

**Addendum 2**  
**12/12/20**  
**RFA # 18606/ Grants Gateway # DOH01-CFPP2-2021**

**New York State Department of Health**  
*Center for Community Health, Division of Family Health Bureau of Women, Infant and  
Adolescent Health*

**Request for Applications**

*Comprehensive Family Planning and Reproductive Health Program*

**Revisions to application due date**

Due to Winter Storm Gail and State Offices being closed the deadline for applications to be submitted has been extended to December 21, 2020. Applications must be received no later than 4:00 PM.

**Addendum 1**  
**11/25/20**  
**RFA # 18606/ Grants Gateway # DOH01-CFPP2-2021**

**New York State Department of Health**  
*Center for Community Health, Division of Family Health Bureau of Women, Infant and Adolescent Health*

**Request for Applications**

*Comprehensive Family Planning and Reproductive Health Program*

**Modifications to the RFA**

Language with a strikeout is removed and new language is in **red**.

1. Grants Gateway Application, Program Specific Questions, 6. Preferred Eligibility Criteria, Question 601 states, *Describe the organization's experience (including number of years) in the administration of a comprehensive family planning, sexual and reproductive health program in compliance with NYS Family Planning Program requirements*. There is no text box for this response. **The applicant is instructed to upload their response to this question as a word document, titled Response to Question 601 to the Grantee Document Folder in Grants Gateway. Applicants should keep their response to 4000 characters, anything over 4000 characters will not be reviewed.**
2. **Section II.D. has been updated to provide clarification regarding supplemental funding:**

**Supplemental Award**

Successful applicants may be eligible for a supplemental award equaling up to 25% of the base award, upon request by the applicant, and based on availability of funding.

Eligibility to receive supplemental funding will be based upon demonstrated performance in successfully serving NYSFPP priority populations, including rural populations, clients with incomes under 100% of the Federal Poverty Level (FPL), and clients under age 25 **across all clinic locations**.

1. ***Service to rural areas.*** To ensure continued access to reproductive health care services in rural areas of New York State, applicant organizations may be awarded supplemental funds for clinic locations that are sited in Health Resources and Services Administration (HRSA) federally-designated rural areas. Applicant organizations that have one or more clinic sites located in federally-designated rural areas (either county or sub-county census-tract level) may be awarded up to 10% of the base award for service to rural populations. Applicants should use the [HRSA Rural Health Grants Eligibility Analyzer](#) to determine if proposed clinic locations are designated as rural.

2. ***Clients with incomes under 100% of the Federal Poverty Level.*** A priority population for the NYSFPP is low income, uninsured, and underinsured individuals of reproductive age who lack access to affordable sexual and reproductive health care services. Successful applicants that can demonstrate a family planning client population that is primarily low-income (i.e. greater than 65% of clients served have incomes under 100% of the FPL) may be awarded up to 10% of the base award for demonstrated service to low-income populations.

3. ***Clients under age 25.*** A priority population for the NYSFPP is adolescents and young adults who often lack access to confidential, affordable, and respectful sexual and reproductive health care services, and be at increased risk for unintended pregnancy, STD infection, and other adverse reproductive health outcomes. Successful applicants that can demonstrate a family planning client population that is primarily adolescent or young adult (i.e. greater than 50% of clients served are under age 25) may be eligible for up to 5% of the base award for demonstrated service reaching adolescent and young adult populations.

Supplemental awards will be applied proportionally to the base awards of successful applicants, based on available remaining funding. Any supplemental awards determined by the Department will be added to the base budget request and negotiated with the grantee after awards are made.

Prior to making awards, the Department will verify applicant client volume and demographic data to ensure accurate calculation of base and supplemental awards. Data will be verified as follows:

- Current NYSFPP grantees – Historical data submitted to the Family Planning Data Management Information System (FPDMIS) from 2017-2019 will be reviewed and verified against information submitted by the applicant at time of application.
- New applicants – Electronic health record (EHR) data submitted as part of the funding application will be reviewed. Client volume and demographic reports must include a three-year (2017-2019) average annual volume of unduplicated clients served who meet the definition of a family planning client (as outlined in **Attachment 3: Family Planning Client Definition**), an average percentage of clients served who have incomes below 100% FPL, and an average percentage of clients served who are under age 25. New applicants should provide this information as an upload in Grants Gateway in the designated Program Specific Questions section of the application. Client volume data should be uploaded in response to Question 102, and if supplemental funding is requested by the applicant, client demographic data across **all clinic locations** should be uploaded in response to Question 703.

3. Attachment 3: Family Planning Definitions, has been updated to include a sub-header indicating that definitions have been adapted from federal definitions in Title X Annual Report: Forms and Instructions (Reissued October 2016), pp. 7-10. In addition, text has

been added to describe types of family planning encounters, and to provide definitions for Clinical Services Providers and Other Services Providers.

### **Family Planning Definitions**

*Adapted from federal definitions in Title X Annual Report: Forms and Instructions (Reissued October 2016), pp. 7-10*

#### **Types of Family Planning Encounters**

There are two types of family planning encounters at family planning service sites: (1) family planning encounters with a Clinical Services Provider and (2) family planning encounters with an Other Services Provider. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both Clinical and Other Services Providers during an encounter, the provider with the highest level of training who takes ultimate responsibility for the client's clinical or nonclinical assessment and care during the visit is credited with the encounter.

**Clinical Services Providers**—Include physicians (family practitioners, general practitioners, and specialists), physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Clinical Services Providers are able to offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment.

**Other Services Providers**—Include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatments. Other Services Providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (e.g., blood pressure evaluation).

4. Attachment 18, the Vendor Contact Form, located in the pre-submission upload section of Grants Gateway is mislabeled. When opened it reads Attachment 17 at the top of the page, but is actually Attachment 18.



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**New York State Department of Health**  
*Center for Community Health, Division of Family Health*  
*Bureau of Women, Infant and Adolescent Health*

**Request for Applications**

*Comprehensive Family Planning and Reproductive Health  
Program*

**KEY DATES:**

<b>Release Date:</b>	<b>October 19, 2020</b>
<b>Letter of Interest/Intent Due:</b>	<b>November 4, 2020</b>
<b>Applicant Webinar Registration Deadline:</b>	<b>November 4, 2020</b>
<b>Applicant Webinar:</b>	<b>November 6, 2020 at 10:00AM</b>
<b>Questions Due:</b>	<b>November 10, 2020</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>November 23, 2020</b>
<b>Applications Due:</b>	<b>December 17, 2020 by 4:00 PM</b>

**NYSDOH Contact Name & Address:**

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## I. Introduction

The New York State Department of Health (NYSDOH), Bureau of Women, Infant and Adolescent Health (BWIAH), announces the availability of up to \$49.3 million annually to support the provision of comprehensive family planning and reproductive health services. Funds will be awarded to approximately 40 to 50 organizations throughout New York State. The anticipated funding period is July 1, 2021 through June 30, 2026.

This Request for Applications (RFA) represents the continued commitment of NYS to support comprehensive public health programming that aligns with [NYSDOH's Title V Maternal and Child Health Services Block Grant \(MCHSBG\)](#) public health priorities for women, infants, and adolescents and the [NYS Prevention Agenda 2019-2024: New York State's Health Improvement Plan](#).

Organizations funded through this RFA will comprise the New York State Comprehensive Family Planning and Reproductive Health Program (NYSFPP) and support the program's overarching goals to improve sexual and reproductive health and birth outcomes, partner with individuals to support their reproductive health goals, and reduce racial and ethnic disparities in sexual and reproductive health outcomes.

NYSFPP funded programs will deliver high-quality, accessible, and free or low-cost reproductive health care services to people of reproductive age, with a focus on serving low-income, uninsured, and underinsured individuals. Services provided by funded programs include contraceptive services, pregnancy testing and non-directive options counseling, basic infertility services, sexually transmitted disease screening and treatment, related primary and preventive health services, health education, and referrals.

The NYSFPP implements a comprehensive service delivery model that includes:

- client-centered family planning visits to provide essential sexual and reproductive health care and related preventive health services and referrals;
- community and client engagement in the development, implementation, and evaluation of family planning programs, to ensure community awareness, access to, and acceptability of services; and
- performance management to measure, monitor, and improve reproductive health and service delivery outcomes.

The Department is committed to investing public health resources in communities most impacted by historical, structural, and institutional inequities that manifest in disproportionately poor health outcomes, especially for racial and ethnic minorities. To achieve that goal, the Department seeks to fund programs that provide services to historically marginalized populations and groups and can demonstrate the greatest impact in improving overall population health outcomes with an emphasis on advancing health equity.

The NYSFPP incorporates a reproductive justice framework to emphasize the basic human right to maintain personal bodily autonomy, make choices about having children, and parent children in safe and sustainable communities. This framework strives to address the historical trauma perpetuated against lower income, Black, and other racial and ethnic minority individuals seeking reproductive health care by ensuring that all decisions about contraception, health care services, and birthing are made by patients in a supportive environment, that strives to facilitate the goals of the patient without judgment or influence.

## **A. Background and Purpose**

The purpose of the NYSFPP is to ensure access to quality family planning and reproductive health services for low-income, uninsured, and underinsured New Yorkers. Applicants funded under this RFA will provide comprehensive sexual and reproductive health services to all individuals of reproductive age, including women, men, adolescents, and other special populations. Funded applicants will address clients' comprehensive family planning, sexual, and reproductive health needs by providing access to contraceptive services (including client-centered counseling), pregnancy testing and non-directive options counseling, basic infertility services, screening for and treating sexually transmitted diseases, and providing related primary and preventive health care services, health education, and referrals. NYSFPP-funded organizations will aim to increase access to services and effective methods of contraception; identify and address issues that create barriers to access sexual and reproductive health care services; offer client-centered and culturally competent care through flexible service delivery options; and provide assistance in enrolling clients in public health insurance programs as appropriate.

The ability to achieve one's full health potential, including achieving reproductive health and birthing goals, can be impacted by a wide range of factors beyond the control of each individual client. Among those factors are legal and structural systems within the United States historically designed to disadvantage racial and ethnic minorities. These systems, rooted in racism, classism, and sexism, continue to manifest in disproportionately poor health outcomes experienced by Black people, as well as other racial and ethnic minority groups.

These health outcomes are often impacted by the social determinants of health - the conditions in which people are born, live, learn, work, play, and age – and include factors like socioeconomic status, access to education, community environment, employment, social supports, and access to health services.<sup>1</sup> Inequities among one or more of these determinants can have significant impact on the health outcomes of individuals and entire communities. To effectively improve reproductive health outcomes, it is important to look at both disparities and social determinants of health to identify and address the root causes (i.e., racism, classism, and sexism).

To proactively address intersectional factors impacting racial, and ethnic disparities, the NYSFPP incorporates a reproductive justice framework. Reproductive justice is defined as the human right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and sustainable communities.<sup>2</sup> Reproductive justice acknowledges that an individual cannot freely make choices about pregnancy when options are limited by oppressive circumstances or lack of access to services. Reproductive justice aims to improve reproductive health by addressing the various intersectional issues that can impact an individual's fertility and/or reproductive decision making, including but not limited to: access to contraception, comprehensive sex education, prevention and care for sexually transmitted infections, adequate prenatal and pregnancy care, sexual and intimate partner violence assistance, adequate wages to support families, and safe homes/communities.

The NYSFPP adheres to guiding principles that assert family planning services must be voluntary, non-coercive, and client-centered. The NYSFPP is committed to improving access to essential sexual and reproductive health services for New Yorkers most adversely impacted by disparities in access and

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<sup>1</sup> Centers for Disease Control and Prevention. Social Determinants of Health. <https://www.cdc.gov/socialdeterminants/>

<sup>2</sup> SisterSong, Inc. <https://www.sistersong.net/reproductive-justice>

outcomes, and protecting and preserving the reproductive autonomy of individuals in their health care decision-making.

## **B. Priority Populations and Communities**

To meet the needs of communities across New York State, family planning programs must increasingly focus their attention and resources upon those populations and communities disproportionately experiencing adverse health outcomes. Key priority populations for the NYSFPP are low-income, uninsured, and underinsured individuals seeking sexual and reproductive health care. A low-income family is defined as a family whose total annual income does not exceed 100% of the [Federal Poverty Level \(FPL\)](#) for a given year.

Research has demonstrated that lower-income individuals are more likely to experience unintended pregnancies, contract a sexually transmitted disease, and have less access to sexual and reproductive health care than higher income people. These increased rates of adverse outcomes are often the result of the increased barriers to care that low-income, uninsured and underinsured individuals face impacting healthcare decisions, such as contraceptive use<sup>3</sup> and delaying or foregoing preventive gynecologic care,<sup>4</sup> based on financial constraints.

In 2016, it was estimated that approximately 1.2 million low-income women of reproductive age in New York State who desired to prevent pregnancy were in need of publicly supported contraceptive services and supplies.<sup>5</sup> Further analysis of trends in publicly funded family planning services indicate that the need will only continue to grow during the upcoming project period, particularly for individuals from racial and ethnic minority groups. Between the years of 2010 and 2016, an additional 11% of Hispanic women and 10% of Black women were in need of public support for contraceptive care, compared to an additional 5% of white women in need of such services<sup>6</sup>.

In 2018, two-thirds of clients seen at publicly-funded family planning clinics had family incomes at or below the poverty level, 38% were covered by Medicaid or another public program, and 40% were uninsured.<sup>7</sup> For many low-income individuals, the family planning clinic is the entry point into the health care system, with six in ten women considering it their usual source of care and four in ten citing it as their only source of care.<sup>8</sup>

Another priority population for the NYSFPP includes adolescents and young adults who often lack access to confidential, affordable, and respectful sexual and reproductive health care services. Access to

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3 Health insurance coverage and contraceptive use at the state level: findings from the 2017 Behavioral Risk Factor Surveillance System. <https://www.guttmacher.org/article/2019/12/health-insurance-coverage-and-contraceptive-use-state-level-findings-2017-behavioral>

4 Centers for Disease Control and Prevention, National Center for Health Statistics Data Brief, No. 339, June 2019. <https://www.cdc.gov/nchs/data/databriefs/db339-h.pdf>

5 Frost JJ et al., *Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact*, 2016, New York: Guttmacher Institute, 2019, <https://www.guttmacher.org/report/publicly-supported-FP-services-US-2016>.

6 Ibid

7 Kaiser Family Foundation, 2019. <https://www.kff.org/womens-health-policy/issue-brief/financing-family-planning-services-for-low-income-women-the-role-of-public-programs/>

8 Sonfield A et al., *Moving Forward: Family Planning in the Era of Health Reform*. New York, NY: Guttmacher Institute; 2014. [https://www.guttmacher.org/sites/default/files/report\\_pdf/family-planning-and-health-reform.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/family-planning-and-health-reform.pdf)

confidential sexual and reproductive health care is critical for young people, as evidence has shown that many will forgo contraceptive and STD services when care is not available confidentially, putting them at increased risk for adverse reproductive health outcomes.<sup>9</sup> The vast majority of pregnancies to individuals younger than age 20 are defined as unintended (either mistimed or unwanted); in New York State this percentage is estimated to be 78%.<sup>10</sup> According to the 2017 NYS Pregnancy Risk Assessment Monitoring System (PRAMS) only 11.5% of new mothers under the age of 20 reported that they were trying to become pregnant at the time of conception.<sup>11</sup> Young people under age 25 account for half of the 20 million new cases of STIs in the United States annually which reflects age-based disparities in accessing preventive information and health care services.<sup>12</sup> It is critical that NYSFPP funded programs prioritize providing services to these community members who are most impacted by healthcare inequities and who would otherwise be unable to access and/or afford sexual and reproductive health care services.

While the NYSFPP has a statewide focus and seeks to fund organizations throughout the state, it is expected that funded programs will target the geographic areas most impacted by health disparities and inequities within their proposed catchment area. To the extent possible, applicants should serve zip code areas identified in **Attachment 1: Perinatal High Risk Zip Codes** where rates for indicators related to unintended pregnancy and poor birth outcomes are high. A perinatal risk rank is an indicator, calculated at the zip code level, to provide a single, multidimensional measure of a variety of factors, including but not limited to, low birth weight, Medicaid or self-pay, late or no prenatal care, infant deaths and teen pregnancy.

## II. Who May Apply

### A. Minimum Eligibility Requirements

Applicants must meet the following minimum eligibility requirements:

1. Applicant must be a governmental and/or not-for-profit health care facility licensed, or expected to be licensed by the contract start date, through Article 28 of the New York State Public Health Law and certified to provide Medical Services – Primary Care.
2. Applicant must have a minimum of three years of experience providing comprehensive family planning and reproductive health services.
3. Applicant must be prequalified in the NYS Grants Gateway, if not exempt, on the date applications are due.

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<sup>9</sup> Hasstedt K, *Ensuring Adolescents' Ability to Obtain Confidential Family Planning Services in Title X*, New York: Guttmacher Institute, 2018, <https://www.guttmacher.org/gpr/2018/11/ensuring-adolescents-ability-obtain-confidential-family-planning-services-title-x>

<sup>10</sup> Kost K, Maddow-Zimet I and Arpaia A, *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity*, New York: Guttmacher Institute, 2017, <https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013>.

<sup>11</sup> Pregnancy Risk Assessment Monitoring System, 2017. [https://apps.health.ny.gov/public/tabvis/PHIG\\_Public/prams/reports/#annual](https://apps.health.ny.gov/public/tabvis/PHIG_Public/prams/reports/#annual)

<sup>12</sup> CDC, *Sexually Transmitted Disease Surveillance 2017*, Atlanta: U.S. Department of Health and Human Services, 2018, [https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report\\_CDC-clearance-9.10.18.pdf](https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf).

**NOTE: Applications from organizations that do not meet all of these minimum eligibility requirements will NOT be reviewed.**

## **B. Preferred Eligibility Requirements**

Preference will be given to applicants that demonstrate:

1. A minimum of five years of experience in the administration of a comprehensive family planning and reproductive health services program in compliance with New York State Family Planning Program requirements.

## **C. Available Funding**

An annual amount of approximately \$49.3 million is available to fund up to 50 organizations to implement comprehensive family planning and reproductive health services across New York State. Funding for this initiative comes from a combination of state and federal sources, including annual New York State appropriations and federal Title V Maternal and Child Health Services Block Grant funding administered by the federal Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau. Awards are anticipated to be made for a five-year term from July 1, 2021 through June 30, 2026.

For purposes of this RFA, 40% of the available funding will be utilized to support programs serving the boroughs within the New York City region, and 60% to support programs serving counties in the Rest of the State (see **Table 1**).

**Table 1: Available Annual Funding**

<b>Region</b>	<b>Available Annual Funding</b>	<b>Maximum Number of Awards</b>
New York City	\$19,705,858	24
Rest of State	\$29,558,788	26

It is the intent of the Department to fund programs across New York State to ensure statewide access to comprehensive family planning and sexual and reproductive health services. Applicants may submit only one application in response to this RFA but may propose to provide services in multiple counties and/or regions of the state. Only applications that achieve a score of 70 or above will be considered for awards.

In making awards to New York City (NYC), the Department will award applicants from highest to lowest score to ensure coverage in each borough, using the following process:

- The two highest-ranking applicants offering a clinic site in a borough not offered by a higher-ranking applicant, will be awarded as funding allows.
- If funding remains after two organizations are awarded in each borough, additional awards will be made from highest to lowest scoring applications, regardless of borough, until funds are

exhausted.

In making awards to the Rest of State (ROS), the Department will award applicants from highest to lowest score to ensure coverage in each county of the State using the following process:

- The highest-ranking applicant offering a clinic site in a county not offered by a higher-ranking applicant, will be awarded as funding allows.
- If funding remains after the above round of awards, additional awards will be made with a goal of awarding at least two organizations within each county.
- If funding remains after both prior rounds of awards, additional awards will be made from highest to lowest scoring application, regardless of service area, until funds are exhausted.

Applicants should indicate the region(s) for which funds are requested and provide the location of the family planning clinic site(s) that are proposed to be supported with these funds in **Attachment 2: Application Cover Page**.

#### **D. Basis for Award**

Successful applicants will be awarded funds based on multiple criteria as described below:

##### **Base Award**

Successful applicants will be eligible for a base award that will be made based upon the applicant's family planning client volume and number of counties in which family planning clinic sites are located. Requested funding should not exceed the eligible base award as outlined in Section II. D. Basis for Award. The requested funding must be consistent with the scope of services proposed and be reasonable and cost effective.

1. ***Family Planning Client Volume*** – The average annual number of unduplicated family planning clients served in the previous three years will be reviewed to determine the eligible award band as outlined in **Table 2**. Applicants must provide the average annual unduplicated client volume for each family planning clinic location proposed to be supported with NYSFPP grant funds in **Attachment 2: Application Cover Page**.



**Table 2: Client Volume Award Amount**

<b>Band</b>	<b>Average Annual Unduplicated Client Volume</b>	<b>Eligible Annual Award Amount</b>
1	> 50,000	\$8,000,000
2	25,000 – 49,999	\$4,000,000
3	12,500 – 24,999	\$2,000,000
4	5,000 – 12,499	\$1,000,000
5	2,500 – 4,999	\$560,000
6	1,500 – 2,499	\$360,000
7	500 - 1499	\$140,000
8	<500	\$100,000

2. **County Coverage** – The number of counties that the applicant proposes to serve, as evidenced by presence of one or more family planning clinic sites in that county, will be reviewed to determine eligible award band as outlined in **Table 3**. The number of clinic sites includes permanent physical clinic locations only and does not include mobile and temporary clinics sites. Applicants must provide the addresses and counties of family planning clinic locations proposed to be supported with NYSFPP grant funds in **Attachment 2: Application Cover Page**.

**Table 3: County Coverage Award Amount**

<b>Band</b>	<b>Number of Counties with Clinic Sites</b>	<b>Eligible Award Amount</b>
1	10+ counties	\$500,000
2	5-9 counties	\$300,000
3	2-4 counties	\$180,000
4	1 county	\$75,000

A total base award will be calculated by adding the band award amount from **Table 2** to the band award amount in **Table 3**.

### **Supplemental Award**

Successful applicants may be eligible for a supplemental award equaling up to 25% of the base award, upon request by the applicant, and based on availability of funding.

Eligibility to receive supplemental funding will be based upon demonstrated performance in successfully serving NYSFPP priority populations, including rural populations, clients with incomes under 100% of the Federal Poverty Level (FPL), and clients under age 25.

1. **Service to rural areas.** To ensure continued access to reproductive health care services in rural areas of New York State, applicant organizations may be awarded supplemental funds for clinic locations that are sited in Health Resources and Services Administration (HRSA) federally-designated rural areas. Applicant organizations that have one or more clinic sites located in

federally-designated rural areas (either county or sub-county census-tract level) may be awarded up to 10% of the base award for service to rural populations. Applicants should use the [HRSA Rural Health Grants Eligibility Analyzer](#) to determine if proposed clinic locations are designated as rural.

2. ***Clients with incomes under 100% of the Federal Poverty Level.*** A priority population for the NYSFPP is low income, uninsured, and underinsured individuals of reproductive age who lack access to affordable sexual and reproductive health care services. Successful applicants that can demonstrate a family planning client population that is primarily low-income (i.e. greater than 65% of clients served have incomes under 100% of the FPL) may be awarded up to 10% of the base award for demonstrated service to low-income populations.
3. ***Clients under age 25.*** A priority population for the NYSFPP is adolescents and young adults who often lack access to confidential, affordable, and respectful sexual and reproductive health care services, and be at increased risk for unintended pregnancy, STD infection, and other adverse reproductive health outcomes. Successful applicants that can demonstrate a family planning client population that is primarily adolescent or young adult (i.e. greater than 50% of clients served are under age 25) may be eligible for up to 5% of the base award for demonstrated service reaching adolescent and young adult populations.

Supplemental awards will be applied proportionally to the base awards of successful applicants, based on available remaining funding. Any supplemental awards determined by the Department will be added to the base budget request and negotiated with the grantee after awards are made.

Prior to making awards, the Department will verify applicant client volume and demographic data to ensure accurate calculation of base and supplemental awards. Data will be verified as follows:

- Current NYSFPP grantees – Historical data submitted to the Family Planning Data Management Information System (FPDMIS) from 2017-2019 will be reviewed and verified against information submitted by the applicant at time of application.
- New applicants – Electronic health record (EHR) data submitted as part of the funding application will be reviewed. Client volume and demographic reports must include a three-year (2017-2019) average annual volume of unduplicated clients served who meet the definition of a family planning client (as outlined in **Attachment 3: Family Planning Client Definition**), an average percentage of clients served who have incomes below 100% FPL, and an average percentage of clients served who are under age 25. New applicants should provide this information as an upload in Grants Gateway in the designated Program Specific Questions section of the application. Client volume data should be uploaded in response to Question 102, and if supplemental funding is requested by the applicant, client demographic data should be uploaded in response to Question 703.

Annual award amounts may be reduced by up to 25% in years three through five of the contract (July 1, 2023 - June 30, 2026) if the contractor does not maintain the original criteria for its award.

### III. Project Narrative/Work Plan Outcomes

Applicants funded under this RFA will provide comprehensive family planning and reproductive health services to individuals of reproductive age, with a priority focus on low-income, uninsured, and underinsured individuals. Successful applicants are expected to carry out the scope of work described in **Attachment 4: NYSFPP Standardized Work Plan** and comply with requirements outlined in **Attachment 5: NYSFPP Program-Specific Requirements**.

#### A. Provision of High-Quality Comprehensive Family Planning, Sexual and Reproductive Health Services

Funded applicants will deliver the following clinical services in accordance with nationally recognized standards of care:

- ***Access to and provision of the full range of U.S. Food and Drug Administration (FDA) approved contraceptive methods.*** Client-centered education and counseling will be provided to assist interested clients in choosing the appropriate contraceptive method to meet their reproductive health care needs. Funded applicants will ensure the availability of a broad range of methods at every clinic site, including long-acting reversible contraceptive (LARC) methods. When LARC methods are not available onsite, funded applicants will facilitate timely access and referrals for clients who desire such methods.
- ***Pregnancy testing and non-directive options counseling.*** Funded applicants will provide complete, accurate, and unbiased information to pregnant clients on all pregnancy options of interest to the client, including parenting, adoption, and abortion, and will provide appropriate referrals as requested by the client.
- ***Client-centered reproductive life planning and education.*** Funded applicants will employ a reproductive justice framework when discussing with clients their reproductive life plans and goals about becoming a parent to determine the range of required services to be provided.
- ***Basic infertility services.*** Funded applicants will offer basic infertility services in accordance with the recommendations of professional medical organizations such as the [American Congress of Obstetricians and Gynecologists \(ACOG\)](#), [American Society for Reproductive Medicine \(ASRM\)](#), and the [American Urological Association](#).
- ***Primary and preventive health and wellness services.*** Funded applicants will provide health care services such as screening for alcohol and other drug use, tobacco use, depression, immunization status, sexual/intimate partner violence, reproductive coercion, obesity, hypertension, and diabetes. Funded applicants will provide counseling and/or refer clients for needed follow-up and treatment services as required.
- ***Sexually Transmitted Disease (STD) prevention education, screening, and treatment services.*** Funded applicants will screen clients for sexually transmitted diseases (chlamydia, gonorrhea, syphilis, herpes, and HPV) and follow CDC recommendations for [Providing Quality STD Clinical Services \(STD QCS\)](#) and comprehensive [Sexually Transmitted Diseases Treatment guidelines](#) for the treatment of persons who have sexually transmitted infections.
- ***Human Immunodeficiency Virus (HIV) prevention education, testing, counseling, and referral to treatment.*** Funded applicants will offer HIV testing to clients in accordance with New York State Public Health Law, Article 27-F. Funded applicants will refer individuals identified as HIV positive to appropriate HIV treatment services.
- ***Related preventative health services.*** Funded applicants will provide vaccinations against HPV,

clinical breast exams (CBE), cervical cancer screening, and appropriate referrals for follow-up care. Family Planning Providers will collaborate with the New York State Department of Health [Cancer Services Program \(CSP\)](#) in support of regional CSP Partnerships and the [Medicaid Cancer Treatment Program](#).

- **Ancillary services.** Funded applicants will provide ancillary services related to sexual and reproductive health care including complex gynecologic care, pharmaceuticals, and laboratory services; and
- **Referrals.** Funded applicants will have bi-directional referral agreements in place to provide a full range of health and social service referrals to meet client needs, including but not limited to: primary care, prenatal care, abortion services, infertility specialists, HIV/AIDS treatment, substance use and behavioral health treatment, sexual and intimate partner violence assistance programs, WIC, and transportation providers. When possible, referral partners should be organizations that accept Medicaid and/or offer services on a sliding fee scale.

Applicants funded under this RFA must implement family planning services in accordance with [Providing Quality Family Planning Services: Recommendations of Centers for Disease Control and Prevention and the U.S. Office of Population Affairs \(QFP\)](#). Applicants should refer to the QFP, and to the [2015](#) and [2017](#) updates, for a full description of the services successful applicants will be required to provide.

## **B. Program Specific Requirements**

Organizations funded through this RFA are required to comply with the **NYSFPP Program-Specific Requirements** outlined in **Attachment 5**. These requirements relate to delivery of family planning services, administrative requirements, and family planning policies and procedures. It is strongly recommended that applicants closely review the Program Specific Requirements to ensure the organization's capability to comply with all program requirements.

### **Delivery of Family Planning Services**

Organizations that contract with the NYSFPP must certify that they will:

- Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.
- Provide services in a manner which protects the dignity of the individual.
- Provide services without regard to race, color, creed, religion, marital status, sex, gender identity or expression, national origin, disability, sexual orientation, age, military status, pregnancy-related condition, number of pregnancies, or source of payment.
- Not use any NYSFPP funds to support provision of abortion or medical services related to the provision of abortion. Options counseling that includes information on abortion or referrals to abortion providers does not constitute an “abortion service” under this RFA.
- Prioritize provision of services to persons from low-income, uninsured, and underinsured families.
- Encourage minors seeking services to involve a caregiver or trusted adult in decision-making about their health care.
- Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

## **Accessibility of Services**

Funded applicants will ensure accessibility of services by utilizing grant funding to provide family planning services to all who want and need them, with priority given to individuals from low-income, uninsured, and underinsured families. A low-income family is defined as a family whose total annual income does not exceed 100% of the most recent Federal Poverty Level Guidelines. It can also include members of families whose annual family income exceeds that amount, but who, as determined by the funded applicant's program policies and procedures, are unable for good reasons to pay for family planning services.

To ensure that cost is never a barrier to accessing family planning services, all funded applicants must develop and utilize a Schedule of Discounts (SOD) that allows clients to pay reduced fees based on their income for any visit, procedure, medication, or device. Funded applicants must implement a Schedule of Discounts that meets the requirements outlined in **Attachment 6: NYSFPP Schedule of Discounts Guidance**:

- Patients at or below 100% of the FPL may not be charged for any service, device, or supply.
- Patients at or below 250% of the FPL may not be charged for the following services and supplies: chlamydia testing, HIV testing and counseling, pregnancy testing and counseling, emergency contraception, and condoms.
- Patients with incomes between 101% and 250% of the FPL may be charged fees for services, devices, or supplies. Those charges must reflect a discount from the full fee and the discount must be applied progressively, such that individuals with lower income levels pay a smaller portion of the total cost.
- Income levels used to determine discounted rates on the SOD must be based on the most recent Federal Poverty Level (FPL) available.
- All fees charged to patients on the SOD must be reasonable, attainable, and fair.
- Charges for devices and supplies must reflect current [340B Drug Pricing Program](#) pricing where appropriate. NYSFPP agencies may not charge more than the 340B acquisition cost for any 340B purchased drug or device. The SOD must reflect a progressive discount from the acquisition cost of all 340B purchased drugs or devices for individuals between 101% and 250% of the FPL.
- Information on individual income should be collected and documented for all patients, regardless of their insurance status. SOD discounts apply to any patient, based solely on their income, regardless of insurance status. SOD discounts may be applied to insurance deductibles and/or copays when a patient's income qualifies them.
- Patients may not be denied services or be subjected to any variation in quality of services because of their inability to pay.

Organizations awarded under this RFA will develop a SOD during the contract negotiation process, submit to NYSFPP for approval, and implement at execution of contract. Funded applicants will be required to update SODs and submit for approval on an annual basis.

Funded applicants will also assist uninsured clients in enrolling in the most appropriate health insurance plans including Medicaid, Family Planning Benefit Program, Family Planning Extension Program, Qualified Health Plans available through the New York State of Health, and commercial health insurance plans. Funded applicants will be required to execute and maintain a Memorandum of

Understanding with the NYSDOH Office of Insurance Programs to enroll clients into the [Family Planning Benefit Program \(FPBP\)](#).

### **Administrative Capacity**

Funded applicants will administer their family planning program to implement all required activities and meet contractual and reporting requirements in a timely manner. To provide effective and efficient management of the family planning program, funded applicants will:

- Hire, train and provide ongoing support to qualified staff to fulfill all required functions of the program. At a minimum, staffing should include all NYSFPP-required staff positions listed in **Attachment 5: Program-Specific Requirements**. Additional staffing may include, but is not limited to, appropriately credentialed clinicians, nursing and medical assistance staff, community outreach staff, fiscal staff, and data management staff.
- Ensure orientation and ongoing training of all program staff, including successful completion and documentation of all required trainings for each position.
- Regularly participate in training and technical assistance opportunities offered by the NYSFPP training and technical assistance vendor, as well as required quarterly program update and technical assistance calls with NYSFPP staff.
- Maintain and update as needed all required NYSFPP policy and procedure documents related to delivery of family planning services, including required clinical protocols.
- Maintain infrastructure to ensure the sustainability of services including: incorporation of certified Electronic Health Record systems and other interoperable Health Information Technology systems; contracts with health insurance plans; and systems for third party billing. Funded applicants will use revenue earned as a result of the delivery of family planning services to expand grant-funded program services and operations, and maintain systems to account for the appropriate use of earned revenue.
- Collect and report client and clinic-level encounter data in the content and format prescribed by the NYSFPP. Funded applicants will submit data to the NYSFPP Family Planning Data Management Information System (FPDMIS) on a monthly basis through the contracted data processing vendor's website. The New York Family Planning Encounter Form, or clinic visit record (CVR) (**Attachment 7: Clinic Visit Record**), serves as a tool for collecting the data elements that must be reported on client demographics, medical, counseling, and other services provided. The characteristics of the population served and the full spectrum of services provided should be fully and accurately portrayed in the CVR data submitted. Each funded organization is responsible for submitting quality data that meets program requirements for timeliness, accuracy and completeness. Funded organizations may collect data using their choice of practice management software (e.g., Ahlers WinCVR, in-house custom, or other third party) or electronic health record (EHR) systems, but are required to submit data in a manner consistent with the prescribed CVR format. The electronic file layout and system edits that other software systems must adhere to is provided in **Attachment 8: New York CVR Specifications and Field Values**.

## **C. Community and Client Engagement**

Community engagement, defined by the Centers for Disease Control and Prevention (CDC) as “a process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting their well-being,” is a core guiding principle of public health practice. Funded applicants are expected to engage community members to obtain input on the development, implementation, and evaluation of their programs, to assure suitability and acceptance by the populations served. Priority populations, including low-income individuals, racial and ethnic minorities, adolescents, and others as identified through local community needs assessments, must be engaged to ensure services are culturally responsive and respectful to the needs of these groups. Community engagement efforts should have a meaningful emphasis on addressing health equity, with a goal of implementing client-centered family planning services that ensure every client has an opportunity to achieve optimal health regardless of social and economic factors such as race, ethnicity, gender, sexual orientation, disability status, and income.

Funded applicants must conduct community outreach and education to increase awareness and utilization of family planning services, and to encourage participation by persons who may benefit from family planning services. Outreach and education efforts should be designed to increase community understanding of the family planning program, the agency, and available services, and to provide key information about family planning options, sexual and reproductive health. Education efforts may be focused in the clinic through individual or group sessions between a client and health educator or counselor, or outside of the clinic in the community to potential clients, their families and peers.

In the first year of the contract, funded applicants will create a written Community Participation, Education, and Promotion (CPEP) plan to outline the organization’s efforts to engage community members in the development and implementation of the program and to enhance community understanding and awareness of the availability of family planning services. The CPEP plan should include measurable objectives and activities that the organization will undertake to engage with and educate the community. A CPEP plan should include details about community needs assessments conducted, outreach and inreach efforts, community partnerships, plans for meeting needs of priority and special populations, and evaluation efforts.

Funded applicants will also be expected to actively engage clients by routinely assessing family planning client experience and satisfaction. In the first year of the contract, funded applicants will implement a patient experience assessment to elicit feedback, with the intent to use information to improve program services. In subsequent contract years, a standardized NYSFPP patient experience measure will be implemented statewide. Funded applicants will use information gathered on a routine basis from clients to improve patient experience and service delivery, giving consideration to factors such as: client assessment of interactions with clinicians and other staff, clinic location and physical environment, hours of operation, accommodation of walk-in clients, timeliness of appointments, visit wait time, availability of telehealth visits, and assessment of other strategies implemented to meet client needs, and reduce barriers to access. Assessments of patient experience will contribute to improved quality and patient-centeredness of family planning, sexual and reproductive health services.



## **D. Performance Management**

The NYSFPP incorporates a performance management framework to measure, monitor, and improve sexual and reproductive health and program service delivery outcomes. Performance management is the practice of actively using program data to improve the quality of services and effectiveness of program operations. Performance management centers on a clear and focused approach to improving outcomes and the strategic use of performance standards to guide the development and implementation of improvement strategies. Performance standards are generally accepted, objective standards of measurement to which a contractor's level of performance can be compared, i.e., the standards establish the level of performance expected. Collectively, these performance standards describe the specific tangible processes and outcomes to be accomplished.

The NYSFPP performance management framework includes four performance standards that emphasize the provision of quality comprehensive family planning, sexual and reproductive health care services to vulnerable New Yorkers. Funded applicants will be expected to utilize this performance management framework to monitor and improve their programs, and will be required to actively participate in statewide performance management projects conducted by NYSFPP.

- **Performance Standard 1: Access to Services**

Family planning, sexual and reproductive health care services are accessible to all individuals in need of reproductive health services, with priority given to low-income, uninsured, or underinsured individuals and other priority populations experiencing disparate sexual and reproductive health outcomes. Family planning services are client-focused and accessible to the population being served, with service delivery guided by consideration of factors that influence individuals' ability to access health care services.

- **Performance Standard 2: Clinical Quality**

Family planning, sexual, and reproductive health care services are provided within written clinical protocols that are in accordance with nationally recognized standards of care. The sexual and reproductive health and related preventive health needs of clients accessing family planning services are identified and addressed through timely and coordinated evidence-based/informed education, counseling, management, referral, and follow-up.

- **Performance Standard 3: Community Engagement**

The community is aware of the availability of and is encouraged and supported to access family planning, sexual, and reproductive health care services. Community members are engaged in providing input into the development and implementation of program goals and activities.

- **Performance Standard 4: Administrative Capacity and Oversight**

Family planning, sexual, and reproductive health care programs are effectively and efficiently managed to ensure the delivery of, and to enhance the capacity to sustain the delivery of, high-quality family planning, sexual, and reproductive health care services.

## **Performance Measures**

Performance measures have been established for the NYSFPP, to assess contractor performance with



expected contract deliverables and service delivery outcomes (**Attachment 9: NYSFPP Performance Measures**). Performance measures primarily focus on increasing access to sexual and reproductive health services for priority populations, engaging the community in design and delivery of services, and sustaining organizational capacity to deliver high-quality services. Clinical performance measures will be further developed and defined in accordance with NYSFPP guiding principles that family planning services are voluntary, non-coercive, and client-centered, and delivered in a manner that protects the rights and autonomy of each individual.

During the five-year funding cycle, NYSFPP funded organizations will focus on five (5) priority performance measures, outlined in **Table 5**:

**Table 5: NYSFPP Priority Performance Measures**

<b>Performance Standard</b>	<b>Priority Performance Measure</b>	<b>Proposed Threshold/ Benchmark</b>
PS-1 Access	Total Number of Active Clinic Sites	Maintain # active clinic sites at application
PS-1 Access	Total Number of Unduplicated Clients Served	Maintain or increase unduplicated client volume, compared to historical number of clients served and/or volume proposed at application
PS-2 Clinical	% of Female Clients Age 25 and Under Receiving Chlamydia Testing	Compare to NYSFPP statewide average and/or Healthcare Effectiveness Data and Information Set ( <a href="#">HEDIS</a> ) average
PS-3 Community Engagement	% of Family Planning Agencies that Routinely Assess Patient Experience and/or Satisfaction	100% of family planning agencies implement patient experience assessment (Year 1); Standardized satisfaction measure TBD (Years 2-5).
PS-4 Administrative	% of Family Planning Clinic Sites with Timely and Complete Monthly Data Submission	100% of clinic sites submit timely and complete required monthly data to FPDMS (Ahlers)

Funded applicants will have systems in place to conduct ongoing quality improvement activities including the use of performance measures to review and strengthen the quality of the services provided.

### **Program Monitoring and Performance Improvement**

NYSFPP contractor performance will be routinely monitored through monthly data submissions, quarterly and annual reporting, and technical assistance contacts. In addition, comprehensive onsite monitoring reviews will be conducted periodically by an onsite program monitoring vendor or Department staff. When deficiencies are identified through routine program monitoring, the following incremental approach will be taken to address performance issues:

#### ***1. Training and Technical Assistance***

Contractors that consistently fall below established thresholds for key performance measures will receive additional training and technical assistance from the assigned Family Planning Program Manager and/or the New York State Family Planning Training Center (NYSFPTC). Family Planning Program Managers will hold technical assistance calls with key family planning staff, provide resources and support, and refer to NYSFPTC trainings on relevant topics, as applicable.

**2. *Intensive Technical Assistance / Participation in Performance Improvement Collaboratives***

Contractors that continue to fall below established thresholds will be required to participate in 1:1 intensive technical assistance conducted collaboratively by the Family Planning Program Manager and NYSFPTC staff. Intensive technical assistance will consist of phone calls, in-person visits, and required participation in relevant trainings, as applicable. The NYSFPTC will also conduct a performance improvement collaborative (PIC) for 8-10 family planning agencies on a topic identified by the NYSFPP each year. Contractors that fall below established thresholds for key performance measures addressed in the PIC will be prioritized for participation.

**3. *Corrective Action Plans***

Contractors that continue to fall below established thresholds after additional training and technical assistance will be required to complete a Corrective Action Plan (CAP). The CAP will outline steps that will be taken by the family planning organization to address performance deficiencies, with defined and time-limited action steps.

**Performance Deficiencies**

When NYSFPP contractor performance falls below established thresholds, the NYSFPP may withhold quarterly voucher payments until performance improves, or until there is sufficient demonstrated effort by the contractor to improve on the deficient measure(s).

For numerous and sustained performance deficiencies, or failure to meet thresholds established for geographic reach (total number of active clinic sites) and volume (total number of unduplicated clients served), the NYSFPP reserves the right to reduce funding amounts for the following contract year, beginning in year three of the contract.

Applicants may subcontract components of the scope of work described in this RFA. However, the lead organization is required to retain at least 75% implementation of all program activities. For those applicants that propose subcontracting, it is preferable to identify subcontracting agencies during the application process. Applicants that plan to subcontract are expected to state in the application the specific components of the scope of work to be performed through subcontracts. Applicants should note that the lead organization (contractor) will have overall responsibility for all contract activities, including those performed by subcontractors, and will be the primary contact for the NYSDOH. All subcontractors must be approved by the Department of Health.

## IV. Administrative Requirements

### A. Issuing Agency

This RFA is issued by the New York State Department of Health (NYSDOH), Division of Family Health, Bureau of Women, Infant, and Adolescent Health. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

### B. Question and Answer Phase

All substantive questions must be submitted in writing or via email to [fprfa@health.ny.gov](mailto:fprfa@health.ny.gov).

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA. This includes Minority and Women Owned Business Enterprise (MWBE) questions and questions pertaining to the MWBE forms.

Questions of a technical nature can be addressed in writing by emailing [fprfa@health.ny.gov](mailto:fprfa@health.ny.gov).

**Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the NYSDOH contact listed on the cover of this RFA.

- <https://grantsmanagement.ny.gov/resources-grant-applicants>
- Grants Gateway Videos: <https://grantsmanagement.ny.gov/videos-grant-applicants>
- Grants Gateway Team Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)  
Phone: 518-474-5595  
Hours: Monday thru Friday 8am to 4pm  
(Application Completion, Policy, Prequalification and Registration questions)
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(After hours support w/user names and lockouts)

Prospective applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFA has been posted on the NYS Grants Gateway website at:

[https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) and a link provided

on the Department's public website at: <https://www.health.ny.gov/funding/>. Questions and answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

### **C. Letter of Interest**

Prospective applicants are strongly encouraged to complete and submit a letter of interest (see **Attachment 10: Sample Letter of Interest**). Prospective applicants may also use the letter of interest to receive notification when updates/modifications are posted; including responses to written questions. Letters of interest should be emailed to [fpfa@health.ny.gov](mailto:fpfa@health.ny.gov). The Letter of Interest should be submitted by the date posted on the cover of the RFA. Please ensure that the RFA number is noted in the subject line.

Submission of a letter of interest is not a requirement or obligation upon the applicant to submit an application in response to this RFA. Applications may be submitted without first having submitted a letter of interest.

### **D. Applicant Webinar**

An applicant webinar will be held for this project. The webinar will be held on the date and time posted on the cover sheet of this RFA. The Department requests that potential applicants register for this conference here:

<https://meetny.webex.com/meetny/onstage/g.php?MTID=ef3e3f51119b541265af7de7dd474ffe2>.

Potential applicants are encouraged to register at least 48 hours in advance. Failure to attend the applicant webinar will not preclude the submission of an application. Deadline for registration is posted on the cover page of this RFA.

### **E. How to file an application**

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <https://grantsmanagement.ny.gov/> and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsmanagement.ny.gov/live-webinars>.

To apply for this opportunity:

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name Comprehensive Family Planning and Reproductive Health
4. Click on “Search” button to initiate the search.

5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application.** Both NYSDOH and Grants Gateway staff are available to answer applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA.

**PLEASE NOTE:** Although NYSDOH and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding.

The Grants Gateway will always notify applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process, please pay particular attention to the following:

- Not-for-profit applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

<b>Role</b>	<b>Create and Maintain User Roles</b>	<b>Initiate Application</b>	<b>Complete Application</b>	<b>Submit Application</b>	<b>Only View the Application</b>
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

**PLEASE NOTE: Waiting until the last several days to complete your application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.**

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

#### **F. Department of Health's Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department's sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. 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.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct applicants to submit proposal modifications addressing

subsequent RFA amendments.

9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's application and/or to determine an offeror's compliance with the requirements of the RFA.
17. Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

#### **G. Term of Contract**

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: **July 1, 2021 – June 30, 2026**. Continued funding throughout this five-year period is contingent upon availability of funding and state budget appropriations. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding. Annual award amount for years three through five of the five-year contract term will be contingent upon satisfactory contractor performance on achievement of NYSFPP priority performance measures and compliance with contract requirements.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

## **H. Payment & Reporting Requirements of Grant Awardees**

1. The Department may, at its discretion, make an advance payment to not-for-profit grant contractors in an amount not to exceed 25 percent.
2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

Division of Family Health, Bureau of Administration  
New York State Department of Health

[dfh.boa@health.ny.gov](mailto:dfh.boa@health.ny.gov)

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

3. The grant contractor will be required to submit the following reports to the Department of Health to the email address above or, if requested by the Department, through the Grants Gateway:
  - A. Monthly data from Clinic Visit Records (CVR) submitted to the Family Planning Data Management Information System (Ahlers)
  - B. Quarterly narrative progress reports
  - C. Annual narrative progress report
  - D. Annual Community Participation, Education, and Program Promotion (CPEP) report
  - E. Agency Profile

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Contract for Grants.

## **I. Minority & Woman-Owned Business Enterprise Requirements**

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health



(“NYSDOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of NYSDOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 0% as follows:

- 1) For Not-for-Profit Applicants: Eligible Expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation.
- 2) For-Profit and Municipality Applicants: Eligible Expenditures include the value of the budget in total.

The goal on the eligible portion of this contract will be 0% for Minority-Owned Business Enterprises (“MBE”) participation and 0% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that NYSDOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how NYSDOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found on this page under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is optional (**Attachment 11**). Funded applicants are encouraged to engage with firms found in the directory for the acquisition of required

product(s) and/or service(s) associated with this grant.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

#### **J. Limits on Administrative Expenses and Executive Compensation**

On July 1, 2013, limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38 and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

#### **K. Vendor Identification Number**

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please be sure the Vendor Identification number is included in your organization information. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: [http://www.osc.state.ny.us/vendor\\_management/forms.htm](http://www.osc.state.ny.us/vendor_management/forms.htm). Additional information concerning the New York State Vendor File can be obtained on-line at: [http://www.osc.state.ny.us/vendor\\_management/index.htm](http://www.osc.state.ny.us/vendor_management/index.htm), by contacting the SFS Help Desk at 855-233-8363 or by emailing at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

#### **L. Vendor Responsibility Questionnaire**

The New York State Department of Health strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Applicants should complete and upload **Attachment 12: Vendor Responsibility Attestation**. The Attestation is located under Pre-Submission uploads and once completed should be uploaded in the

same section.

## **M. Vendor Prequalification for Not-for-Profits**

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the [Grants Management Website](#).

**Applications received from not-for-profit applicants that have not Registered and are not Prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.**

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Management Website details the requirements and an [online tutorial](#) are available to walk users through the process.

### **1) Register for the Grants Gateway**

- On the Grants Management Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov). If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

### **2) Complete your Prequalification Application**

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.

- Specific questions about the prequalification process should be referred to your agency representative or to the Grants Gateway Team at [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov).

### 3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**Vendors are strongly encouraged to begin the process as soon as possible in order to participate in this opportunity.**

### N. General Specifications

1. By submitting the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter included with the application.
4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf

of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

- c. If, in the judgement of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

## **V. Completing the Application**

### **A. Application Format/Content**

Please refer to the Grants Gateway: Vendor User Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at: <https://grantsmanagement.ny.gov/vendor-user-manual>. Additional information for applicants is available at: <https://grantsmanagement.ny.gov/resources-grant-applicants>.

**Also, you must use Internet Explorer (11 or higher) to access the Grants Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.**

Please respond to each of the sections described below when completing the Grants Gateway online application. Your responses comprise your application. Please respond to all items within each section. When responding to the statements and questions, be mindful that application reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

### **Pre-Submission Uploads**

As a reminder, the following attachments need to be uploaded under the Pre-Submission Uploads section of the Grants Gateway in order to submit an application in the system.

1. Application Cover Page (Attachment 2)
2. MWBE Forms (Attachment 11)
3. Vendor Responsibility Attestation (Attachment 12)
4. Agency Profile (Attachment 13)
5. PS Detail Narrative Budget Request (Attachment 17)
6. Vendor Contact Form (Attachment 18)
7. Subcontractor Information Form (Attachment 19), if applicable

## Program Specific Questions

103 total points

### A. Application Cover Page (0 points)

A form is provided to serve as the cover page for the application. All requested information, including amount of funding requested, addresses of family planning clinic locations to be supported with requested funding, counties to be served, and average annual unduplicated client volume, should be supplied on this form. Please refer to **Attachment 2**.

### B. Agency Profile (0 points)

The Agency Profile must be completed and submitted with the application to provide detailed information about services that will be provided at each clinic location, hours of operation, and staffing. Please refer to **Attachment 13**.

### C. Executive Summary (0 points)

The purpose of this section is for the Applicant to provide a brief description of the program including proposed service areas, and to summarize each of the four major components of the application: Organizational Capacity and Experience, Community Resources and Needs Assessment, Program Narrative, and Budget. All information in the Executive Summary should be substantiated in the Application.

#### 1. Organizational Capacity and Experience (Maximum Score: 30 points)

The purpose of this section is for the Applicant to describe its capacity to implement and administer the proposed project.

101 - Describe the organization's experience in providing comprehensive family planning, sexual, and reproductive health care services in accordance with national clinical guidelines, recommendations, and standards of care. The response should include a description of services provided, the number of years of experience, and the specific guidelines followed.

102 - Describe the organization's experience in meeting the sexual and reproductive health care needs of low-income, uninsured, and underinsured individuals in the proposed service area(s). Include in the description information about the average annual number of unduplicated family planning clients served in the past three-year period (2017-2019) and the proposed volume of clients to be served in the five-year funding cycle. Applicants that do not currently contract with the NYSFPP must upload reports here from de-identified electronic health records or other systems to substantiate proposed volume of clients to be served.

103 - Provide specific examples to demonstrate how the organization has engaged and served racial, ethnic, cultural, and linguistic minority populations, and other populations that are disproportionately impacted by adverse reproductive health outcomes.

104 - Describe the organization's programmatic capacity to sustain the delivery of family planning services. Discuss the organization's experience with the following: utilization of an Electronic Health Record (EHR) or other HIT system; maintenance of contracts with health insurance plans; systems for billing and capturing third-party revenue; and mechanisms to facilitate enrollment of clients into health insurance plans. Include detail on how the program bills all payers (public and commercial insurance) and monitors billing systems and accounts receivable.

105 - Describe the staffing that will support the proposed family planning program, including Program Director, Medical Director, Fiscal Manager, Clinical Staff, Data Manager, Health Educator, and Pharmacy and Medical Records consultants. Describe how the organization will ensure that NYSFPP-required staff positions, listed in **Attachment 5: Program-Specific Requirements**, are filled with qualified individuals. Combine into one document and upload resumes for key staff positions to include credentials, licensure, education, and relevant employment experience.

106 - Describe the organization's experience with administrative, fiscal, and programmatic oversight of government contracts, including timely and accurate submission of fiscal and project reports. Indicate contracts the agency has (or had) with the New York State Department of Health. If any contracts with NYSDOH were terminated by the Department, please explain why.

## **2. Community Resources and Needs Assessment (Maximum Score: 15 points)**

The purpose of this section is to describe the existing provision of family planning, sexual, and reproductive health care services in the target communities, populations of reproductive age and their reproductive health outcomes, utilization of services, and gaps in services. This section should focus on the specific strengths and resources, priority needs, and gaps in services impacting low-income, uninsured, and underinsured individuals of reproductive age in the community.

201 - Describe the family planning, sexual, and reproductive health care services supporting low-income, uninsured, and underinsured individuals of reproductive age that are currently available in the community, including services provided by the Applicant organization and other providers in the service area. Detail the quality of services, gaps in services, and barriers individuals in the community experience with regard to accessing high quality family planning services. Describe how the Applicant organization will address those quality issues, gaps, and/or barriers with NYSFPP funding.

202 – Identify and describe the population(s) and specific communities to be served by the proposed program, including any high-need areas as identified in **Attachment 1: Perinatal High Risk ZIP Codes**. Discuss the geographic, economic, racial, and ethnic disparities in reproductive health outcomes experienced in the target communities and by the target population. Describe current utilization of family planning, sexual, and reproductive health care services by those populations, awareness and acceptability of existing services.

203 - Describe the individual, organizational, and community level factors and supports that impact reproductive health outcomes in the target communities, including the social determinants of health that contribute to disparities in outcomes.

204 – Describe the organization's experience with building relationships and collaborating with other community-based organizations and health care providers serving the target population(s) to address reproductive health issues in the community. Identify any stakeholders that contributed to preparation of this application.

## **3. Program Narrative (Maximum Score: 35 points)**

The purpose of this section is to describe the design of the organization's comprehensive family planning, sexual, and reproductive health care program and how the organization and family planning program will meet the requirements listed in **Attachment 5: Program-Specific Requirements** and described in the RFA in Section III. Project Narrative/Workplan Outcomes.

301 - Describe how the organization will ensure that all required family planning and related preventive health services are delivered in accordance with *Providing Quality Family Planning Services (QFP)*. Provide details on the range of family planning, sexual, and reproductive health services, including contraceptive methods, that are provided by your organization as indicated in **Attachment 13: NYSFPP Agency Profile**, and any nationally recognized standards of care used to guide clinical service delivery. Discuss efforts to reduce barriers and ensure access to a full range of contraceptive methods.

302 – Describe how community and client input is used to develop and adjust program structure, including clinic locations, hours of operation, staffing, and available services, including educational offerings. Describe any innovative methods, technologies, or strategies used by the organization (for example, implementation of telehealth, virtual visits, mobile vans, patient portals, etc.) to reduce access barriers, meet the needs of clients, and improve delivery of family planning services. Discuss the impact that these strategies have had on access to care, client satisfaction, and improved health outcomes.

303 – Describe how the program will ensure that wellness and related preventive and primary health services are provided to promote optimal health and assist clients with preparing for a healthy pregnancy, including screening for alcohol and other drug use, intimate partner violence, tobacco use, depression, immunization status, obesity, hypertension, and diabetes.

304 – How will the organization implement a reproductive justice framework to ensure that all clients have access to the services and supports necessary to maintain personal bodily autonomy and achieve their reproductive health goals? Describe how the organization will ensure that services are client-centered, incorporate shared decision-making, and prioritize client choice.

305 - Describe the organization's strategies to increase awareness of and access to comprehensive family planning services for priority populations and people who are disproportionately impacted by poor sexual and reproductive health outcomes. Provide information about community outreach and education plans and efforts made to address social determinants of health and improve health equity.

306 - Describe how the program will ensure that services are accessible to all individuals regardless of their ability to pay. This includes the development and implementation of a schedule of discounts (see Attachment 6) for individuals with family incomes between 101% and 250% of the Federal Poverty Level, appropriately assessing client income, and facilitating clients' enrollment into health insurance as needed.

307 – Explain how the program will establish and maintain referral linkages in the proposed service area to ensure client access to services that are not delivered onsite, including those outlined in RFA Section III.A. Describe existing referral relationships with ancillary service providers and any policies or systems in place to ensure client access to referrals provided.

308 – Describe how the organization will effectively and efficiently administer the program, including providing ongoing training for staff, updating and maintaining clinical policies and protocols, maintaining systems to collect and report client-level and clinic visit-level data, and conducting ongoing quality improvement activities, including assessment of client experience and satisfaction.



#### **4. Budget (Maximum Score: 20 points)**

All costs must be related to the provision of the NYSFPP, as well as be consistent with the scope of services, reasonable, and cost effective.

**Funds awarded under this RFA may NOT be used to support abortion services.**

THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

Applicants proposing to provide services in both regions (New York City and Rest of State) must provide the estimated amount of annual funding needed to support work in each region in

**Attachment 2: Cover Page.**

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items. Requested funding should not exceed the eligible base award, as outlined in Section II. D. Basis for Award.

401 – Complete Year 1 of the budget in the Grants Gateway. Refer to **Attachment 14: Grants Gateway Expenditure Budget Instructions, Attachment 15: Grants Gateway Budget Data Entry Guidelines, and Attachment 16: BWIAH Budget Guidance** for eligible expenses and instructions on completing the online budget. Assume a start date of July 1, 2021, and provide clear and appropriate justification for each line item that aligns with the scope of activities to be conducted. Justification for each cost should be submitted in narrative form. All costs must be related to the provision of family planning services, consistent with the scope of services, reasonable, and cost effective.

402 – In Year 1 of the budget in Grants Gateway, list all personal services for the program that will be funded by the grant. Any required position that is not supported in full or in part by grant funds should be indicated in the narrative, including how that position is funded. Additionally, complete and upload to the pre-submission upload section of Grants Gateway the **Attachment 17: PS Detail Narrative Budget Request** that lists all staff that will support the program, regardless of funding source. The budget should also list all non-personal services related to the program.

403 – Applicants must include travel expenses for up to two staff to attend required NYSDOH-sponsored trainings/meetings, including an annual two-day provider meeting in Albany, NY, and a one-day regionally-based training.

404 - Applicants should upload to the pre-submission upload section of Grants Gateway a completed Certification of Indirect Costs if utilizing a Federal indirect cost rate (ICR). If not using a Federal ICR, applicants must limit indirect costs to no more than 10% of total direct costs. Calculated indirect cost rates will be subject to DOH review and approval. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs.

#### **5. Workplan (0 points)**

By submitting an application the Applicant agrees to provide the services listed in the work plan and to report on required performance measures.

501 - Objectives, tasks, and performance measures have been completed for Applicants in the Workplan section of the Grants Gateway on-line application. For the Grants Gateway Work Plan Project Summary, applicants are instructed to copy and paste the Project Summary as it is listed on page 1 of **Attachment 4 – NYSFPP Standardized Work Plan**. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to enter “not applicable.” Any additional information entered into these areas will not be considered or scored by reviewers of the application.

**6. Preferred Eligibility Criteria (3 points)**

This section is for the Applicant to demonstrate that it has the experience and expertise as listed in the Preferred Eligibility Requirements section of the RFA (II, B).

601 - Describe the organization’s experience (including number of years) in the administration of a comprehensive family planning, sexual and reproductive health program in compliance with NYS Family Planning Program requirements.

**7. Supplemental Funding Request (5 points)**

This section allows the Applicant to request supplemental funds, beyond the base award specified in RFA section II. D. To be considered, the Applicant must specify the requested funding amount (no more than 25% of base award) and justify the need for additional funds. Eligibility to receive supplemental funds is based upon demonstrated performance in successfully serving NYSFPP priority populations, including rural populations, clients with incomes under 100% FPL, and clients under age 25, as described in section II. D.

Responses to these questions will be scored separately from other application sections. If deemed eligible to receive supplemental funds, and satisfactory justification is provided, a supplemental award may be applied to the base award of the Applicant, based on available remaining funding. Any supplemental award determined by the Department will be added to the base budget request and negotiated with the grantee after awards are made.

701 – Does the Applicant request supplemental funding to support delivery of comprehensive family planning, sexual, and reproductive health services? If no, enter N/A for question 702 and 703.

Yes / No

702 – If yes, what is the requested supplemental funding amount?

703 - Describe the supplemental funding request. Provide justification for the need for additional funds and describe the manner in which supplemental funds will be used to support and enhance delivery of family planning, sexual, and reproductive health services. Describe how the organization has demonstrated performance in serving NYSFPP priority populations, including clients with incomes under 100% FPL, clients under age 25, and rural populations. Applicants that do not currently contract with the NYSFPP must upload here de-identified documentation from electronic health records or other systems to substantiate information about client demographics provided in the narrative response. Please note that only one file may be uploaded so any documentation should be combined into one file.

It is the Applicant’s responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applicants should not upload any password protected files that can not be accessed by application reviewers. Applications must be submitted via the Grants Gateway

by the date and time posted on the cover of this RFA. The value assigned to each section is an indication of the relative weight that will be given when scoring the application.

## **B. Freedom of Information Law**

All applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If NYSDOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

## **C. Review & Award Process**

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Division of Family Health, Bureau of Women, Infant, and Adolescent Health. It is anticipated that up to 50 awards will be made through this initiative (a total of approximately \$49.3 million in awarded funds annually) for a five-year period contingent upon satisfactory performance and available funds.

- Applicants may apply for funds to provide services in multiple counties and/or regions of the state. Only one proposal per applicant may be submitted.
- Applicants proposing to provide services in both NYC and ROS regions must indicate the amount of budgeted funds requested for each region in **Attachment 2: Application Cover Page**.
- All applications will be pre-screened to ensure the minimum eligibility requirements are met. Minimum eligibility requirements are listed in Section II.A. Applications that do not meet these requirements will not be reviewed for funding.
- Applications meeting the minimum eligibility criteria will be reviewed and scored by a NYSDOH team of trained reviewers using a standardized review tool developed specifically for this RFA.
- Applications failing to provide all response requirements may be removed from consideration. Applications failing to provide responses in the prescribed format will have two points deducted.
- An application must have a minimum score of 70 to be considered for funding.
- Applications with a minimum score of 70 will be ranked in order of score. In the event of a tie score, the applicant with the greatest geographic coverage and volume of clients breaks the tie.
- A base award will be determined for each successful applicant, using the funding bands for volume and county coverage outlined in **Tables 2 and 3**. Base award funding will be distributed in order of ranked score, in the manner described in II. C. Available Funding, until no more than 90% of available funds are exhausted. The remaining funds will be reserved for applicants that request and qualify for the supplemental funding.
- Eligible supplemental awards will be determined upon review of applicant request and verification of applicant client demographic data. Supplemental awards will be applied proportionally with remaining available funding.

- Successful applicants proposing to serve both the NYC region and ROS will be awarded from the available funding in each of the respective funding pools (as noted in Table 1: Available Annual Funding), with proportion of award determined by review of applicant budget and applicant request made on **Attachment 2: Application Cover Page**.
- If insufficient funding remains in a region to make a full award to the next ranked applicant, the Department may offer to:
  - make a partial award to the next ranked applicant;
  - redistribute funds to another region. (The two regions are identified in Table 1 entitled, “Available Annual Funding”)
- The Department reserves the right to negotiate with funded grantees to adjust their service areas to minimize gaps or duplication of services. Funding may be reduced if there is overlapping catchment/service areas among applicants.
- Successful applicants’ proposed budgets will be reviewed and any unallowable expenses will be removed, including costs for which other funding sources are available. Applicants should refer to **Attachment 14, Attachment 15, and Attachment 16** for information on allowable expenses under this RFA.
- Applicants will be deemed to fall into one of three categories: (1) approved and funded, (2) not funded due to limited funds, and (3) not approved. Not funded applications may be awarded should additional funds become available.
- Applications with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the State, but all issues need to be resolved prior to time of award. An application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.
- If changes in funding amounts are necessary for this initiative, or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described.
- Awarded grantees will be required to complete and submit several Administrative Forms (**Attachment 20**) within 30 days of contract execution, including:
  - Schedule of Discounts
  - Family Planning Program Formulary
  - Family Planning Program Organizational Chart
  - Other Funds Detail (Source of Other Income)

These requirements are included in the Pre-submission upload section of Grants Gateway, and provided as a sample for reference only. **Administrative Forms do not need to be completed at the time of application.** After notification of award, grantees will be required to upload each form in the Grantee Document Folder on the Grants Gateway.

**Note:** It is recognized that needs for services in some areas may change over the course of the 5-year funding cycle due to shifts in client demographics, health systems, or other factors. With NYSDOH approval, applicants awarded funding through this RFA may propose to make changes to their program, which may include closing, relocating, and/or consolidating clinic site locations to meet changing needs of service areas. Funding for the program may be recalculated and adjusted based on the change(s) in clinic sites.

Once an award has been made, applicants may request a debriefing of their application (whether their

application was funded or not funded). Please note the debriefing will be limited only to the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

To request a debriefing, send an email to [fprfa@health.ny.gov](mailto:fprfa@health.ny.gov). In the subject line, please write: Debriefing Request (Comprehensive Family Planning & Reproductive Health Program).

In the event unsuccessful applicants wish to protest the award resulting from this RFA, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>. (Section XI. 17.)

## **VI. Attachments**

Please note that certain attachments are accessed under the “Pre-Submission Uploads” section of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective applicants must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

- Attachment 1: Perinatal High-Risk ZIP Codes (2015-2017)
- Attachment 2: Application Cover Page\*
- Attachment 3: Family Planning Definitions
- Attachment 4: NYSFPP Standardized Work Plan
- Attachment 5: NYSFPP Program-Specific Requirements
- Attachment 6: NYSFPP Schedule of Discounts Guidance
- Attachment 7: Clinic Visit Record (CVR)
- Attachment 8: New York CVR Specifications and Field Values
- Attachment 9: NYSFPP Performance Measures
- Attachment 10: Sample Letter of Interest\*
- Attachment 11: Minority & Women-Owned Business Enterprise Requirement Forms\*
- Attachment 12: Vendor Responsibility Attestation\*
- Attachment 13: NYSFPP Agency Profile\*
- Attachment 14: Grants Gateway Expenditure Budget Instructions
- Attachment 15: Grants Gateway Budget Data Entry Guidelines
- Attachment 16: BWIAH Budget Guidance
- Attachment 17: PS Detail Narrative Budget Request\*
- Attachment 18: Vendor Contact Form\*
- Attachment 19: Subcontractor Information Form\*
- Attachment 20: Administrative Forms\*

\*These attachments are located/included in the Pre-Submission Upload section of the Grants Gateway on line application.

## Total Birth Counts and Vital Statistics Risk Indicators for NYC ZIP Codes with 10 or More Births in 2015-2017

Ordered by Descending Average Risk Rank ( $\geq 5.0$ ) within Region and County

Region	County	ZIP Code	Total Births	Number of Low Birth Weight	Percent of Low Birth Weight	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate	Teen Birth Rate	Teen Pregnancy Rate	Average Risk Rank
NYC	BRONX	10454	1980	206	10.4	77.9	89.3	11.7	6.1	38.1	72.6	8.714
NYC	BRONX	10457	3953	406	10.3	69.1	88.4	11.1	5.6	29.7	62.8	8.571
NYC	BRONX	10452	3864	351	9.1	66.8	87.6	11.7	4.9	26.6	57.8	8.286
NYC	BRONX	10466	2644	276	10.4	66.4	75.8	12.8	5.7	20.8	45.3	8.286
NYC	BRONX	10456	4828	468	9.7	67.6	89.2	12.6	4.3	22.9	53.6	8.143
NYC	BRONX	10453	4033	387	9.6	67.6	88.3	11.1	5.0	23.0	49.8	8.143
NYC	BRONX	10459	2226	238	10.7	71.4	85.5	13.5	4.0	21.6	47.7	8.143
NYC	BRONX	10473	1929	224	11.6	68.7	74.6	9.8	6.7	20.2	44.3	8.143
NYC	BRONX	10455	2106	177	8.4	72.6	87.7	11.7	3.8	26.7	64.0	8.000
NYC	BRONX	10474	580	60	10.3	73.4	89.6	11.8	1.7	25.2	59.0	7.857
NYC	BRONX	10468	3631	348	9.6	65.1	86.9	9.5	4.1	26.7	48.8	7.714
NYC	BRONX	10472	3349	307	9.2	62.8	88.3	11.2	3.6	27.9	54.3	7.714
NYC	BRONX	10460	2698	276	10.2	72.5	87.0	10.2	2.6	24.1	55.3	7.714
NYC	BRONX	10458	3934	363	9.2	65.4	86.7	8.8	4.1	23.3	44.1	7.429
NYC	BRONX	10451	2235	215	9.6	69.5	82.7	10.4	2.2	28.8	58.7	7.429
NYC	BRONX	10467	4491	412	9.2	58.1	81.4	10.9	4.0	20.2	44.1	7.286
NYC	BRONX	10470	594	51	8.6	52.4	64.8	9.8	3.4	29.0	55.6	6.714
NYC	BRONX	10462	3536	326	9.2	43.0	71.0	8.7	6.8	14.2	34.8	6.571
NYC	BRONX	10469	2476	231	9.3	57.3	70.2	13.2	2.0	17.5	38.9	6.429
NYC	BRONX	10475	969	105	10.8	58.1	53.4	10.5	3.1	5.5	20.8	5.571
NYC	BRONX	10461	2007	160	8.0	38.8	60.5	6.8	4.0	12.7	30.9	5.143
NYC	KINGS	11212	3860	471	12.2	74.1	81.3	12.4	6.0	22.8	58.1	8.571
NYC	KINGS	11207	3924	474	12.1	69.9	79.7	10.6	6.1	21.6	56.1	8.429
NYC	KINGS	11233	2696	304	11.3	67.6	70.9	10.9	5.6	18.6	46.3	7.857
NYC	KINGS	11226	4064	462	11.4	55.9	70.8	10.9	6.9	17.7	40.5	7.714
NYC	KINGS	11208	4466	470	10.5	59.2	82.8	9.5	3.6	21.4	47.6	7.571
NYC	KINGS	11224	1540	152	9.9	55.3	77.9	8.2	5.8	21.3	49.8	7.429
NYC	KINGS	11236	3380	379	11.2	58.3	65.9	12.7	6.2	12.5	37.5	7.286
NYC	KINGS	11203	2785	267	9.6	56.3	72.3	13.1	3.6	15.4	46.0	7.000
NYC	KINGS	11237	1703	140	8.2	61.5	80.6	8.0	2.9	23.3	40.2	6.714
NYC	KINGS	11239	426	39	9.2	66.9	59.8	10.9	2.3	16.5	51.9	6.571
NYC	KINGS	11221	2705	239	8.8	63.0	71.1	8.3	2.2	15.2	39.6	6.000
NYC	KINGS	11206	4258	314	7.4	34.1	78.7	4.6	5.4	17.6	38.4	5.857
NYC	KINGS	11210	2640	253	9.6	37.0	58.4	9.0	6.4	11.0	26.3	5.857
NYC	KINGS	11232	1281	101	7.9	44.4	75.9	4.0	3.9	20.6	38.3	5.857
NYC	KINGS	11225	2236	199	8.9	38.8	62.7	9.5	5.4	8.8	26.9	5.714
NYC	KINGS	11213	3152	297	9.4	43.0	71.7	7.8	2.2	11.9	35.7	5.571
NYC	KINGS	11216	1633	144	8.8	50.3	55.8	8.2	3.7	13.1	38.3	5.429
NYC	NEW YORK	10030	1049	111	10.6	63.0	74.2	12.4	5.7	22.9	54.4	8.286
NYC	NEW YORK	10039	1015	119	11.7	67.8	75.3	9.5	4.9	25.7	49.8	8.143
NYC	NEW YORK	10035	1301	133	10.2	63.3	69.4	10.5	6.9	20.0	51.2	7.857
NYC	NEW YORK	10037	708	66	9.3	60.5	60.8	11.2	7.1	19.4	50.1	7.571
NYC	NEW YORK	10029	2725	304	11.2	61.4	68.7	8.7	4.0	17.6	44.7	6.857
NYC	NEW YORK	10032	1879	168	8.9	57.1	71.5	4.5	4.8	18.2	56.7	6.714
NYC	NEW YORK	10031	1829	145	7.9	57.2	71.9	8.0	6.0	18.2	39.2	6.571
NYC	NEW YORK	10034	1343	113	8.4	52.2	67.1	6.3	3.7	19.0	36.3	5.857
NYC	NEW YORK	10033	1887	144	7.6	47.6	64.5	5.4	5.3	19.1	34.4	5.714
NYC	NEW YORK	10026	1322	117	8.9	41.4	47.0	10.7	8.3	7.2	31.3	5.714

## Total Birth Counts and Vital Statistics Risk Indicators for NYC ZIP Codes with 10 or More Births in 2015-2017

Ordered by Descending Average Risk Rank ( $\geq 5.0$ ) within Region and County

Region	County	ZIP Code	Total Births	Number of Low Birth Weight	Percent of Low Birth Weight	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate	Teen Birth Rate	Teen Pregnancy Rate	Average Risk Rank
NYC	NEW YORK	10027	1914	179	9.4	49.7	57.3	10.0	3.1	8.8	19.7	5.000
NYC	QUEENS	11434	2249	267	11.9	60.9	65.6	11.5	8.9	16.3	44.8	8.000
NYC	QUEENS	11433	1518	188	12.4	59.2	76.9	12.7	3.3	22.8	60.6	7.857
NYC	QUEENS	11692	810	93	11.5	61.0	69.0	11.1	3.7	20.9	50.4	7.429
NYC	QUEENS	11419	1680	197	11.7	35.7	76.1	12.2	4.2	14.0	41.7	7.143
NYC	QUEENS	11436	757	95	12.5	53.0	67.9	13.6	2.6	20.6	46.3	7.143
NYC	QUEENS	11413	1309	153	11.7	59.5	59.7	11.1	8.4	10.3	35.4	7.000
NYC	QUEENS	11411	509	59	11.6	54.0	57.0	10.0	7.9	12.3	39.3	6.857
NYC	QUEENS	11368	5979	419	7.0	58.7	89.7	7.8	3.2	32.6	55.8	6.714
NYC	QUEENS	11435	2549	239	9.4	39.0	67.6	9.1	4.7	18.2	47.6	6.714
NYC	QUEENS	11429	928	115	12.4	48.2	62.2	11.1	4.3	10.6	41.1	6.571
NYC	QUEENS	11412	1268	140	11.0	57.6	58.6	9.6	3.9	13.7	43.8	6.429
NYC	QUEENS	11369	1586	129	8.1	52.6	81.3	9.3	3.2	19.3	38.8	6.286
NYC	QUEENS	11691	3219	274	8.5	47.0	64.8	8.2	4.3	18.9	41.5	6.143
NYC	QUEENS	11418	1568	129	8.2	38.9	69.0	7.5	6.4	14.2	38.8	6.143
NYC	QUEENS	11420	1675	211	12.6	40.1	68.0	10.9	3.6	10.3	32.9	6.000
NYC	QUEENS	11416	1171	115	9.8	34.5	76.6	7.0	3.4	13.6	35.2	6.000
NYC	QUEENS	11423	1160	125	10.8	39.9	62.4	8.8	3.4	14.6	38.7	6.000
NYC	QUEENS	11422	1081	124	11.5	52.0	55.1	9.1	4.6	7.1	28.2	6.000
NYC	QUEENS	11417	1119	127	11.3	34.0	63.4	6.9	4.5	15.0	30.0	5.857
NYC	QUEENS	11428	612	67	10.9	33.7	58.7	7.6	6.5	6.2	21.4	5.714
NYC	QUEENS	11432	2922	313	10.7	30.7	72.9	8.9	2.4	11.8	32.4	5.571
NYC	QUEENS	11372	2717	224	8.2	40.2	69.9	7.4	1.5	20.2	39.9	5.571
NYC	QUEENS	11101	1623	171	10.5	27.7	36.1	4.5	5.5	15.8	38.9	5.571
NYC	QUEENS	11421	1568	128	8.2	45.0	70.6	5.5	3.2	14.4	32.9	5.286
NYC	QUEENS	11106	1297	115	8.9	26.5	48.3	7.5	5.4	12.7	27.3	5.286
NYC	QUEENS	11693	402	24	6.0	56.5	58.4	7.4	7.5	14.3	35.4	5.286
NYC	QUEENS	11370	1062	84	7.9	33.6	66.2	8.4	5.6	9.1	20.3	5.143
NYC	QUEENS	11373	4218	302	7.2	38.9	79.3	8.2	3.3	13.3	24.7	5.000
NYC	RICHMOND	10303	1117	130	11.6	55.8	68.7	3.2	8.1	20.8	34.3	6.714
NYC	RICHMOND	10304	1747	150	8.6	52.3	66.6	4.0	5.2	17.2	33.6	5.857
NYC	RICHMOND	10302	791	84	10.6	55.2	66.3	1.8	1.3	29.3	55.1	5.714
NYC	RICHMOND	10301	1506	143	9.5	47.9	54.9	3.7	4.0	13.9	29.7	5.286

Total Birth Counts and Vital Statistics Risk Indicators for NY ZIP Codes Outside of NYC (Rest of State) with 10 or More Births in 2015-2017												
Ordered by Descending Average Risk Rank (>= 4.0) within Region and County												
Region	County	ZIP Code	Total Births	Total Low Birth Weight	Low Birth Weight Percent	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate*	Teen Birth Rate*	Teen Pregnancy Rate	Average Risk Rank
ROS	ALBANY	12202	442	53	12.0	74.7	62.2	8.2	9.0	33.5	68.9	8.71
ROS	ALBANY	12206	884	103	11.7	66.2	58.7	9.1	5.7	37.8	80.7	8.57
ROS	ALBANY	12207	59	9	15.3	79.7	67.8	15.5	33.9	13.3	40.0	8.57
ROS	ALBANY	12210	372	32	8.6	69.6	59.1	9.5	10.8	43.8	78.4	8.43
ROS	ALBANY	12204	324	34	10.5	48.5	37.0	9.8	6.2	27.0	49.5	7.57
ROS	ALBANY	12209	396	35	8.8	42.9	41.5	5.1	17.7	19.1	40.3	7.14
ROS	ALBANY	12047	734	59	8.0	45.2	35.3	4.5	6.8	14.1	25.8	6.14
ROS	ALBANY	12023	58	3	5.2	48.3	39.7	3.7	17.2	12.3	24.7	6.14
ROS	ALBANY	12208	708	75	10.6	31.5	25.1	5.5	5.6	9.9	25.7	5.71
ROS	ALBANY	12189	648	41	6.3	45.2	30.6	3.8	4.6	7.7	18.3	5.29
ROS	ALBANY	12143	188	12	6.4	51.6	35.8	3.2	0.0	12.0	29.9	5.14
ROS	ALBANY	12205	796	60	7.5	31.5	24.3	4.3	2.5	8.6	15.8	4.86
ROS	ALBANY	12183	82	6	7.3	65.9	49.4	1.2	0.0	4.6	18.5	4.86
ROS	ALBANY	12193	56	5	8.9	48.2	26.8	5.4	0.0	5.0	5.0	4.57
ROS	ALBANY	12110	543	43	7.9	23.2	15.3	5.8	5.5	4.3	7.7	4.29
ROS	ALLEGANY	14739	118	8	6.8	52.5	71.2	8.5	0.0	33.3	44.4	7.00
ROS	ALLEGANY	14895	262	23	8.8	51.1	48.1	4.3	3.8	16.3	21.0	6.57
ROS	ALLEGANY	14715	96	9	9.4	42.7	52.1	2.1	10.4	23.8	23.8	6.57
ROS	ALLEGANY	14806	60	4	6.7	41.7	58.3	3.4	16.7	15.9	19.8	6.43
ROS	ALLEGANY	14813	64	5	7.8	53.1	42.2	3.2	15.6	10.6	13.2	6.14
ROS	ALLEGANY	14727	164	13	7.9	42.1	45.4	1.9	6.1	20.1	26.1	6.00
ROS	ALLEGANY	14735	139	5	3.6	26.8	65.0	28.1	0.0	20.1	28.1	5.43
ROS	ALLEGANY	14822	36	2	5.6	52.8	30.6	2.8	0.0	44.4	44.4	5.43
ROS	ALLEGANY	14714	26	2	7.7	34.6	80.8	12.0	38.5	.	.	5.43
ROS	ALLEGANY	14709	81	5	6.2	18.5	71.1	37.8	0.0	7.6	22.7	5.29
ROS	ALLEGANY	14880	40	8	20.0	42.5	50.0	2.5	25.0	0.0	0.0	4.86
ROS	ALLEGANY	14754	20	2	10.0	30.0	40.0	5.3	50.0	.	.	4.86
ROS	ALLEGANY	14897	36	1	2.8	44.4	66.7	9.7	0.0	.	.	4.00
ROS	ALLEGANY	14717	24	2	8.3	45.8	39.1	4.5	0.0	.	.	4.00
ROS	BROOME	13905	885	93	10.5	55.9	37.4	7.9	7.9	32.7	63.2	7.86
ROS	BROOME	13901	659	64	9.7	55.5	31.3	6.7	3.0	25.5	52.2	7.29
ROS	BROOME	13790	635	57	9.0	50.2	27.6	5.7	7.9	18.2	40.0	6.86
ROS	BROOME	13903	605	42	6.9	54.7	29.8	6.3	6.6	16.5	39.3	6.57
ROS	BROOME	13904	299	23	7.7	47.2	31.8	5.4	10.0	17.2	28.3	6.57
ROS	BROOME	13795	132	12	9.1	42.4	28.2	6.8	15.2	14.2	22.8	6.57
ROS	BROOME	13760	1365	98	7.2	45.9	25.1	4.3	2.9	15.8	24.4	5.71
ROS	BROOME	13865	163	9	5.5	49.1	21.5	2.5	18.4	16.7	35.0	5.57
ROS	BROOME	13748	93	4	4.3	50.5	31.2	6.5	0.0	21.2	33.3	5.57
ROS	BROOME	13797	80	8	10.0	40.0	27.5	8.8	0.0	17.5	17.5	5.57
ROS	BROOME	13787	105	6	5.7	44.8	36.2	4.8	0.0	19.9	25.6	5.14
ROS	BROOME	13833	132	8	6.1	46.2	29.5	3.0	0.0	16.0	21.3	4.71
ROS	BROOME	13813	14	1	7.1	64.3	35.7	7.1	0.0	.	.	4.29
ROS	BROOME	13862	136	2	1.5	40.4	21.5	3.7	0.0	22.2	24.7	4.14
ROS	CATTARAUGUS	14755	93	10	10.8	53.8	54.0	5.9	10.8	24.7	28.8	8.00
ROS	CATTARAUGUS	14779	263	16	6.1	77.6	52.3	5.3	3.8	59.9	69.1	7.43
ROS	CATTARAUGUS	14760	619	35	5.7	55.3	55.4	3.1	3.2	24.9	34.5	6.43
ROS	CATTARAUGUS	14726	181	9	5.0	9.4	64.4	32.5	11.0	32.1	32.1	6.43
ROS	CATTARAUGUS	14065	74	3	4.1	51.4	51.4	16.4	0.0	26.9	53.8	6.43
ROS	CATTARAUGUS	14743	47	6	12.8	66.0	55.3	2.1	0.0	26.7	26.7	6.43
ROS	CATTARAUGUS	14737	118	8	6.8	41.5	51.3	9.6	0.0	16.7	22.2	6.14



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Region	County	ZIP Code	Total Births	Total Low Birth Weight	Low Birth Weight Percent	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate*	Teen Birth Rate*	Teen Pregnancy Rate	Average Risk Rank
ROS	CATTARAUGUS	14770	89	5	5.6	57.3	53.9	3.4	0.0	32.1	36.1	6.14
ROS	CATTARAUGUS	14101	46	2	4.3	71.7	52.2	4.4	0.0	18.5	24.7	5.86
ROS	CATTARAUGUS	14138	99	8	8.1	26.3	42.2	9.4	0.0	18.5	18.5	5.43
ROS	CATTARAUGUS	14129	57	4	7.0	42.1	50.9	0.0	0.0	29.0	36.2	5.29
ROS	CATTARAUGUS	14753	32	1	3.1	56.3	37.5	9.4	0.0	16.3	16.3	5.29
ROS	CATTARAUGUS	14719	127	7	5.5	26.8	38.5	8.0	15.7	8.0	10.7	5.14
ROS	CATTARAUGUS	14171	47	4	8.5	29.8	19.1	0.0	21.3	17.2	28.7	5.14
ROS	CATTARAUGUS	14042	132	8	6.1	39.4	33.8	4.7	0.0	14.7	24.5	5.00
ROS	CATTARAUGUS	14741	48	2	4.2	60.4	44.7	0.0	0.0	17.9	17.9	4.71
ROS	CATTARAUGUS	14772	156	10	6.4	27.6	43.0	4.3	6.4	6.8	9.0	4.57
ROS	CATTARAUGUS	14706	164	10	6.1	40.2	36.2	1.8	0.0	10.6	16.9	4.14
ROS	CATTARAUGUS	14731	25	3	12.0	40.0	36.0	4.2	0.0	0.0	0.0	4.00
ROS	CAYUGA	13021	1192	80	6.7	58.1	53.9	2.5	5.0	21.3	28.0	6.57
ROS	CAYUGA	13166	160	13	8.1	54.4	50.0	3.1	6.3	18.8	25.0	6.57
ROS	CAYUGA	13026	41	3	7.3	46.3	51.2	4.9	24.4	8.2	16.4	6.29
ROS	CAYUGA	13033	150	14	9.3	32.7	44.7	0.7	6.7	25.0	30.6	6.00
ROS	CAYUGA	13140	128	3	2.3	62.5	55.5	1.6	7.8	17.8	22.2	5.86
ROS	CAYUGA	13092	92	5	5.4	32.6	50.0	5.7	10.9	7.6	15.2	5.43
ROS	CAYUGA	13111	52	2	3.8	42.3	56.9	7.7	0.0	12.3	18.5	5.14
ROS	CAYUGA	13118	135	5	3.7	45.9	55.6	0.8	22.2	6.3	8.3	4.57
ROS	CAYUGA	13081	30	2	6.7	23.3	26.7	6.7	0.0	12.3	18.5	4.57
ROS	CAYUGA	13160	58	3	5.2	34.5	37.9	5.2	0.0	8.1	12.2	4.29
ROS	CAYUGA	13156	76	5	6.6	35.5	36.8	7.9	0.0	5.0	5.0	4.14
ROS	CAYUGA	13147	25	2	8.0	44.0	60.0	4.0	0.0	0.0	0.0	4.14
ROS	CHAUTAUQUA	14701	1534	122	8.0	61.1	61.6	4.5	9.1	44.9	49.0	8.00
ROS	CHAUTAUQUA	14048	535	37	6.9	69.7	67.9	6.0	9.3	41.1	54.2	8.00
ROS	CHAUTAUQUA	14784	46	5	10.9	45.7	59.5	11.9	0.0	65.0	65.0	7.43
ROS	CHAUTAUQUA	14716	59	7	11.9	54.2	53.4	11.9	0.0	21.2	26.5	7.29
ROS	CHAUTAUQUA	14733	161	5	3.1	52.8	50.3	4.8	12.4	39.8	45.9	6.71
ROS	CHAUTAUQUA	14787	103	10	9.7	50.5	52.9	3.0	9.7	11.3	15.8	6.57
ROS	CHAUTAUQUA	14775	80	13	16.3	41.3	47.5	7.5	0.0	25.6	25.6	6.57
ROS	CHAUTAUQUA	14782	76	0	0.0	52.6	52.6	5.3	0.0	38.6	38.6	5.86
ROS	CHAUTAUQUA	14718	43	1	2.3	52.4	45.2	9.8	23.3	4.6	13.7	5.86
ROS	CHAUTAUQUA	14767	86	4	4.7	15.1	56.0	23.5	11.6	18.5	18.5	5.71
ROS	CHAUTAUQUA	14710	85	6	7.1	30.6	53.1	24.7	0.0	12.6	22.0	5.71
ROS	CHAUTAUQUA	14781	73	4	5.5	28.8	45.7	5.6	41.1	9.4	14.1	5.43
ROS	CHAUTAUQUA	14747	54	1	1.9	48.1	49.0	8.2	0.0	17.1	25.6	5.43
ROS	CHAUTAUQUA	14136	155	9	5.8	50.3	39.4	6.6	0.0	11.7	16.3	5.29
ROS	CHAUTAUQUA	14728	41	1	2.4	24.4	57.6	21.2	0.0	20.8	20.8	5.00
ROS	CHAUTAUQUA	14757	94	2	2.1	39.4	45.5	6.9	0.0	15.7	15.7	4.86
ROS	CHAUTAUQUA	14712	74	8	10.8	39.2	45.9	1.4	13.5	0.0	3.8	4.86
ROS	CHAUTAUQUA	14063	271	15	5.5	45.0	44.3	4.1	3.7	4.4	5.9	4.71
ROS	CHAUTAUQUA	14724	93	1	1.1	19.4	34.4	11.8	0.0	16.0	19.2	4.29
ROS	CHAUTAUQUA	14750	116	6	5.2	37.1	34.8	4.3	0.0	5.1	10.2	4.00
ROS	CHEMUNG	14901	673	50	7.4	77.4	72.9	4.5	11.9	49.1	69.3	8.00
ROS	CHEMUNG	14904	586	48	8.2	65.2	59.4	3.9	6.8	30.6	47.3	7.71
ROS	CHEMUNG	14903	196	12	6.1	53.1	45.9	3.1	10.2	12.9	20.1	6.00
ROS	CHEMUNG	14871	87	8	9.2	44.8	25.3	3.4	11.5	14.5	20.3	6.00
ROS	CHEMUNG	14905	300	15	5.0	41.3	32.0	3.7	13.3	15.2	26.3	5.57
ROS	CHEMUNG	14838	54	3	5.6	55.6	42.6	1.9	0.0	69.0	74.7	5.57

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Region	County	ZIP Code	Total Births	Total Low Birth Weight	Low Birth Weight Percent	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate*	Teen Birth Rate*	Teen Pregnancy Rate	Average Risk Rank
ROS	CHEMUNG	14864	45	2	4.4	53.3	57.8	2.2	0.0	23.8	31.7	5.57
ROS	CHEMUNG	14894	32	1	3.1	59.4	59.4	0.0	0.0	15.2	30.3	4.86
ROS	CHEMUNG	14825	24	3	12.5	58.3	29.2	4.2	0.0	.	.	4.29
ROS	CHEMUNG	14845	572	36	6.3	34.1	28.3	2.1	5.2	9.3	13.5	4.14
ROS	CHEMUNG	14889	43	1	2.3	46.5	32.6	2.3	0.0	16.7	22.2	4.14
ROS	CHENANGO	13411	130	13	10.0	46.9	29.5	8.1	46.2	25.1	25.1	7.14
ROS	CHENANGO	13464	41	3	7.3	53.7	48.8	2.4	24.4	46.7	46.7	7.14
ROS	CHENANGO	13809	45	6	13.3	40.0	40.0	6.7	0.0	27.8	62.5	6.86
ROS	CHENANGO	13815	444	33	7.4	59.5	45.5	5.0	2.3	19.9	29.8	6.71
ROS	CHENANGO	13843	45	0	0.0	56.8	48.9	4.4	22.2	37.0	37.0	6.71
ROS	CHENANGO	13801	31	4	12.9	64.5	48.4	3.2	0.0	9.8	19.6	6.00
ROS	CHENANGO	13830	136	5	3.7	56.6	37.5	2.9	7.4	17.4	19.6	5.57
ROS	CHENANGO	13730	60	4	6.7	48.3	35.0	3.3	0.0	21.5	28.7	5.57
ROS	CHENANGO	13778	156	6	3.8	46.2	27.6	4.5	6.4	18.1	25.4	5.29
ROS	CHENANGO	13460	140	11	7.9	47.1	42.0	0.7	0.0	23.8	23.8	5.14
ROS	CHENANGO	13844	26	2	7.7	65.4	61.5	3.8	0.0	.	.	4.57
ROS	CHENANGO	13832	22	2	9.1	54.5	40.9	0.0	45.5	.	.	4.57
ROS	CHENANGO	13733	145	9	6.2	46.2	33.1	2.8	0.0	13.8	16.1	4.43
ROS	CLINTON	12912	61	3	4.9	57.4	47.5	6.6	16.4	24.2	36.4	7.14
ROS	CLINTON	12992	143	10	7.0	51.7	50.0	4.2	0.0	23.4	23.4	6.00
ROS	CLINTON	12901	858	47	5.5	55.2	53.0	5.2	3.5	9.1	13.0	5.86
ROS	CLINTON	12919	94	3	3.2	55.3	55.3	8.5	0.0	16.7	16.7	5.57
ROS	CLINTON	12979	60	1	1.7	53.3	51.7	10.0	0.0	10.8	16.1	5.43
ROS	CLINTON	12959	34	1	2.9	55.9	41.2	5.9	0.0	16.3	24.4	5.43
ROS	CLINTON	12985	33	1	3.0	54.5	51.5	0.0	0.0	43.0	43.0	5.29
ROS	CLINTON	12958	46	0	0.0	39.1	43.5	10.9	0.0	19.6	26.1	5.00
ROS	CLINTON	12910	56	1	1.8	48.2	33.9	3.6	0.0	27.2	27.2	4.86
ROS	CLINTON	12935	39	1	2.6	51.3	46.2	5.1	0.0	0.0	29.6	4.71
ROS	COLUMBIA	12534	499	32	6.4	55.4	40.5	6.0	6.0	11.3	21.1	6.29
ROS	COLUMBIA	12516	31	1	3.2	50.0	28.0	6.5	0.0	21.3	28.4	5.29
ROS	COLUMBIA	12523	56	0	0.0	48.1	33.3	7.1	0.0	10.9	16.4	4.57
ROS	COLUMBIA	12173	59	9	15.3	49.2	30.5	0.0	0.0	5.7	17.2	4.43
ROS	COLUMBIA	12125	35	4	11.4	45.7	41.2	5.7	0.0	.	.	4.43
ROS	COLUMBIA	12106	69	5	7.2	34.8	22.1	4.3	0.0	9.7	19.3	4.29
ROS	COLUMBIA	12037	102	5	4.9	40.2	30.5	7.0	0.0	5.4	10.8	4.14
ROS	COLUMBIA	12503	13	2	15.4	41.7	33.3	7.7	0.0	.	.	4.14
ROS	COLUMBIA	12517	13	1	7.7	77.8	22.2	16.7	0.0	.	.	4.14
ROS	COLUMBIA	12502	39	2	5.1	50.0	41.9	2.6	25.6	.	.	4.00
ROS	CORTLAND	13158	54	7	13.0	55.6	40.7	3.7	37.0	22.2	22.2	7.43
ROS	CORTLAND	13045	841	80	9.5	54.8	53.0	2.8	4.8	9.9	14.1	6.43
ROS	CORTLAND	13803	176	6	3.4	38.6	44.7	6.0	5.7	23.4	33.9	6.00
ROS	CORTLAND	13101	88	5	5.7	56.8	48.3	2.3	0.0	26.0	30.3	5.57
ROS	CORTLAND	13077	162	14	8.6	42.6	42.6	1.2	12.3	6.3	11.0	5.00
ROS	CORTLAND	13040	93	4	4.3	47.3	46.1	0.0	0.0	30.6	30.6	4.86
ROS	CORTLAND	13863	12	1	8.3	41.7	33.3	9.1	0.0	.	.	4.00
ROS	DELAWARE	13838	152	14	9.2	61.8	39.5	6.0	6.6	32.0	34.7	7.71
ROS	DELAWARE	13783	61	5	8.2	65.6	37.5	5.1	0.0	11.0	18.3	6.00
ROS	DELAWARE	13788	24	4	16.7	54.2	26.1	4.2	83.3	.	.	5.14
ROS	DELAWARE	12167	66	3	4.5	50.0	28.8	6.2	0.0	12.8	17.1	4.71
ROS	DELAWARE	12430	18	0	0.0	55.6	55.6	5.6	0.0	0.0	20.2	4.57

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ROS	DELAWARE	13804	13	2	15.4	53.8	30.8	8.3	0.0	.	.	4.57
ROS	DELAWARE	13839	50	2	4.0	50.0	28.6	6.0	0.0	11.1	11.1	4.43
ROS	DELAWARE	12455	21	2	9.5	33.3	42.9	4.8	0.0	0.0	6.5	4.14
ROS	DELAWARE	13856	159	6	3.8	48.4	28.3	2.5	0.0	8.2	24.7	4.00
ROS	DUTCHESS	12601	1576	148	9.4	63.0	64.8	6.3	5.7	15.0	27.3	7.57
ROS	DUTCHESS	12567	69	9	13.0	39.3	45.3	0.0	29.0	9.1	18.3	5.86
ROS	DUTCHESS	12522	125	6	4.8	47.0	42.9	2.4	8.0	11.0	24.3	5.43
ROS	DUTCHESS	12592	35	4	11.4	31.8	28.6	2.9	0.0	22.7	37.9	5.29
ROS	DUTCHESS	12594	112	15	13.4	43.7	43.8	4.5	0.0	4.9	7.4	5.14
ROS	DUTCHESS	12508	507	28	5.5	43.0	40.5	4.0	2.0	9.0	21.1	5.00
ROS	DUTCHESS	12546	78	5	6.4	40.9	34.6	2.6	0.0	25.3	29.5	5.00
ROS	DUTCHESS	12538	345	22	6.4	40.1	37.5	3.5	0.0	9.2	30.2	4.86
ROS	DUTCHESS	12501	61	5	8.2	45.0	50.0	3.3	0.0	7.1	7.1	4.86
ROS	DUTCHESS	12524	419	39	9.3	29.3	25.0	2.9	4.8	5.1	12.8	4.71
ROS	DUTCHESS	12603	1146	81	7.1	31.9	33.6	3.2	4.4	6.6	15.6	4.57
ROS	DUTCHESS	12590	1006	76	7.6	35.8	30.9	2.7	2.0	7.7	16.0	4.57
ROS	DUTCHESS	12580	85	6	7.1	32.9	32.1	2.4	0.0	11.3	16.9	4.00
ROS	ERIE	14215	1881	251	13.3	80.7	39.2	8.9	13.3	44.8	78.2	8.43
ROS	ERIE	14210	611	65	10.6	71.5	51.7	5.4	16.4	31.3	57.2	8.43
ROS	ERIE	14211	1233	182	14.8	79.2	36.7	7.7	14.6	58.2	96.8	8.29
ROS	ERIE	14212	600	80	13.3	62.3	39.7	7.7	10.0	65.4	99.2	8.29
ROS	ERIE	14207	1222	105	8.6	62.1	39.0	7.2	12.3	54.0	72.6	8.00
ROS	ERIE	14206	757	90	11.9	70.1	43.1	7.0	4.0	40.7	65.9	8.00
ROS	ERIE	14218	852	83	9.7	44.6	57.6	6.7	4.7	29.0	49.3	7.86
ROS	ERIE	14208	390	49	12.6	79.2	35.1	6.2	10.3	21.0	40.9	7.86
ROS	ERIE	14202	96	8	8.3	61.5	35.4	5.7	10.4	37.0	59.3	7.71
ROS	ERIE	14070	163	15	9.2	64.4	46.3	4.4	6.1	20.8	33.3	7.57
ROS	ERIE	14204	346	51	14.7	82.9	34.8	6.7	0.0	37.3	48.2	7.29
ROS	ERIE	14214	616	69	11.2	51.3	32.3	7.5	8.1	15.6	27.8	7.14
ROS	ERIE	14213	1322	117	8.9	53.1	27.5	5.9	7.6	29.4	37.8	7.00
ROS	ERIE	14201	515	45	8.7	62.6	27.8	6.2	1.9	38.3	51.9	7.00
ROS	ERIE	14203	63	12	19.0	69.8	28.6	8.1	0.0	40.7	73.2	7.00
ROS	ERIE	14209	227	20	8.8	57.3	26.7	6.6	4.4	22.3	32.2	6.86
ROS	ERIE	14220	919	71	7.7	51.8	37.1	2.5	12.0	24.4	39.5	6.57
ROS	ERIE	14081	88	3	3.4	84.1	55.7	3.5	0.0	40.9	58.5	6.14
ROS	ERIE	14225	1211	106	8.8	43.8	22.7	4.6	5.8	14.7	31.5	6.00
ROS	ERIE	14091	52	1	1.9	61.5	37.3	2.0	19.2	27.8	27.8	5.86
ROS	ERIE	14216	769	59	7.7	40.8	20.2	3.7	3.9	15.9	29.8	5.57
ROS	ERIE	14006	244	19	7.8	48.8	36.1	3.4	4.1	8.0	14.9	5.57
ROS	ERIE	14219	390	25	6.4	44.9	29.7	2.7	5.1	13.2	20.8	5.14
ROS	ERIE	14150	1332	113	8.5	35.0	17.7	4.4	4.5	10.0	16.8	5.00
ROS	ERIE	14227	649	56	8.6	30.2	19.4	3.6	1.5	10.5	21.0	4.86
ROS	ERIE	14217	763	56	7.3	28.4	16.6	5.1	7.9	8.7	15.6	4.71
ROS	ERIE	14043	685	48	7.0	37.4	18.6	4.7	2.9	9.8	16.7	4.71
ROS	ERIE	14141	201	12	6.0	41.3	23.2	2.6	10.0	8.1	12.2	4.43
ROS	ERIE	14111	114	5	4.4	31.6	28.3	0.9	35.1	12.1	24.2	4.43
ROS	ERIE	14222	304	19	6.3	26.4	10.4	4.3	3.3	3.3	40.7	4.29
ROS	ERIE	14223	756	50	6.6	26.6	16.2	4.1	4.0	8.3	14.6	4.14
ROS	ERIE	14228	646	57	8.8	24.1	15.8	5.7	3.1	3.3	8.8	4.14
ROS	ESSEX	12944	102	8	7.8	58.8	47.5	12.7	9.8	24.9	28.0	7.57

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ROS	ESSEX	12956	37	2	5.4	62.2	40.5	5.4	0.0	44.4	55.6	6.43
ROS	ESSEX	12974	18	0	0.0	77.8	50.0	11.1	0.0	25.0	41.7	6.29
ROS	ESSEX	12928	20	2	10.0	55.0	30.0	11.1	50.0	0.0	13.1	6.14
ROS	ESSEX	12883	73	4	5.5	64.4	13.9	5.7	0.0	19.5	29.2	5.29
ROS	ESSEX	12870	56	6	10.7	32.1	10.7	9.1	0.0	25.6	25.6	5.29
ROS	ESSEX	12932	28	2	7.1	42.9	21.4	7.1	0.0	19.0	28.6	5.29
ROS	ESSEX	12996	40	2	5.0	50.0	45.0	10.0	0.0	6.7	13.3	5.14
ROS	ESSEX	12946	137	11	8.0	36.5	21.2	5.1	0.0	8.3	14.9	4.43
ROS	FRANKLIN	12953	321	21	6.5	62.0	52.3	4.1	3.1	33.3	37.6	7.14
ROS	FRANKLIN	12914	53	1	1.9	41.5	78.8	40.4	37.7	33.3	33.3	7.00
ROS	FRANKLIN	12957	75	7	9.3	46.7	45.9	4.1	0.0	44.4	59.3	6.71
ROS	FRANKLIN	12937	47	1	2.1	53.2	60.0	13.3	0.0	46.5	54.3	6.57
ROS	FRANKLIN	12916	94	5	5.3	45.7	53.3	5.4	0.0	30.3	30.3	6.14
ROS	FRANKLIN	12980	24	0	0.0	66.7	37.5	8.3	0.0	25.6	25.6	5.57
ROS	FRANKLIN	13655	114	4	3.5	86.0	66.7	5.3	0.0	6.7	13.3	5.29
ROS	FRANKLIN	12966	93	5	5.4	44.1	51.1	5.4	0.0	13.5	16.8	5.29
ROS	FRANKLIN	12926	81	3	3.7	54.3	46.3	5.0	0.0	19.6	19.6	5.29
ROS	FRANKLIN	12920	70	1	1.4	50.0	45.7	1.4	0.0	32.5	32.5	5.00
ROS	FRANKLIN	12917	45	1	2.2	28.9	60.5	7.1	0.0	14.5	14.5	4.71
ROS	FRANKLIN	12983	171	4	2.3	46.2	17.0	0.6	5.8	18.4	23.0	4.14
ROS	FULTON	12078	792	71	9.0	69.1	59.7	2.7	3.8	40.5	56.2	7.29
ROS	FULTON	12025	148	15	10.1	41.9	31.1	6.8	6.8	20.0	23.7	6.57
ROS	FULTON	12095	324	13	4.0	51.5	45.7	5.0	3.1	18.3	26.6	6.00
ROS	FULTON	12117	74	4	5.4	50.0	52.7	2.7	0.0	17.8	26.7	5.29
ROS	FULTON	12134	90	5	5.6	52.2	37.1	1.1	0.0	14.7	14.7	4.14
ROS	GENESEE	14013	51	6	11.8	64.7	31.4	5.9	0.0	48.5	54.5	7.00
ROS	GENESEE	14020	699	45	6.4	50.2	23.6	3.8	7.2	15.7	21.3	5.57
ROS	GENESEE	14125	107	8	7.5	38.3	13.1	6.7	0.0	15.3	30.5	5.14
ROS	GENESEE	14416	85	7	8.2	34.1	22.4	8.4	11.8	8.2	8.2	5.14
ROS	GENESEE	14005	36	3	8.3	36.1	20.6	12.1	0.0	11.5	11.5	4.86
ROS	GENESEE	14058	76	2	2.6	27.6	22.4	2.7	13.2	26.3	26.3	4.57
ROS	GENESEE	14040	64	3	4.7	43.8	15.6	4.9	0.0	22.2	27.8	4.57
ROS	GREENE	12414	284	24	8.5	56.7	36.0	5.7	3.5	6.1	11.0	5.86
ROS	GREENE	12058	36	2	5.6	50.0	30.6	5.6	0.0	22.7	37.9	5.57
ROS	GREENE	12463	54	7	13.0	37.0	27.8	7.4	0.0	8.3	25.0	5.43
ROS	GREENE	12087	37	0	0.0	45.9	37.8	8.3	0.0	33.3	33.3	5.43
ROS	GREENE	12413	81	7	8.6	58.0	34.6	3.7	0.0	3.7	18.7	5.14
ROS	GREENE	12451	32	5	15.6	50.0	21.9	0.0	31.3	6.9	13.9	5.14
ROS	GREENE	12051	114	10	8.8	46.5	28.1	1.8	0.0	20.2	26.9	5.00
ROS	GREENE	12423	25	4	16.0	60.0	36.0	12.5	0.0			5.00
ROS	GREENE	12192	35	3	8.6	60.0	28.6	8.6	0.0	0.0	0.0	4.29
ROS	HERKIMER	13365	265	19	7.2	46.4	34.9	9.2	11.3	29.6	39.9	7.29
ROS	HERKIMER	13357	334	35	10.5	57.5	32.3	3.9	24.0	16.8	26.3	6.86
ROS	HERKIMER	13350	307	24	7.8	60.9	36.7	4.2	6.5	17.3	24.0	6.71
ROS	HERKIMER	13491	120	6	5.0	50.8	43.2	3.4	8.3	19.6	19.6	5.86
ROS	HERKIMER	13407	130	6	4.6	58.5	35.7	5.4	0.0	22.2	22.2	5.57
ROS	HERKIMER	13431	68	5	7.4	30.9	48.5	17.9	0.0	10.8	10.8	5.29
ROS	HERKIMER	13324	40	3	7.5	50.0	45.0	2.5	0.0	16.1	16.1	5.29
ROS	HERKIMER	13329	110	8	7.3	54.5	32.1	3.7	0.0	10.8	21.5	5.14
ROS	HERKIMER	13340	235	13	5.5	47.7	38.3	3.0	8.5	6.9	15.0	5.00

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Region	County	ZIP Code	Total Births	Total Low Birth Weight	Low Birth Weight Percent	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate*	Teen Birth Rate*	Teen Pregnancy Rate	Average Risk Rank
ROS	HERKIMER	13416	57	2	3.5	45.6	46.4	1.8	0.0	16.9	29.5	4.71
ROS	JEFFERSON	13601	1983	151	7.6	40.0	42.1	3.0	5.5	35.0	45.8	6.57
ROS	JEFFERSON	13656	102	3	2.9	37.3	48.3	9.9	9.8	23.8	27.8	6.29
ROS	JEFFERSON	13608	68	5	7.4	48.5	60.9	3.1	0.0	27.2	34.0	6.29
ROS	JEFFERSON	13619	472	34	7.2	38.6	31.6	2.8	6.4	29.5	36.4	5.86
ROS	JEFFERSON	13691	129	13	10.1	44.2	44.0	0.8	0.0	29.1	45.3	5.86
ROS	JEFFERSON	13605	152	9	5.9	42.8	45.4	1.3	6.6	19.7	21.9	5.14
ROS	JEFFERSON	13634	121	6	5.0	49.6	43.8	0.8	8.3	12.9	20.7	5.14
ROS	JEFFERSON	13679	51	4	7.8	33.3	41.2	4.0	0.0	12.3	30.9	5.14
ROS	JEFFERSON	13673	122	6	4.9	36.9	37.3	3.3	8.2	13.3	17.8	5.00
ROS	JEFFERSON	13616	165	9	5.5	18.2	12.1	1.2	30.3	52.6	58.5	4.71
ROS	JEFFERSON	13603	1367	74	5.4	4.0	1.5	3.0	5.1	70.4	77.0	4.57
ROS	JEFFERSON	13624	119	9	7.6	39.5	41.2	0.8	0.0	13.2	17.5	4.57
ROS	JEFFERSON	13606	100	8	8.0	30.0	40.0	2.0	10.0	3.9	11.6	4.57
ROS	JEFFERSON	13637	452	29	6.4	13.5	9.4	1.3	8.8	58.8	63.2	4.43
ROS	JEFFERSON	13602	52	3	5.8	5.8	1.9	3.8	19.2	8.7	32.5	4.29
ROS	JEFFERSON	13607	40	1	2.5	45.0	40.0	0.0	0.0	20.8	27.8	4.29
ROS	JEFFERSON	13693	15	1	6.7	53.3	40.0	6.7	0.0	.	.	4.29
ROS	JEFFERSON	13661	51	2	3.9	17.6	47.1	4.0	0.0	12.6	18.9	4.00
ROS	LEWIS	13626	83	7	8.4	37.3	52.5	10.8	12.0	23.5	32.9	7.43
ROS	LEWIS	13433	77	4	5.2	55.8	58.4	6.5	0.0	37.0	49.4	6.71
ROS	LEWIS	13343	64	5	7.8	57.8	50.0	6.3	0.0	28.2	33.9	6.71
ROS	LEWIS	13367	336	20	6.0	33.3	47.4	8.8	8.9	15.4	20.1	6.14
ROS	LEWIS	13368	42	8	19.0	57.1	50.0	0.0	0.0	22.2	22.2	5.86
ROS	LEWIS	13620	89	7	7.9	36.0	44.9	1.1	0.0	21.3	24.8	5.00
ROS	LEWIS	13489	18	2	11.1	38.9	50.0	11.1	0.0	.	.	4.57
ROS	LEWIS	13325	45	6	13.3	33.3	42.2	6.7	0.0	.	.	4.14
ROS	LEWIS	13327	80	4	5.0	34.2	35.0	0.0	12.5	8.4	12.7	4.00
ROS	LEWIS	13648	49	2	4.1	40.8	46.9	2.0	0.0	12.2	12.2	4.00
ROS	LIVINGSTON	14437	278	22	7.9	51.1	53.6	10.2	0.0	24.7	30.6	6.86
ROS	LIVINGSTON	14510	185	15	8.1	60.0	61.6	3.8	0.0	26.5	34.4	6.71
ROS	LIVINGSTON	14517	60	4	6.7	51.7	46.7	3.4	0.0	13.3	16.7	5.29
ROS	LIVINGSTON	14836	26	2	7.7	38.5	46.2	12.0	0.0	0.0	9.8	4.71
ROS	LIVINGSTON	14485	97	7	7.2	30.2	45.8	1.1	10.3	4.6	6.9	4.43
ROS	LIVINGSTON	14480	22	1	4.5	50.0	45.5	0.0	0.0	11.1	22.2	4.43
ROS	LIVINGSTON	14435	55	2	3.6	40.0	34.5	11.8	0.0	3.8	15.3	4.29
ROS	LIVINGSTON	14481	44	2	4.5	38.6	31.8	0.0	0.0	29.6	37.0	4.14
ROS	MADISON	13485	91	11	12.1	42.9	42.3	10.3	0.0	20.8	36.5	6.71
ROS	MADISON	13409	88	6	6.8	48.9	52.3	9.1	11.4	10.2	10.2	6.57
ROS	MADISON	13072	21	0	0.0	66.7	77.8	0.0	47.6	38.1	38.1	6.29
ROS	MADISON	13421	452	27	6.0	54.6	47.2	2.0	4.4	22.5	31.0	6.14
ROS	MADISON	13032	399	26	6.5	51.4	42.6	3.0	5.0	15.9	26.2	6.00
ROS	MADISON	13332	110	8	7.3	43.6	49.5	10.1	0.0	12.0	20.1	5.86
ROS	MADISON	13334	51	5	9.8	27.5	48.9	14.0	19.6	2.9	2.9	5.71
ROS	MADISON	13082	102	8	7.8	42.2	33.3	4.9	0.0	16.8	18.9	5.14
ROS	MADISON	13037	267	24	9.0	37.5	31.5	1.9	3.7	10.0	16.6	4.71
ROS	MADISON	13030	117	10	8.5	51.3	28.2	1.7	0.0	8.7	17.4	4.43
ROS	MADISON	13052	42	3	7.1	42.9	42.9	2.4	0.0	5.5	16.4	4.29
ROS	MADISON	13310	15	1	6.7	66.7	46.7	0.0	0.0	6.2	6.2	4.29
ROS	MADISON	13408	71	4	5.6	39.4	45.7	2.9	0.0	6.4	11.8	4.14

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ROS	MADISON	13402	52	1	1.9	50.0	51.9	5.8	0.0	0.0	8.1	4.00
ROS	MONROE	14611	863	118	13.7	83.8	85.6	6.9	17.4	44.9	72.7	8.86
ROS	MONROE	14613	796	97	12.2	72.0	87.2	6.5	15.1	50.0	67.6	8.86
ROS	MONROE	14605	638	87	13.6	82.3	92.8	7.4	15.7	47.8	66.5	8.86
ROS	MONROE	14621	1598	195	12.2	81.0	86.7	6.7	10.0	49.4	67.7	8.71
ROS	MONROE	14608	669	88	13.2	75.9	86.5	5.5	17.9	49.0	71.6	8.71
ROS	MONROE	14619	583	75	12.9	73.6	71.1	6.0	8.6	34.3	49.2	8.57
ROS	MONROE	14609	1902	192	10.1	63.1	64.6	4.7	11.6	36.1	51.8	8.29
ROS	MONROE	14606	1086	110	10.1	59.6	63.1	4.6	12.0	29.3	41.5	8.29
ROS	MONROE	14615	735	71	9.7	66.8	70.4	3.0	4.1	29.7	43.1	7.71
ROS	MONROE	14604	51	5	9.8	64.7	66.7	2.0	19.6	27.2	34.0	7.57
ROS	MONROE	14607	306	27	8.8	48.5	46.7	3.1	6.5	18.1	32.8	6.71
ROS	MONROE	14620	785	69	8.8	34.8	42.0	3.6	6.4	16.2	22.5	6.14
ROS	MONROE	14616	965	75	7.8	48.3	48.9	1.4	3.1	16.1	27.0	6.00
ROS	MONROE	14622	367	28	7.6	34.1	31.6	3.6	10.9	21.6	35.6	6.00
ROS	MONROE	14464	195	14	7.2	40.5	42.1	1.0	10.3	10.6	13.3	5.14
ROS	MONROE	14626	871	56	6.4	34.6	39.8	2.0	8.0	9.9	21.3	5.00
ROS	MONROE	14612	942	70	7.4	36.9	34.6	2.6	7.4	5.8	12.3	4.86
ROS	MONROE	14420	423	29	6.9	35.7	32.4	4.1	9.5	2.6	5.4	4.57
ROS	MONROE	14624	1154	82	7.1	30.0	30.1	2.1	7.8	7.0	13.1	4.43
ROS	MONROE	14514	190	16	8.4	26.8	31.7	3.4	5.3	2.0	3.9	4.14
ROS	MONROE	14445	277	15	5.4	34.7	39.0	3.9	0.0	5.6	9.5	4.00
ROS	MONTGOMERY	12010	1045	101	9.7	57.9	54.4	4.7	6.7	34.9	47.7	7.86
ROS	MONTGOMERY	13452	139	14	10.1	56.1	41.7	7.3	14.4	20.5	22.8	7.71
ROS	MONTGOMERY	13339	280	16	5.7	40.7	66.3	27.3	7.1	20.9	28.4	7.14
ROS	MONTGOMERY	12072	132	9	6.8	28.0	59.1	31.5	7.6	11.6	11.6	6.00
ROS	MONTGOMERY	13317	120	7	5.8	42.5	44.5	6.7	0.0	29.8	35.2	6.00
ROS	MONTGOMERY	12166	60	3	5.0	31.7	48.3	26.7	0.0	21.3	35.5	5.57
ROS	MONTGOMERY	12070	37	3	8.1	37.8	35.1	2.7	0.0	26.1	39.2	5.14
ROS	MONTGOMERY	13428	75	2	2.7	25.3	78.7	36.0	0.0	10.9	10.9	4.71
ROS	MONTGOMERY	12068	106	3	2.8	40.6	49.1	14.3	0.0	5.3	10.6	4.57
ROS	NASSAU	11553	1196	127	10.6	61.0	74.4	5.2	8.4	26.3	48.7	8.29
ROS	NASSAU	11575	891	87	9.8	61.8	79.1	5.8	4.5	39.9	71.9	8.29
ROS	NASSAU	11550	3120	280	9.0	69.6	80.6	5.4	4.2	42.3	73.9	8.00
ROS	NASSAU	11520	1755	159	9.1	54.6	63.1	5.2	3.4	28.6	53.1	8.00
ROS	NASSAU	11096	421	25	5.9	54.9	71.7	6.7	2.4	25.1	39.4	7.29
ROS	NASSAU	11590	2089	189	9.0	47.5	62.0	4.4	3.4	15.0	26.4	6.71
ROS	NASSAU	11003	1441	144	10.0	36.2	51.3	6.2	8.3	6.9	26.7	6.57
ROS	NASSAU	11542	966	94	9.7	40.4	37.3	3.3	7.2	15.0	29.6	6.29
ROS	NASSAU	11580	1272	142	11.2	28.5	41.3	4.9	7.1	3.7	16.3	5.57
ROS	NASSAU	11510	967	85	8.8	37.1	39.7	5.0	4.1	6.8	16.7	5.43
ROS	NASSAU	11552	843	78	9.3	27.0	33.7	4.4	1.2	4.8	16.4	5.00
ROS	NASSAU	11801	1305	108	8.3	23.1	39.5	3.6	0.8	5.2	9.2	4.71
ROS	NASSAU	11020	126	14	11.1	27.8	36.5	6.4	0.0	3.0	6.0	4.57
ROS	NASSAU	11558	242	23	9.5	31.0	34.3	2.9	0.0	6.3	15.7	4.43
ROS	NASSAU	11581	690	71	10.3	15.8	23.3	3.4	7.2	3.6	9.5	4.29
ROS	NASSAU	11735	974	83	8.5	24.6	25.8	2.9	2.1	4.5	9.2	4.14
ROS	NASSAU	11516	393	32	8.1	15.8	27.5	2.1	5.1	9.3	13.3	4.00
ROS	NASSAU	11559	355	29	8.2	14.4	29.3	2.8	2.8	5.4	6.3	4.00
ROS	NIAGARA	14305	667	80	12.0	71.7	62.5	9.8	16.5	27.7	52.7	9.00

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ROS	NIAGARA	14301	565	72	12.7	79.5	69.8	12.5	10.6	58.5	92.3	8.86
ROS	NIAGARA	14303	269	25	9.3	80.7	72.5	16.2	7.4	66.3	76.6	8.71
ROS	NIAGARA	14028	47	5	10.6	63.8	48.9	6.5	0.0	23.0	34.5	7.14
ROS	NIAGARA	14304	836	63	7.5	48.6	39.6	5.8	3.6	20.3	32.1	6.86
ROS	NIAGARA	14094	1605	117	7.3	47.7	33.8	6.1	5.0	21.7	27.6	6.43
ROS	NIAGARA	14067	142	8	5.6	47.9	32.1	6.5	0.0	22.9	27.1	5.57
ROS	NIAGARA	14108	149	15	10.1	38.9	22.1	4.1	0.0	15.3	20.4	5.00
ROS	NIAGARA	14105	109	8	7.3	42.2	31.2	4.6	0.0	14.6	16.7	4.71
ROS	NIAGARA	14120	1233	72	5.8	36.4	17.5	4.5	4.1	7.2	11.8	4.14
ROS	NIAGARA	14131	130	4	3.1	41.5	36.9	8.8	0.0	4.0	14.1	4.14
ROS	NIAGARA	14172	61	5	8.2	34.4	22.0	3.3	0.0	9.7	16.2	4.14
ROS	NIAGARA	14008	40	1	2.5	35.0	25.0	10.5	0.0	11.7	11.7	4.14
ROS	ONEIDA	13501	1812	163	9.0	55.8	79.4	6.0	9.4	33.4	54.0	8.14
ROS	ONEIDA	13502	1219	105	8.6	61.0	63.5	5.4	4.9	29.8	48.6	8.14
ROS	ONEIDA	13308	151	16	10.6	58.3	57.0	5.3	6.6	36.7	42.8	8.00
ROS	ONEIDA	13440	1387	123	8.9	56.5	50.3	4.8	5.8	27.7	39.5	7.57
ROS	ONEIDA	13425	93	5	5.4	28.0	62.6	23.1	21.5	33.3	38.9	7.00
ROS	ONEIDA	13316	222	14	6.3	54.5	44.3	2.7	4.5	33.2	43.3	6.57
ROS	ONEIDA	13318	65	2	3.1	56.9	61.5	6.2	0.0	43.5	43.5	6.43
ROS	ONEIDA	13438	125	6	4.8	44.0	43.5	8.8	0.0	36.7	53.3	6.00
ROS	ONEIDA	13471	106	4	3.8	49.1	54.7	4.7	0.0	31.9	37.7	5.86
ROS	ONEIDA	13363	59	4	6.8	40.7	54.2	8.6	0.0	13.5	22.5	5.86
ROS	ONEIDA	13480	106	10	9.4	52.8	47.2	2.8	0.0	12.1	21.2	5.71
ROS	ONEIDA	13417	92	9	9.8	51.1	48.9	4.3	0.0	9.5	14.3	5.71
ROS	ONEIDA	13477	29	1	3.4	44.8	55.2	3.4	0.0	38.8	62.0	5.71
ROS	ONEIDA	13309	171	7	4.1	48.5	38.0	3.5	0.0	17.2	25.8	5.00
ROS	ONEIDA	13328	37	3	8.1	51.4	51.4	0.0	27.0	0.0	10.1	5.00
ROS	ONEIDA	13354	96	6	6.3	25.0	54.2	15.8	0.0	6.5	16.3	4.86
ROS	ONEIDA	13303	47	1	2.1	25.5	55.3	27.7	0.0	18.0	18.0	4.86
ROS	ONEIDA	13478	92	3	3.3	39.1	26.1	2.2	10.9	10.8	28.7	4.71
ROS	ONEIDA	13456	116	5	4.3	35.3	29.3	0.9	8.6	13.4	24.2	4.57
ROS	ONEIDA	13476	104	5	4.8	39.4	29.8	2.9	0.0	16.0	22.4	4.43
ROS	ONEIDA	13495	56	4	7.1	46.4	31.5	3.7	0.0	5.1	15.4	4.43
ROS	ONEIDA	13424	51	4	7.8	47.1	27.5	0.0	19.6	4.4	8.9	4.43
ROS	ONEIDA	13322	30	3	10.0	36.7	20.0	0.0	33.3	9.0	9.0	4.43
ROS	ONEIDA	13403	99	13	13.1	27.3	20.2	1.0	10.1	4.4	13.1	4.29
ROS	ONEIDA	13492	316	19	6.0	32.6	25.9	0.9	3.2	8.8	17.6	4.00
ROS	ONONDAGA	13205	822	98	11.9	76.5	75.1	5.1	14.6	48.6	72.7	8.71
ROS	ONONDAGA	13203	750	82	10.9	53.6	78.1	7.6	14.7	38.8	56.9	8.71
ROS	ONONDAGA	13207	529	58	11.0	72.4	66.7	5.9	13.2	31.5	59.5	8.71
ROS	ONONDAGA	13208	1324	119	9.0	54.9	80.8	7.0	12.8	51.4	76.1	8.43
ROS	ONONDAGA	13204	1110	105	9.5	81.3	81.3	8.1	5.4	53.9	76.1	8.43
ROS	ONONDAGA	13202	286	28	9.8	70.3	79.0	3.8	3.5	75.8	112.6	7.86
ROS	ONONDAGA	13206	694	66	9.5	57.5	58.4	4.2	5.8	25.0	44.0	7.71
ROS	ONONDAGA	13224	291	23	7.9	53.6	55.3	3.1	10.3	22.1	38.5	7.14
ROS	ONONDAGA	13120	120	7	5.8	75.0	63.3	5.8	0.0	71.0	82.0	6.86
ROS	ONONDAGA	13211	257	15	5.8	58.8	57.6	2.7	3.9	27.5	35.3	6.29
ROS	ONONDAGA	13209	392	28	7.1	50.3	47.2	2.3	2.6	18.1	29.6	6.14
ROS	ONONDAGA	13210	526	53	10.1	50.9	60.3	3.6	3.8	2.3	6.0	5.86
ROS	ONONDAGA	13060	86	4	4.7	53.5	45.3	2.3	0.0	20.4	27.2	5.29

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ROS	ONONDAGA	13212	588	40	6.8	41.3	36.8	3.1	1.7	12.7	21.6	5.14
ROS	ONONDAGA	13090	1040	63	6.1	33.1	27.5	1.4	6.7	12.9	19.1	4.43
ROS	ONONDAGA	13088	674	47	7.0	36.4	31.1	2.7	0.0	12.2	24.4	4.43
ROS	ONONDAGA	13057	392	31	7.9	41.6	37.1	2.0	0.0	9.1	20.8	4.43
ROS	ONONDAGA	13084	145	9	6.2	30.3	27.6	2.1	13.8	12.8	12.8	4.43
ROS	ONONDAGA	13080	78	4	5.1	39.7	34.6	0.0	12.8	9.5	15.9	4.43
ROS	ONONDAGA	13214	250	20	8.0	30.0	30.4	2.8	4.0	2.5	6.0	4.14
ROS	ONONDAGA	13078	233	22	9.4	13.7	18.0	3.0	12.9	1.0	11.5	4.14
ROS	ONONDAGA	13029	209	6	2.9	44.0	35.4	1.4	4.8	4.6	9.2	4.14
ROS	ONONDAGA	13063	73	3	4.1	28.8	30.1	4.1	0.0	14.3	23.8	4.14
ROS	ONONDAGA	13110	58	3	5.2	39.7	29.3	3.4	0.0	9.1	13.7	4.14
ROS	ONTARIO	14456	671	41	6.1	52.8	56.1	4.7	3.0	11.8	15.9	6.00
ROS	ONTARIO	14548	107	8	7.5	46.7	43.0	1.0	9.3	13.2	18.5	5.57
ROS	ONTARIO	14504	48	3	6.3	66.7	45.8	6.5	0.0	0.0	15.9	5.14
ROS	ONTARIO	14532	118	10	8.5	35.6	45.7	0.0	8.5	7.0	9.4	5.00
ROS	ONTARIO	14424	650	39	6.0	39.8	41.0	2.5	4.6	7.2	12.4	4.86
ROS	ONTARIO	14561	99	1	1.0	30.3	55.6	4.1	0.0	15.5	15.5	4.43
ROS	ONTARIO	14512	111	2	1.8	39.6	51.4	2.8	0.0	9.6	14.4	4.14
ROS	ONTARIO	14425	473	26	5.5	30.0	27.8	2.4	4.2	8.7	16.5	4.00
ROS	ONTARIO	14466	40	3	7.5	30.0	17.5	0.0	0.0	23.0	28.7	4.00
ROS	ORANGE	12550	2254	183	8.1	61.7	66.1	5.3	7.5	24.5	49.3	8.00
ROS	ORANGE	10940	1893	165	8.7	56.7	55.1	7.1	6.3	20.9	42.8	7.86
ROS	ORANGE	12771	468	41	8.8	59.5	55.2	6.6	6.4	16.1	41.6	7.71
ROS	ORANGE	12729	84	9	10.7	57.1	51.2	2.4	0.0	56.4	71.8	6.71
ROS	ORANGE	12780	60	9	15.0	50.0	48.3	11.7	0.0	4.4	26.7	6.43
ROS	ORANGE	12543	107	8	7.5	47.7	33.6	5.7	9.3	10.8	19.0	6.29
ROS	ORANGE	10941	376	29	7.7	48.0	42.1	7.2	2.7	8.3	17.3	6.14
ROS	ORANGE	10919	23	2	8.7	26.1	52.2	8.7	0.0	20.8	31.3	6.14
ROS	ORANGE	12553	767	57	7.4	40.6	42.0	6.5	5.2	9.0	17.2	6.00
ROS	ORANGE	12586	397	32	8.1	40.2	38.4	4.0	2.5	5.0	18.7	5.29
ROS	ORANGE	10950	4706	212	4.5	5.8	75.1	2.2	2.1	29.6	34.6	5.14
ROS	ORANGE	10926	103	9	8.7	25.5	34.3	6.1	9.7	3.2	9.5	5.14
ROS	ORANGE	10998	120	11	9.2	32.5	24.2	2.5	8.3	5.5	16.6	4.86
ROS	ORANGE	12746	24	5	20.8	25.0	29.2	0.0	41.7	0.0	42.7	4.86
ROS	ORANGE	10928	206	10	4.9	38.3	38.8	5.7	0.0	14.7	20.3	4.71
ROS	ORANGE	10916	96	9	9.4	29.2	18.8	3.2	10.4	3.8	13.4	4.71
ROS	ORANGE	10963	75	8	10.7	43.2	32.4	6.7	0.0	3.3	6.5	4.71
ROS	ORANGE	10918	302	26	8.6	25.2	24.5	4.0	3.3	3.7	8.8	4.14
ROS	ORANGE	10930	215	10	4.7	21.0	35.8	6.6	4.7	0.9	6.0	4.00
ROS	ORANGE	10973	64	6	9.4	25.0	25.0	4.8	0.0	4.2	12.5	4.00
ROS	ORLEANS	14103	391	34	8.7	53.8	33.4	5.6	17.9	22.4	26.6	7.29
ROS	ORLEANS	14411	396	25	6.3	55.1	44.9	3.4	5.1	18.1	28.5	6.57
ROS	ORLEANS	14571	29	2	6.9	48.3	44.8	0.0	0.0	20.2	20.2	5.00
ROS	ORLEANS	14470	241	18	7.5	42.7	37.9	3.0	0.0	10.6	19.8	4.86
ROS	ORLEANS	14098	105	2	1.9	30.5	43.8	6.8	0.0	22.4	22.4	4.86
ROS	ORLEANS	14477	35	1	2.9	48.6	34.3	2.9	28.6	5.8	5.8	4.57
ROS	ORLEANS	14476	45	1	2.2	46.7	51.1	2.2	0.0	9.5	14.3	4.14
ROS	OSWEGO	13069	926	72	7.8	60.6	60.2	3.5	15.1	41.2	44.2	8.00
ROS	OSWEGO	13302	74	10	13.5	77.0	68.5	11.0	0.0	20.2	25.3	7.57
ROS	OSWEGO	13114	231	17	7.4	48.1	49.6	5.8	4.3	21.6	27.4	6.86



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ROS	OSWEGO	13028	40	2	5.0	52.5	50.0	5.0	25.0	29.4	29.4	6.86
ROS	OSWEGO	13076	80	7	8.8	46.3	46.3	2.5	37.5	27.0	27.0	6.71
ROS	OSWEGO	13126	997	76	7.6	53.8	51.6	3.2	5.0	12.7	16.0	6.29
ROS	OSWEGO	13132	111	5	4.5	53.2	41.4	2.7	9.0	25.9	34.5	6.14
ROS	OSWEGO	13493	87	5	5.7	47.1	49.3	5.6	11.5	14.3	19.0	6.14
ROS	OSWEGO	13135	192	14	7.3	54.2	49.2	3.6	0.0	19.0	28.4	6.00
ROS	OSWEGO	13131	133	10	7.5	55.6	44.4	2.3	0.0	24.7	29.6	6.00
ROS	OSWEGO	13074	137	12	8.8	49.6	52.6	2.9	0.0	15.9	19.8	5.86
ROS	OSWEGO	13167	93	6	6.5	49.5	40.9	2.2	10.8	15.7	19.6	5.86
ROS	OSWEGO	13145	56	4	7.1	57.1	48.2	1.8	0.0	24.7	24.7	5.57
ROS	OSWEGO	13142	198	11	5.6	44.4	43.8	6.6	0.0	13.6	20.4	5.29
ROS	OSWEGO	13144	40	0	0.0	62.5	56.8	11.1	0.0	9.0	9.0	5.14
ROS	OSWEGO	13083	61	5	8.2	36.1	45.8	5.1	16.4	0.0	0.0	5.00
ROS	OSWEGO	13036	220	13	5.9	50.0	44.5	2.7	0.0	14.1	21.1	4.86
ROS	OSWEGO	13044	74	3	4.1	47.3	37.8	0.0	0.0	24.2	29.0	4.43
ROS	OSWEGO	13103	16	2	12.5	87.5	81.3	0.0	0.0	.	.	4.29
ROS	OSWEGO	13437	13	0	0.0	61.5	53.8	15.4	0.0	.	.	4.14
ROS	OTSEGO	13439	133	11	8.3	42.1	31.0	3.8	7.5	11.0	19.3	5.86
ROS	OTSEGO	13849	128	11	8.6	55.5	27.6	6.3	0.0	19.8	22.6	5.86
ROS	OTSEGO	13315	52	5	9.6	46.2	26.5	6.1	0.0	25.6	25.6	5.86
ROS	OTSEGO	13810	29	3	10.3	58.6	34.5	0.0	34.5	9.8	19.6	5.86
ROS	OTSEGO	13335	60	2	3.3	33.3	37.7	29.6	66.7	13.9	20.8	5.57
ROS	OTSEGO	13796	33	5	15.2	39.4	25.0	9.1	0.0	9.3	18.5	5.57
ROS	OTSEGO	13825	64	2	3.1	40.6	25.0	9.5	0.0	11.9	19.8	4.57
ROS	OTSEGO	12116	49	7	14.3	53.1	18.8	0.0	0.0	15.9	15.9	4.57
ROS	OTSEGO	12197	67	6	9.0	34.3	11.9	0.0	14.9	9.7	9.7	4.29
ROS	OTSEGO	13820	432	34	7.9	41.9	23.0	3.0	4.6	1.9	5.6	4.00
ROS	OTSEGO	13808	33	2	6.1	33.3	19.4	6.5	0.0	6.8	13.6	4.00
ROS	PUTNAM	10509	568	45	7.9	33.7	40.7	1.9	3.5	3.7	6.8	4.14
ROS	RENSSELAER	12168	48	8	16.7	64.6	38.6	4.4	20.8	19.6	24.5	7.57
ROS	RENSSELAER	12182	469	30	6.4	66.7	47.4	6.5	6.4	20.2	32.0	7.29
ROS	RENSSELAER	12180	1879	174	9.3	59.4	43.3	5.2	7.5	13.1	26.0	7.14
ROS	RENSSELAER	12090	56	7	12.5	48.2	40.7	12.5	0.0	4.8	9.6	5.86
ROS	RENSSELAER	12121	48	6	12.5	29.2	18.8	4.3	20.8	10.9	21.9	5.86
ROS	RENSSELAER	12094	61	6	9.8	45.9	26.2	6.6	0.0	10.1	15.2	5.29
ROS	RENSSELAER	12062	53	3	5.7	45.3	28.8	1.9	18.9	16.4	16.4	5.14
ROS	RENSSELAER	12144	720	59	8.2	36.9	26.7	2.4	6.9	9.6	16.7	4.86
ROS	RENSSELAER	12123	195	9	4.6	45.6	24.6	4.2	0.0	19.5	28.1	4.71
ROS	RENSSELAER	12154	74	7	9.5	48.6	20.3	1.4	0.0	4.0	15.9	4.14
ROS	RENSSELAER	12185	48	3	6.3	31.3	14.6	4.2	0.0	14.3	19.0	4.00
ROS	ROCKLAND	10927	611	55	9.0	62.0	75.7	8.3	6.5	39.4	46.7	8.29
ROS	ROCKLAND	10993	151	9	6.0	52.3	58.9	9.3	6.6	16.9	18.7	6.86
ROS	ROCKLAND	10977	5325	358	6.7	21.8	82.9	4.8	3.8	27.4	30.7	6.14
ROS	ROCKLAND	10960	401	43	10.7	34.3	39.9	4.3	5.0	4.9	9.8	5.57
ROS	ROCKLAND	10970	387	32	8.3	33.1	44.9	5.0	2.6	11.7	11.7	5.57
ROS	ROCKLAND	10923	331	23	6.9	40.7	45.7	4.0	12.1	8.1	12.8	5.57
ROS	ROCKLAND	10952	4609	202	4.4	3.2	80.4	3.2	3.0	17.4	17.7	4.86
ROS	ROCKLAND	10954	716	58	8.1	29.8	39.8	4.5	2.8	4.8	5.7	4.71
ROS	ROCKLAND	10974	70	5	7.1	44.3	36.2	2.9	0.0	10.3	18.1	4.71
ROS	ROCKLAND	10931	30	1	3.3	50.0	60.0	13.3	0.0	0.0	0.0	4.14

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ROS	SARATOGA	12835	59	5	8.5	66.1	8.5	6.9	0.0	15.4	25.6	5.71
ROS	SARATOGA	12170	113	12	10.6	53.1	27.7	3.5	0.0	10.8	19.4	5.29
ROS	SARATOGA	12118	504	42	8.3	37.4	20.0	3.0	4.0	11.1	19.2	5.00
ROS	SARATOGA	12822	205	19	9.3	46.8	14.1	2.5	0.0	21.7	27.6	5.00
ROS	SARATOGA	12833	138	7	5.1	39.9	14.5	3.0	7.2	11.1	20.0	4.57
ROS	SARATOGA	12803	322	18	5.6	45.7	7.8	3.8	3.1	10.0	15.0	4.29
ROS	SARATOGA	12020	1020	65	6.4	28.5	12.5	3.6	5.9	9.5	13.3	4.14
ROS	SARATOGA	12850	71	10	14.1	35.2	18.3	1.4	0.0	8.7	13.0	4.00
ROS	SCHENECTADY	12307	485	66	13.6	75.9	80.4	9.6	12.4	63.8	122.4	8.86
ROS	SCHENECTADY	12308	578	65	11.2	64.4	55.4	7.1	5.2	27.4	54.2	8.29
ROS	SCHENECTADY	12304	830	71	8.6	55.5	53.4	5.9	13.3	29.5	60.5	8.14
ROS	SCHENECTADY	12303	1058	116	11.0	44.6	42.3	4.9	5.7	17.5	36.0	7.00
ROS	SCHENECTADY	12305	118	6	5.1	67.8	52.5	7.8	8.5	15.1	34.5	7.00
ROS	SCHENECTADY	12306	783	59	7.5	41.5	31.5	4.4	8.9	13.7	29.3	6.14
ROS	SCHENECTADY	12056	57	5	8.8	36.8	35.1	3.6	0.0	4.6	9.1	4.29
ROS	SCHOHARIE	12092	34	4	11.8	44.1	29.4	6.1	29.4	19.6	19.6	6.86
ROS	SCHOHARIE	12149	72	5	6.9	66.7	30.6	2.8	13.9	21.9	21.9	6.43
ROS	SCHOHARIE	12122	103	6	5.8	58.3	26.2	1.9	9.7	21.0	36.0	5.71
ROS	SCHOHARIE	12160	30	3	10.0	60.0	40.0	0.0	0.0	9.3	18.5	5.14
ROS	SCHOHARIE	13459	60	3	5.0	45.0	31.7	5.0	0.0	14.5	24.2	4.71
ROS	SCHOHARIE	12043	161	13	8.1	37.3	29.8	5.6	0.0	4.5	7.1	4.29
ROS	SCHUYLER	14865	73	7	9.6	53.4	47.9	0.0	13.7	42.9	52.4	7.14
ROS	SCHUYLER	14818	31	2	6.5	54.8	48.4	9.7	32.3	19.2	19.2	7.14
ROS	SCHUYLER	14869	32	4	12.5	50.0	56.3	0.0	0.0	27.8	37.0	6.14
ROS	SCHUYLER	14815	26	2	7.7	65.4	46.2	0.0	0.0	40.4	40.4	6.00
ROS	SCHUYLER	14891	110	10	9.1	39.1	45.5	0.9	0.0	21.9	26.8	5.29
ROS	SCHUYLER	14812	114	8	7.0	47.4	40.4	2.6	0.0	15.7	25.2	5.14
ROS	SCHUYLER	14805	29	3	10.3	44.8	48.3	3.4	0.0	0.0	8.3	4.57
ROS	SENECA	13148	310	19	6.1	46.1	53.2	5.6	9.7	15.2	18.6	6.57
ROS	SENECA	13165	336	21	6.3	47.6	55.5	5.2	3.0	15.4	21.5	6.29
ROS	SENECA	14860	44	2	4.5	40.9	57.1	13.6	0.0	28.6	38.1	6.14
ROS	SENECA	14521	134	5	3.7	27.1	64.9	15.7	22.4	13.9	13.9	5.86
ROS	SENECA	14847	67	2	3.0	25.4	68.7	17.9	0.0	16.7	33.3	5.43
ROS	SENECA	14541	111	2	1.8	26.1	67.6	5.5	0.0	9.3	15.6	4.29
ROS	ST. LAWRENCE	13662	467	33	7.1	62.1	59.4	3.4	12.8	27.9	35.2	7.57
ROS	ST. LAWRENCE	13642	350	14	4.0	49.0	53.9	5.3	5.7	26.6	33.8	6.71
ROS	ST. LAWRENCE	13613	95	1	1.1	42.1	46.8	14.7	10.5	42.7	51.3	6.71
ROS	ST. LAWRENCE	13654	128	11	8.6	17.2	57.6	21.3	7.8	11.8	11.8	6.14
ROS	ST. LAWRENCE	13667	110	7	6.4	59.1	53.3	5.6	0.0	19.4	25.9	6.14
ROS	ST. LAWRENCE	13668	98	9	9.2	49.0	35.1	2.1	10.2	12.6	22.0	6.14
ROS	ST. LAWRENCE	13697	68	11	16.2	42.6	43.9	3.0	29.4	10.4	10.4	6.00
ROS	ST. LAWRENCE	13669	471	31	6.6	52.2	53.8	6.0	0.0	15.0	22.4	5.86
ROS	ST. LAWRENCE	13660	82	5	6.1	32.9	40.5	3.8	12.2	18.5	24.7	5.71
ROS	ST. LAWRENCE	13652	63	1	1.6	52.4	54.0	4.8	0.0	28.6	33.3	5.71
ROS	ST. LAWRENCE	13635	30	3	10.0	50.0	36.7	3.3	0.0	20.8	20.8	5.71
ROS	ST. LAWRENCE	13684	47	3	6.4	51.1	46.8	2.1	0.0	35.1	35.1	5.57
ROS	ST. LAWRENCE	12967	43	0	0.0	37.2	56.8	10.3	0.0	7.9	15.9	4.71
ROS	ST. LAWRENCE	13672	11	1	9.1	45.5	45.5	9.1	0.0	.	.	4.71
ROS	ST. LAWRENCE	13694	49	2	4.1	49.0	30.6	2.0	0.0	25.0	25.0	4.57
ROS	ST. LAWRENCE	13617	241	15	6.2	46.9	39.2	2.5	8.3	1.1	3.9	4.43

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ROS	ST. LAWRENCE	13681	44	0	0.0	34.1	60.5	10.5	0.0	8.8	8.8	4.43
ROS	ST. LAWRENCE	13658	96	3	3.1	29.2	49.4	3.2	20.8	4.2	8.3	4.29
ROS	ST. LAWRENCE	13614	11	0	0.0	63.6	72.7	9.1	0.0	.	.	4.29
ROS	ST. LAWRENCE	13676	348	16	4.6	37.4	41.3	2.9	5.7	4.2	6.1	4.14
ROS	ST. LAWRENCE	13646	68	2	2.9	47.1	73.2	3.5	0.0	0.0	13.2	4.14
ROS	ST. LAWRENCE	13630	63	3	4.8	22.2	59.1	20.4	0.0	6.0	6.0	4.14
ROS	ST. LAWRENCE	13690	19	3	15.8	57.9	52.6	0.0	0.0	.	.	4.00
ROS	STEUBEN	14898	86	10	11.6	19.8	81.4	32.9	34.9	26.9	37.6	7.57
ROS	STEUBEN	14809	78	9	11.5	41.0	51.3	3.9	12.8	20.1	44.2	7.57
ROS	STEUBEN	14885	38	4	10.5	34.2	73.0	21.1	26.3	9.5	28.6	7.43
ROS	STEUBEN	14801	253	18	7.1	39.1	50.6	17.3	23.7	25.4	31.7	7.14
ROS	STEUBEN	14810	377	24	6.4	62.8	41.9	3.8	5.3	29.7	39.9	7.00
ROS	STEUBEN	14843	429	21	4.9	56.9	47.7	2.8	4.7	25.2	39.9	6.43
ROS	STEUBEN	14873	99	6	6.1	32.3	49.5	12.2	0.0	21.2	31.7	5.86
ROS	STEUBEN	14879	67	2	3.0	38.8	28.4	4.5	14.9	38.6	58.0	5.86
ROS	STEUBEN	14821	92	5	5.4	50.0	33.7	3.3	10.9	11.0	16.5	5.43
ROS	STEUBEN	14819	28	3	10.7	60.7	70.4	14.8	0.0	.	.	5.43
ROS	STEUBEN	14823	100	8	8.0	43.0	43.0	3.0	0.0	18.8	21.5	5.14
ROS	STEUBEN	14830	566	43	7.6	42.4	32.7	2.8	1.8	12.4	17.2	5.00
ROS	STEUBEN	14840	67	5	7.5	52.2	46.3	4.5	0.0	4.3	4.3	4.86
ROS	STEUBEN	14572	154	5	3.2	43.5	46.8	3.9	0.0	11.4	16.0	4.43
ROS	STEUBEN	14870	294	20	6.8	31.3	22.8	2.0	3.4	11.9	20.8	4.29
ROS	STEUBEN	14826	51	4	7.8	43.1	60.8	0.0	0.0	8.8	8.8	4.29
ROS	STEUBEN	14858	54	2	3.7	42.6	29.6	1.9	0.0	17.5	29.2	4.14
ROS	STEUBEN	14855	76	2	2.6	15.8	75.0	35.5	0.0	0.0	17.5	4.00
ROS	SUFFOLK	11798	858	103	12.0	66.2	70.9	6.0	5.8	36.7	73.4	8.43
ROS	SUFFOLK	11717	3423	304	8.9	64.5	78.0	8.3	5.8	46.0	64.0	8.29
ROS	SUFFOLK	11722	1841	168	9.1	63.4	73.4	7.8	2.7	45.0	62.5	8.29
ROS	SUFFOLK	11901	1220	94	7.7	61.6	65.8	6.7	4.9	31.4	37.9	8.00
ROS	SUFFOLK	11701	1071	94	8.8	58.3	63.4	6.6	4.7	23.4	48.5	8.00
ROS	SUFFOLK	11726	888	76	8.6	58.6	70.5	5.8	5.6	28.3	48.3	8.00
ROS	SUFFOLK	11713	487	47	9.7	54.8	46.3	4.9	12.3	27.7	52.1	7.86
ROS	SUFFOLK	11706	2773	248	8.9	51.3	60.3	6.9	5.0	20.1	38.6	7.71
ROS	SUFFOLK	11950	625	61	9.8	55.5	41.4	4.0	12.8	18.3	33.2	7.29
ROS	SUFFOLK	11944	150	6	4.0	53.3	55.3	4.8	6.7	20.8	29.8	6.71
ROS	SUFFOLK	11951	480	38	7.9	59.0	43.8	2.0	8.3	18.8	31.6	6.43
ROS	SUFFOLK	11978	116	9	7.8	42.2	45.2	5.2	8.6	12.2	21.4	6.43
ROS	SUFFOLK	11772	1660	118	7.1	44.0	36.5	3.5	2.4	16.6	28.8	6.00
ROS	SUFFOLK	11946	479	36	7.5	45.7	55.7	4.3	0.0	16.0	19.4	5.86
ROS	SUFFOLK	11749	122	7	5.7	50.8	43.0	1.7	8.2	20.2	26.9	5.86
ROS	SUFFOLK	11967	921	69	7.5	44.7	32.8	2.8	5.4	13.1	25.2	5.71
ROS	SUFFOLK	11763	898	75	8.4	41.8	33.0	4.1	2.2	11.7	20.7	5.57
ROS	SUFFOLK	11954	94	6	6.4	45.7	50.0	7.7	0.0	14.5	21.7	5.57
ROS	SUFFOLK	11933	161	16	9.9	39.8	36.3	6.3	0.0	10.7	16.0	5.43
ROS	SUFFOLK	11955	111	8	7.2	46.8	28.8	1.9	9.0	13.7	27.4	5.43
ROS	SUFFOLK	11704	1209	123	10.2	33.5	35.8	4.9	2.5	6.3	14.7	5.29
ROS	SUFFOLK	11937	585	27	4.6	43.1	57.4	4.3	1.7	8.7	18.2	5.29
ROS	SUFFOLK	11968	367	23	6.3	44.5	54.2	4.1	0.0	11.8	15.5	5.29
ROS	SUFFOLK	11746	2286	160	7.0	39.6	14.3	5.9	2.6	12.3	20.5	5.14
ROS	SUFFOLK	11757	1412	119	8.4	31.2	34.6	3.4	3.5	6.7	13.9	5.00

Total Birth Counts and Vital Statistics Risk Indicators for NY ZIP Codes Outside of NYC (Rest of State) with 10 or More Births in 2015-2017												
Ordered by Descending Average Risk Rank (>= 4.0) within Region and County												
Region	County	ZIP Code	Total Births	Total Low Birth Weight	Low Birth Weight Percent	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate*	Teen Birth Rate*	Teen Pregnancy Rate	Average Risk Rank
ROS	SUFFOLK	11703	552	50	9.1	27.8	30.3	5.4	5.4	1.4	16.9	5.00
ROS	SUFFOLK	11752	285	26	9.1	35.9	28.9	3.7	7.0	4.1	9.1	4.86
ROS	SUFFOLK	11727	956	67	7.0	37.9	25.3	2.9	5.2	7.9	15.4	4.71
ROS	SUFFOLK	11729	872	62	7.1	30.4	31.8	4.9	3.4	5.1	14.9	4.71
ROS	SUFFOLK	11776	773	48	6.2	33.0	21.9	3.6	7.8	8.3	15.3	4.57
ROS	SUFFOLK	11953	385	28	7.3	40.3	24.7	1.9	2.6	8.4	21.4	4.57
ROS	SUFFOLK	11784	774	61	7.9	32.8	25.0	1.7	2.6	7.4	19.2	4.43
ROS	SUFFOLK	11738	532	42	7.9	30.8	21.8	1.7	5.6	5.2	11.6	4.00
ROS	SUFFOLK	11961	293	20	6.8	37.2	19.5	1.4	6.8	4.7	10.3	4.00
ROS	SULLIVAN	12701	435	54	12.4	71.5	70.8	6.7	9.2	26.7	58.0	8.57
ROS	SULLIVAN	12759	73	6	8.2	68.5	82.2	4.2	13.7	54.1	135.1	8.29
ROS	SULLIVAN	12754	267	25	9.4	76.4	70.0	3.0	0.0	31.2	48.3	7.14
ROS	SULLIVAN	12779	141	9	6.4	70.9	87.9	7.8	0.0	50.6	59.1	7.14
ROS	SULLIVAN	12788	79	5	6.3	67.1	62.0	10.1	0.0	26.5	52.9	7.14
ROS	SULLIVAN	12789	98	7	7.1	40.8	77.6	3.1	10.2	23.0	28.7	6.71
ROS	SULLIVAN	12790	106	14	13.2	60.4	48.6	6.6	0.0	8.1	16.3	6.43
ROS	SULLIVAN	12721	282	20	7.1	34.5	53.7	7.9	10.6	14.2	15.7	6.29
ROS	SULLIVAN	12758	102	7	6.9	45.1	43.1	7.8	19.6	2.7	13.6	6.00
ROS	SULLIVAN	12747	47	2	4.3	53.2	60.9	6.4	0.0	12.2	16.3	5.71
ROS	SULLIVAN	12748	37	1	2.7	51.4	37.8	5.4	0.0	15.5	31.0	5.29
ROS	SULLIVAN	12738	12	1	8.3	75.0	83.3	16.7	0.0	.	.	5.29
ROS	SULLIVAN	12776	43	2	4.7	55.8	53.5	14.0	0.0	5.6	5.6	5.00
ROS	SULLIVAN	12768	16	2	12.5	62.5	50.0	6.3	0.0	.	.	5.00
ROS	SULLIVAN	12764	26	3	11.5	46.2	50.0	0.0	0.0	6.7	20.0	4.86
ROS	SULLIVAN	12733	95	1	1.1	8.4	87.2	12.0	0.0	10.8	21.5	4.57
ROS	SULLIVAN	12775	68	6	8.8	29.4	33.8	0.0	0.0	18.8	23.5	4.43
ROS	SULLIVAN	12737	43	5	11.6	46.5	38.1	4.8	0.0	0.0	5.3	4.43
ROS	SULLIVAN	12762	18	1	5.6	77.8	66.7	5.6	0.0	.	.	4.43
ROS	SULLIVAN	12734	17	1	5.9	58.8	76.5	5.9	0.0	.	.	4.29
ROS	SULLIVAN	12783	37	2	5.4	48.6	56.8	8.1	0.0	0.0	0.0	4.14
ROS	SULLIVAN	12719	31	1	3.2	58.1	54.8	22.6	0.0	.	.	4.14
ROS	SULLIVAN	12723	30	2	6.7	46.7	43.3	3.3	0.0	2.0	10.1	4.14
ROS	TIOGA	13736	72	11	15.3	56.9	32.4	4.2	41.7	19.6	31.4	7.29
ROS	TIOGA	14883	114	8	7.0	47.4	36.0	7.0	8.8	21.7	21.7	6.57
ROS	TIOGA	13734	70	3	4.3	48.6	31.4	4.3	28.6	13.7	22.8	5.86
ROS	TIOGA	13835	70	8	11.4	48.6	38.6	1.4	0.0	18.0	27.0	5.71
ROS	TIOGA	13827	304	24	7.9	44.4	28.6	3.3	6.6	15.2	19.3	5.57
ROS	TIOGA	13812	67	5	7.5	47.8	25.4	6.0	0.0	18.8	28.2	5.57
ROS	TIOGA	13811	118	5	4.2	47.5	25.4	7.6	0.0	21.9	35.1	5.29
ROS	TIOGA	14892	217	14	6.5	56.7	32.4	2.3	0.0	22.5	25.3	5.14
ROS	TIOGA	14859	32	4	12.5	46.9	40.6	0.0	0.0	18.5	18.5	5.14
ROS	TIOGA	13743	108	5	4.6	39.8	26.9	2.8	0.0	19.8	19.8	4.14
ROS	TOMPKINS	13068	172	9	5.2	37.8	40.4	2.4	17.4	22.7	34.0	5.86
ROS	TOMPKINS	13073	166	14	8.4	45.8	39.8	3.0	0.0	17.8	25.0	5.57
ROS	TOMPKINS	14882	114	6	5.3	37.7	34.5	3.5	17.5	16.9	21.7	5.57
ROS	TOMPKINS	14867	203	10	4.9	51.7	45.0	3.0	0.0	25.0	29.2	5.43
ROS	TOMPKINS	14886	162	8	4.9	37.0	34.4	3.7	6.2	18.8	28.2	5.29
ROS	TOMPKINS	14817	84	8	9.5	33.3	28.6	2.4	0.0	22.2	27.8	4.86
ROS	TOMPKINS	14850	1353	92	6.8	27.0	35.0	4.5	2.2	2.3	4.8	4.00
ROS	ULSTER	12446	172	14	8.1	55.8	55.2	8.2	11.6	24.5	36.8	7.71

Total Birth Counts and Vital Statistics Risk Indicators for NY ZIP Codes Outside of NYC (Rest of State) with 10 or More Births in 2015-2017												
Ordered by Descending Average Risk Rank (>= 4.0) within Region and County												
Region	County	ZIP Code	Total Births	Total Low Birth Weight	Low Birth Weight Percent	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate*	Teen Birth Rate*	Teen Pregnancy Rate	Average Risk Rank
ROS	ULSTER	12401	1206	85	7.0	58.0	56.3	5.2	5.8	26.9	49.0	7.43
ROS	ULSTER	12428	227	13	5.7	62.1	71.1	8.6	4.4	27.0	51.1	7.43
ROS	ULSTER	12449	93	10	10.8	52.7	58.1	5.4	0.0	13.0	47.6	6.86
ROS	ULSTER	12466	86	9	10.5	64.0	54.7	4.7	0.0	9.0	18.0	6.29
ROS	ULSTER	12542	153	11	7.2	40.5	37.3	4.0	6.5	7.4	22.2	5.57
ROS	ULSTER	12477	486	31	6.4	46.9	41.2	3.5	6.2	6.0	21.0	5.43
ROS	ULSTER	12404	81	7	8.6	51.9	43.8	1.3	0.0	17.0	27.2	5.29
ROS	ULSTER	12487	127	14	11.0	26.0	44.9	0.8	15.7	3.5	13.9	5.14
ROS	ULSTER	12528	398	35	8.8	36.3	34.3	4.5	0.0	6.2	22.5	5.00
ROS	ULSTER	12589	385	31	8.1	33.1	29.7	4.2	2.6	6.9	18.1	5.00
ROS	ULSTER	12525	61	3	4.9	36.7	33.9	8.3	16.4	3.1	9.3	5.00
ROS	ULSTER	12458	60	1	1.7	56.7	55.0	3.4	0.0	12.7	21.1	5.00
ROS	ULSTER	12486	33	4	12.1	27.3	30.3	0.0	0.0	22.2	55.6	4.86
ROS	ULSTER	12566	304	25	8.2	36.8	27.4	5.0	0.0	7.2	21.7	4.71
ROS	ULSTER	12498	57	5	8.8	24.6	38.6	8.9	17.5	0.0	0.0	4.71
ROS	ULSTER	12464	19	1	5.3	68.4	63.2	10.5	0.0	.	.	4.71
ROS	ULSTER	12481	22	3	13.6	31.8	31.8	4.5	90.9	0.0	0.0	4.57
ROS	ULSTER	12484	53	2	3.8	26.4	30.2	9.4	0.0	15.6	15.6	4.29
ROS	ULSTER	12456	17	1	5.9	64.7	52.9	5.9	0.0	.	.	4.29
ROS	ULSTER	12409	15	2	13.3	33.3	40.0	13.3	0.0	.	.	4.29
ROS	ULSTER	12443	78	0	0.0	41.0	34.6	3.9	0.0	9.4	25.2	4.14
ROS	ULSTER	12548	48	5	10.4	22.9	25.0	6.3	0.0	0.0	25.0	4.14
ROS	ULSTER	12472	41	0	0.0	48.8	36.6	0.0	0.0	18.9	31.4	4.14
ROS	WARREN	12846	88	13	14.8	46.6	12.5	11.4	11.4	18.9	37.9	6.86
ROS	WARREN	12853	39	4	10.3	61.5	10.3	2.6	25.6	35.5	49.6	6.71
ROS	WARREN	12885	139	13	9.4	54.0	10.1	3.7	14.4	20.2	27.8	6.43
ROS	WARREN	12801	518	43	8.3	53.9	6.4	4.9	3.9	22.5	40.1	6.29
ROS	WARREN	12843	23	5	21.7	39.1	8.7	0.0	43.5	33.3	44.4	5.71
ROS	WARREN	12845	69	8	11.6	47.8	8.7	3.0	14.5	9.5	14.3	5.57
ROS	WARREN	12814	17	2	11.8	47.1	0.0	0.0	58.8	11.1	22.2	5.29
ROS	WARREN	12804	608	36	5.9	41.4	4.9	6.6	3.3	10.4	16.0	4.57
ROS	WASHINGTON	12887	165	15	9.1	51.5	16.5	16.4	6.1	19.6	35.3	6.71
ROS	WASHINGTON	12828	198	27	13.6	51.0	10.6	4.1	15.2	16.1	23.0	6.43
ROS	WASHINGTON	12839	452	26	5.8	59.3	9.7	8.0	4.4	39.6	51.4	6.14
ROS	WASHINGTON	12832	182	15	8.2	58.8	12.1	6.1	0.0	23.9	47.8	6.00
ROS	WASHINGTON	12834	155	11	7.1	38.7	13.6	5.2	12.9	6.7	10.0	4.86
ROS	WASHINGTON	12827	119	7	5.9	35.3	5.9	4.3	8.4	17.7	21.3	4.86
ROS	WASHINGTON	12865	74	6	8.1	44.6	14.9	4.2	0.0	9.3	21.6	4.57
ROS	WAYNE	14590	154	10	6.5	65.6	63.6	6.6	13.0	38.3	40.2	8.14
ROS	WAYNE	14513	428	45	10.5	58.4	54.3	3.8	18.7	27.5	35.8	7.71
ROS	WAYNE	14551	196	16	8.2	64.3	64.3	8.4	0.0	20.3	22.1	7.14
ROS	WAYNE	14489	263	15	5.7	56.3	58.9	5.8	3.8	21.3	32.6	6.86
ROS	WAYNE	14433	170	11	6.5	41.8	65.5	5.4	29.4	17.8	22.2	6.86
ROS	WAYNE	14522	221	18	8.1	45.2	47.5	2.4	4.5	15.5	21.0	6.00
ROS	WAYNE	13143	82	3	3.7	53.7	58.5	1.2	12.2	24.8	28.4	6.00
ROS	WAYNE	14516	67	3	4.5	49.3	59.1	6.1	0.0	20.2	25.3	5.86
ROS	WAYNE	14505	183	15	8.2	36.6	36.1	7.5	0.0	3.8	13.3	4.86
ROS	WAYNE	14589	239	13	5.4	33.5	37.7	3.9	4.2	9.7	13.9	4.57
ROS	WAYNE	13146	78	4	5.1	41.0	69.2	2.6	0.0	11.6	11.6	4.43
ROS	WAYNE	14502	339	24	7.1	27.7	28.0	4.0	2.9	9.4	9.4	4.29

Total Birth Counts and Vital Statistics Risk Indicators for NY ZIP Codes Outside of NYC (Rest of State) with 10 or More Births in 2015-2017												
Ordered by Descending Average Risk Rank ( $\geq 4.0$ ) within Region and County												
Region	County	ZIP Code	Total Births	Total Low Birth Weight	Low Birth Weight Percent	Out of Wedlock Percent	Medicaid or Self-pay Percent	Late or No Prenatal Care Percent	Infant Death Rate*	Teen Birth Rate*	Teen Pregnancy Rate	Average Risk Rank
ROS	WESTCHESTER	10550	1668	203	12.2	67.8	72.3	10.6	5.4	20.8	50.6	8.57
ROS	WESTCHESTER	10701	2810	269	9.6	58.6	70.3	5.7	3.2	24.0	42.7	7.86
ROS	WESTCHESTER	10705	1759	170	9.7	57.9	70.9	6.8	5.1	19.3	35.0	7.86
ROS	WESTCHESTER	10553	354	35	9.9	63.3	59.0	7.6	2.8	12.2	25.2	7.43
ROS	WESTCHESTER	10566	1003	87	8.7	51.5	60.2	5.1	1.0	20.1	35.9	7.29
ROS	WESTCHESTER	10703	797	74	9.3	45.6	53.7	5.1	2.5	14.8	29.0	7.00
ROS	WESTCHESTER	10801	1632	124	7.6	46.7	60.4	7.6	1.2	15.5	25.0	6.86
ROS	WESTCHESTER	10601	506	42	8.3	35.8	28.9	4.6	4.0	20.7	31.7	6.14
ROS	WESTCHESTER	10552	680	68	10.0	35.8	40.4	4.5	4.4	7.4	17.7	5.86
ROS	WESTCHESTER	10573	1405	94	6.7	45.1	58.8	2.2	3.6	14.0	20.8	5.71
ROS	WESTCHESTER	10606	656	47	7.2	40.9	33.3	3.5	6.1	16.3	25.1	5.71
ROS	WESTCHESTER	10704	1147	90	7.8	33.3	43.2	4.8	5.2	10.4	19.8	5.57
ROS	WESTCHESTER	10805	591	33	5.6	44.3	51.9	5.6	3.4	5.8	12.7	5.43
ROS	WESTCHESTER	10562	1237	90	7.3	36.8	42.5	1.5	4.9	10.0	17.5	5.00
ROS	WESTCHESTER	10591	810	70	8.6	31.3	32.7	1.9	3.7	7.9	9.4	4.43
ROS	WESTCHESTER	10710	788	74	9.4	26.9	31.3	4.3	1.3	4.0	7.9	4.43
ROS	WESTCHESTER	10548	145	11	7.6	36.4	38.7	3.4	0.0	6.5	13.1	4.43
ROS	WESTCHESTER	10511	61	4	6.6	30.5	44.1	1.6	16.4	4.3	8.7	4.43
ROS	WESTCHESTER	10603	628	50	8.0	31.6	22.2	2.1	3.2	5.8	14.9	4.00
ROS	WESTCHESTER	10549	572	35	6.1	34.2	52.2	1.4	0.0	5.9	9.5	4.00
ROS	WESTCHESTER	10507	263	21	8.0	38.2	43.8	2.3	0.0	4.9	6.6	4.00
ROS	WYOMING	14550	50	6	12.0	44.0	32.0	2.0	20.0	17.5	17.5	6.14
ROS	WYOMING	14009	175	14	8.0	46.9	34.1	2.9	5.7	9.7	15.6	5.43
ROS	WYOMING	14530	157	7	4.5	47.8	33.8	3.2	6.4	15.7	21.6	5.43
ROS	WYOMING	14591	53	4	7.5	37.7	17.3	4.0	0.0	32.1	44.9	5.14
ROS	WYOMING	14066	47	6	12.8	48.9	51.1	12.8	0.0	0.0	0.0	5.14
ROS	WYOMING	14569	192	13	6.8	39.6	38.0	0.5	0.0	14.8	20.4	4.29
ROS	YATES	14527	527	25	4.7	25.4	74.9	7.4	5.7	13.5	15.6	5.57
ROS	YATES	14837	219	12	5.5	34.7	68.7	4.6	0.0	19.2	24.0	5.43
ROS	YATES	14507	29	1	3.4	20.7	58.6	10.3	34.5	6.9	6.9	5.00
ROS	YATES	14544	70	4	5.7	28.6	68.6	1.4	0.0	23.5	28.2	4.71
ROS	YATES	14842	35	2	5.7	11.4	88.6	8.6	0.0	9.3	18.5	4.71
ROS	YATES	14418	51	2	3.9	19.6	70.6	3.9	0.0	15.9	23.8	4.57

\*Statistics excluded for counties with teen population below 100

**NEW YORK STATE DEPARTMENT OF HEALTH  
Comprehensive Family Planning and Reproductive Health Program**

**Family Planning Definitions**

**Family Planning Encounter Definition**

A family planning encounter is defined as a documented, face-to-face contact between an individual and a family planning provider that takes place in a family planning service site.

The purpose of a family planning encounter is to provide family planning and related preventative health services to clients who want to avoid unintended pregnancies or achieve intended pregnancies.

To be counted for NYS FPP reporting purposes, a written record of the services provided during the family planning encounter must be documented in the client record.

Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the tests are accompanied by family planning counseling or education.

**Family Planning Client Definitions**

**New Client** – A new client is one who has visited the family planning clinic site for the first time or one who has not made a repeat visit to the family planning clinic site for a period of 36 months. To prevent duplication at the program level rather than just at the clinic level unique identifiers are required across sites.

**Continuing Client** – A continuing client is one who has made a repeat visit to the clinic site at least once within the prior 36 months.

**Unduplicated Client Count** – The number of unique new and continuing clients served in family planning encounters within a specific time frame.

**NEW YORK STATE DEPARTMENT OF HEALTH  
Comprehensive Family Planning and Reproductive Health Program**

**PROGRAM SPECIFIC REQUIREMENTS**

**By accepting New York State Family Planning Program (NYS FPP) grant funds, the CONTRACTOR hereby assures the New York State Department of Health that it will comply with the following requirements associated with participation in the NYS FPP:**

**I. Delivery of Family Planning Services:**

The contracted organization agrees that it will:

- Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.
- Provide services in a manner which protects the dignity of the individual.
- Provide services without regard for race, color, creed, religion, marital status, sex, gender identity or expression, national origin, disability, sexual orientation, age, military status pregnancy-related condition, number of pregnancies, or source of payment.
- Not use any NYS FPP funds to support provision of abortion or medical services related to the provision of abortion.
- Prioritize provision of services to persons from low-income, uninsured, and underinsured families.
- Encourage family participation in the decision of the minor seeking family planning services.
- Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

**II. Compliance with NYS FPP Program Administrative Requirements:**

The contracted organization will maintain compliance with the following NYS Family Planning Program requirements:

- Maintain status as an Article 28-licensed facility
- Maintain adequate family planning program staffing including:
  - Program Director
  - Medical Director, a licensed physician with specific training in family planning, to provide clinical oversight and develop, review, and approve all medical standards and guidance
  - Pharmacy Consultant
  - Medical Records Consultant.
  - Health Education and Outreach Staff
- Maintain enrollment of all family planning clinic sites in the 340B Drug Pricing Program under eligible 340B covered entity types (Disproportionate Share Hospital, Critical Access Hospital, Federally Qualified Health Center, Sexually Transmitted Disease Clinic, etc.), as appropriate.
- Provide timely notification to NYS FPP of any changes to clinic site locations, hours of operation, or services provided as outlined in the “Guidelines for Service Changes in Family Planning Program Clinic Sites” document.



- Annually submit a NYS FPP Agency Profile that accurately reflects all program clinic site locations, hours of operations, and services provided.
- Annually submit a Schedule of Discounts for all services provided in family planning clinic sites that aligns with NYS FPP program requirements, reflects reasonable, accessible costs, and includes the most current federal poverty level (FPL) income levels as outlined in the “NYS Family Planning and Reproductive Health Program Schedule of Discounts Guidance.”
- Annually submit a NYS FPP Formulary listing all medications, contraceptives and/or contraceptive devices provided in family planning clinic sites.
- Submit mandatory NYS FPP reports, including:
  - Monthly data from Clinic Visit Records (CVR) submitted to the Family Planning Data Management Information System (FPDIMS) via Ahlers’ website.
  - Quarterly reports
  - Annual narrative report
  - Annual Community Participation, Education, and Promotion (CPEP) narrative report
- Participate in NYS FPP site monitoring activities, including site visits and timely completion of any required Corrective Action Plans (CAPs).
- Participate in NYS Family Planning Training Center training and technical assistance opportunities.

### III. Family Planning Policies & Procedures

The contracted organization will maintain the following required Policy and Procedure documents related to the delivery of NYS FPP services, and make them available to the New York State Department of Health for review upon request:

- Voluntary Participation
- Prohibition of Use of Program Funds for Abortion
- Financial Management System (Structure and Management)
- Charges, Billing, and Collection
- Program Personnel (Personnel Administration), including:
  - Family Planning Program Medical Director
- Staff Training including:
  - All training requirements as outlined in “NYS Family Planning Program Training Requirements” document.
- Program Services including:
  - Clinical Protocols for Contraceptive Services, Pregnancy Testing & Counseling, Achieving Pregnancy, Infertility Services, Preconception Health, Sexually Transmitted Disease Services, and Related Preventive Health Services
  - Quality Improvement System
  - Linkages with Other Area Service Agencies
  - Non-Discriminatory Services/Cultural Competencies
  - Client Confidentiality
- Community Participation, Education and Project Promotion (CPEP)
- Information & Education Materials Approval
- Accessibility of Facilities and Services
- Emergency Management
- Human Subjects Clearance (Research)

**NEW YORK STATE DEPARTMENT OF HEALTH  
Comprehensive Family Planning and Reproductive Health Program**

**Schedule of Discounts Guidance**

The NYS Family Planning Program (NYS FPP) is designed to **prioritize services for low-income individuals who may be uninsured or underinsured**. To ensure that cost is never a barrier to individuals wishing to access family planning, sexual, and reproductive health services, all NYS FPPs must develop and utilize a Schedule of Discounts (SOD) that allows patients to pay reduced fees/charges for any visit, procedure, medication, or device based on their income.

All SODs developed by NYS FPP agencies **must be updated and submitted to NYSDOH for approval on an annual basis**. NYS FPP Program Managers will review each submitted SOD to ensure it meets the following NYS FPP requirements:

- Patients at or below 100% of the FPL may not be charged for any service, device, or supply.
- Patients with incomes between 101% and 250% of the FPL may be charged fees for services, devices, or supplies. Those charges must reflect a discount from the full fee and the discount must be applied progressively, such that individuals with lower income levels pay a smaller portion of the total cost.
- Income levels used to determine discounted rates on the SOD must be based on the most recent [Federal Poverty Level \(FPL\)](#) available.
- All fees charged to patients on the SOD must be reasonable, attainable, and fair. Cost should not be a barrier to any individual wishing to access NYS FPP services.
- Patients may not be denied services or be subjected to any variation in quality of services because of their inability to pay.
- Information on individual income should be collected and documented for all patients, regardless of their insurance status. SOD discounts apply to any patient, based solely on their income, regardless of insurance status. SOD discounts may be applied to insurance deductibles and/or copays when a patient's income qualifies them.

In order to be approved for use, each SOD **must clearly state or include the following**:

- Agency name, current year, and current FPL guidelines.
- No charges for any services, devices, or supplies for patients at or below 100% FPL.
- No charges for patients at or below 250% FPL for the following services:
  - Chlamydia testing
  - HIV testing and counseling
  - Pregnancy testing and counseling
  - Emergency contraception
- No charge for condoms for patients at or below 250% of the FPL. This requirement can be met through participation in the [NYS Condom Access program](#) which provides limited quantities of

condoms for free to clinics, health departments, and nonprofit organizations. Those condoms must be distributed to the public at no charge and should be reflected in the SOD.

- No services, medications, devices, or supplies associated with the provision of abortion services may be included on the SOD.
- Charges for devices and supplies must reflect current 340B Drug Pricing Program pricing where appropriate. NYSFPP agencies may not charge more than the 340B acquisition cost for any 340B purchased drug or device. The SOD must reflect a progressive discount from the acquisition cost of all 340B purchased drugs or devices for individuals between 101% and 250% of the FPL.
- If the SOD includes fees for “bundled services” (i.e. one cost for multiple services, supplies, or devices) it must include a statement indicating what those fees include. For example:
  - *“All visit fees reflect the total cost of a visit for each patient. This cost includes all services provided (e.g. exam, labs, counseling, device insertion/removal, etc.) as well as any associated supplies and/or devices.”*
- Patients may not be subjected to additional costs/fees associated with visits that occur after normal working hours and/or on the weekends.

In addition to the required elements listed above, the following factors are also evaluated:

- The extent to which SOD charges/fees are reasonable and attainable for low-income individuals, including those who are uninsured or underinsured. The SOD is not intended to represent negotiated prices with insurance companies (especially for devices available at a discount through the 340B program).
- The SOD includes a wide range of services, supplies, and devices that broadly represent the full range of comprehensive services available at each NYS FPP clinic site and reflect the services outlined in the CDC’s Providing Quality Family Planning Services Recommendations (QFP). This should include, but is not limited to:
  - Services: well woman exams, annual gynecological exams, pregnancy testing & full options counseling, HIV testing and counseling, STI testing and treatment, basic infertility services, as well as complex gynecological care (e.g. colposcopy, cryosurgery, LEEP, etc.)
  - Supplies: contraceptive options including a variety of oral contraceptive pills, injectable, ring, patch, diaphragms, cervical caps, spermicides, and condoms; antibiotics/antifungals commonly used to treat STI and/or GYN infections, and other medications/drugs associated with the provision of sexual health care services
  - Devices: IUDs (including hormonal and non-hormonal options) and implants

For further guidance on NYS FPP requirements for the Schedule of Discounts, please contact your NYS FPP Program Manager.

# NEW YORK FAMILY PLANNING ENCOUNTER FORM

**COMPLETE AT FIRST VISIT, UPDATE FOR CHANGES AND AT ANNUAL EXAM**

CLINIC NO. \_\_\_\_\_

CLIENT NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX F M CONTACT STATUS \_\_\_\_\_

NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ PHONE \_\_\_\_\_ COUNTY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

MONTHLY INCOME \_\_\_\_\_ FAMILY SIZE \_\_\_\_\_

PREGNANCIES \_\_\_\_\_ BIRTHS \_\_\_\_\_ ANOTHER SOURCE OF HEALTHCARE Y N MEDICAID NO. \_\_\_\_\_ (optional)

 RACE (check all applicable) ☐ 1. White ☐ 2. Black / Afr. American ☐ 3. American Indian ☐ 4. Alaskan Native ☐ 5. Asian ☐ 6. Other ☐ 7. Pacific Islander / Hawaiian Native

 HISPANIC ☐ Yes ☐ No/Unknown

 STUDENT STATUS ☐ Full Time ☐ Part Time ☐ No Highest Grade Completed \_\_\_\_\_

 BILINGUAL STAFF / INTERPRETER NEEDED ☐ Yes ☐ No

**COMPLETE AT EACH VISIT**

3. VISIT DATE \_\_\_\_\_ - 20\_\_\_\_

**8. PURPOSE OF VISIT (Check One)**

- ☐
- 1-Initial Medical Exam
- ☐
- 2-Annual Medical Exam
- ☐
- 3-Method Check/Maintenance
- ☐
- 4-Counseling
- ☐
- 5-Pregnancy Test
- ☐
- 6-Medical Problem/Follow-up

**5. ASSIGNED CHARGE CATEGORY (Check One)**

- ☐
- 01 - No Charge
- ☐
- 02 - Title XIX (Medicaid)
- ☐
- 03 - Medicare
- ☐
- 04 - Private Insurance
- ☐
- 05 - Full Fee (100% of Scale)
- ☐
- 06 - Partial Fee
- ☐
- 07 - Other
- ☐
- 08 - Title XIX (Medicaid Managed Care)
- ☐
- 09 - Title XIX (Medicaid 24 Mo. Ext.) and Last Preg. Ended
- ☐
- 10 - Family Planning Benefit Program
- ☐
- 11 - FPBP Presumptive Eligibility
- ☐
- 12 - Medicare
- ☐
- 13 - Cervical cap
- ☐
- 14 - Hormonal Inj. - 3 mo.
- ☐
- 15 - Female Condom
- ☐
- 16 - Sterilization
- ☐
- 17 - Contraceptive Patch
- ☐
- 18 - Vaginal Ring
- ☐
- 19 - Sponge
- ☐
- 20 - Abstinence
- ☐
- 21 - Oral - Extend. Cycle
- ☐
- 22 - LAM
- ☐
- 23 - Withdrawal/Other
- ☐
- 24 - None
- ☐
- 25 - Condom
- ☐
- 26 - NFP/FAM
- ☐
- 27 - IUD/IUS
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- 28 - Relying on Male Method
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- 29 - Vasectomy
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- 30 - Condom
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- 31 - Relying on Female Method
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- 32 - Other
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- 33 - Not Sexually Active
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- 34 - Same Sex Partner
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- 35 - Relying on Male Method
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**New York CVR Specifications and Field Values, 1/1/2020**

Field Description	Format	Justify	Length	Record Position	Valid Codes for Each Field
Site/Clinic Number	Numeric	Right	7	001-007	Unique Clinic ID Number
Client Number	Numeric	Right	9	008-016	Nine-Digit Number used to identify the Client
Date of Visit, CCYYMMDD	Numeric	Right	8	017-024	Self-Explanatory
Purpose of Visit	Alphanumeric	Left	1	025-025	Values 1, 2, 3, 4, 5 or 6
Date of Birth, CCYYMMDD	Numeric	Right	8	026-033	Self-Explanatory
Medical Services Provided	Alphanumeric	Left	40	034-073	Values of 02,03,04,05,06,07,08,09,10,11,12,21,23,27,29,30 31,32,33,34,35,38,40,42,44, 46,47,48 or 49
Provider of Medical Services	Alphanumeric	Left	4	074-077	Values of 1, 2, 3, 4
Counseling Services Provided	Alphanumeric	Left	20	078-097	Values of 01,02,03,04,05,06,07,09,10,11,12,13,14,15
Provider of Counseling Services	Alphanumeric	Left	4	098-101	Values of 1, 2, 3, 4
Beginning Contraceptive Method	Alphanumeric	Left	4	102-105	Values 01,02,03, 04,05,06,08,09,10,11,13,14,15,17,18,19,20 ,21 and 22
Ending Contraceptive Methods	Alphanumeric	Left	4	106-109	Values 01,02,03, 04,05,06,08,09,10,11,13,14,15,17,18,19,20 ,21 and 22
Reason for No Method	Alphanumeric	Left	1	110-110	Values 0,1, 2, 3, 4, 5, 6, 7, 8, 9 or Blank
Pregnancy Test	Alphanumeric	Left	1	111-111	Values 1, 2, or Blank
If Positive	Alphanumeric	Left	1	112-112	Values 1,2,3,4,5, or Blank
Referred Elsewhere	Alphanumeric	Left	10	113-122	Values 01, 02, 03, 04, 05, 06, 09, or Blank
Interpreter Needed	Alphanumeric	Left	1	123-123	Values 1 or 2 1=YES 2=NO
STD Services	Alphanumeric	Left	20	124-143	Values 01, 02, 03, 04,05, 06, 07, 08, 09, 10 or Blank
Race	Alphanumeric	Left	7	144-150	Values 1, 2, 3, 4, 5, 6 or 7
Insurance Coverage	Alphanumeric	Left	1	151-151	Values 1, 2 or Blank 1=YES 2=NO
Ahlars Internal Use	Alphanumeric	Left	6	152-157	Blank
HIV Pretest Counseling	Alphanumeric	Left	1	158-158	Values 1, 2, or Blank
HIV Test	Alphanumeric	Left	1	159-159	Values 1, 2, or Blank
HIV Test Result	Alphanumeric	Left	1	160-160	Values 1, 2, or Blank
HIV Post Test Counseling	Alphanumeric	Left	1	161-161	Values 1, 2, or Blank
Number of Times Pregnant	Numeric	Right	2	162-163	Number of Times or Zero Fill
Number of Births	Numeric	Right	2	164-165	Number of Times or Zero Fill
Monthly Family Income	Numeric	Right	6	166-171	Self-Explanatory
Number Supported b/Income	Numeric	Right	2	172-173	Self-Explanatory
Zip Code	Numeric	Right	5	174-178	Self-Explanatory
Ahlars Internal Use	Alphanumeric	Left	1	179-179	Blank
Ethnicity	Alphanumeric	Left	1	180-180	Values 1 or 2 1=YES 2=NO/UNKNOWN
Gender	Alphanumeric	Left	1	181-181	Values 1 or 2 1=Female 2=Male
Highest Grade Completed	Numeric	Right	2	182-183	00-16
Student Status	Alphanumeric	Left	1	184-184	Values 1, 2, 3, or Blank

## Attachment 8

County of Residence	Numeric	Right	2	185-186	Values of 01-62 and 80-89
**Agency Use Row A	Numeric	Right	12	187-198	Your Unique Coding or Zero-Fill
**Agency Use Row B	Numeric	Right	12	199-210	Your Unique Coding or Zero-Fill
**Agency Use Row C	Numeric	Right	12	211-222	Your Unique Coding or Zero-Fill
**Agency Use Row D	Numeric	Right	12	223-234	Your Unique Coding or Zero-Fill
**Agency Use Row E	Numeric	Right	12	235-246	Your Unique Coding or Zero-Fill
**Agency Use Row F	Numeric	Right	12	247-258	Your Unique Coding or Zero-Fill
Census Tract	Numeric	Right	5	259-263	Optional or Zero-Fill
Other Source of Healthcare	Numeric	Right	1	264-264	Values 1, 2, or Zero
Medicaid Recipient Number	Alphanumeric	Left	11	265-275	Actual Number or Blank Fill
Amount Other Ins. Paid	Numeric	Right	5	276-280	Optional or Zero-Fill
Other Insurance	Alphanumeric	Left	2	281-282	2 Digit Medicaid Code or Blank
FPEP Last PG Ended,CYM	Numeric	Right	6	283-288	Date or Zero Fill
Version Code	Alphanumeric	Left	8	289-296	Value 20180101
Ahlars Internal Use	Alphanumeric	Left	2	297-298	Blank
Source of Payment	Alphanumeric	Left	2	299-300	01, 02, 04, 05, 06, 07, 08, 09, 10, 11, 12

**\*\*Agency Use Rows A-F are each comprised of six two-digit Numeric Fields**

**All Alphanumeric Fields are Left-Justified and Blank Filled Unless Otherwise Specified**

**All Numeric Fields are Right-Justified and Zero-Filled Unless Otherwise Specified**

**All Fields Must be Completed on each record, according to Format**

**Please See Attachment A for Submitting CVR Items 11A and 11C**

NEW YORK FAMILY PLANNING DATA SYSTEM  
 ERROR MESSAGE MASTER FILE LIST

PAGE 1

ERROR ID	ERROR DESCRIPTION
1050	REJECT: VERSION NBR IS MISSING OR INVALID
1051	REJECT: CLINIC NUMBER INVALID
1052	REJECT: PROJECT IS INVALID FOR THIS CLINIC
2050	REJECT: PATIENT NUMBER MISSING/INVALID
3050	REJECT: DATE MISSING OR INVALID
3051	REJECT: DATE OF VISIT OVER 12 MONTHS OLD
3052	REJECT: DATE OF VISIT IS A FUTURE DATE
4050	REJECT: DATE OF BIRTH MISSING/INVALID
4051	REJECT: DATE OF BIRTH IS A FUTURE DATE
4052	REJECT: DOB BIRTH DOES NOT MATCH MASTER RECORD
4054	REJECT: CLIENT'S AGE IS LESS THAN 10 YEARS
4055	REJECT: CLIENT'S AGE IS GREATER THAN 59 YEARS
5050	REJECT: SOURCE OF PAY MISSING OR INVALID
5052	REJECT: LAST PREGNANCY MORE THAN 26 MONTHS AGO
5053	REJECT: SOP EQUALS '9' BUT DATE IS BLANK OR INVALID
5054	REJECT: DATE IS NOT BLANK BUT SOP IS NOT 9
5055	REJECT: PRIVATE INSURANCE MISSING/INVALID
5056	REJECT: SOP 9 PREG DATE IS GREATER THAN THE VISIT DATE
5057	REJECT: SOP 9 AND GENDER IS A MALE
6050	REJECT: HIGHEST GRADE MISSING/INVALID
8050	REJECT: VISIT ALREADY ON FILE FOR TRANSACTION
8051	REJECT: MAINTENANCE DOESN'T MATCH PRIOR VISIT
8052	REJECT: CLIENT MAINTENANCE DOESN'T MATCH MASTER
8054	REJECT: PURPOSE OF VISIT MISSING/INVALID
9150	REJECT: CONTRACEPTIVE METHOD MISSING/INVALID
9151	REJECT: MALE CLIENT HAS FEMALE CONTRACEPTIVE
9152	REJECT: FEMALE HAS MALE CONTRACEPTIVE
9153	REJECT: STERILIZATION FOR PATIENT UNDER 21
9250	REJECT: REASON FOR NO METHOD MISSING OR INVALID
10150	REJECT: * REFERRED ELSEWHERE INVALID
11150	REJECT: *MEDICAL SERVICES INVALID
11151	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED
11152	REJECT: *POSITIVE PREGNANCY TEST, REASON INVALID
11153	REJECT: *STD SERVICES INVALID
11154	REJECT: FEMALE CLIENT HAS MALE SERVICES CODED
11156	REJECT: *PREGNANCY TEST RESULTS INVALID
11157	REJECT: *REASON FOR RESULTS INVALID
11163	REJECT: *HIV SERVICES INVALID
11252	REJECT: MEDICAL PROVIDER MISSING OR INVALID
12150	REJECT: *COUNSELING SERVICES INVALID
12151	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED
12152	REJECT: COUNSELING INSISTENT W/SVCS. OR METHOD
12250	REJECT: COUNSELING PROVIDERS MISSING OR INVALID
13050	REJECT: GENDER REQUIRED
13052	REJECT: *GENDER CODE INVALID
13056	REJECT: GENDER DOES NOT MATCH MASTER FILE
14050	REJECT: RACE REQUIRED FOR EACH VISIT
14052	REJECT: *RACE CONTAINS INVALID DATA
15050	REJECT: ETHNICITY FIELD CONTAINS INVALID DATA
15051	REJECT: HISPANIC FIELD REQUIRED
16050	REJECT: ZIP CODE REQUIRED
16051	REJECT: SOP 9 BUT ZIP CODE INVALID, BLANK OR 99
16052	REJECT: *ZIP CODE CONTAINS INVALID DATA



NEW YORK FAMILY PLANNING DATA SYSTEM  
ERROR MESSAGE MASTER FILE LIST

PAGE 2

ERROR ID	ERROR DESCRIPTION
17050	REJECT: COUNTY CODE REQUIRED
17051	REJECT: COUNTY CODE NOT 01-62 FOR SOP '09'
17052	REJECT: *COUNTY CODE CONTAINS INVALID DATA
18050	REJECT: INCOME REQUIRED
18052	REJECT: *INCOME CONTAINS INVALID DATA
18150	REJECT: FAMILY SIZE REQUIRED
18252	REJECT: *FAMILY SIZE CONTAINS INVALID DATA
19050	REJECT: PREGNANCY HISTORY REQUIRED
19150	REJECT: PREGNANCY HISTORY DATA INVALID
19250	REJECT: NUMBER OF PREGNANCIES ANSWERED BY MALE
19251	REJECT: NUMBER OF BIRTHS INCONSISTENT
19252	REJECT: NUMBER OF BIRTHS ANSWERED BY MALE
20150	REJECT: SOURCE OF HEALTHCARE FIELD IS INVALID
20151	REJECT: STUDENT STATUS CONTAINS INVALID DATA
22050	REJECT: MEDICAID NUMBER MISSING/INVALID
22051	REJECT: INTERPRETER CONTAINS INVALID DATA
22052	REJECT: CPT CODE IS MISSING/INVALID
22053	REJECT: PRIMARY DIAGNOSIS IS MISSING/INVALID
22054	REJECT: ATTENDING/PERFORMING NPI IS MISSING/INVALID



**Attachment 9**  
**NYS Family Planning Program - Selected Performance Measures & Indicators**

<b>Performance Standard Identifier</b>	<b>Measure/ Indicator</b>	<b>Source of Information</b>	<b>Proposed Threshold/Benchmark</b>
<b>Priority Measures</b>			
PS-1	Total Number of Active Clinic Sites	Agency Profile/ Quarterly Reports	Maintain # active clinic sites at application
PS-1	Total Number of Unduplicated Clients Served	Clinic Visit Record (CVR)	Maintain or increase unduplicated client volume, compared to historical number of clients served and/or volume proposed at application
PS-2	% of Female Clients Age 25 and Under Receiving Chlamydia Testing	CVR	Compare to NYS FPP statewide average and/or Healthcare Effectiveness Data and Information Set (HEDIS) average
PS-3	% of Family Planning Agencies that Routinely Assess Patient Experience and/or Satisfaction	Annual Narrative Report	Year 1 = 100% of family planning agencies implement patient experience assessment; Years 2-5 = Standardized measure TBD
PS-4	% of Family Planning Clinic Sites with Timely and Complete Monthly Data Submission	Program Desk Audit	100% of clinic sites submit timely and complete required monthly data to FPDMS (Ahlers)
<b>Other Measures</b>			
PS-1	% of Clients with Medicaid or Expanded Medicaid (FPBP/FPEP) Coverage	CVR	Compare to NYSFPP statewide average and local community demographics
PS-1	% of Clients with Incomes <= 100% FPL	CVR	Compare to NYSFPP statewide average and local community demographics
PS-1	% of Clients Residing in High-Risk Zip Codes	CVR	Compare to Perinatal High-Risk Zip Codes in service area
PS-1	% of Adolescent Clients Served (<19)	CVR	Compare to local community demographics
PS-1	% of Racial/Ethnic Minority Clients Served	CVR	Compare to local community demographics
PS-1	% of clinic sites offering the full range of FDA-approved contraceptive methods onsite	Agency Profile	Compare to Healthy People 2030 target
PS-2	% of All Negative Pregnancy Test Clients Leaving with Any Contraceptive Method	CVR	N/A
PS-2	% of Female Clients Leaving with an Effective or Highly Effective Contraceptive Method	CVR	N/A
PS-2	% of Clients Receiving HIV Testing	CVR	N/A
PS-2	% of Clients Receiving STI Testing	CVR	N/A
PS-2	% of Clients Receiving Cervical Cancer Screening	CVR	N/A

**Attachment 9**  
**NYS Family Planning Program - Selected Performance Measures & Indicators**

<b>Performance Standard Identifier</b>	<b>Measure/ Indicator</b>	<b>Source of Information</b>	<b>Proposed Threshold/Benchmark</b>
PS-3	% of family planning agencies that involve the community in development of program goals and activities	CPEP Plan/ CPEP Annual Report	100% of family planning agencies develop and submit an annual CPEP plan
PS-2 PS-4	% of family planning agencies that establish and maintain comprehensive referral networks	Agency Profile/ Annual Narrative Report	100% of family planning agencies have active bi-directional referral agreements in place with ancillary service providers (e.g. intimate partner violence, mental health, primary care, substance use, etc.)
PS-4	% of family planning agencies participating in NYSFPP sponsored training opportunities	NYSFPTC Training registration lists	At least 90% of family planning agencies participate in each NYSFPP-sponsored training opportunity.

CPEP = Community Participation, Community Education, and Program Promotion

CVR = Clinic Visit Record

FPDMIS (Ahlers) = Family Planning Data Management Information System Vendor

NYSFPTC = New York State Family Planning Training Center

## **Grants Gateway Budget Instructions** ***Applications OR New Budget Periods***

**Data Entry of the Expenditure Budget** - A step by step data entry document titled “**Grants Gateway Budget Data Entry Guidelines**” has been provided in Attachment 15.

- It may be beneficial to use this document as a guide for drafting the budget off-line prior to completing the Expenditure Budget in the Grants Gateway.
- The data entry document highlights the character limits for each field of the Expenditure Budget. Character limits are based on all characters including spaces.

### **Additional Considerations**

- All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.
- Contracted organizations must have on file documentation to support allocation of shared costs to the contract in accordance with applicable regulations and approved budget.
- For each section of the budget in which a budget item is proposed, all required fields must be completed. Failure to complete required fields will result in a global error message which must be resolved prior to submission.
- Equipment purchases for major items that will depreciate in a very short period of time (e.g. one to three years) will only be considered when supported by a strong justification. The Department of Health (DOH) recognizes that organizations may classify items as equipment within their own accounting system that do not fall under the definition of equipment and may be included in the equipment budget category.
- Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
- Budget lines that are not well-justified may delay the budget approval process.
- Indirect costs for organizations without a federally-approved indirect cost rate, will be limited to no more than 10% of total direct costs.
- A “match” contribution is **NOT** required for this grant award. Please do not enter information in the match sections of the budget.
- For fields titled “Other Funds” always leave blank. Additional costs incurred by the program, referred to as “in-kind contributions” should be detailed under the narrative sections for the respective budget category. (i.e. In-kind staff should not be listed in the Salary Detail, but please identify any in-kind staff and the grant deliverable their work supports in the Personal Services – Salary Narrative)
- **Travel:** All Travel, other than travel for individuals / organizations funded under the contractual service line, subcontractor travel, should be budgeted in this section. Out-of-State travel requires prior approval.
  - OCS Guidelines: <http://www.osc.state.ny.us/agencies/travel/manual.pdf>
  - USGSA: <http://www.gsa.gov/portal/category/21283>

**Family Planning Program (FPP) Specific Requirements:**

In order to be approved, all FPP budgets **must** clearly include the following:

- The following positions are a required part of the FPP and must clearly be identified in the budget. These positions can be found in either Personal Services or Non-Personal Services (when fulfilled through a contractual relationship) as appropriate. If one (or more) of these positions is not supported by grant funds, you must still include the narrative justification (including FTE percentage or line item detail) for the position in the appropriate narrative section. Positions required include:
  - Program Director/Manager (who serves as primary FPP contact)
  - Medical Director (who must have specific training/experience in reproductive health)
  - Pharmacist or Pharmacy Consultant
  - Medical Records Specialist/Consultant
  - Health Educator
- A minimum of 15% of the total award amount must be allocated toward Non-Personal Expenses.
- Line item detail of funds (either grant or in-kind) used to support travel for at least two staff to attend the Bureau of Women, Infant, and Adolescent Health Provider Meeting.
- Line item detail of funds (either grant or in-kind) used to support the purchase of Contraceptive supplies. This should be included in the narrative justification under NPS “Operating Expenses” and include the cost per unit multiplied by the total number of units purchased. The acquisition cost for all contraceptives must reflect current 340B costs.
- Advertising/Marketing Expenses, when supported with grant funding, must include line item detail for the expense, a clear timeframe when ads/campaign will run, and a brief description of how efforts will be assessed (i.e. tracking patient calls, volume, website clicks) during specified time period. The justification must clearly state that all materials will be reviewed and approved by the I & E Committee.
- Funds can not be used to provide abortion or abortion-related services.
- Please refer to the Bureau of Women, Infant, and Adolescent Health (BWIAH) Budget Guidance Document for additional information on allowable expenses.

**Document Uploads (as applicable)**

**Other Expenses Detail – Indirect Costs:** If using a Federally Approved Rate Agreement, upload a copy of the current federal rate agreement

**Other Helpful Links:**

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <https://www.federalregister.gov/documents/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

CFR Suppart E - Basic Considerations: [http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabbdb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200\\_1401.sg12](http://www.ecfr.gov/cgi-bin/text-idx?SID=1728c16d0aca3b9aabbdb3c25d38d5483&mc=true&node=pt2.1.200&rgn=div5#sg2.1.200_1401.sg12)

\* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
<b>Personal Services - Salary</b>		<b>* Refer to Grants Gateway Budget Instructions document for additional information. In the Salary section only include staff positions related to the implementation and administration of the project. ONLY staff that are employees of the applicant organization are to be included here. All other staff should be listed under Contractual Services. If Salary is not applicable, leave this section blank.</b>
Position/Title	55	Provide the position title and employee name , if known. TBH should be entered in place of the employee name if the position is vacant at the time of budget submission.
Role/Responsibility	500	Provide a brief narrative of how the position will contribute directly to this project, Include the percent of time the incumbent will work on the program on a full-time basis. One (1.0) FTE is based on the number of hours worked in one week (e.g. 40-hour workweek). To determine a % FTE, divide the hours per week spent on the project, by the number of hours in the workweek. For example: given a 40-hour workweek, an individual working 10 hours per week on the project spends 25 percent of his/her time on the project (i.e. 10/40 = .25) Please show in percentage form - 25%. If TBH, also provide the anticipated start date for this position.
# in Title	N/A	Always enter the number 1. A separate position should be added for "each" position on the contract.
Annualized Salary Per Position	N/A	Enter the annual salary the organization will pay this employee. This figure should NOT be adjusted if a portion of the salary will be paid with other funds. Percentage of time supported with "other funds" should be entered in the PS narrative.
STD Work Week (hrs.)	N/A	Enter the standard (STD) hours worked each week by the employee. This figure should NOT be adjusted for hours paid with other funds.
% Funded	N/A	Enter only the percent of time this position is supported with grant funds.Do NOT include any percentage of time supported by other fund sources. Total grant funding requested divided by annual salary.
# Months Funded	N/A	Enter the estimated number of months this position will work on this grant. If TBH, enter the number of months based upon the anticipated start date.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this position on the project. (Annual Salary / 12 Months x # Months Funded x % Funded).
Total Match Funds	N/A	Always leave blank.
Match %	N/A	Always leave blank.
Total Other Funds		Always leave blank.
<b>&gt; Personal Services - Salary Narrative</b>	<b>4000</b>	The following positions are a required part of the FPP and must clearly be identified in the budget. These positions can be found in either Personal Services or Non-Personal Services (when fulfilled through a contractual relationship) as appropriate. If one (or more) of these positions is not supported by grant funds, you must still include the narrative justification (including FTE percentage or line item detail) for the position in the appropriate narrative section. Positions required include: Program Director/Manager (who serves as primary FPP contact); Medical Director (who must have specific training/experience in reproductive health); Pharmacist or Pharmacy Consultant; Medical Records Specialist/Consultant; Health Educator
<b>Personal Services - Fringe*</b>		<b>Fringe Benefits should be budgeted in line with your organization's Standard Fringe Benefit Policy and/or Negotiated Bargaining Agreements. If Fringe is not applicable, leave this section blank.</b>
Type/Description	125	Provide the requested fringe rate.
Justification	1000	Provide all fringe benefit components included in the calculation of the fringe benefit rate. Show breakdown of fringe benefit rate into component percentages. If additional space is needed enter details in the PS - Fringe Narrative
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Personal Services - Fringe Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> If additional space is needed from the justification section, specify here, the components (FICA, Health and Life Insurance, Unemployment Insurance, Disability Insurance, Worker's Compensation, and Retirement) and their percentages comprising the fringe benefit rate. If different rates are used for different positions, provide details for each rate in the space provided and specify which positions are subject to that rate.

\* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
Non Personal Services		Non Personal Service expenses. For each Non Personal Service expense not supported by grant funds, the applicant should include a description in the appropriate NPS Narrative section. For example if you contract with a Pharmacist using other funds you would list under the Contractural Narrative - Pharmacist \$25/hour for 20/hours total cost \$500.00.
Contractual*		* Refer to Grants Gateway Budget Instructions document for additional information. This category should be used to budget for specific services which cannot be accomplished by existing staff as well as for any services/expenses which will be provided by a subcontractor. Include expenses such as contracted staff, per diem staff, bookkeeping, payroll and audit services. Include the time frame for the delivery of services. Contractors may be required to submit subcontracts to the Department for review and approval prior to execution of the subcontract. The contractor remains fully responsible for all work performed by the subcontractor. ALL related expenses are to be budgeted under this section (any non-personal service costs to include travel) associated with the staff/organizations allocated to CS. If Contractual Services are not applicable, leave this section blank.
Type/Description	125	Provide the name of the organization, company or individual and the type of service being provided. If not known, enter TBH in place of the name of the organization, company or individual. (i.e. Pharmacist - TBH)
Justification	1000	Describe how this expense supports the work plan objectives of the project. Include the timeframe for delivery of services.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Contractual Narrative	4000	The following positions are a required part of the FPP and must clearly be identified in the budget. These positions can be found in either Personal Services or Non-Personal Services (when fulfilled through a contractual relationship) as appropriate. If one (or more) of these positions is not supported by grant funds, you must still include the narrative justification (including FTE percentage or line item detail) for the position in the appropriate narrative section. Positions required include: Program Director/Manager (who serves as primary FPP contact); Medical Director (who must have specific training/experience in reproductive health); Pharmacist or Pharmacy Consultant; Medical Records Specialist/Consultant; Health Educator
Travel*		* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. Itemized travel estimates should be based on the lesser of the written policy of the organization, the Office of State Comptroller (OSC) guidelines, or the United States General Services Administration (USGSA) rates. Out-of-State travel requires <u>prior</u> approval by the State. Travel expenses associated with any Subcontractor, Consultant, or Vendor, must be included in the Contractual Services budget line. If Travel is not applicable, leave this section blank.
Type/Description	125	Provide the type of travel. A separate entry should be completed for each category of travel (i.e. Client, Staff Travel, In-State, or Out-of-State).
Justification	1000	Describe how this expense supports the work plan objectives of the project, include the title of the position(s) traveling.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Travel Narrative	4000	Line item detail of funds (either grant or in-kind) used to support travel must be provided. Be sure to include travel expenses for at least two staff to attend the Bureau of Women, Infant, and Adolescent Health Provider Meeting. Please include name and anticipated travel dates for all conferences and trainings included. A breakdown of all costs for each conference or training is required and must include: Registration fee(s), mileage rate x # miles/vehicle rental/airfare, etc., destination location (City, State), travel dates, lodging rate x # nights per person, per diem rate x # days per person, as well as any other applicable expenses.

\* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
<b>Equipment</b>		<b>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize both purchased and rental equipment costs. Equipment is defined as items such as computers, printers, phones, apparatus or fixed asset (other than land or a building) that are tangible personal property having a useful life of more than one year and a purchase price equal or exceeding \$5,000. These items must be inventoried (tagged) and included on the annual equipment inventory form. This also includes a grouping of like items which equals or exceeds \$5,000. Item(s) not falling under this definition should be included under Operating Expenses. If Equipment is not applicable, leave this section blank.</b>
Type/Description	125	Provide the type of equipment and the quantity to be purchased or rented. (i.e. 3 Desk Top PCs)
Justification	1000	Provide the names of the staff that will be using the equipment and provide the calculation used to determine the allocation of this expense to the project. Reminder: staff % Funded (time and effort) must be taken into consideration when determining the appropriate allocation of the expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Equipment Narrative	4000	<b>Program Specific Instructions / Requirements</b> Not applicable - leave blank
<b>Space/Property: Rent</b>		<b>This section is used to itemize costs associated with Space/Property: Rent. A separate entry will be required if more</b>
Type/Description	125	Provide the physical address of the rental property.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Rent Narrative	4000	<b>Program Specific Instructions / Requirements</b> - Use space as needed for additional justification
<b>Space/Property: Own</b>		<b>This section is used to itemize costs associated with Space/Property: . If Space/Property: Own is not applicable, leave this section blank. The expenses included are, maintenance, insurance (property and liability). Demonstrate how the total expense being allocated to this program is calculated. Provide the allocation methodology and percent. Occupancy costs must include square foot value of space and total square footage along with methodology used to determine expense.</b>
Type/Description	125	Provide the physical address of the property that is owned.
Justification	1000	Provide details such as which project(s) operate(s) out of the space, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Space/Property: Own Narrative	4000	<b>Program Specific Instructions / Requirements</b> - Use space as needed for additional justification
<b>Utilities</b>		<b>This section is used to itemize costs associated with Utilities. A separate entry is needed for each category of expense relating to utilities (i.e., utilities, telephone, mobile, etc.)using other funds. If Utilities are is not applicable, leave this section blank.</b>
Type/Description	125	Provide the type of expense and include the property address. (i.e. Telephone - 123 Cherry Lane)
Justification	1000	Provide details such as which project(s) share this expense, and provide the calculation used to determine the allocation of this expense to the project.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
> Utilities Narrative	4000	<b>Program Specific Instructions / Requirements</b> - Use space as needed for additional justification

\* An asterisk has been placed next to specific budget categories which require that additional information be provided. Refer to "Grants Gateway Budget Instructions" under the section Required Uploads.

<u>Grants Gateway Field</u>	<u>Character Limits</u>	<u>Enter Required Information as Instructed Below</u>
<b>Operating Expenses</b>		<b>* Refer to funding opportunity and/or Grants Gateway Budget Instructions document for additional information. This section is used to itemize costs associated with the operation of the project, including but not limited to insurance/bonding, photocopying, advertising, office supplies, direct medical service supplies, program supplies/materials. A separate entry for each type of expense is needed. Expenses for any costs shared across multiple projects must be appropriately cost-allocated in accordance with the benefit received or effort provided to the project. If Operating Expenses are not applicable, leave this section blank.</b>
Type/Description	125	Provide the type of expense
Justification	1000	Budget justifications should identify the proposed goods/services that are programmatically necessary and describe how this expense supports the Work Plan objectives of the project. The justification should provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Work Plan.
Total Grant Funds	N/A	Enter the total amount of grant funds requested to support this budget category.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Operating Expenses Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> Line item detail of funds (either grant or in-kind) used to support the purchase of Contraceptive supplies must be provided. This should include the cost per unit multiplied by the total number of units purchased. The acquisition cost for all contraceptives must reflect current 340B costs. Advertising/Marketing Expenses, when supported with grant funding, must include line item detail for the expense, a clear timeframe when ads/campaign will run, and a brief description of how efforts will be assessed (i.e. tracking patient calls, volume, website clicks) during specified time period. The justification must clearly state that all materials will be reviewed and approved by the I & E Committee. Promotional items are not an allowable expense.
<b>Other Expenses Detail*</b>		<b>Only Indirect costs are to be budgeted under this section (also referred to as Administrative costs), unless determined not to be allowed by the award. Non-profit agencies receiving federal funds are eligible to charge their federally approved indirect cost rate. A copy of the current federal ICR agreement must be uploaded to the Grantee Document Folder section of the application. For organizations without a federally-approved indirect cost rate, indirect costs will be limited to no more than 10% of total direct costs. Direct costs may include Personal Service, Fringe Benefits, Space, Program Operations, Travel, Equipment, and Other budget costs. Applicants must provide a description of costs included in the indirect cost calculation in the Other Expenses budget narrative section of the application. Calculated indirect cost rates will be subject to DOH review and approval.</b>
Type/Description	125	Provide the requested indirect costs rate, indicating whether it is based on a Federally Approved Rate Agreement.
Justification	1000	Indicate specifically that the document was uploaded to the Grants Gateway (Federally Approved Rate Agreement )
Total Grant Funds	N/A	Provide the requested value using the formulary provided.
Total Match Funds	N/A	Always leave blank.
Total Other Funds	N/A	Always leave blank.
<b>&gt; Other Narrative</b>	<b>4000</b>	<b>Program Specific Instructions / Requirements</b> Not applicable - leave blank



**Grants Gateway Budget Data Entry**  
**Where to Budget**

**Attachment 15**

**Budget Category Side-by-Side** – use this chart to assist with aligning cost categories with the (8) defined budget categories, labeled a through f on the budget summary. This a sample listing of those most commonly used

<i>Master Grant Contract Budget Categories</i>	<i>Sample of Budget Categories</i>
Personal Services	ALL employees on payroll
Fringe	Payroll Taxes, Health Insurance, Pension, Worker's Compensation, etc.
Contractual Services*	Vendors*
Contractual Services**	Subcontractors / Consultants / Affiliate Staff
Travel	Travel (ALL - for client, staff, and volunteers). Travel for individuals funded under the Contractual Service budget category must be included under CS.
Equipment Expense	> article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds \$5,000, or a grouping of like items which equals or exceeds \$5,000. < \$5,000 budget under Operating Expenses
Space/Property & Utility Expenses	Rent, Depreciation, Maintenance & Repairs, Utilities (including electric, heat, cell phone, internet, telephone)
Operating Expense	Equipment, Office Technology purchases < \$5,000
Operating Expense	Beverages, Food, Meeting Costs. Adherence to Guidelines for Healthy Meetings as adopted from National Alliance for Nutrition and Activity (NANA) Healthy Meeting Guidelines is required: <a href="https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm">https://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm</a> .
Operating Expense	Office Supplies, Program Supplies/Materials
Operating Expenses	Conference Costs/Registration Fees. IF these costs are associated with other reimbursable travel (lodging, mileage, etc.), these costs should be budgeted under travel.
Operating Expenses	Staff Training/Professional Development (for costs such as conference fee - NOT travel)
Operating Expenses	Vehicle Operating Expenses
Operating Expenses	Client Services (medical supplies, translation services, etc.)
Operating Expenses	Direct Medical Supplies
Operating Expense unless fringe benefit related, then it is Personal Services	Insurance (e.g. general liability)
Operating Expense unless it is contracted out, then it is Contractual Services	Database Management, Computer/Network Maintenance
Operating Expense unless it is contracted out, then it is Contractual Services	Media Placement, Advertising (e.g. recruitment ads, program promotion). ALL purchased media placement or advertising requires prior approval.
Operating Expenses any associated travel must go under travel	Educational Materials, Printing, Postage
Other	Special Events, Workshops
	Indirect

\*Contractual Services - Vendors: include those persons or organizations that provide the same or similar services to any customer without altering its product. Examples of vendors include audit services, payroll services, bookkeepers, laboratory services, and IT consultants.

\*\*Contractual Services – Subcontractors / Consultants / Affiliate Staff: performs a portion of the scope of work from the lead contractor's project, often off-site and under the direction of a third party. The subcontractor has its performance measured against the objectives of its portion of the scope of work of the lead program.

# New York State Department of Health Bureau of Women, Infant and Adolescent Health Budget Guidance Document

**Purpose:** This document provides budget guidance to the Bureau of Women, Infant and Adolescent Health's contractors on allowable expenses. All questions should be directed to your contract manager.

## 1. FOOD

For all BWIAH Programs, purchase of food using contract funds is only allowed for client focus groups and client educational trainings, but not allowed for staff functions or participants (e.g., stakeholders) at community meetings. In the case where both clients and stakeholders are in attendance, DOH will only reimburse for food at meetings if: 1) the target audience is primarily clients, and 2) clients make up 50% or more of the attendees. In addition, contractors must:

- Use National Alliance for Nutrition and Activity Meeting/Conference Guidance [http://www.health.ny.gov/prevention/healthy\\_lifestyles/guidelines.htm](http://www.health.ny.gov/prevention/healthy_lifestyles/guidelines.htm)
- Ensure that any bottle deposit or NYS Sales Tax payments are backed out of the expense before contractor requests reimbursement

For Adolescent Health Programs including CAPP/PREP, purchase of food using contract funds is allowed for students and is used as a teachable moment. Contractors must:

- Use Adolescent Food Guidance Document [http://www.actforyouth.net/resources/n/n\\_adolescent\\_food\\_guidelines.pdf](http://www.actforyouth.net/resources/n/n_adolescent_food_guidelines.pdf)

## 2. INCENTIVES

Incentives are allowed for all BWIAH Programs, but limited to 1% of the total approved budget. An incentive tracking log must be maintained by the contractor, and made available for review upon request. Gift cards must be to businesses that do not sell tobacco or alcohol products (Adolescent programs are an exception due to state laws prohibiting sale of tobacco/alcohol to minors).

**Note:** Incentives cannot be used for transportation to medical appointments (funds/services are available through Medicaid, see section 4.b. Transportation for Client Travel).

## 3. MEDIA CAMPAIGNS

Expenses related to media campaigns are allowed in all BWIAH Programs for targeted audiences given appropriate detailed justification is provided. This includes expenses for social media campaigns and associated contracts/research. In order for requests to be approved, contractors must:

- Provide a line-item budget of anticipated expenses;
- Use market research (e.g., focus groups, community partners) to guide media campaign efforts; and
- Include a method to evaluate the effectiveness of the campaign (demonstrate how the campaign benefits the program).

**Note:** *Contractors are strongly encouraged to seek out free or low-cost media opportunities within their community before requesting use of state funds.*

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#### **4. TRAVEL**

##### **A. TRANSPORTATION for STAFF TRAVEL**

Expenses for staff-related travel is allowed. Staff transportation includes travel expenses related to conducting home visits, outreach, and attending conferences, educational events/trainings.

*Note: For Rape Crisis, this includes contractor staff travel and volunteer advocate travel when accompanying/meeting a victim at the hospital (use of car service or taxi service, which may include gratuity).*

##### **B. TRANSPORTATION for CLIENT TRAVEL**

Expenses are allowed for client-related travel (e.g., metro cards/bus passes) to assist clients in getting to educational programs.

For Medicaid-eligible appointments, Medicaid-OHIP Contractors should be used. The only exception would be if all other options (rides with family members/friends/Medicaid-OHIP Contractors) are exhausted.

*Note: It is highly recommended that Programs work with clients to get family and friends' assistance first, then Medicaid-OHIP Contractors, then if all else fails, can use metro card/bus, etc.*

##### **Medicaid Transportation for Medicaid-Eligible Services - Use OHIP Contractors listed below:**

- Medical Answering Services at <https://www.medanswering.com/>. Manages transportation for all Medicaid enrollees having Medicaid eligibility through all counties except for Long Island (Nassau and Suffolk counties).
- LogistiCare-LI at <http://longislandmedicaidride.net/>. Manages transportation for all Medicaid enrollees having Medicaid eligibility through either of the two counties encompassing Long Island (Nassau and Suffolk counties).

Individual clients can arrange their own travel via the websites above and confidentiality of users is protected.

#### **5. MEMBERSHIPS, SUBSCRIPTIONS, and PROFESSIONAL ACTIVITY COSTS**

##### **Allowed**

- Costs of the non-Federal entity's membership in business, technical, and professional organizations.
- Costs of the non-Federal entity's subscriptions to business, professional, and technical periodicals.
- Costs of membership in any civic or community organization are allowable with prior approval by the Federal awarding agency or pass-through entity.

##### **Not Allowed**

- Costs of membership in any country club or social or dining club or organization.
- Costs of membership in organizations whose primary purpose is lobbying.

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**6. PROMOTIONAL ITEMS**

Expenses for promotional items are **not allowed**. Promotional items are defined as articles of merchandise (often branded with a logo or slogan) which are given away to promote a company, corporate image, brand, or event at trade shows, conferences, or as part of marketing campaigns (e.g., water bottles, tote bags, pens, T-shirts, hats, pens etc.).