Assistance Services (DMAS). DMAS reimbursement

rates can be found on the DMAS webpage. Per the 2018 Appropriation Act, VDH reimburses providers for hormonal LARC devices, insertions, and removals. Specifically, hormonal LARC devices include Nexplanon, Mirena, Liletta, Skyla, and Kyleena. In order to facilitate data collection requirements and ultimately demonstrate program effectiveness, VDH created a data collection system using REDCap, a system developed by Vanderbilt University. VDH enters all patient encounter and demographic data into REDCap upon receipt of each invoice, and compiles this data on a monthly basis for the Secretary of Health and Human Resources.

Because this funding stream only supports provider reimbursements for hormonal LARC devices, insertions, and removals, administrative support for the LARC Initiative is funded by VDH's federal Title V Maternal and Child Health Block Grant. The VDH Reproductive Health Unit manages all programmatic components of the LARC Initiative, including reviewing sub-recipient invoices, entering patient data into the REDCap system, administering contracts, and monitoring program impact and expenditures. Staff offer quarterly webinars to participating agencies, providing sub-recipients an opportunity to discuss program updates and troubleshoot any implementation challenges they may be experiencing. The VDH Shared Business Services Unit manages the financial components of the program, ensuring timely reimbursement according to state policies.

DMAS Collaboration

In order to best meet the needs of low-income Virginians, VDH and DMAS have worked together over the course of the project to effectively leverage the Virginia LARC Initiative, Medicaid Expansion, and Plan First, Virginia's limited eligibility program that covers family planning services. In January 2019, DMAS rolled out Medicaid Expansion, which has helped 400,000 Virginians access medical coverage. Medicaid Expansion is available to eligible adults

between the ages of 19 and 64 through DMAS' existing delivery systems and contracted health plans. Most Medicaid members eligible for expansion receive their benefits through managed care and have access to LARCs. LARCs also continue to be available to all other Medicaid recipients. Qualifying Virginians not eligible for Medicaid Expansion also access family planning coverage through the DMAS Plan First benefit. While DMAS provides coverage for family planning services to Medicaid members and Plan First beneficiaries, the Virginia LARC Initiative continues to provide resources to Virginians not eligible for Medicaid coverage.

In order to directly support the Virginia LARC Initiative, DMAS held two training webinars in 2019 for LARC Initiative providers. These trainings allowed providers to learn best practices regarding Medicaid and VDH LARC Initiative billing procedures. Throughout the training sessions, DMAS shared reminders with LARC Initiative providers to check patient Medicaid eligibility prior to service and to review claims to avoid duplicate submissions to both Medicaid and the VDH LARC Initiative. DMAS continues to be available to LARC Initiative providers as a resource about Medicaid policies and procedures.

DMAS and VDH data teams are currently collaborating to collect data about LARC utilization to better support the LARC Initiative and DMAS programs. This data will allow both agencies to respectively track and compare claims information submitted to DMAS and the VDH LARC Initiative to ensure that no duplicate billing occurs within both programs, thus ensuring proper use of LARC Initiative and VDH funds. This data will also allow both agencies to gauge the reach of their respective programs and develop a data-driven plan for filling any gaps identified.

Preliminary Results

This report includes preliminary results for the first eighteen months of program implementation from October 1, 2018 through March 31, 2020. Table 1 lists the number of devices, insertions, and removals provided to patients during this reporting period. The LARC Initiative has reimbursed providers for 2,902 patient encounters across the Commonwealth, including 2,288 insertions/reinsertions, 2,257 devices, and 613 removals. Approximately half (56.5%) of patients have chosen the contraceptive implant (Nexplanon), with the remaining patients choosing one of four hormonal IUDs. Four patients were diagnosed with substance use disorder at the time of their visit.

Table 1.

	Anticipated Encounters 2018-2020	Cumulative Encounters	Cumulative Insertions*	Cumulative Removals**	Cumulative Removals + Reinsertions at Same Visit	Cumulative Devices Purchased
Total	**7,017**	**2,902**	**2,010**	**613**	**278**	**2,257**

*Includes attempted insertions
**Includes attempted removals

Tables 2, 3, and 4 show the number of encounters by ethnicity, race, and income. Since its inception, the LARC Initiative has met the needs of some of the most vulnerable Virginians, with 60% of patients being at or below the FPL.

Table 2. Number of Encounters by Ethnicity

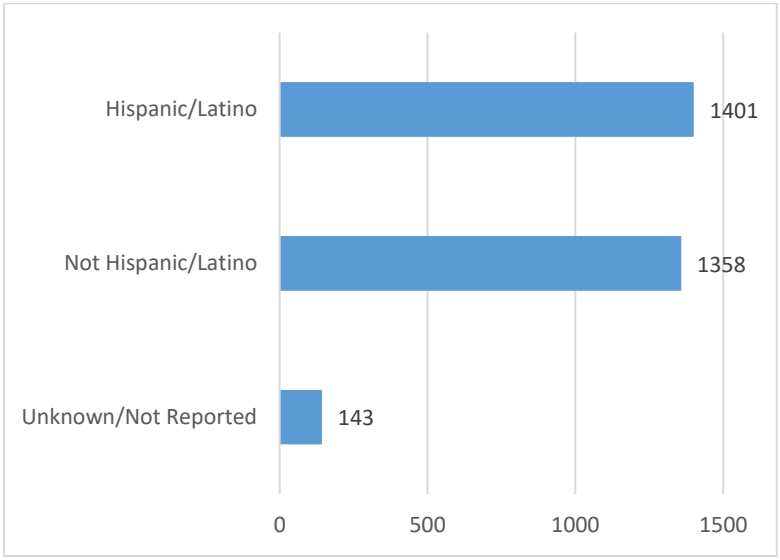


Table 3. Number of Encounters by Race

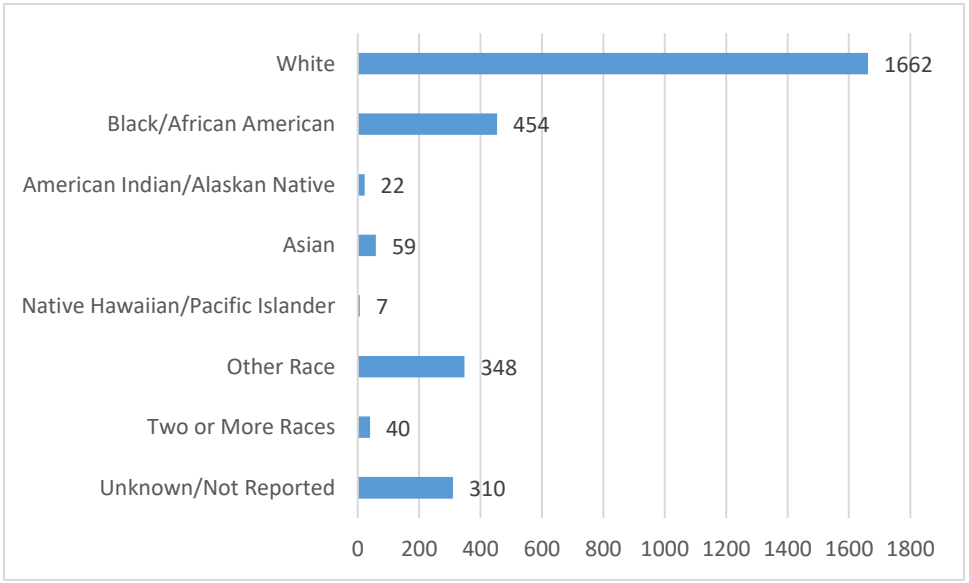
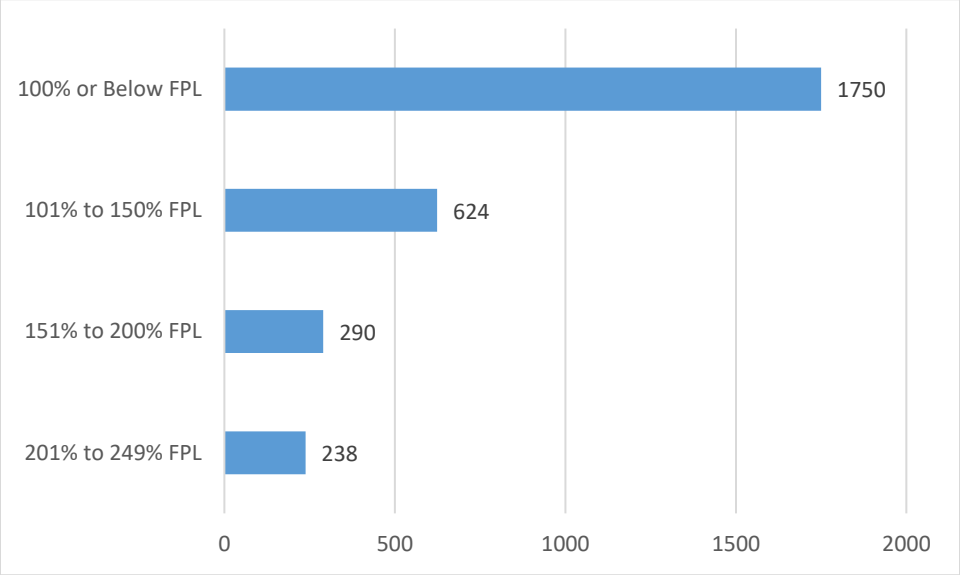


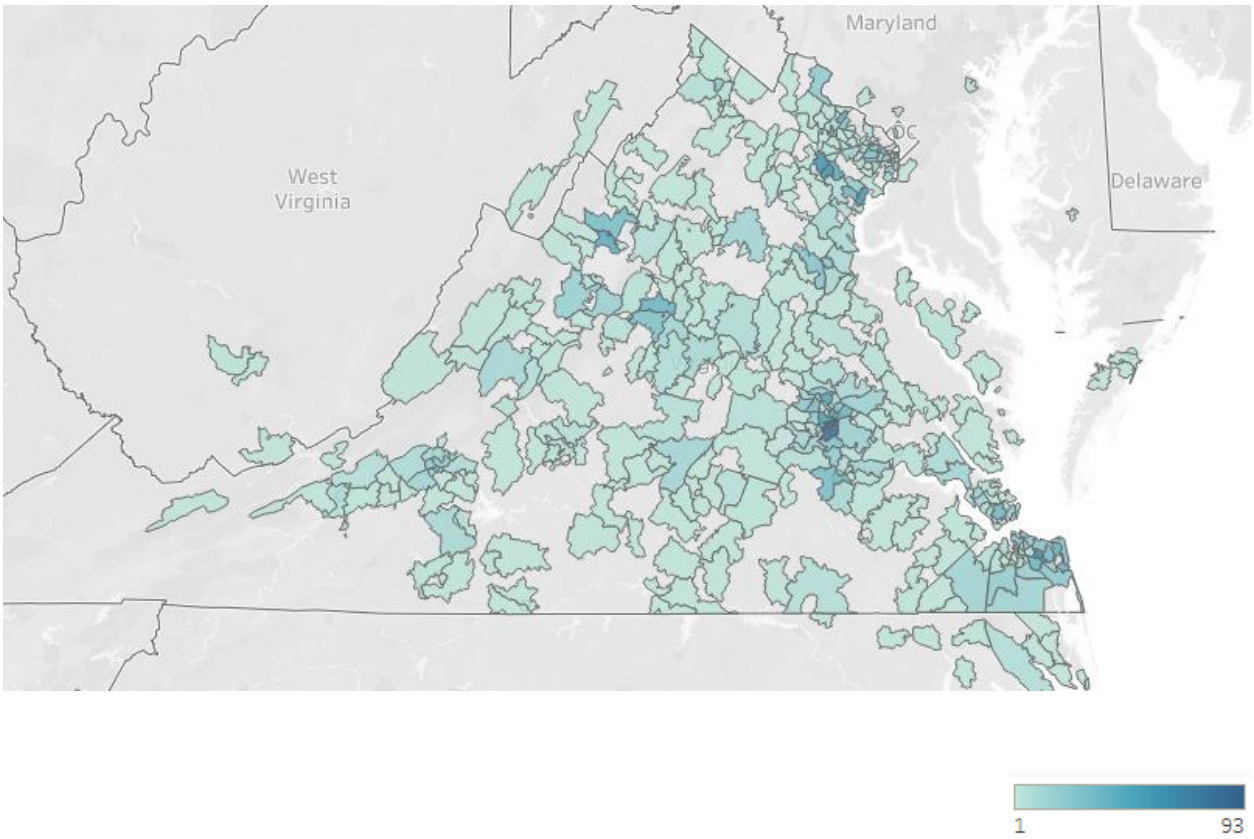
Table 4. Number of Encounters by Income



The Virginia LARC Initiative serves any eligible patient who can experience an unintended pregnancy, regardless of their age. The median age of patients served during this reporting period is 27. This data suggests that although national unintended pregnancy rates are highest among women aged 18-24 (Centers for Disease Control and Prevention, 2019), Virginia residents continue to lack access to contraception well beyond that age range, and this program is rising to meet the need.

Image 2 illustrates patient distribution according to residence. During the first eighteen months of program implementation, the majority of patients resided in the Richmond and Hampton Roads metropolitan areas, as well as Northern Virginia. Program participation was also significant in rural Central and Northwest Virginia counties.

Image 2. Number of Patients by Patient Zip Code



Metrics Used to Measure Results

The Virginia LARC Initiative will conclude at the end of state fiscal year 2020 (June 30, 2020). The full impact of this two-year pilot program will not be apparent until well after its conclusion, given that data concerning unintended pregnancy, teen pregnancy, and abortion rates are released on a two-year delay. VDH has entered an agreement with Vanderbilt University to thoroughly evaluate the Virginia LARC Initiative along with other state efforts to increase access to contraception. At the conclusion of the external evaluation, VDH anticipates lower teen pregnancy and abortion rates among areas with a high concentration of patients served through

the Virginia LARC Initiative. In the meantime, VDH intends to track and report the following information:

- Demographic information about patients served, including race, ethnicity, and income;
- Number of patients served with a substance use diagnosis;
- Geographic analysis of patient residence and provider zip codes; and
- Patient satisfaction.

Project Expenditures

Table 5 lists the allocations for each agency, along with the cumulative amount of invoices that were submitted by March 31, 2020. Patient volume and program expenditures have steadily increased as the program has progressed.

Table 5. Allocations and Expenditures

Health Provider	Allocation	Cumulative Invoices
Augusta Healthcare for Women	$28,052.81	$6,423.22
Carilion	$103,283.41	$14,547.26
Central Virginia Health Services	$140,000.00	$113,447.35
CrossOver	$109,922.20	$56,170.02
Daily Planet	$106,436.18	$59,060.93
Greater Prince William Community Health Center	$432,353.20	$268,019.35
Harrisonburg Community Health Center	$353,218.33	$71,591.82
HealthWorks	$244,548.00	$140,649.52
Neighborhood Health	$331,357.28	$192,183.37
Olde Towne Medical Center	$51,324.67	$3,336.45
Planned Parenthood South Atlantic	$445,579.97	$181,358.69
Rockbridge Area Health Center	$125,543.25	$20,333.61
Sinclair Health Clinic	$40,000.00	$19,788.62
UVA Health System	$288,086.60	$100,191.78
VCU Health System	$647,800.14	$10,227.00
Virginia League for Planned Parenthood	$1,969,485.80	$1,005,612.04
West End Midwifery	$41,349.58	$1,025.18
Whole Woman's Health Alliance	$132,354.84	$76,035.94
Total	**$5,590,696.26**	**$2,340,002.15**

Conclusion

The Virginia LARC Initiative has become an important safety net provider for low-income women, making contraceptive services available to nearly 3,000 women during its first eighteen months of implementation. Through strong collaborations with eighteen health providers and DMAS, VDH is working to ensure that the most effective methods of contraception are available to women, regardless of ability to pay. VDH is committed to continuing efforts to reduce unintended pregnancies and improve maternal and child health outcomes.

References

Centers for Disease Control and Prevention. (2019). Unintended pregnancy. Retrieved from https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm

Finer, L.B., & Zolna, M.R. (2016). Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine, 374*(9), 843–852. doi:10.1056/NEJMsa1506575

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Sonfield, A. (2014). Beyond preventing unplanned pregnancy: The broader benefits of publicly funded family planning services. *Guttmacher Policy Review, 17*(4). Retrieved from https://www.guttmacher.org/gpr/2014/12/beyond-preventing-unplanned-pregnancy-broader-benefits-publicly-funded-family-planning

Trussell J., et al. (2013). Burden of unintended pregnancy in the United States: Potential savings with increased use of long-acting reversible cont raception. *Contraception, 87*,154–161. doi:10.1016/j.contraception.2012.07.016

Virginia Department of Health. (2018). *Pregnancy Risk Assessment and Monitoring System*.

REQUEST FOR APPLICATIONS (RFA)

Issue Date: July 19, 2018 RFA No. 705B051

Title: Virginia Long-Acting Reversible Contraception (LARC) Initiative

Issuing Agency: Virginia Department of Health

Office of Family Health Services

Division of Child and Family Health

Reproductive Health Unit

109 Governor Street

Richmond Virginia, 23219

Contact Information: Emily Yeatts

Phone: (804) 864-7753
Fax: (804) 864-7771

Email: Emily.Yeatts@vdh.virginia.gov

Period of Funding: **October 1, 2018--May 31, 2020**

Application Due Date: **August 17, 2018 at 4:00 P.M.**

All Inquiries for Information Should Be Directed to Emily Yeatts at Emily.Yeatts@vdh.virginia.gov.

APPLICATIONS MUST BE MAILED OR HAND DELIVERED TO:

Virginia Department of Health

Office of Family Health Services (OFHS)
Attn: Cary Stickel, 10th Floor RM 1023D
109 Governor Street

Richmond Virginia, 23219

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against a bidder or offer or because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

Section I – Award Information

Purpose of Request for Applications (RFA)

The purpose of this Request for Applications (RFA) is to solicit applications from eligible organizations to increase access to hormonal Long-Acting Reversible Contraception (LARCs) for eligible patients in the Commonwealth of Virginia. The Virginia LARC Initiative is further detailed in Budget Item 292 Subsection F.

Up to $6,000,000 over a 20 month period may be awarded to support projects pursuant to this RFA. Priority will be given to organizations that have demonstrated expertise, capacity to deliver expected outcomes with minimal time required for preparation, and work in regions with a demonstrated need for LARC access among low-income women.

Copies of this RFA, including the necessary forms, instructions, and addenda (if applicable) may be downloaded from the DGS/DPS eVA website at www.eva.virginia.gov. The application can be found by clicking on the "Solicitations, Quick Quote, and Awards" button located in the middle of the screen.

VDH anticipates notifying applicant organizations of funding decisions by September 15, 2018.

Period of Performance

Funded entities will be awarded for a twenty-month period beginning October 1, 2018, and ending May 31, 2020. Continued funding during this period shall be contingent on VDH review and evaluation of progress towards overall project goals and requirements listed under *Performance Metrics and Reporting Requirements*.

Section II - Program Background

The Virginia LARC Initiative is funded by the Commonwealth of Virginia's Temporary Assistance for Needy Families (TANF) block grant. The purpose of the Virginia LARC Initiative is to expand access to hormonal long-acting reversible contraceptives (LARCs) in order to decrease the number of unintended pregnancies and improve maternal and birth outcomes. Qualified health care providers will provide hormonal LARCs to patients whose income is below 250 percent of the federal poverty level. Priority access must be given to uninsured women and/or underinsured women who choose a LARC as their preferred contraceptive method. Paragard IUD is not covered under this initiative.

Virginia's Plan for Wellbeing outlines state goals and objectives for improving health outcomes among all Virginians. The Virginia LARC Initiative aims to reduce unintended pregnancy and improve birth spacing, supporting Virginia's goal to establish a strong start for children.

In 2010, 54% of all pregnancies in Virginia were unintended. Of unintended pregnancies in Virginia, fifty-two (52) percent resulted in births, 34% in abortions, and the remainder in miscarriages (Source:

Guttmacher Institute). Poverty is strongly correlated with unintended pregnancy, and in 2011, national unintended pregnancy rates among women with incomes below the federal poverty level were more than five times the rate among women with incomes of at least 200 percent of the federal poverty level (Source: Guttmacher Institute).

LARCs are the most effective method for reducing unintended pregnancies and improving birth spacing, thus improving birth outcomes. Unintended pregnancies can negatively affect the health, education, and earning potential for families, increasing the chance of birth defects, low birth weight, and lower educational attainment for parents and their children (Source: Centers for Disease Control and Prevention). Healthy birth spacing improves both maternal health and birth outcomes: pregnancies that occur less than 18 months after a prior birth are at risk for negative health outcomes, including preterm birth, low birthweight, and birth complications.

In 2010, the federal and state government spent $506 million on unintended pregnancies in Virginia; of this, $312 million was paid by the federal government and $194 million was paid by the state. The total public costs for unintended pregnancies in Virginia was $306 per woman aged 15–44 (Source: Guttmacher Institute). LARCs have a demonstrated return on investment. It is estimated that every $1 invested in family planning services saves $7.09 in public expenditures. When patients choose LARCs, the return on investment increases exponentially: if 10% of women aged 0-29 switched to LARCs, states could save $288 million a year. The CHOICE Project and the Colorado Family Planning Initiative both demonstrated that increasing access to contraceptive methods, including LARCS, regardless of ability to pay leads to declines in unintended pregnancy rates.

Section III - Eligibility Information

Eligible organizations include but are not limited to large group practices, community health centers, nonprofit organizations, hospitals, and hospital-based clinics.

Minimum Eligibility Requirements

Applications submitted by organizations will only be eligible for funding if:

- The applicant is a licensed health care provider;
- The applicant has the ability to insert and remove LARCs in accordance with the manufacturer's guidelines;
- The applicant serves women below 250 percent of the federal poverty level;
- The applicant has the ability to bill third party payers; and
- The applicant has experience and expertise in providing contraceptive counseling, including for LARCs.

Preferred Eligibility Requirements:

Preference will be given to applicants that demonstrate the ability to implement project activities in underserved populations statewide or in multiple communities with a demonstrated lack of access to LARCs.

Section IV – Scope of RFA

Funds awarded to applicants under this RFA will support the provision of LARCs among eligible patients who have chosen LARCs as their preferred method of contraception. Funds will also support the removal of LARCs when requested by the patient. This project is designed to improve maternal and infant health outcomes, and prevent unintended pregnancies by increasing the availability of LARCs to low-income women with no coverage or limited coverage.

To achieve these objectives, VDH will establish contracts with qualified providers that best address the above objectives and who serve underserved populations that would otherwise not have access to comprehensive family planning services, including LARCs.

Performance Metrics and Reporting Requirements

Applicants must be prepared to collect and submit patient-level data about patients receiving LARCs through the Virginia LARC Initiative. In addition to patient-level data, VDH will send a survey to consenting LARC Initiative patients immediately after an insertion/removal, and a follow-up survey will be sent a year after the visit. Appendix A includes an optional template that providers may use for submitting data to VDH.

Required information to be submitted to VDH includes but is not limited to the following:

- Patient demographic information, including race and ethnicity
- Patient income (in accordance with the Federal Poverty Level) https://aspe.hhs.gov/povertyguidelines
- Confirmation that the patient is not currently insured
- Patient email address, if patient consents to follow up survey
- Provider zip code

Applicants must also be able to assure that informed consent was obtained prior to LARC insertions per Virginia law, and that patients were referred for support services when appropriate.

In order to be reimbursed, participating agencies must submit the above data with the CMS 1450 form. If a patient has sought treatment for substance use disorder, this must be indicated on the CMS 1450 form using the appropriate diagnosis code(s).

VDH will use this data, along with the patient survey data, to measure the effectiveness of the pilot project, including the project's impacts on morbidity, reduction in abortions and unplanned pregnancies, and impacts on maternal health such as an increase in the length of time between births. VDH must collect and report data on the number of women served who also sought treatment for substance use disorder, per the legislation (https://budget.lis.virginia.gov/item/2018/2/HB5002/Substitute/1/292/). Funded entities must be willing to participate in data collection and reporting activities in order to be considered.

Training

Funded entities are responsible for obtaining LARC insertion and removal training per the manufacturers' requirements. VDH will connect participating agencies with trainings on contraceptive counseling, reproductive life plan counseling, and Plan First. Funded entities are expected to participate in any trainings required by VDH.

Budget Requirements

The Virginia LARC Initiative only supports costs related to the purchase, insertion, and removal of hormonal LARCs that delay ovulation. Applicants will be reimbursed for the purchase, insertion, and removal of hormonal LARCs according to DMAS reimbursement rates. The Initiative will not support costs related to personnel, medical supplies, or any additional items.
Applicants must submit a budget for an eight-month period (October 1, 2018-May 31, 2019) as well as a budget for the following twelve-month period (June 1, 2019-May 31, 2020). Applicants will be expected to spend the full amount requested for each budget period, respectively. Budgets must use the template outlined below, along with budget justifications in narrative form. The narrative must clearly delineate how calculations were determined and how each line item contributes to the goals and objectives of the program.

LARC Initiative Budget Template October 1, 2018- May 31, 2019				
CPT Code	Description	DMAS Rate	Number of Patients	Total
			Total Requested: $_____	

LARC Initiative Budget Template June1, 2019-May 31, 2020				
CPT Code	Description	DMAS Rate	Number of Patients	Total
			Total Requested: $_____	

Section V - Application Submission Information

Application Date and Time of Submission

In order to be considered for selection, an applicant must submit completed applications no later than *August 17, 2018 at 4:00pm*. Responses received after the submission due date and time will not be accepted.

Application Submission Instructions

Applications may be submitted by hard copy as follows:
Hard Copy (Printed) Application Submission: The application and all required forms and attachments shall be provided in the following number of copies:

- Three (3) hard copies (printed), one marked Original, for a total of four (4) copies; and one (1) soft copy (USB compatible data storage device) labeled with the RFA number and the name of the applicant organization.

Hard copies of applications shall be mailed or hand delivered to the following address:

Virginia Department of Health
Office of Family Health Services (OFHS)
Attn: Cary Stickel, 10th Floor RM 1023D
109 Governor Street
Richmond Virginia, 23219

Identification of Application Envelope/Package: All envelopes/packages must be sealed. The following information must be included in the return address and identified as follows:

From: _____ _____ _____
Name of Applicant Organization Due Date Time

_____ _____
Street or PO Box Number RFA Number

_____ _____
City, State, Zip Code RFA Title

Application Preparation Instructions

Failure to submit all information requested may result in the VDH requiring prompt submission of missing information and/or the application receiving a lowered score. Applications that are substantially incomplete or lack key information may be rejected by VDH. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.

Applications should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFA. Emphasis should be placed on completeness and clarity of content. All pages of the application must be numbered.

Ownership of all data, materials, and documentation originated and prepared for the State pursuant to the

RFA shall belong exclusively to the State and be subject to public inspection in accordance with the *Virginia Freedom of Information Act*. Trade secrets or proprietary information submitted by an applicant shall not be subject to public disclosure under the *Virginia Freedom of Information Act*; however, the applicant must invoke the protections of § 2.2-4342F of the *Code of Virginia*, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secrets or proprietary information. The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection of the proposal. If, after being given reasonable time the applicant refuses to withdraw an entire classification designation, the proposal will be rejected.

Deadline for Questions Concerning Application Requirements and Documents

If any prospective applicant has questions about the specifications or other application documents, the prospective applicant should contact the contract officer or secondary contact indicated below no later than five working days before the application due date. Any revisions to the solicitation will be made only by addendum issued by the contract officer.

Contract Officer: Emily Yeatts
Phone Number: 804-864-7753
Email: Emily.Yeatts@vdh.virginia.gov

Secondary Contact: Dr. Vanessa Walker Harris
Phone Number: 804-864-7733
Email: Vanessa.WalkerHarris@vdh.virginia.gov

Section VI - Application Format and Content

A. **Application Format**: Applications should be straightforward and concise, but still include enough details for VDH to properly evaluate the applicant's capabilities to provide the required services. The application narrative must be typed on 8.5" x 11" paper in a font size of 11 or 12 using a conventional font such as Times New Roman or Arial. All pages of the narrative must be numbered. Applications must be organized in the order in which the requirements are presented in the Application Content and Required Forms. **Applications submitted must not exceed 30 pages.**

B. **Application Content**: Applicants are required to submit the following items as a complete application:

1. **COVER SHEET**: A signed cover letter by an individual authorized to negotiate and execute a contract on behalf of the applicant. The application cover sheet must include the following information:
    - A statement that the response is an application for funding in response to the Virginia LARC Initiative;
    - Applicant name and address; o Facility type (e.g. FQHC, CHC, hospital);
    - The name, address, email, fax, and telephone number of the primary and secondary contact persons;
    - Total amount requested; and
    - Project start and end date.

2. **APPLICATION NARRATIVE**: Each section of the narrative should be clearly labeled as written below (such as **Description of Applicant Agency**) and in the order presented.

    a. **Description of Applicant Agency**: Provide a narrative description of the organization background, as well as a description of current work related to providing family planning services and patient-centered contraceptive counseling. Applicant must demonstrate that qualified personnel with relevant expertise will provide services to patients, collect required patient-level data, and bill for services. Applicant must have adequate infrastructure to implement and maintain the project with minimal time required for preparation.

    b. **Need for Project**: Provide a clear statement of the unmet need(s) to be addressed by this project, including the specific community/communities to be served. Include needs of underserved populations in specified service area(s), how they were identified, and how the project will provide services to them. Support any statements of unmet need with appropriate data or research. Applicant must demonstrate that this project will support services not otherwise available to patients; this initiative is intended to expand access to LARCs, not duplicate existing services.

    c. **Project Plan:** Provide a clear work plan that is consistent with the goals and objectives of the RFA, includes reasonable timeframes, and outlines measureable outcomes. Applicant must include information about how it will provide services to the identified target population(s), how it will assure that the project only serves patients under 250 percent of the federal poverty level, and demonstrate how it will facilitate LARC access by removing any institutional barriers that may exist.

3. **BUDGET and BUDGET NARRATIVE**: See Section IV.

4. **APPENDICES**:
    - o SF-LLL (http://www.grants.gov/web/grants/forms/sf-424-family.html

Section VII - Application Review Information

Review and Selection Process

An initial review for adherence to the guidelines of the application will be completed and applications failing to provide the required information may be removed from consideration. Each complete application from eligible applicants will be read by a review panel who will rate the applications using the evaluation criteria indicated in this RFA. VDH will endeavor to ensure sub-grant awards are made within each region of the state to ensure a continuum of services is provided to the citizens of the Commonwealth.

Applications will be rated using the criteria in the table below.

Rating Criteria

Criteria	Points Available	Score
Applicant Capacity • Applicant identifies well qualified personnel with the expertise to provide the proposed services to patients; The applicant has adequate facilities and • organizational infrastructure to implement the project; and • Applicant demonstrates the capacity to begin delivering services quickly, with minimal time required for preparation.	15 points	
Need for Project • The applicant clearly defines the unmet need(s) the project will address, the target population, and the geographical area(s) of service delivery; and • Information and statistical data provided demonstrate that the applicant will work in a region(s) with a demonstrated need for LARC access among low-income women; and • Evidence that project does not duplicate existing programs and services currently provided by the applicant organization.	20 points	

Criteria	Points Available	Score
Project Quality • Applicant demonstrates a clear understanding of the goals and objectives of the RFA; • Activities/services identified on the activities/outcomes work plan are consistent with the activities, goals, and objectives described in the proposal narrative; timeframes in which the objectives will be met are reasonable; and outcomes are measurable; • Applicant clearly explains how it will provide services to the identified target population(s), how it will assure that the project only serves patients under 250 percent of the federal poverty level, and demonstrate how it will facilitate LARC access by removing any institutional barriers that may exist; and • The proposal reflects congruence between all components in the RFA.	10 points	
Budget • Budget and budget narrative are reasonable, allowable, and clearly show how funds will be expended; • Budget is clearly aligned with the scope of activities to be conducted; and • Budget follows the template and guidance provided in Section IV.	5 points	
TOTAL	**50 points**	

Section VIII – Program Terms Conditions

All projects funded through the Virginia LARC Initiative are subject to the conditions outlined in the guidance documents below:

The Virginia Department of Health reserves the right to:

- Reject any or all applications received in response to this RFA.
- Withdraw the RFA at any time, at the Department's sole discretion.
- Make an award under the RFA in whole or in part.
- Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
- Seek clarifications and revisions of applications.

- Use application information obtained through site visits, management interviews, and the state's investigation of an applicant's qualifications, experience, ability, or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
- Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
- Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
- Change any of the scheduled dates.
- Waive any requirements that are not material.
- Award more than one contract resulting from this RFA.
- Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.

Section IX - Payment Terms

Disbursement of funds will follow a cost reimbursement procedure and will be for actual funds expended. Reimbursements for LARC devices, LARC insertions, and LARC removals for eligible patients shall utilize current Medicaid reimbursement rates. In order to be reimbursed, funded entities must submit supporting documentation for all expenses, including CMS 1450 forms and required patient-level data, within 45 days of the clinical procedure. Actual expenditures shall be invoiced pursuant to approved line item budget categories of the sub-award agreement. Funded entities shall be reimbursed only for costs that have been incurred within the contract period. Requests for reimbursement for allowable costs incurred shall be submitted no more frequently than monthly. The funded entity should allow 30 days from the time expenditure statements are received by VDH until reimbursement is received. If errors are found in the expenditure statements, the 30 days will begin on the date the errors are corrected. All invoices shall be submitted using the standard invoice template but at a minimum shall include the following information:

- Required certification signed by authorized signing official pursuant to 2 CFR 200.415 "required certifications"
- Point of contact for invoice related questions
- Date of invoice o Billing period for current invoice o Cumulative to date costs
- Supporting documentation for reimbursable costs. This includes CMS1450 forms and required patient-level data.

Funded entities must submit the final request for reimbursement to VDH within 15 days (by June 15, 2020) after the expiration of the grant period on May 31, 2020. Invoices received after the expiration of the grant period will not be reimbursed.

The funded entity shall be required to maintain accounting records to support all requests for reimbursement. These records shall be available for review by the Commonwealth of Virginia. VDH will monitor expenditures accordingly.

Optional Template for Submitting Patient Level Data

Virginia LARC Initiative
Supplemental Data Template

Instructions: Fill out this form for each patient participating in the Virginia LARC Initiative. In order to be reimbursed for services, attach this form to the CMS 1450 form according to the instructions outlined in your agency's contract.

Agency name: _____

Provider ZIP code: _____

Patient name: _____

Patient ethnicity (check one):
__ Hispanic/Latino
__ Not Hispanic/Latino

Patient race (check all that apply):
__ White
__ Black/African American
__ American Indian/Alaskan Native
__ Asian
__ Native Hawaiian/Pacific Islander
__ Some other race
__ Two or more races

Patient income according to HHS Guidelines (check one):
__ 100% FPL and below
__ 101% FPL to 150% FPL
__ 151% FPL to 200% FPL
__ 201% FPL to 249% FPL

Confirmation that the patient is not currently insured (check): __

Patient email address, if patient consents to follow up survey: _____

Name of person completing this form: _____