INTER-OFFICE MEMORANDUM

TO: Karen Handel, Chairman
    Board of Commissioners

FROM: Office of the County Manager

DATE: October 10, 2005

RE: Execution of Contracts

I respectively request your signature on the following items approved by the Board of Commissioners on September 21, 2005

BOC ITEM # 05-1063 Planned Parenthood contract renewal

Number of originals presented for processing: (see attached)

The Clerk to Commission will process these documents.

AS/*
TO: Mr. Thomas Andrews, County Manager

FROM: Steven R. Katkowsky, M.D., Director

DATE: August 25, 2005

SUBJECT: Renewal of Contract - Planned Parenthood of Georgia, Inc. and Fulton County

Requested Action By Manager: Approve renewal of contract between Fulton County and Planned Parenthood of Georgia, Inc. to provide expanded family planning services. The contract was approved by the Board of Commissioners on March 16, 2005, Item #05-0380.

Critical Date for Action: September 21, 2005

Purpose: Planned Parenthood of Georgia, Inc. will continue to provide family planning services by adding a minimum of 5,000 unduplicated users. Services will be available on a walk-in basis to the target population.

Discussion: We would like to exercise the first renewal option for this contract for the period of January 1, 2006 through December 31, 2006. This is a 1-year contract with 2 renewal options:

- Initial Award 2005 $425,568
- Renewal 1 2006 $425,568

Impact: Provide for expanded family planning services for Fulton County residents.

Availability of Funding: 818-810-8198-1160

Coordination: County Attorney, Finance, Contract Compliance, Purchasing, Deputy County Manager

Contact Person: Ms. Christine Greene, Financial Systems Manager (404) 730-1214.

Recommendation: Approve renewal of contract.

Attachments: Copy of contract, Purchasing Contract Renewal Sheet and contract sign off sheet.
**Responsible Department:** Health and Wellness

**Project/Service/Commodity:** Family Planning Services

**Prime Contractor:** Planned Parenthood of Georgia, Inc.

**Requested Action of the BOC:** Approve renewal of contract between Fulton County and Planned Parenthood of Georgia, Inc. to provide expanded family planning services.

**Effect of BOC's Action:** The award of this contract renewal will allow Planned Parenthood of Georgia to continue to provide for expanded family planning services for Fulton County residents from January 1, 2006 to December 31, 2006. Cost for this service not to exceed $425,568 for the year.
Wording: Request approval of contract with Planned Parenthood of Georgia, Inc. for expanded family planning services.
DEPARTMENT OF PURCHASING

JEROME NOBLE
DIRECTOR

CONTRACT RENEWAL

DEPARTMENT: DEPARTMENT OF HEALTH & WELLNESS

BID # DESCRIPTION: 20050002YB/EXPANDED FAMILY PLANNING SERVICES

RENEWAL PERIOD: FROM: January 1, 2006 TO: December 31, 2006 RENEWAL

AMOUNT: $425,568.00

VENDOR’S NAME AND ADDRESS:

Planned Parenthood of Georgia, Inc.

100 Edgewood Avenue, Suite 1604
Atlanta, GA 30303

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth
In the extract an€ specifications for BID/RFP# 20050002YB

'Devj&o’s Signature Date

Department authorized renewal option on the aforementioned BID/RFP:

Mark Massey Floor Atlanta, Georgia*30303-3459* Telephone (404) 730-5800

*Chairman Signature required on renewals of $50,000.00 or more or any bid previously approved by the
Board of Commissioners of Fulton County
FULTON COUNTY CONTRACTOR
PERFORMANCE REPORT FOR GOODS/COMMODITIES

1. Report Period: from 01/01/05 to 06/30/05
4. P.O. No. and Amount:

5. Department: Health and Wellness
6. Vendor Name: Planned Parenthood of Georgia

7. P.O. Description: Expanded Family Planning

3. Bid#:

NUMERIC RATINGS

0 = Unsatisfactory Performance - Achieves contract requirements less than 50% of the time; not responsive, effective and/or efficient; unacceptable delay; incompetence; high degree of customer dissatisfaction.
1 = Poor Performance - Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.
2 = Satisfactory Performance — Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor program adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.
3 = Good Performance - Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have no impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied
4 = Excellent Performance — Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal direction; customers expectations are exceeded.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>1</th>
<th>RATING</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality of Goods/Services</td>
<td></td>
<td>0 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>- Specification Compliance</td>
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<td>- Technical Excellence</td>
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<td>- Reports/Administration</td>
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<tr>
<td>- Personnel Qualification</td>
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</table>

*2. Timeliness of Performance | 0 1 (2) 3 4 | Vendor was unable to begin providing services until mid-March after the contract was approved and signed by the Board of Commissioners. |
| - Were Milestones Met Per Contract | | |
| - Response Time(per agreement if applicable) | | |
| - Responsiveness to Direction/Change | | |
| - On-Time Completion Per Contract | | |

3. Business Relations | 0 1 2 (3) 4 | Vendor was responsive to all request and the department was notified of Any issues, problems and challenges in a timely manner. |
| - Responsiveness to Requirements | | |
| - Prompt Problem Notification | | |

4. Customer Satisfaction | 0 1 2 (3) 4 | Vendor was compliant with specifications of the contract. |
| - Met User Quality Expectations | | |
| - Met Specification - Within Budget | | |
| - Proper Invoicing - No Substitutions | | |

5. Contractors Key Personnel | 0 1 2 (3) 4 | Vendor personnel credentials are in order and they have the qualified staff needed to provide services. |
| - Effective Management | | |
| - Credentials/Experience - Ability to Accomplish Mission | | |

AVERAGE SCORE | 3 | ADD ABOVE RATINGS/DIVIDE TOTAL BY NUMBER OF AREAS BEING RATE
* Report actual response times compared to contract response times (e.g., ambulance response time, technical support response time, delivery time for goods, software update timing).

Would you select/recommend this vendor again? Yes

Juliet D. Cooper__________
Ratings completed by (print name)

Steven R. Katkowsky, M.D. Director
Department Head (print name)

Vendor Representative (print name) Vendor Representative Signature* Date

*Vendor signature optional

Comments, corrective actions, etc:
FULTON COUNTY UNIFORM CONTRACT/PURCHASING SIGN-OFF SHEET

Solicitation #:  
Description:  

Department:  

FROČUREMENT ACTION:  
( ) Invitation To Bid (ITB)  
( ) Request for Proposal (RFP)  
( ) Request for Quotation (RFQ)  
( ) Other (Explain):  

Contract Amendment  
Renewal Emergency  
Procurement

SOLICITED FROM:  
MBE  
Non-M/FBE

Bids Sent  
I  
FBK

Bids Received  
No-Bids Received

Typjlojlservice:  
( ) Annual Purchase  
( ) Land Purchase  
( ) One Time Purchase  
( ) Construction y  
( ) Professional Services  
( ) Revenue Contract  
( ) Contract Employee  
( ) Non-Professional Services  
( ) Other (Explain):  

Sole Source  
(   ) Statewide Contract  
( ) Change Order  
(   ) Contract Amendment  
(   ) Contract Employee  
(   ) Non-Professional Services  
(   ) Other (Explain):  

(   ) Grant  
(   ) Lease  

(   ) Statewide Contract  
(   ) Change Order  
(   ) Contract Amendment  
(   ) Contract Employee  
(   ) Non-Professional Services  
(   ) Other (Explain):  

PRIME CONTRACTOR  
( INon-M/FBE  ( ) MBE  ( ) FBE  Code:*  

SUBCONTRACTOR  
JLLNon-M/FBE  MRSBEJiFBE  Codes:*  

Name  
Address ( )  
City ( )  
County  
Telephone  
Contact Vi/usv^n^  
Amount $  
Percentage:  
I ( (If additional  sub-contractor sheet is needed, pleas® attach.)  

Contract Start Date  
Or (  ) Upon Approval  
End Date/c^i  

Prior Contract(s) With County:  

Funding Line:  

Originating Department:  

Environment and Community Development:  

Finance:  
County Attorney:  
Contract Compliance:  
Purchasing:  
Deputy County Manager:  
County Manager:  
Board of Commissioners:  

Information Technology:  

Finance Summary  
Original Amount $  
Previous Increases $  
This Request $  
Contract Total $  
Total Contract $  

APPROVAL SIGNATURES  
Date:  
Date:  
Date:  
Date:  
Date:  
Date:  
Date:  
Date:  
Date:  
Date:  

"OP
MBE/FBE

Amount: $_________Portion
Amount: $__ Amount: $

W - White Female  J - Asian American Female  G - African American Female  I - Hispanic American Female  K - Native American Female
Rev. 11/02 White - County Clerk Canary-Purchasing Pink-Contract Compliance Goldenrod - Originating Department
STATE OF GEORGIA
COUNTY OF FULTON

CONTRACT BETWEEN FULTON COUNTY
AND PLANNED
PARENTHOOD OF GEORGIA, INC.

THIS CONTRACT, entered into this **Up** day of **l/V\6\^ C M\^-^**, 2005, by and between FULTON COUNTY (hereinafter "County"), a political subdivision of the State of Georgia, acting by and through its duly elected Board of Commissioners, and Planned Parenthood of Georgia, Inc. (hereinafter, "Contractor"),

WITNESSETH

WHEREAS, the County, through its Department of Health and Wellness (hereinafter "Department") has identified a need for expanded family planning services;

WHEREAS, the County by and through the Department has determined that these needs can best be met by retaining the services of an independent contractor;

WHEREAS, the County and the Contractor desire to enter into an agreement for the provision of such services;

NOW THEREFORE, in consideration of the mutual covenants contained herein, and for other good and valuable consideration, the parties hereunto agree as follow:

ARTICLE I — CONTRACTOR'S SERVICES

1.

The County retains Contractor, and Contractor accepts retention by the County to render the services as hereinafter defined and required; to perform such services in the manner and to the extent required by the parties herein; and as may be hereafter amended or extended in writing by mutual agreement of the parties.

2.

The Chief Executive Officer designated by the Contractor has the express and implied authority to negotiate and enter into binding contracts.

3.

Nothing contained in this Agreement shall be construed to be a waiver of the County's sovereign immunity or any individual's qualified good faith immunity.
ARTICLE II - SCOPE OF CONTRACTOR'S DUTIES

4.

Upon execution of this agreement by all parties, Contractor shall commence providing:

Family Planning Services: Contractor is responsible for adding a minimum of 5,000 unduplicated users. Services must be available on a walk-in basis and at location(s) accessible to the target population residing in Fulton, Cobb and DeKalb counties. Locations of sites for service provision are attached herewith as Attachment A.

Supplies and Equipment: Contractor is responsible for providing office supplies, medical supplies and other operating supplies as may be required in the operation of services provided by Contractor. Contractor is responsible for providing medical office furniture and examination furniture.

Invoicing: Contractor will submit an invoice by the 15th day of each month to Fulton County Department of Health and Wellness, 99 Jesse Hill Jr. Dr., Fiscal Services Division, Room 402, Atlanta, GA 30303.

Reporting Requirements: The contractor will provide the state family planning office and the Fulton County Department of Health and Wellness with written quarterly reports of women and men served through the site listed in Attachment A. Programmatic reports shall be filed quarterly and include the following information: clinic services, visit types, target population, outreach and educational activities and quality assurance activities. Reports are to be mailed directly to the following two offices:

Family Planning Program Manager
DHR, Division of Public Health
Family Health Branch Office of
Women's Health Services 2 Peachtree
Street, 11th floor Atlanta, GA 30303-3142

Director of Nursing
Fulton County Department of Health and Wellness
99 Jesse Hill Jr., Drive, S.E.
Atlanta, GA 30303

ARTICLE III - COMPENSATION FOR SERVICES

5.

Contractor shall be responsible for establishing the fees and billing for all clinic and Physician services pursuant to this Agreement and Contractor shall have the exclusive right to collections therefrom. Contractor shall have the exclusive right to establish, bill, collect and retain all fees for physician's services and all items incidental to such services, in accordance with contracts with participating physicians.
B. The Contractor will be responsible for billing and collecting payments from Medicaid, Medicare, private insurance, and clients for all services provided by the Contractor.

C. The County will pay the Contractor $425,568 per year, payable in monthly payments of $35,464 in compensation for services provided.

D. The fee schedule for services provided by Contractor will be coordinated and agreed upon by parties, applying discounts and deductions in accordance with Contractor and Department sliding fee schedules. Fees will be set at fair market value using the participating physician's fee schedules.

E. Upon County's request at any time upon 30 days prior written notice, Contractor shall permit County, at County's expense, to conduct an audit of the relevant books and records pertaining to this agreement. If such audit discloses that Contractor has underpaid or overpaid County, both parties agree to pay the amount as determined in the audit. Failure to cooperate fully in any such audit or in the payment of the reconciliation amount determined in the audit shall be cause for termination.

ARTICLE IV - INDEMNIFICATION

6. The parties hereby agree to defend, indemnify and hold harmless each other, and their respective Commissioners, officers, employees and agents from and against any and all claims, losses, liabilities, damages and expenses incurred by a party, including court costs and attorney's fees, to the extent that such claims, losses, liabilities, damages and expenses arise out of or are based upon the other party's intentional, willful, reckless or negligent acts or omissions in the performance of its duties under this contract.

ARTICLE V- TERM AND TERMINATION

7. The initial term of this agreement shall commence upon execution and end December 31, 2005, unless earlier terminated in accordance with the termination provisions of this Agreement or renewed by the parties in writing as defined herein.

This Agreement will be renewed automatically under like terms for two (2) successive one (1) year terms commencing on January 1st of each year and ending on December 31st of each year. This agreement shall be subject to approval for this contract by the Fulton County Board of Commissioners for each successive year.

In the event the Commissioners do not approve renewal of this contract, the Department shall provide at least thirty (30) days prior written notice of non-renewal to Contractor, which notice shall also be at least thirty (30) days prior to the termination of funding by the County.
If through any cause, either party shall fail to fulfill its obligations under this Contract in a timely and proper fashion, or in the event that any of the provisions or stipulations of this Agreement are violated by either party hereto, the party in violation shall have thirty (30) days to correct said violation after receiving written notice of said violation. In the event said violation is not corrected within thirty (30) days, the other party may thereupon have the right to immediately suspend or terminate this Agreement by serving written notice as defined herein upon the party in violation of its intent to suspend or terminate this Agreement. If this Agreement is terminated pursuant to this paragraph, compensation due either party by the other party will be limited to compensation for services provided up to and including the date of termination.

Notwithstanding the above provisions, either party may terminate this contract at any time due to the unavailability of funds by giving written notice at least sixty (60) days in advance, by certified mail, return receipt requested, with proper postage prepaid, or by hand delivery, to the other party of the intention to terminate the contract. The termination shall become effective on the 60th day after the date of receipt of such written notice. If this Agreement is terminated pursuant to this paragraph, Contractor and County will be limited to receiving only the compensation for the services performed up to and including the date of termination of this Agreement.

County shall have the right to suspend immediately Contractor's performance hereunder on an emergency basis whenever necessary in the opinion of the County, to avert a life-threatening situation.

ARTICLE VI - INDEPENDENT CONTRACTORS STATUS

8.

Nothing contained herein shall be deemed to create any relationship other than that of an independent contractor between the County and the Contractor. Under no circumstances shall the Contractor, its directors, officers, employees, agents, successors, subcontractors or assigns, be deemed employees, agents, partners, successors, assigns or legal representatives of the County. At all times during its performance hereunder, Contractor shall be considered as an independent contractor and shall not become or be deemed to be an agent, servant or employee of the County. Contractor acknowledges that any and all individuals supplied hereunder to provide the services required of the contractor shall be employees, contractors, or agents of the Contractor. As between Contractor and the County, Contractor will be responsible for all FICA, Federal and State withholding taxes and workers compensation coverage, and for any and all employment benefits due employees, contractor, or agents of the Contractor.

9.

Notice: All notices or other communications required or permitted shall be given under this Agreement shall be in writing and shall be deemed to have been duly given when delivered personally in hand, or when mailed by certified or registered mail, return receipt requested with proper postage prepaid, addressed to the appropriate party at the following address or such other address as may from time to time be given in writing to the parties:

a. County:
   Office of the County Manager
   Fulton County
10. GOVERNING LAW AND CONSENT TO JURISDICTION: This Agreement is made and entered into in the State of Georgia and this Agreement and the rights and obligation of the Parties hereto shall be governed by and construed according to the laws of the State of Georgia without giving effect to the principles of conflicts by law.

11. ENTIRE AGREEMENT: This Agreement constitutes the entire Agreement of the parties pertaining to the subject matter hereof and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements, oral or otherwise, that have been made in connection therewith. No modification or amendment to this Agreement shall be binding upon the parties unless the same is in writing, signed by County's and Contractor's duly authorized representatives, and entered upon the minutes of the Fulton County Board of Commissioners.

12. WAIVER OF BREACH: The waiver by either part of a breach or violation of any provision of this Agreement shall not operate or be construed to be, a waiver of any subsequent breach or violation of the same or other provision thereof.

13. FORCE MAJURE: Neither County nor Contractor shall be deemed in violation of this Agreement
if either is prevented from performing its obligations hereunder for any reason beyond its control, including but not limited to, acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquakes, floods or catastrophic failure of public transportation.

14.

SEVERABILITY: If any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement, which shall remain in full force and effect, and enforceable in accordance with its terms.

15.

COUNTY'S RIGHT OF INSPECTION: County shall have the right, at its sole discretion, to inspect and review the services provided by Contractor hereunder to determine their acceptability. County shall also have the right to audit Contractor's records regarding its services and Contractor agrees to properly maintain its records. Contractor shall make such records available to County officials within thirty (30) business days of receipt of written notice.

16.

CONTRACTOR'S COOPERATION WITH COUNTY: Contractor shall maintain regular communications with County and Fulton County Department of Health and Wellness administrative staff and shall actively cooperate in all matters pertaining to this Agreement including, without limitation, assisting County in investigating and responding to any and all complaints, inspections, or investigations, arising in connection with Contractor's provision of services under this Agreement.

17.

COMPLIANCE WITH APPLICABLE LAWS: Contractor shall at all times observe and comply with all federal, state, local and municipal ordinances, rules, regulations, relating to the provision of the services contracted to be provided by Contractor hereunder or which in any manner affect this Agreement.

18.

NO CONFLICT: Contractor represents and warrants that it presently has no interest, direct or indirect and covenants and agrees that it will not, during the term of this Agreement, acquire any interest, direct or indirect, that would conflict in any manner, or degree with the performance of its duties and obligations hereunder. Contractor further covenants and agrees for itself, its agents, employees, directors and officers to comply fully with the provisions of the Official Code of Georgia (O.C.G.A. Sec. 45-10-20 et. seq.) and the provisions of the Fulton County Code of Ethics (Section 23-9-1 et. seq.) governing conflicts of interest of persons doing business with the County, as such provisions now exist or may be amended hereafter. Contractor represents and warrants that such provisions are not and will not be violated by this Agreement or the Contractor's performance hereunder.
19.

MASTER AGREEMENT: Contractor understands and voluntarily agrees to be bound by and abide by all of the requirements, terms, and conditions of the contract by and between the State and Fulton County, commonly known as the Master Agreement. Contractor understands that copies of the Master Agreement are maintained at Suite 402, Fulton County Department of Health and Wellness, 99 Jesse Hill Jr. Drive, Atlanta, GA 30303 and are available for review by the Contractor should Contractor so desire. In the event, Contractor fails to abide by any such term of the Master Agreement, the County shall have the right to immediately terminate this contract without incurring any liability whatsoever to Contractor and Contractor agrees to reimburse the County for any expenses, damages or other monies expended by the County in connection with the Contractor's failure to abide by the terms of the Master Agreement.

20.

HIPAA: Contractor and clinicians are aware of and shall comply with the Health Insurance Portability and Accountability Act of 1996 (hereinafter known as "HIPAA"), and the parties agree to be bound by the provisions set forth in the Business Associate Addendum attached hereto as Attachment B and incorporated by reference herein.
IN WITNESS HEREOF, the parties hereto have set their hands and seals.

ATTEST: Fulton County, Georgia

Mark Massey
Clerk to the Commission

By:
Karen C. Handel, Commission Chair
Fulton County Board of Commissioners
141 Pryor Street, S.W. Atlanta, GA 30303

By:
Kay Scott
President & CEO

APPROVED AS TO
Steven R. Katko, M.D., Dir
Fulton County Department of Health and Wellness

APPROVED AS TO FORM:

Sudevi (Bhosh, Staff Attorney)
Changes: Upon review and mutual agreement, these operating guidelines may be changed as the service needs of the patients change.
Attachment A

Services will be provided by the Contractor at the following site:

Planned Parenthood of Georgia, Inc.
Downtown Health Center
100 Edgewood Ave., Suite 1604
Atlanta, GA 30303
404-688-9300
MEMORANDUM:

TO: Sean Johnson  
Office of Women's Health Georgia  
Division of Public Health 2 Peachtree Street, N.W., 11-484 Atlanta, GA  
30303

FROM: Mary Driscoll  
COO / VP, Client Services Planned Parenthood of Georgia

DATE: July 13, 2005

RE: Family Planning Quarterly Report for District 20 - PP of GA
    For 4th Quarter FY05

Attached are the following reports:

__ ___ Sterilization Report
   _ n/a _ All clients age 21 or over when consent was signed
   __ n/a __ Procedures met time limits (no less than 31 or more than 180 days)

__ ___ Community Participation/Materials Review Committee Report

__ ___ Grant-In-Aid Report (036 & 305)
   _ n/a _ Drug Report

__ ___ Family Planning Program Community Education & Program Promotion Report

_ n/a _ Non-Traditional Site Reports (Albany, Macon, Augusta, Gainesville, Columbus, LaGrange)

The following reports have been completed and are on file in the district health office:

__ ___ Quality Assurance Report (do not send report)

__ ___ Natural Family Planning/Fertility Awareness Report (do not send report)
PUBLIC HEALTH SERVICE STERILIZATION RECORD

(For monitoring and auditing sterilizations subject to Federal Regulation 42 CFR 60.201 et seq.)

Reporting Period: __4rd Quarter FY 05__

Program/Project Identification                                                                                              city and state

Planned Parenthood of Georgia 100
Edgewood Ave. NE, Suite 1604
Atlanta, GA 30303

<table>
<thead>
<tr>
<th>Patient Identification (1) (Do not use name or SS Number)</th>
<th>Date of Birth (2)</th>
<th>Date Consent Signed (3)</th>
<th>Date of Procedure (4)</th>
<th>Sex of Patient (5)</th>
<th>Circumstances of Sterilization (check appropriate block) (6)</th>
<th>Race/Ethnicity (7)</th>
<th>Interpreter (8)</th>
<th>Source(s) of Payment (9)</th>
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(10) Total number of hysterectomies performed or arranged for ____ 0 ____

To the best of my knowledge the data reported above accurately represent the sterilization activities during the time specified.

Mary Driscoll 07/13/05

Women's Health Coordinator Date

Form approved 0937-016 12/95
**Community Participation/Materials Review Committee**

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<th>CATEGORIES</th>
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<td></td>
<td>Number</td>
<td>1ST QUARTER</td>
</tr>
<tr>
<td>Providers</td>
<td>11</td>
<td>0 providers</td>
</tr>
<tr>
<td>Consumer</td>
<td>Varies per quarter</td>
<td>107 consumers</td>
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<tr>
<td>Community Members (list)</td>
<td></td>
<td>surveyed 2 staff</td>
</tr>
<tr>
<td>Nancy Cook</td>
<td>Mary Horder</td>
<td>No meeting, survey only. Report attached.</td>
</tr>
<tr>
<td>Elizabeth Connell</td>
<td>Marcia Riley</td>
<td>Meeting and survey held. Report attached.</td>
</tr>
<tr>
<td>Camille Williams-Davis</td>
<td>Michael Robinowitz</td>
<td>No meeting, survey only. Report attached.</td>
</tr>
<tr>
<td>Joel Engel</td>
<td></td>
<td>Meeting and survey held. Report attached.</td>
</tr>
<tr>
<td>Janelle Foote</td>
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<tr>
<td>Cheryl Franklin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patricia Haynes</td>
<td></td>
<td></td>
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<tr>
<td>Neil Harrison</td>
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</table>

Attach meeting minutes. Minutes should include information on any client educational materials reviewed and the outcome of the review.
Grant-in-Aid Program Reports for 036 & 305

District: 20-PPofGA
Date: 07/13/05

N/A

1. Drugs/Supplies
   Attach report on drugs and supplies. See Instructions for Completing Family Planning Quarterly Reports.

2. Describe quality improvement activities regarding drug dispensing procedures, i.e., inventory, lot numbers, expiration dates, etc.

3. Describe activities to reach adolescents <19 and efforts coordinated with AHYD Coordinators.

4. Describe activities to reach potential clients, such as women and men at or below 150% of poverty.

5. Efforts to reach other hard to reach populations (homeless, etc.)
1. Describe any activities to enhance community understanding of the Title X Family Planning Program or the importance of family planning in general. (Attach copies of any printed coverage)

   We continued our education programs to schools and community groups through our Teen Action Group, Boys to Men, In School Health Education Programs and Community Education Programs.

2. What was the outcome of activities? (eg. new collaborations, gained support)

   This quarter we held 44 sessions and reached 1140 participants through our education programs listed above.
   We also attended 5 health fairs and reached approximately 1400 participants.
   We began a program with for TANF recipients in DeKalb County and provided 7 education sessions to 246 participants.
   We were approached by the Fulton County RYDC to provide our Boys to Men Program there. We will evaluate implementation in FY06.
1. Hot topics / Concerns that we should be aware of?

   We have experienced an increased in Medicaid denials for family planning services. We are working on identifying the problem.

2. Regional Training Center (RTC) Training / Technical Assistance(TA) needs?
Attachment 1

Planned Parenthood of Georgia, Inc.
Community Participation/Materials Review Report
4th Quarter FY05

TOPIC I: Access to health center

Purpose: To evaluate location, transportation and parking. To evaluate how clients learn about our services

Location: Downtown Atlanta Health Center

Method: Survey of clients in the center

Number of participants: 61 clients

Summary of Findings:

We asked clients about transportation to the clinic, parking and location. 80% drove by car and 65% of those parked in our parking deck with the other 35% in parking lots to the east or south of us. 11% of clients came by MARTA and 8% were dropped off. The 80% who drove and parked was higher that previous surveys (67% in the fall 2004 survey).

When asked how they heard about us: 38% said friend or relative, 31% through school, 10% from TV, 7% from the internet, 3% from their Ob/Gyn and 2% from the phone book.

TOPIC II: Educational Materials Reviewed/Approved

No materials reviewed or approved.

CONCLUSION AND RECOMMENDATIONS:

We surveyed clients in anticipation for the end of our current lease. We anticipate staying in the same area of downtown. With 67-80% coming by car, our goal for a new location must be adequate, affordable parking. Also we must remain accessible by MARTA.

Submitted By:

Mary Driscoll
Chief Operating Officer
VP, Client Services
Planned Parenthood of Georgia, Inc.
## QUALITY ASSURANCE REPORT

**FISCAL YEAR BEGINNING 7/1/2004 and ending 6/30/2005**  
**DISTRICT/AGENCY: PLANNED PARENTHOOD OF GEORGIA**

### I. Clinic Operations (Section XI)

- **a. Number of Clinic Operation Reviews Conducted**
  - **Annual Objectives**: 12 monthly operation reviews  
  - **First Qtr.** 3  
  - **Second Qtr.** 3  
  - **Third Qtr.** 3  
  - **Fourth Qtr.** 3  
  - **Annual Total** 12  
  - Comments/Explanations: Reviews conducted monthly by the Center Manager.

### II. PEER REVIEW (Section IX)

- **a. Number of Nurse Practitioner reviews**
  - **All NPs reviewed annually**: 3  
  - **Second Qtr.** 3  
  - **Third Qtr.** 3  
  - **Fourth Qtr.** 3  
  - **Annual Total** 12  
  - Comments/Explanations: Reviews conducted by Medical Director each month (previously reported as per quarter).

### III. MEDICAL RECORD AUDITS

- **a. Number of sites in which Family Planning Medical Record Audits were conducted**
  - **One chart audit per quarter - 25 charts per audit**: 1 audit  
  - **First Qtr.** 30 charts  
  - **Second Qtr.** 30 charts  
  - **Third Qtr.** 30 charts  
  - **Fourth Qtr.** 30 charts  
  - **Annual Total** 120 charts  
  - Comments/Explanations: Audits are conducted by Center Manager and reported on at Qtrly QA meetings.

### IV. PATIENT SATISFACTION SURVEYS (Section III)

- **a. Number of sites in which surveys were conducted**
  - **Two satisfaction surveys per year**: 1 survey conducted  
  - **First Qtr.** 1  
  - **Second Qtr.** 1  
  - **Annual Total** 2  

### V. Other District Objectives

- **a. Implement HIPAA security regulations**
  - **Implementation by April 2005**
  - **Reviewed Materials**
  - **QM Dir. Attended seminar**
  - **Planning & Risk assessment completed**
  - **Implementation**

### VI. Please list below any additional objectives you included in your district family planning plan and indicate quarterly progress toward meeting each objective:

- **a. Add OraQuiok and OraSure to our HIV testing and counseling program**

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**KEEP AT THE DISTRICT OFFICE. DO NOT SEND TO STATE OFFICE**
Report should include a brief description of any activity conducted related to NFP/Fertility Awareness (e.g., letters, phone calls, teaching classes, client counseling). Include number of clients in each session and who conducted training.

C= Case Manager  
FAI= Fertility Awareness Instruction

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Activity (# of clients if applicable)</th>
<th>Amount of Time</th>
<th>Case Manager / Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1stQtrFY05</td>
<td>No Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2ndQtrFY05</td>
<td>No Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rdQtrFY05</td>
<td>No Activity</td>
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<td></td>
</tr>
<tr>
<td>4thQtrFY05</td>
<td>No Activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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