



BOARD OF SUPERVISORS AGENDA ITEM REPORT

CONTRACTS / AWARDS / GRANTS

9
PCCKCFD

☐ Award ☐ Contract ☒ Grant

Requested Board Meeting Date: November 20, 2018

*** = Mandatory, information must be provided**

or Procurement Director Award ☐

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Family Health Partnership (AFHP)

***Project Title/Description:**

The federal Family Planning Program (Title X) was enacted by Congress in 1970 to offer a broad range of effective family planning methods and related services to low income individuals. The goal of the AFHP Chlamydia Performance Improvement Project (see the Addendum) is to increase the number of females ages 24 and under tested for chlamydia.

***Purpose:**

The purpose of the Family Planning Program is to provide voluntary family planning services. This contract provides \$428,147 to serve 3,796 unduplicated clients from September 1, 2018 to March 31, 2019 with family planning services. The contract also includes an Addendum for the Chlamydia Performance Improvement Project (PIP), which focuses on chlamydia screening for young women and adolescents. The Addendum provides up to \$32,000 for chlamydia screening and treatment from January 1, 2018 through December 31, 2018.

***Procurement Method:**

Not applicable - grant award

***Program Goals/Predicted Outcomes:**

The goals of the Title X program are to improve pregnancy planning and spacing, prevent unintended pregnancies through increased access to family planning services, a decrease in unintended and teen pregnancy rates, increased awareness of the importance of preconception care, an increase in screening, and a decrease in STD rates.

***Public Benefit:**

Access to family planning and reproductive health services is essential to reducing the personal and societal costs of unintended pregnancy and sexually transmitted diseases. For every \$1 spent on family planning services, an estimated \$7.09 in public expenditures is saved. Additionally, access to timely chlamydia screening and treatment services not only decreases the spread of the disease, but also decreases health issues such as chronic pelvic pain, tubal pregnancies and, in the long run, infertility.

***Metrics Available to Measure Performance:**

Metrics for the Title X program include: Family planning methods availability on-site or by referral; appropriate screening is done for sexually transmitted diseases; follow up of positive screenings is done in accordance with the latest clinical guidelines; hours and locations ensure easy access by the target population; outreach and education is conducted on a regular basis; and preconception counseling is provided.

***Retroactive:**

Yes. The contract was received from AFHP on November 5, 2018 and the effective date is September 1, 2018.

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____
Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount: \$* _____ ☐ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____
Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No
If Yes, is the Contract to a vendor or subrecipient? _____
Were insurance or indemnity clauses modified? ☐ Yes ☐ No
If Yes, attach Risk's approval.
Vendor is using a Social Security Number? ☐ Yes ☐ No
If Yes, attach the required form per Administrative Procedure 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____
Amendment No.: _____ AMS Version No.: _____
Effective Date: _____ New Termination Date: _____
Prior Contract No. (Synergen/CMS): _____
☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____
Is there revenue included? ☐ Yes ☐ No If Yes \$ _____
***Funding Source(s) required:**

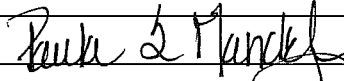
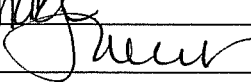
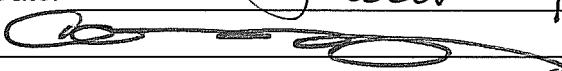
Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) ☒ Award ☐ Amendment

Document Type: GTAW Department Code: HD Grant Number (i.e.,15-123): 19-61
Effective Date: 09/01/2018 Termination Date: 03/31/2019 Amendment Number: 00
☒ Match Amount: \$ 381,014.00 ☐ Revenue Amount: \$ 460,147.00

***All Funding Source(s) required:** Title X of the Public Health Service Act (federal funding) via Arizona Family Health Partnership (AFHP)
***Match funding from General Fund?** ☐ Yes ☒ No If Yes \$ _____ % _____
***Match funding from other sources?** ☒ Yes ☐ No If Yes \$ 381,014.00 % _____
***Funding Source:** Health Special Revenue Fund, patient fees, and third party payers.

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** via AFHP

Contact: Sharon Grant
Department: Health Telephone: 724-7842
Department Director Signature/Date:  9 November 2018
Deputy County Administrator Signature/Date:  11/13/2018
County Administrator Signature/Date:  11/13/18
(Required for Board Agenda/Addendum Items)

ARIZONA FAMILY HEALTH PARTNERSHIP FAMILY PLANNING PROGRAM CONTRACT

This ARIZONA FAMILY HEALTH PARTNERSHIP FAMILY PLANNING PROGRAM CONTRACT (the “**Contract**”) is entered into by and between the Arizona Family Health Partnership, an Arizona not-for-profit corporation (the “**Partnership**”), and **Pima County Health Department** (the “**Contractor**”). The Partnership or the Contractor may be referred to individually as the “**Party**” or collectively the “**Parties**”.

RECITALS

WHEREAS, the Partnership has received Grant # 1 FHPA006314-01-00 (the “**Grant**”) dated August 27, 2018, from the Office of Population Affairs (“**OPA**”) and the United States Department of Health and Human Services (“**DHHS**”), to provide family planning and related preventative health services to eligible clients in the State of Arizona;

WHEREAS, the Grant is made pursuant to Title X of the Public Health Service Act, 42 U.S.C. 300, et seq., as amended and program guidelines and requirements issued by DHHS and OPA (“**Title X**”). Title X authorizes federally funded grants “to assist in the establishment and operation of voluntary family planning projects, which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).”

WHEREAS, the Contractor provides services that qualify for reimbursement under Title X.

WHEREAS, the Parties desire to provide for a sub-award of the Grant to reimburse the Contractor’s actual, allowable costs associated with providing the Family Planning Services, defined below.

AGREEMENT

NOW THEREFORE, in consideration of the mutual promises and covenants herein contained and intending to be legally bound thereby, the Partnership and the Contractor agree as follows:

ARTICLE I TERM AND STATEMENT OF WORK

1.1 Term. The Contract will begin on **September 1, 2018 and terminates March 31, 2019**, unless earlier terminated or amended pursuant to Article VI (the “**Term**”).

1.2 Services and Standards. The Contractor will provide **3,796** unduplicated clients the comprehensive sexual and reproductive services identified in the AFHP Agency Health Center Report (the “**Family Planning Services**”), attached as Attachment 1. The Family Planning Services will be performed in strict compliance with Title X and:

1.2.1 The Contractor's Client Data Projections described in the Client Data Summary (“**Client Data Summary**”), attached as Attachment 2;

1.2.2 The Contractor’s total 2018-2019 Family Planning Program Budget (“**Budget**”), which includes all revenues and expenses for the Contractor’s Title X-funded site(s). The Budget is attached as Attachment 3.

1.2.3 Any Title X regulations, including 42 C.F.R. § 59 et seq. (the “***Title X Regulations***”). The current Title X Regulations are attached for reference as Attachment 4;

1.2.4 Program Requirements for Title X Funded Family Planning Projects (the “***Program Requirements***”) attached as Attachment 5;

1.2.5 OPA Program Policy Notices (“***Program Notices***”) attached as Attachment 6;

1.2.6 The Partnership’s Title X Program Standards and Policy Manual (the “***Manual***”), attached as Attachment 7;

1.2.7 The Title X Program Priorities and Key Issues for the applicable year (the “***Priorities and Key Issues***”), attached as Attachment 8; and

1.2.8 All other applicable federal and State laws and regulations.

1.3 Related Preventive Health Services. The Contractor will ensure clients have access to related and other preventive health services on-site or by referral (“***Related Preventative Health Services***”). Related Preventive Health Services are beneficial to reproductive health, are closely linked to family planning services, and are appropriate to deliver in the context of a family planning visit but do not contribute directly to achieving or preventing pregnancy: examples include breast and cervical cancer screening, screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis. The Contractor’s employees and agents will be trained and equipped to offer these services onsite or by referral.

1.4 Subcontractors. The Contractor will submit a list of any subcontractors and/or independent consultants providing Family Planning Services within 30 days of the execution of this Contract or the subsequent engagement of any subcontractor(s) and/or independent consultant(s). Each will be attached as Attachment 9. All subcontractors and/or consultants must be insured, as required herein, and comply with Title X, the Title X Regulations, the Program Requirements, the Manual, Program Notices, and any other applicable laws and requirements.

ARTICLE II REIMBURSEMENT

2.1 Reimbursement. The Partnership will reimburse a portion of the Contractor’s Budget for properly documented and allowable costs to provide the Family Planning Services (“***Reimbursement***”). The total Reimbursement payments by the Partnership will not exceed **\$428,147** (“***Reimbursement Award***”). The Contractor will not receive any Reimbursement until it identifies in writing and submits to the Partnership the source and allocation of an additional **\$381,014** (“***Contractor Contribution***”) to satisfy its Budget. The Contractor Contribution must: (i) be from non-Federal funds; (ii) be allowable by Federal regulations; (iii) cannot be used by more than one project; and (iv) must be auditable. The Contractor Contribution may include third party payments for Family Planning Services and patient collection fees, donations, local and State government contributions, agency in-kind and agency contributions. Reimbursement is contingent on: (i) the Contractor’s satisfactory performance of the Family Planning Services and terms of this Contract, which determination will be in the Partnership’s sole discretion; and (ii) the Partnership’s receipt of monies from DHHS in the amount specified in the Notice of Grant Award for the applicable funding period.

2.1.1 Reduction of Reimbursement Award. If Contractor provides Family Planning Services for less than 100%, but at least 97% of the unduplicated clients anticipated in the AFHP Agency Health Center Report, the Contractor will earn the full Reimbursement Award, provided that the Contractor Contribution are expended in full and that the Contractor's total Title X family planning revenue equals the total cost of providing the Family Planning Services. If the Contractor serves less than 97% of the unduplicated clients anticipated in the AFHP Agency Health Center Report, the base Reimbursement will be reduced by **\$113** for each client below the 97% threshold.

2.2 Reporting and Reimbursement Procedure. On a monthly or quarterly basis, the Contractor will submit the Arizona Family Health Partnership Request for Title X Contract Funds Form (the "**Reimbursement Request**") to the Partnership, indicating the total funds used during that period. The Reimbursement Request is attached as Attachment 10. Within 30 days of receipt and approval of the Reimbursement Request and quarterly financial report as described in 2.2.2 by the Partnership, the Partnership will pay the Reimbursement. If the Contractor fails to deliver the Reimbursement Request or the following reports at the appropriate times, or otherwise comply with the terms of this Contract, the Partnership may, upon reasonable notice, suspend Reimbursement until such reports are delivered to and approved by the Partnership:

2.2.1 Encounter Data Report. The Contractor will submit encounter data through the Partnership's Centralized Data System (CDS) on at least a monthly basis, no later than 15 days after the end of each month. Encounter data elements and format are described in the Partnership's Data Manual, Submission Guidelines and Codebook, as defined in the Manual.

2.2.2 Financial Reports. The Contractor will submit monthly or quarterly financial reports through the Partnership's Program Information Management System (PIMS). The September 2018 financial report will be due on October 25, 2018. Thereafter, the Contractor will furnish the Partnership with reports of its revenues and costs by the 25th of the month following the end of each calendar quarter. If the 25th falls on a weekend or holiday, the report will be due on the next business day.

2.2.3 Ad Hoc Reports. The Contractor will submit additional statistical or program information as requested or required by DHHS.

2.3 Limitations on use of Reimbursement. The Contractor will not use Reimbursement for any costs disallowed by Title X, the Partnership, DHHS, or other appropriate federal officials ("**Disallowed Costs**"), which may include but are not limited to:

2.3.1 Costs to perform abortions or to supplant any funds used to perform abortion;

2.3.2 Costs to perform sterilization or to supplant any fund used to perform sterilization;

2.3.3 Indirect costs over 15% of the total program direct cost. (To charge indirect costs, the Contractor must submit a current Federally approved Indirect Rate letter or be limited to the de minimis indirect cost rate defined in CFR 200.414);

2.3.4 Salaries over the current Executive Level II of the Federal Executive Pay Scale. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. A Contractor may pay an individual's salary amount in excess of the salary cap with non-federal funds.

2.3.5 Those used for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislative itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself;

2.3.6 Costs for salary or expenses of any Grant or Contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulations administrative Actions, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for formal and recognized executive-legislative relationships or participation by any agency or office of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government; or

2.3.7 Advocating or promoting gun control.

2.4 Return of Disallowed Costs and Appeal. If the Partnership determines that the Contractor has spent Reimbursement funds on Disallowed Costs, the Contractor will remit to the Partnership any such amounts. If the Contractor fails to remit such amounts within 30 days of notice of the Disallowed Costs from the Partnership, the Partnership may offset such amount against future funding obligations by the Partnership or take other action available to it under law to reclaim such amount. If DHHS disallows any cost incurred by the Contractor under this Contract, at the Contractor's request, the Partnership may pursue appropriate administrative appeals to DHHS. In the event the Partnership elects to pursue such administrative appeals, the Contractor will pay into an escrow account such amount as the Partnership deems appropriate to cover the Disallowed Costs and appeal costs, including attorney's fees and interest penalties. The Contractor agrees to cooperate fully with the Partnership in providing documentation and other supporting material relevant to such a determination. If applicable, payment of questioned costs may be withheld from Reimbursement until the questions are resolved. The Partnership will make Reimbursement of all otherwise properly documented and allowable costs not in question.

2.5 Reallocation. Should the Contractor fail to expend its Reimbursement Award, the Partnership may reallocate the Reimbursement Award to ensure that funds are expended efficiently. The Partnership will review the Contractor's Budget at the beginning of the last quarter of the Term, and upon determination that the Reimbursement Award is not being expended efficiently or will not be expended fully during the Term, the Partnership may, in its sole discretion, reallocate all or a portion of the remaining Reimbursement Award to another organization. The Contractor may not carry over any non-obligated portions of its Reimbursement Award to the next grant or contract period.

2.6 IHS Funding. Clients receiving Family Planning Services under IHS/638 are considered uninsured, as defined by 45 CFR Part 75.2. IHS funding is not considered program income and the Contractor is not required to directly document the level of support coming from the 638 award.

ARTICLE III THE CONTRACTOR'S REPRESENTATIONS AND WARRANTIES

The Contractor represents and warrants to the Partnership the matters set forth in this Article III.

3.1 Title X System. The Contractor has had the opportunity to review the Title X Regulations, Program Requirements, and Manual, and fully understands the Partnership's and Title X requirements for receiving Reimbursement. Contractor has also reviewed the Program Priorities and Key Issues. The Contractor has a system in place to meet these requirements, including a financial management system that is able to effectively segregate Reimbursement funds, revenue, and expenses.

3.2 Debarment and Suspension. The Contractor's employees and sub-contractors, its current and future subcontractors and their principals: (i) are not presently and will not be debarred, suspended, proposed for debarment or declared ineligible for the award of subcontracts, by any U.S. Government agency, any state department or agency, in accordance with federal regulations (53 Fed. Reg. 19161-19211) or has been so within the preceding three (3) year period; (ii) have not within a three (3) year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default; and (iii) in the event any employee or sub-contractor of the Contractor's is debarred, suspended, or proposed for debarment, the Contractor must immediately notify the Partnership in writing.

3.3 HIPAA Compliance. The Contractor is a Covered Entity as defined in 45 CFR 160.103 of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and is required to comply with the provisions of HIPAA with respect to safeguarding the privacy and confidentiality of protected health information.

3.4 Conflict of Interest. This Contract does not create a conflict of interest, under any statute or rule of any governing jurisdiction, between the Contractor's officers, agents or employees and the Partnership. The provisions of ARS § 38-511 apply.

3.5 Equal Opportunity. The Contractor is an Equal Employment Opportunity employer in accordance with the requirements of 41 CFR § 60-1.4(a), 60-250.5, 60-300.5(a), 60-741.5(a) and 29 CFR § 471, Appendix A to Subpart A, if applicable.

ARTICLE IV COVENANTS

4.1 Compliance with Laws, Regulations, Manual, and Program Requirements. The Contractor will abide by the requirements of Title X, the Title X Regulations, the Manual, Program Notices, and the Program Requirements, which are incorporated as material terms of this Contract. As a recipient of federal funds, the Contractor is also required comply with other laws and regulations. The following is a non-exclusive list of other laws and regulations by which the Contractor will abide:

4.1.1 The Contractor's purchase, use and disposition of property, equipment and supplies is governed by, 2 CFR Part 200.310-316 and 45 CFR Part 75.317-323, as applicable, and related DHHS policies;

4.1.2 The Transparency Act (2 CFR Part 170);

4.1.3 2 CFR Part 200 or 45 CFR 75 (DHHS Grants Administration regulations), as applicable;

4.1.4 United States Generally Accepted Accounting Principles ("U.S. GAAP");

4.1.5 The Consolidated Appropriations Act, 2012 (Public Law 112-74), enacted December 23, 2011, and all subsequent Continuing Resolutions through FY 2018; and

4.1.6 All applicable laws, ordinances, and codes of the state of Arizona and local governments in the performance of the Contract, including all licensing standards and all applicable professional standards.

4.2 Licenses. The Contractor and each of its employees, agents and subcontractors will obtain and maintain during the Term of this Contract all appropriate licenses required by law for the operation of its facilities and for the provision of the Family Planning Services.

4.3 Status of the Contractor and Conflict of Interest. The Contractor, its agents and employees, including its professional and nonprofessional personnel, in the performance of this Contract, will act in an independent capacity and not as officers, employees or agents of the Partnership. The Contractor will prevent its officers, agents or employees from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others with whom they may have business, family, or other connections. The Contractor will refrain from using any inside or proprietary information regarding the activities of the Partnership and its affiliates for personal benefit, benefit to immediate family, or benefit to any entity in which he holds a significant financial or other interest. The Contractor's officers, agents, or employees will not deploy themselves so as to receive multiple payments from the Partnership or otherwise manipulate the assignment of personnel or tasks so as to unnecessarily increase payments to the Contractor or its officers, agents or employees.

4.4 Retention of and Access to Records; Audit.

4.4.1 The Contractor will maintain financial records, supporting documents, statistical records, and all other books, documents, papers or other records pertinent to this Contract for a period of at least three (3) years from the date of the Partnership submission of the annual financial report covering the Reimbursement awarded hereunder, or such other period as may be specifically required by 2 CFR Part 200.333 and 45 CFR Part 75.361, as applicable. If an audit, litigation, or other action involving the records is started before the end of the three (3) year period, The Contractor will maintain such records until the audit, litigation, or other action is completed, whichever is later. Client medical records must be retained in accordance with state and federal regulations.

4.4.2 The Contractor will make available to the Partnership, DHHS, The Comptroller General, or any other of their duly authorized representatives, upon appropriate notice, such books, records, reports, documents, and papers that are pertinent to the award for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to the Contractor's facility and to the Contractor's personnel for interview and discussion related to such documents. The Contractor will, upon request, transfer certain records to the custody of the Partnership or DHHS.

4.4.3 The Contractor agrees to permit the Partnership and/or DHHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of services delivered under this Contract and to assess the Contractor's compliance with applicable legal and programmatic requirements. If the Partnership identifies and notifies the Contractor of the Contractor's non-compliance with the terms of this Contract, or in providing the Family Planning Services, the Partnership will notify the Contractor of such deficiencies. The Partnership, in its sole discretion, may offer to provide technical assistance to the Contractor to correct or eliminate such deficiencies. Additionally, the Partnership may grant the Contractor a reasonable time period to correct or

eliminate such deficiencies; provided that in no case will the time allowed exceed twelve (12) months from the day of notice of the deficiency.

4.4.4 At the end of each of the Contractor's fiscal years, the Contractor will have an external audit performed, including of its Reimbursement, in accordance with the provisions of OMB Circular A-133 for a single audit, if applicable, and U.S. GAAP. For Contractors required to complete a Single Audit, expended Title X funds must be reported on the Schedule of Expenditures of Federal Awards (SEFA) under the Catalog of Federal Domestic Assistance (CFDA) number 93.217. Non-governmental contractors Audit will be conducted in accordance with 2 CFR part 200 sub Part F. The Contractor will provide to the Partnership the Contractor's financial statements and auditors' reports within 30 days of receipt of such reports, but in no case later than nine months following the Contractor's fiscal year-end. The audit package submitted to the Partnership must contain all financial statements, footnotes, schedule of federal financial assistance, auditor's opinion on the financial statements and schedule, all reports on internal controls and compliance, a copy of the management letter from the Contractor's audit firm, and a copy of any responses to the management letter or findings. If a corrective action plan is required, the Partnership reserves the right to request additional information regarding the corrective action plan, if any. The Contractor agrees to promptly implement such corrective action plan, including any recommendation made by the Partnership.

4.5 Litigation. The Contractor will notify the Partnership within 30 days of notice of any litigation, claim, negotiation, audit or other action involving the Family Planning Services or Reimbursement, occurring during the Term or within four (4) years after the expiration of the Term. The Contractor will retain any records until the completion of such action and the resolution of all issues arising from or relating to such action, or four (4) years after the end of the Term, whichever is later.

4.6 Property Records. The Contractor will maintain adequate records of any property, inventory, and maintenance procedures for items purchased with Reimbursement funds. The Contractor will be responsible for replacing or repairing Equipment for which it is accountable under this Contract if lost, damaged or destroyed due to the negligence on the part of the Contractor, or failure to secure appropriate insurance, or noncompliance with property management regulations, or instructions of the Partnership or DHHS. The Partnership may require the transfer of property acquired with funds awarded under this Contract as provided for in 2 CFR Part 200.312 and 45 CFR 75.319. Records for real property and Equipment acquired with the Reimbursement will be retained for three (3) years after the final disposition. For the purpose of this Contract, "**Equipment**" is defined as any item purchased with Title X Award funds with a useful life of more than one (1) year with a per unit acquisition cost of \$5,000 or more, unless the Contractor uses a lower limit. If required by the Partnership, Contractor shall submit a list with the required elements from CFR Part 200.313 and 45 CFR part 75.320, as applicable, of all such Equipment to the Partnership.

4.7 340B Drug Pricing Program. If the Contractor enrolls in the 340B Drug Pricing Program, the Contractor must comply with all 340B program requirements. The Contractor may be subject to audit at any time regarding 340B program compliance. 340B program requirements are available at <http://www.hrsa.gov/opa/programrequirements/>, and incorporated herein by this reference.

4.8 Required Meetings. The Contractor must participate in one (1) in-person meeting with the Partnership held during the Term of this Contract. The Contractor's staff attending must be persons with managerial responsibilities related to the Contract and one family planning clinician.

ARTICLE V
INSURANCE AND INDEMNIFICATION

5.1 Insurance. The Contractor will procure, maintain, and provide proof of coverage of: (i) a Medical Malpractice Professional Liability Insurance Policy and such policy will be written on an occurrence basis in the minimum amount of \$1,000,000 for all medical provider employees and subcontractors and consultants, unless the Contractor qualifies for such insurance pursuant to Section 5.2; (ii) General Liability coverage of at least \$1,000,000 per occurrence and \$3,000,000 Annual aggregate against general liability endorsed for premises-operations, products/completed operations, contractual, property damage, and personal injury liability; (iii) Workers compensation in accordance with applicable law; and (iv) Fidelity coverage adequate to protect against loss due to employee dishonesty of at least \$5,000. The Contractor will provide certificates indicating the proof of such insurance and incorporate them as Attachment 11. The insurance policies referred to above must name the Partnership as an additional insured under each policy. The Contractor will promptly provide the Partnership with written notice of any ineligibility determination, suspension, revocation or other action or change relevant to the insurance requirements set forth above. The Contractor may provide all or a portion of the required coverage through programs of self-insurance as allowed by law.

5.2 FTCA Status. If applicable as a Federally Qualified Health Center ("**FQHC**"), the Contractor has been deemed eligible and approved for medical malpractice liability protection through the Federal Tort Claims Act (FTCA), pursuant to the Federally Supported Centers Assistance Act of 1992 and 1995. The Contractor must remain in deemed status during the Term of this Contract. Should the Contractor lose its designation as an FQHC or lose its deemed status during the Term, the Contractor must immediately secure Professional Liability Malpractice Insurance as required by Section 5.1, and must provide a copy of the insurance certificates confirming such insurance protection.

5.3 Indemnification. To the extent allowed under Arizona law, the Contractor will indemnify, defend, save, and hold harmless the Partnership and its officers, officials, agents, and employees (hereinafter referred to as "**Indemnatee**") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "**Claims**") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the Contractor or any of its owners, officers, directors, agents, employees, or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of the Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the Parties that the Indemnatee will, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnatee, be indemnified by the Contractor from and against any and all Claims. It is agreed that the Contractor will be responsible for primary loss investigation, defense, and judgment costs where this indemnification is applicable. To the extent permitted by law, the Contractor agrees to reimburse the Partnership for any monies which the Partnership is required to pay to the DHHS or other agencies of the United States Government or the State of Arizona for any Claims arising solely from the failure of the Contractor to perform in accordance with this Contract or, local, state, or federal laws and regulations. The Partnership will appropriately invoice or file a Claim with the Contractor for any such reimbursement by the Contractor, and the Contractor will have opportunity to review, and protest when appropriate, the Claim prior to making any timely reimbursement to the Partnership. The indemnification provided herein will survive the termination of this Contract.

ARTICLE VI TERMINATION AND AMENDMENT

6.1 Termination of Contract. This Contract will terminate on the last date discussed in Section 1.1, unless earlier terminated pursuant to the terms of this Section. Upon termination: (i) the Contractor will return to the Partnership any unencumbered balance of cash disbursed under this Contract; and (ii) all nonexpendable personal property, finished or unfinished documents, data, studies, and reports purchased or prepared by the Contractor under this Contract will, at the option of the Partnership, become the Partnership's property or be disposed of in accordance with the Partnership's procedures or instructions. Final payment to the Contractor, if applicable, is contingent upon the Contractor completing closeout procedures as detailed in the Partnership's Delegate Closeout Checklist, as defined in the Manual.

6.1.1 Termination by the Contractor. If the Contractor is unable or unwilling to comply with additional conditions as may be lawfully imposed on the Contractor, the Contractor may terminate this Contract by giving written notice to the Partnership signifying the effective date thereof. The Contractor may terminate this Contract for any other reason by providing the Partnership with at least 90 days written notice. In the event the Contractor terminates this Contract, the Contractor will be entitled to compensation for any un-reimbursed expenses necessarily incurred in satisfactory performance of this Contract.

6.1.2 Termination by the Partnership. The Partnership may terminate this Contract or suspend Reimbursement, in whole or in part, in the event the Contractor: (i) fails to fulfill in a timely and proper manner its obligations under this Contract; or (ii) violates any of the covenants, agreements, or stipulations of this Contract, by providing the Contractor written notice of termination specifying the date of termination. The Partnership may give the Contractor an opportunity to cure deficiencies by providing a cure period, of at least 10 days, in any notice of termination. If the Partnership does not provide a cure period or if Contractor does not cure all deficiencies within the time specified by the Partnership, the Contract will be terminated. Despite any termination hereunder, the Contractor will not be relieved of liability to the Partnership for damages sustained by the Partnership by virtue of any material breach of this Contract by the Contractor. The Partnership may withhold any reimbursement to the Contractor for the purpose of offset until such time as the exact amount of damages, if any, due the Partnership from the Contractor is agreed upon or otherwise determined.

6.1.3 Termination or Reduction of DHHS Funding. The Partnership has been informed by DHHS that the Grant provides funding for the Term. However, in the event any DHHS funding is reduced, terminated or otherwise negatively altered (including any change or limitation upon whom the Partnership may pay or distribute monies to under this Contract), whether before or after this Contract is effective, the Partnership may terminate this Contract in whole or in part by providing the Contractor a written notice of termination. The effective Contract termination date will be the date such DHHS funding is reduced, terminated or otherwise negatively altered ("***DHHS Funding Termination Date***"). Notwithstanding anything in this Contract to the contrary, if the Contract is terminated because of the foregoing, the Partnership is relieved of all obligations under the Contract. Termination of this Contract hereunder will not be deemed a breach of this Contract by the Partnership.

6.1.4 Termination due to Non-Appropriation. Notwithstanding any other provisions in this Contract, this Contract may be terminated by the Partnership if the Contractor's governing body does not appropriate the Contractor Contribution or other sufficient monies to provide the

Family Planning Services. In such an event, the Contractor will notify the Partnership of its inability to appropriate the requisite funds and the Partnership may, at its discretion, terminate this Contract.

6.2 Amendment. The Contract, together with Attachments referenced herein, fully expresses all understanding of the Parties concerning all matters covered and will constitute the total Contract. No amendment of, addition to, or alteration of the Terms of this Contract, whether by written or verbal understanding of the Parties, their officers, agents or employees, will be valid unless made in a writing that is formally approved and executed by the Parties or made pursuant to the following procedures:

6.2.1 If the Partnership obtains additional Grant funding for periods after the expiration of the Term, the Contractor may request to extend the Term by updating the annual application forms and submit them through the Partnership's Program Information Management System (PIMS). Any extension of the Term will be mutually agreed on by the Parties, in writing.

6.2.2 The Contractor may make changes to staff and location of its Family Planning services, provided that the Contractor will notify the Partnership, in writing as soon as possible for staff changes and within 30 working days of any changes or closures of a Title X clinic site location.

6.2.3 The Contractor must submit written requests for any change in the Family Planning Services including, but not limited to, AFHP Agency Health Center Report, Client Data Summary, and Budget. The Partnership will determine whether changes require Contract revision or amendment.

6.2.4 The Contractor must submit Budget modification requests within 30 days for prior approval by the Partnership in the following instances: (i) The Contractor requires allocations of additional funds beyond the specified base amount; (ii) the Contractor wishes to reduce the Reimbursement Award; and (iii) the Contractor provides changes to the Budget representing a variance of 10% of any individual Budget category.

6.2.5 Changes in policies, procedures, and/or forms related to the Family Planning Services must be submitted in writing to the Partnership for approval prior to implementation.

6.2.6 Within 15 days of change, the Contractor must notify Partnership of changes in key clinical or management personnel, including administrative officers and Family Planning Services program directors.

ARTICLE VII MISCELLANEOUS PROVISIONS

7.1 Nonexclusivity. That this Contract is nonexclusive in nature, and the Partnership retains the authority to contract with other Parties for the delivery of Family Planning Services in the Contractor's geographic area.

7.2 Governing Law. Any action relating to this Contract will be brought in a court of the State of Arizona in the county in which the Family Planning Services are provided, unless otherwise prohibited by prevailing federal law. Any changes in the governing laws, rules and regulations that do not materially affect the Contractor's obligation under the Contract during the Term will apply but do not require an amendment.

7.3 Intangible Property and Copyright. The Contractor will ensure that publications developed while providing the Family Planning Services do not contain information that is contrary to Title X, the Manual, or to accepted clinical practice. Federal and Partnership grant support must be acknowledged in any publication. The Contractor will obtain pre-approval from the Partnership for publications resulting from activities conducted under this Contract. The Contractor will also provide all publications referencing the Partnership to the Partnership for pre-approval prior to distribution. Restrictions on motion picture film production are outlined in the "Public Health Service Grants Policy Statement." The word "**publication**" is defined to include computer software. Any such copyrighted materials will be subject to a royalty-free, non-exclusive, and irrevocable right of the Government and the Partnership to reproduce, publish, or otherwise use such materials for Federal or the Partnership purposes and to authorize others to do so, as allowed by law.

7.4 Dispute Resolution. The Parties will first attempt to resolve any dispute arising under this Contract by informal discussion between the Parties, subject to good cause exceptions, including, but not limited to, disputes determined by either Party to require immediate relief (i.e., circumstances which may result in a misappropriation of the Reimbursement). Any dispute that has not been resolved by informal discussions between the Parties within a reasonable period of time after the commencement of such discussions (not to exceed 30 days), may be resolved by any means available.

7.5 Notice. All notices required or permitted to be given hereunder will be given in writing and will be deemed to have been given when sent by certified or registered mail, postage prepaid, return receipt requested.

Notices to the Partnership will be addressed to:
Chief Executive Officer
Arizona Family Health Partnership
3101 N. Central Avenue
Suite 1120
Phoenix, Arizona 85012

Notices to the Contractor will be addressed to:
Marcy Flanagan
Director
Pima County Health Department
3950 S. Country Club Rd.
Suite 100
Tucson, AZ 85714

Either Party may change its address for notices by giving written notice of such change to the other Party.

7.6 Severability. If any provision of this Contract is declared void or unenforceable, such provision will be deemed severed from this Contract, which will otherwise remain in full force and effect. If any provision of this Contract is declared void or unenforceable, the Parties will engage in good faith efforts to renegotiate such provision in a matter that most closely matches the intent of the provision without making it unenforceable.

7.7 No Third-Party Beneficiary. This Contract was created by the Parties solely for their benefit and is not intended to confer upon any person or entity other than the Parties any rights or remedies hereunder.

7.8 Waiver. Performance of any obligation required of a Party hereunder may be waived only by a written waiver signed by the other Party, which waiver will be effective only with respect to the specific obligations described herein. The waiver of a breach of any provisions will not operate or be construed as a waiver of any subsequent breach.

7.9 Execution. This Contract will not be effective until it has been approved as required by the governing bodies of the Parties and signed by the persons having executory powers for the Parties. This Contract may be executed in two or more identical counterparts, by manual or electronic signature.

IN WITNESS WHEREOF, the Parties have each caused an authorized representative to execute and deliver this Contract on the Date provided below.

CONTRACTOR:

PARTNERSHIP:

Signature

Signature

Richard Elías

Brenda L. Thomas, MPA

Chairman, Board of Supervisors

Chief Executive Officer

Pima County

Arizona Family Health Partnership

86-6000543

Contractor ID Number (EIN)

Date

Nine Digit DUNS#: 144733792

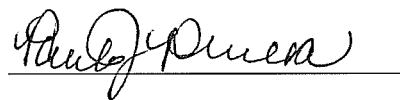
DUNS Registered Name: Pima County

Date

ATTEST:

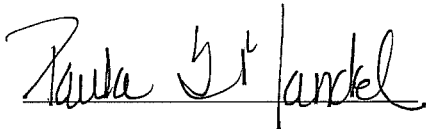
Clerk, Board of Supervisors

APPROVED AS TO FORM:

A handwritten signature in cursive script, appearing to read "Paul J. Pucina", written over a horizontal line.

Deputy County Attorney

REVIEWED BY:

A handwritten signature in cursive script, appearing to read "Paula Stankel", written over a horizontal line.

Pima County Health Department

ADDENDUM TO THE ARIZONA FAMILY HEALTH PARTNERSHIP FAMILY PLANNING PROGRAM CONTRACT

The following additional terms and conditions are added as part of the Arizona Family Health Partnership Family Planning Program Contract (the “**Contract**”) dated _____, between the Arizona Family Health Partnership, an Arizona not-for-profit corporation (the “**Partnership**”), and **Pima County Health Department** (the “**Contractor**”). The Partnership or the Contractor may be referred to individually as the “**Party**” or collectively the “**Parties**”. This addendum to the Contract is referred to as this “**Addendum**”.

RECITALS

WHEREAS, the Partnership has received Grant # ADHS17-157599 (the “**Chlamydia Grant**”) dated January 19, 2017, from the Arizona Department of Health Services (“**ADHS**”),

WHEREAS, the Chlamydia Grant provides funds to the Partnership for chlamydia screening services that include testing and counseling (“**Chlamydia Screening Services**”), and chlamydia treatment (“**Chlamydia Treatment**”), to sexually active female clients 24 years of age and younger (“**Target Population**”);

WHEREAS, the Contractor provides Chlamydia Screening Services and Chlamydia Treatment; and

WHEREAS, the Parties desire to provide for a sub-award of the Chlamydia Grant to the Contractor for its performance of the Chlamydia Screening Services and Chlamydia Treatment.

AGREEMENT

NOW THEREFORE, in consideration of the mutual promises and covenants herein contained and intending to be legally bound thereby, the Partnership and the Contractor agree as follows:

1. Term. This Addendum will apply on **January 1, 2018 and terminate December 31, 2018**, unless earlier terminated or amended pursuant the terms of the Contract (the “**Addendum Term**”).
2. Services and Standards. The Contractor will provide Chlamydia Screening Services to clients in the Target Population in accordance with the Center for Disease Control’s 2015 Sexually Transmitted Diseases Treatment Guidelines (available at <https://www.cdc.gov/std/tg2015/chlamydia.htm>). Contractor will participate in meetings and monitoring activities required by the Partnership.
3. Consideration. The Partnership will pay the Contractor **\$12.40** for each chlamydia test or combination chlamydia/gonorrhea test the Contractor performs (collectively “**Chlamydia Test**”) for uninsured clients in the Target Population. The Partnership will pay the Contractor **\$20.00** for each Chlamydia Treatment the Contractor performs for uninsured clients in the Target Population.
4. Performance Compensation. The total number of unique clients in the Target Population who are seen by the Contractor during the Addendum Term will be referred to as the “**Total Clients**”. At the end of the Addendum Term, the Partnership will pay the Contractor an additional **\$1.25** for each Chlamydia Test the Contractor performs for all Total Clients.

5. Payment of Consideration. Notwithstanding the foregoing, the total consideration payable to the Contractor pursuant to this Addendum may not exceed **\$32,000**. All payments payable pursuant to this Addendum are contingent on the following conditions, and will be made within 30 days of delivery of the last report due under this Section:

5.1 The Contractor providing the encounter data prescribed by the Contract;

5.2 The Contractor providing sufficient records of the Chlamydia Screening Services provided by the Contractor, including completed Management Logs in the form attached as **Addendum Attachment 1**, for the relevant quarter, on or before the 20th day following the end of each calendar quarter;

5.3 The Contractor providing the completed Encounter Treatment Data, in the form attached as **Addendum Attachment 2**, on or before the 25th day following the end of each calendar quarter, for every uninsured member of the Target Population who receives Chlamydia Treatment;

5.4 The Contractor providing the completed Request for Chlamydia Screening Project Funds form, attached as **Addendum Attachment 3**, for the relevant quarter, on or before the 25th day following the end of each calendar quarter;

5.5 The Contractor's satisfactory performance of the Chlamydia Screening Services, in the Partnership's sole determination; and

5.6 The Partnership's receipt of the Chlamydia Grant.

6. ADHS and Legal Requirements. The Contractor has had the opportunity to review any ADHS conditions and other legal requirements for receiving Chlamydia Grant funds and the Contractor meets such conditions and requirements. The Contractor's staff has adequate training to provide the Chlamydia Screening Services and is able to perform the Chlamydia Screening Services and meet all performance and reporting requirements required by ADHS and the Partnership.

7. Licenses. The Contractor and each of its employees, agents and subcontractors will obtain and maintain during the Addendum Term of this Contract all appropriate licenses required by law for the operation of its facilities and for the provision of the Chlamydia Screening Services.

8. Retention of Records and Audit. The Contractor will maintain financial records, supporting documents, statistical records, and all other books, documents, papers or other records pertinent to the Chlamydia Screening Services and this Contract for a period of at least three (3) years from termination of the Addendum Term unless longer required by ADHS or applicable law. If an audit, litigation, or other action involving the records associated with Chlamydia Screening Services is started before the end of the three (3) year period, The Contractor will maintain such records until the audit, litigation, or other action is completed, whichever is later. Client medical records must be retained in accordance with state and federal regulations. The Contractor will make available to the Partnership, ADHS, or any other of their duly authorized representatives, upon appropriate notice, such books, records, reports, documents, and papers that are pertinent to the award for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. The Contractor will permit the Partnership and/or ADHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of Chlamydia Screening Services delivered under this Contract and to assess the Contractor's compliance with applicable legal and programmatic requirements.

9. Litigation. The Contractor will notify the Partnership within thirty (30) days of notice of any litigation, claim, negotiation, audit or other action involving the Chlamydia Screening Services, occurring during the Addendum Term or within four (4) years after the expiration of the Addendum Term. The Contractor will retain any records until the completion of such action and the resolution of all issues arising from or relating to such action, or four years after the end of the Addendum Term, whichever is later.

10. Indemnification. In addition to the indemnifications provided in the Contract, and to the extent permitted by law, the Contractor agrees to reimburse the Partnership for any monies which the Partnership is required to pay to ADHS or agencies of the United States Government or the State of Arizona for any Claims arising solely from the failure of the Contractor to perform Chlamydia Screening Services in accordance with this Addendum or, local, state, or federal laws and regulations. The Partnership will appropriately invoice or file a Claim with the Contractor for any such reimbursement by the Contractor, and the Contractor will have opportunity to review, and protest when appropriate, the Claim prior to making any timely reimbursement to the Partnership. The indemnification provided herein will survive the termination of this Addendum.

11. Nonexclusivity. That this Addendum is nonexclusive in nature, and the Partnership retains the authority to contract with other Parties for the delivery of Chlamydia Screening Services in the Contractor's geographic area.

12. Governing Law. Any action relating to this Addendum will be brought in a court of the State of Arizona in the county in which the Chlamydia Screening Services are provided, unless otherwise prohibited by prevailing federal law.

13. Intangible Property and Copyright. The Contractor will ensure that publications developed while providing the Chlamydia Screening Services do not contain information that is contrary to ADHS policies or to accepted clinical practice. Chlamydia Grant support must be acknowledged in any publication.

14. Contract. The Contract remains in full force and effect. In the event of any conflict between this Addendum and the Contract, the terms of this Addendum will govern for matters related to the Chlamydia Screening Services. The terms of the Contract will govern in all other cases.

15. Severability. If any provision of this Addendum is declared void or unenforceable, such provision will be deemed severed from this Addendum, which will otherwise remain in full force and effect. If any provision of this Addendum is declared void or unenforceable, the Parties will engage in good faith efforts to renegotiate such provision in a manner that most closely matches the intent of the provision without making it unenforceable.

16. Execution. This Addendum will not be effective until it has been approved as required by the governing bodies of the Parties and signed by the persons having executory powers for the Parties. This Addendum may be executed in two or more identical counterparts, by manual or electronic signature.

IN WITNESS WHEREOF, the Parties have each caused an authorized representative to execute and deliver this Addendum on the Date provided below.

CONTRACTOR:

PARTNERSHIP:

Signature

Richard Elías

Chairman, Board of Supervisors

Pima County

86-6000543

Contractor ID Number (EIN)

Nine Digit DUNS#: 144733792

DUNS Registered Name: Pima County

Date

Signature

Brenda L. Thomas, MPA

Chief Executive Officer

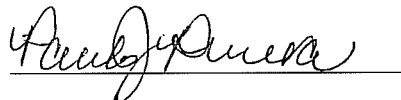
Arizona Family Health Partnership

Date

ATTEST:

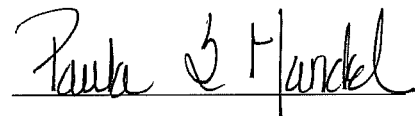
Clerk, Board of Supervisors

APPROVED AS TO FORM:

A handwritten signature in cursive script, appearing to read "Paul J. Rivera", written over a horizontal line.

Deputy County Attorney

REVIEWED BY:

A handwritten signature in cursive script, appearing to read "Paula S. Handel", written over a horizontal line.

Pima County Health Department



AFHP AGENCY HEALTH CENTER REPORT

Agency Name : Pima County Health Department
Grant Name: ARIZONA GRANT
Revised Date : 10/05/2018
Date : 10/05/2018

Name	Address	Office Hours	Clinic Hours	Number of Clients	Status	Applied Years
Theresa Lee Public Health Center	Address : 1493 W. Commerce Court City : Tucson State : Arizona ZipCode : 85746 Phone Number : 5207247900	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	1555	Opened	2015, 2016, 2017, Sept 2018-March 2019
South Clinic	Address : 175 W. Irvington City : Tucson State : Arizona ZipCode : 85714 Phone Number : 5202942026	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM		Closed (31st December, 2015)	2014, 2015, 2018
North Clinic	Address : 3550 N. 1st Ave., STE 300 City : Tucson State : Arizona ZipCode : 85719 Phone Number : 5207242880	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	1835	Opened	2014, 2015, 2016, 2017, Sept 2018-March 2019

Mobile Unit - Special Events	Address : 1000 S. Country Club Rd City : Tucson State : Arizona ZipCode : 85714 Phone Number : 5207243905	Monday - to Tuesday - to Wednesday - to Thursday - to Friday - to Saturday - to Sunday - to	Monday - to Tuesday - to Wednesday - to Thursday - to Friday - to Saturday - to Sunday - to	38	Opened	2014, 2015, 2016, 2017, Sept 2018-March 2019
Mobile - Highschools	Address : 3950 S. Country Club Rd City : Tucson State : Arizona ZipCode : 85714 Phone Number : 5207243905	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Wednesday - 01:30 PM to 04:00 PM Thursday - 12:00 PM to 04:00 PM Friday - 01:30 PM to 04:00 PM	193	Opened	2014, 2015, 2016, 2017, Sept 2018-March 2019
East Clinic	Address : 6920 E. Broadway, STE A City : Tucson State : Arizona ZipCode : 85710 Phone Number : 5207249660	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	175	Opened	2014, 2015, Sept 2018-March 2019

Agency Health Center Proposed Service Report

Level of service provided : 1=Service Provided, 2=Referral Provided, 3=Service Not Provided & Referral Not Provided.

Grant Name : ARIZONA GRANT

Proposed Year : Sept 2018-March 2019

Services	Name of Health Centers				
	East Clinic	Mobile - Highschools	Mobile Unit - Special Events	North Clinic	Theresa Lee Public Health Center
1) Family Planning Services					
1. Client Education and Counseling					
1.1. Pregnancy Prevention	1	1	1	1	1
1.2. Pregnancy Achievement	1	1	1	1	1
2. Family Planning Methods					
2.1. Male Condom	1	1	1	1	1
2.2. Oral Contraceptives	1	1	1	1	1
2.3. Injectables (Depo-Provera)	1	1	1	1	1
2.4. IUD without Hormones (ParaGard)	1	2	2	1	1

2.6. IUD with Hormones (Mirena, Skyla, Liletta, Kyleena)	1	2	2	1	1
2.6. Vaginal Ring (NuvaRing)	1	1	1	1	1
2.7. Emergency Contraception	1	1	1	1	1
2.8. Patch	2	2	2	2	2
2.9. Spermicide (Foams, Films, Suppositories)	3	1	1	3	3
2.10. Cervical Cap/Diaphragm	1	2	2	1	1
2.11. Sponge	2	2	2	2	2
2.12. Female Condom	2	2	2	2	2
2.13. Natural Family Planning (Fertility Awareness Based Methods)	1	1	1	1	1
2.14. Lactational Amenorrhea	1	1	1	1	1
2.15. Sexual Risk Avoidance (Abstinence Education)	1	1	1	1	1
2.16. Implant (Nexplanon)	1	1	1	1	1
2) Pregnancy Testing and Counseling as Indicated	1	1	1	1	1
3) Basic Infertility Services for Men					
1. Sexual History	1	1	1	1	1
2. Medical History/Family History	1	1	1	1	1
3. Reproductive History	1	1	1	1	1
4. Physical Exam	1	1	1	1	1
5. Semen Analysis	2	2	2	2	2
6. Further Diagnosis	2	2	2	2	2
4) Basic Infertility Services for Women					
1. Sexual History	1	1	1	1	1
2. Medical History/Family History	1	1	1	1	1
3. Reproductive History	1	1	1	1	1
4. Physical Exam	1	1	1	1	1
5. Further Diagnosis	2	2	2	2	2
5) Preconception Health Screening, Counseling and Education					
1. Intimate Partner Violence	1	1	1	1	1
2. Alcohol And Other Drug Use	1	1	1	1	1
3. Tobacco Use	1	1	1	1	1
4. Immunization Status	1	1	1	1	1
5. BMI	1	1	1	1	1
6. Blood Pressure	1	1	1	1	1
7. Diabetes	1	2	2	1	1
6) Sexually Transmitted Infection Testing					
1. Chlamydia	1	1	1	1	1
2. Gonorrhea	1	1	1	1	1
3. Syphilis	1	1	1	1	1
4. Herpes	1	1	1	1	1
5. Hepatitis C for High Risk Populations	2	2	2	2	2
6. HIV	1	1	1	1	1
7) Sexually Transmitted Infection Treatment					
1. Chlamydia	1	1	1	1	1
2. Gonorrhea	1	1	1	1	1

8. Cytology					
4. Herpes	1	1	1	1	1
5. Hepatitis C for High Risk Populations	2	2	2	2	2
6. HIV	2	2	2	2	2
8) Related Preventive Health Services					
1. Clinical Breast Exam as Indicated	1	1	1	1	1
2. Pelvic Exam as Indicated	1	1	1	1	1
3. Cervical Cytology with HPV Testing as Indicated	1	1	1	1	1
4. Genital Exam as Indicated	1	1	1	1	1
9) Other Preventive Health Services					
1. Other specify					
2. Other specify					
3. Other specify					
4. Other specify					



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

Sept 2018-March 2019 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: East Clinic
Name of Person filling out form: Richard Wascher
Date: 10/05/2018
Revision Date: 10/05/2018

Title X Family Planning Users:

Unduplicated Female Users : 105
 Unduplicated Male Users : 70
****Total Unduplicated Females & Males : 175**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 16
 Total Unduplicated Teens : 16

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 112
 Between 101 and 138% : 30
 Between 139 and 200% : 5
 Between 201 and 250% : 15
 At or above 251% : 13
****Total Unduplicated clients by FPL % : 175**

<u>Total Number of Visits by CPT Code</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
99201	20	12	32
99202	10	6	16
99203	8	4	12
99204	2	2	4
99205		23	23
99211	70	15	85
99212	62	15	77
99213	17	2	19
99214	4	2	6
99215	1		1
Total Number of Client Visits*:	194	81	275

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

Sept 2018-March 2019 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: Mobile - Highschools
Name of Person filling out form: Richard Wascher
Date: 10/05/2018
Revision Date: 10/05/2018

Title X Family Planning Users:

Unduplicated Female Users : 101
 Unduplicated Male Users : 92
****Total Unduplicated Females & Males : 193**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 193
 Total Unduplicated Teens : 193

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 193
 Between 101 and 138% : 0
 Between 139 and 200% : 0
 Between 201 and 250% : 0
 At or above 251% : 0
****Total Unduplicated clients by FPL % : 193**

<u>Total Number of Visits by CPT Code</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
99201	36	14	50
99202	3		3
99203			
99204			
99205			
99211	26	33	59
99212	60	62	122
99213	9		9
99214			
99215			
Total Number of Client Visits*:	134	109	243

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

Sept 2018-March 2019 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: Mobile Unit - Special Events
Name of Person filling out form: Richard Wascher
Date: 10/05/2018
Revision Date: 10/05/2018

Title X Family Planning Users:

Unduplicated Female Users : 23
 Unduplicated Male Users : 15
****Total Unduplicated Females & Males : 38**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 13
Total Unduplicated Teens : 13

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 38
 Between 101 and 138% : 0
 Between 139 and 200% : 0
 Between 201 and 250% : 0
 At or above 251% : 0
****Total Unduplicated clients by FPL % : 38**

<u>Total Number of Visits by CPT Code</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
99201	14	10	24
99202	2	5	7
99203			
99204			
99205			
99211	10	4	14
99212			
99213			
99214			
99215			
Total Number of Client Visits*:	26	19	45

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

Sept 2018-March 2019 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: North Clinic
Name of Person filling out form: Richard Wascher
Date: 10/05/2018
Revision Date: 10/05/2018

Title X Family Planning Users:

Unduplicated Female Users : 1466
 Unduplicated Male Users : 369
****Total Unduplicated Females & Males : 1835**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 292
 Total Unduplicated Teens : 292

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 1373
 Between 101 and 138% : 220
 Between 139 and 200% : 129
 Between 201 and 250% : 38
 At or above 251% : 75
****Total Unduplicated clients by FPL % : 1835**

<u>Total Number of Visits by CPT Code</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
99201	242	130	372
99202	106	40	146
99203	10	12	22
99204	2	2	4
99205			
99211	752	130	882
99212	656	90	746
99213	180	15	195
99214	15	2	17
99215	1		1
Total Number of Client Visits*:	1964	421	2385

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

Sept 2018-March 2019 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: Theresa Lee Public Health Center
Name of Person filling out form: Richard Wascher
Date: 10/05/2018
Revision Date: 10/05/2018

Title X Family Planning Users:

Unduplicated Female Users : 1135
 Unduplicated Male Users : 420
****Total Unduplicated Females & Males : 1555**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 264
 Total Unduplicated Teens : 264

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 1166
 Between 101 and 138% : 187
 Between 139 and 200% : 124
 Between 201 and 250% : 31
 At or above 251% : 47
****Total Unduplicated clients by FPL % : 1555**

<u>Total Number of Visits by CPT Code</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
99201	649	204	853
99202	82	42	124
99203	5	1	6
99204			
99205			
99211	450	78	528
99212	800	182	982
99213	202	32	234
99214	9	2	11
99215			
Total Number of Client Visits*:	2197	541	2738

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY ANNUAL EXPENSES BUDGET REPORT

Agency Name: Pima County Health Department
 Grant Name: ARIZONA GRANT
 Name of Person filling out form: Richard Wascher
 Date: 11/01/2018
 Revised Date: 10/31/2018
 Reporting Period: September 1, 2018 - March 31, 2019

Annual Budget Form Sept 2018-March 2019 : Expenses Summary

EXPENSES	2018 Budget	Sept 2018-March 2019 Title X Funds	Sept 2018-March 2019 Non Title X Funds	Sept 2018-March 2019 Total Program Budget
1. Personnel	\$731886.24	\$255670.46	\$188527.65	\$444198.11
2. Fringe Benefits	\$270797.90	\$88746.55	\$61718.04	\$150464.59
3. Travel	\$7500.00	\$4762.25	\$0.00	\$4762.25
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00
5. Supplies	\$124905.95	\$78966.74	\$56273.41	\$135240.15
6. Contractual	\$136202.50	\$0.00	\$121332.84	\$121332.84
7. Occupancy	\$94262.00	\$0.00	\$294.06	\$294.06
8. Other	\$435.00	\$0.00	\$0.00	\$0.00
9. Indirect	\$100268.41	\$1.00	\$1.00	\$2.00
TOTAL EXPENSES	\$1466258.00	\$428147.00	\$428147.00	\$856294.00

☒ I certify that information in this budget proposal is correct to the best of my knowledge.

Completed By : Richard Wascher

AFHP AGENCY ANNUAL REVENUE BUDGET REPORT

Agency Name: Pima County Health Department
 Grant Name: ARIZONA GRANT
 Name of Person filling out form: Richard Wascher
 Date: 11/01/2018
 Revised Date: 10/31/2018
 Reporting Period: September 1, 2018 - March 31, 2019

Annual Budget Form Sept 2018-March 2019 : Revenue Summary

REVENUE	2018 Budget	Sept 2018-March 2019 Title X Funds	Sept 2018-March 2019 Non Title X Funds	Sept 2018-March 2019 Total Program Budget
1) Federal Grants				
1. Title X - Base	\$733129.00	\$428147.00		\$428147.00
2. Bureau of Primary Health Care (BPHC)	\$0.00		\$0.00	\$0.00
3. Other Federal Grants (Specify)	\$0.00		\$0.00	\$0.00
4. Other Federal Grants (Specify)	\$0.00		\$0.00	\$0.00
5. Title X Additional Funds (Specify)	\$0.00	\$0.00		\$0.00
Sub Total of Federal Grants	\$733129.00	\$428147.00	\$0.00	\$428147.00
2) Payment For Services				
1. Patient Collections/Fees	\$93757.00		\$40829.13	\$40829.13
3) Third Party Payers				
1. Medicaid (Title XIX)	\$8216.00		\$51427.72	\$51427.72
2. Medicare (Title XVIII)	\$0.00		\$0.00	\$0.00
3. Other public health insurance	\$0.00		\$0.00	\$0.00
4. Private health insurance	\$2724.00		\$25507.06	\$25507.06
Sub Total of Third Party Payers	\$10940.00	\$0.00	\$76934.78	\$76934.78
4) Other Sources				
1. Title V (MCH Block Grant)	\$103020.00		\$47133.33	\$47133.33
2. Local Government	\$407482.75		\$209640.29	\$209640.29
3. State Government	\$0.00		\$0.00	\$0.00
4. Client Donations	\$21202.00		\$10064.92	\$10064.92
5. Agency In Kind	\$96727.25		\$43544.55	\$43544.55
6. Agency Contribution (Non-County agencies only)	\$0.00		\$0.00	\$0.00
7. Other (Specify)	\$0.00		\$0.00	\$0.00
Sub Total of Other Sources	\$628432.00	\$0.00	\$310383.09	\$310383.09
TOTAL REVENUE	\$1466258.00	\$428147.00	\$428147.00	\$856294.00

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(2) The trainee is not eligible or able to continue in attendance in accordance with its standards and practices.

[45 FR 73658, Nov. 6, 1980. Redesignated at 61 FR 6131, Feb. 16, 1996]

§ 58.232 What additional Department regulations apply to grantees?

Several other Department regulations apply to grantees. They include, but are not limited to:

- 42 CFR part 50, subpart D—Public Health Service grant appeals procedure
 - 45 CFR part 16—Procedures of the Departmental Grant Appeals Board
 - 45 CFR part 46—Protection of human subjects
 - 45 CFR part 74—Administration of grants
 - 45 CFR part 80—Nondiscrimination under programs receiving Federal assistance through the Department of Health and Human Services effectuation of title VI of the Civil Rights Act of 1964
 - 45 CFR part 81—Practice and procedure for hearings under part 80 of this title
 - 45 CFR part 83—Regulation for the administration and enforcement of sections 794 and 855 of the Public Health Service Act
 - 45 CFR part 84—Nondiscrimination on the basis of handicap in programs and activities receiving or benefiting from Federal financial assistance
 - 45 CFR part 86—Nondiscrimination on the basis of sex in education programs and activities receiving or benefiting from Federal financial assistance
 - 45 CFR part 91—Nondiscrimination on the basis of age in HHS programs or activities receiving Federal financial assistance
 - 45 CFR part 93—New restrictions on lobbying
- [49 FR 38116, Sept. 27, 1984. Redesignated and amended at 61 FR 6131, Feb. 16, 1996]

§ 58.233 What other audit and inspection requirements apply to grantees?

Each entity which receives a grant under this subpart must meet the requirements of 45 CFR part 74 concerning audit and inspection.

[61 FR 6131, Feb. 16, 1996; 61 FR 51020, Sept. 30, 1996]

§ 58.234 Additional conditions.

The Secretary may impose additional conditions in the grant award before or at the time of the award if he or she determines that these conditions are necessary to assure or protect the advancement of the approved activity,

the interest of the public health, or the conservation of grant funds.

[45 FR 73658, Nov. 6, 1980. Redesignated at 61 FR 6131, Feb. 16, 1996]

Subparts E–F [Reserved]

PART 59—GRANTS FOR FAMILY PLANNING SERVICES

Subpart A—Project Grants for Family Planning Services

Sec.

- 59.1 To what programs do these regulations apply?
- 59.2 Definitions.
- 59.3 Who is eligible to apply for a family planning services grant?
- 59.4 How does one apply for a family planning services grant?
- 59.5 What requirements must be met by a family planning project?
- 59.6 What procedures apply to assure the suitability of informational and educational material?
- 59.7 What criteria will the Department of Health and Human Services use to decide which family planning services projects to fund and in what amount?
- 59.8 How is a grant awarded?
- 59.9 For what purposes may grant funds be used?
- 59.10 What other HHS regulations apply to grants under this subpart?
- 59.11 Confidentiality.
- 59.12 Additional conditions.

Subpart B [Reserved]

Subpart C—Grants for Family Planning Service Training

- 59.201 Applicability.
- 59.202 Definitions.
- 59.203 Eligibility.
- 59.204 Application for a grant.
- 59.205 Project requirements.
- 59.206 Evaluation and grant award.
- 59.207 Payments.
- 59.208 Use of project funds.
- 59.209 Civil rights.
- 59.210 Inventions or discoveries.
- 59.211 Publications and copyright.
- 59.212 Grantee accountability.
- 59.213 [Reserved]
- 59.214 Additional conditions.
- 59.215 Applicability of 45 CFR part 74.

Subpart A—Project Grants for Family Planning Services

AUTHORITY: 42 U.S.C. 300a-4.

§59.1

SOURCE: 65 FR 41278, July 3, 2000, unless otherwise noted.

§59.1 To what programs do these regulations apply?

The regulations of this subpart are applicable to the award of grants under section 1001 of the Public Health Service Act (42 U.S.C. 300) to assist in the establishment and operation of voluntary family planning projects. These projects shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children.

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000]

§59.2 Definitions.

As used in this subpart:

Act means the Public Health Service Act, as amended.

Family means a social unit composed of one person, or two or more persons living together, as a household.

Low income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). "Low-income family" also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources.

Nonprofit, as applied to any private agency, institution, or organization, means that no part of the entity's net earnings benefit, or may lawfully benefit, any private shareholder or individual.

Secretary means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

State includes, in addition to the several States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Mid-

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way, Wake, *et al.*), the Marshall Islands, the Federated State of Micronesia and the Republic of Palau.

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000]

§59.3 Who is eligible to apply for a family planning services grant?

Any public or nonprofit private entity in a State may apply for a grant under this subpart.

§59.4 How does one apply for a family planning services grant?

(a) Application for a grant under this subpart shall be made on an authorized form.

(b) An individual authorized to act for the applicant and to assume on behalf of the applicant the obligations imposed by the terms and conditions of the grant, including the regulations of this subpart, must sign the application.

(c) The application shall contain—

(1) A description, satisfactory to the Secretary, of the project and how it will meet the requirements of this subpart;

(2) A budget and justification of the amount of grant funds requested;

(3) A description of the standards and qualifications which will be required for all personnel and for all facilities to be used by the project; and

(4) Such other pertinent information as the Secretary may require.

§59.5 What requirements must be met by a family planning project?

(a) Each project supported under this part must:

(1) Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services.

(2) Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and

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may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the applicant.¹

(3) Provide services in a manner which protects the dignity of the individual.

(4) Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.

(5) Not provide abortion as a method of family planning. A project must:

(i) Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

(A) Prenatal care and delivery;

(B) Infant care, foster care, or adoption; and

(C) Pregnancy termination.

(ii) If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling.

(6) Provide that priority in the provision of services will be given to persons from low-income families.

(7) Provide that no charge will be made for services provided to any persons from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge.

¹ Section 205 of Pub. L. 94-63 states: "Any (1) officer or employee of the United States, (2) officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or (3) person who receives, under any program receiving Federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both."

(8) Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

(9) If a third party (including a Government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX or XXI agency is required.

(10)(i) Provide that if an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential subgrantees which have previously provided or propose to provide family planning services to the area proposed to be served by the applicant.

(ii) Provide an opportunity for maximum participation by existing or potential subgrantees in the ongoing policy decisionmaking of the project.

(11) Provide for an Advisory Committee as required by § 59.6.

(b) In addition to the requirements of paragraph (a) of this section, each project must meet each of the following requirements unless the Secretary determines that the project has established good cause for its omission. Each project must:

(1) Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral

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to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.

(2) Provide for social services related to family planning, including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance.

(3) Provide for informational and educational programs designed to—

(i) Achieve community understanding of the objectives of the program;

(ii) Inform the community of the availability of services; and

(iii) Promote continued participation in the project by persons to whom family planning services may be beneficial.

(4) Provide for orientation and in-service training for all project personnel.

(5) Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.

(6) Provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning.

(7) Provide that all services purchased for project participants will be authorized by the project director or his designee on the project staff.

(8) Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.

(9) Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate, that these rates are reasonable and necessary.

(10) Provide, to the maximum feasible extent, an opportunity for participation in the development, implemen-

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tation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000]

§ 59.6 What procedures apply to assure the suitability of informational and educational material?

(a) A grant under this section may be made only upon assurance satisfactory to the Secretary that the project shall provide for the review and approval of informational and educational materials developed or made available under the project by an Advisory Committee prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of title X of the Act. The project shall not disseminate any such materials which are not approved by the Advisory Committee.

(b) The Advisory Committee referred to in paragraph (a) of this section shall be established as follows:

(1) *Size.* The Committee shall consist of no fewer than five but not more than nine members, except that this provision may be waived by the Secretary for good cause shown.

(2) *Composition.* The Committee shall include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended.

(3) *Function.* In reviewing materials, the Advisory Committee shall:

(i) Consider the educational and cultural backgrounds of individuals to whom the materials are addressed;

(ii) Consider the standards of the population or community to be served with respect to such materials;

(iii) Review the content of the material to assure that the information is factually correct;

(iv) Determine whether the material is suitable for the population or community to which is to be made available; and

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(v) Establish a written record of its determinations.

§ 59.7 What criteria will the Department of Health and Human Services use to decide which family planning services projects to fund and in what amount?

(a) Within the limits of funds available for these purposes, the Secretary may award grants for the establishment and operation of those projects which will in the Department's judgment best promote the purposes of section 1001 of the Act, taking into account:

(1) The number of patients, and, in particular, the number of low-income patients to be served;

(2) The extent to which family planning services are needed locally;

(3) The relative need of the applicant;

(4) The capacity of the applicant to make rapid and effective use of the federal assistance;

(5) The adequacy of the applicant's facilities and staff;

(6) The relative availability of non-federal resources within the community to be served and the degree to which those resources are committed to the project; and

(7) The degree to which the project plan adequately provides for the requirements set forth in these regulations.

(b) The Secretary shall determine the amount of any award on the basis of his estimate of the sum necessary for the performance of the project. No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project which was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975.

(c) No grant may be made for an amount equal to 100 percent for the project's estimated costs.

§ 59.8 How is a grant awarded?

(a) The notice of grant award specifies how long HHS intends to support the project without requiring the project to recompute for funds. This period, called the project period, will usually be for three to five years.

(b) Generally the grant will initially be for one year and subsequent continuation awards will also be for one year at a time. A grantee must submit a separate application to have the support continued for each subsequent year. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as the grantee's progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.

(c) Neither the approval of any application nor the award of any grant commits or obligates the United States in any way to make any additional, supplemental, continuation, or other award with respect to any approved application or portion of an approved application.

§ 59.9 For what purpose may grant funds be used?

Any funds granted under this subpart shall be expended solely for the purpose for which the funds were granted in accordance with the approved application and budget, the regulations of this subpart, the terms and conditions of the award, and the applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable.

§ 59.10 What other HHS regulations apply to grants under this subpart?

Attention is drawn to the following HHS Department-wide regulations which apply to grants under this subpart. These include:

37 CFR Part 401—Rights to inventions made by nonprofit organizations and small business firms under government grants, contracts, and cooperative agreements

42 CFR Part 50, Subpart D—Public Health Service grant appeals procedure

45 CFR Part 16—Procedures of the Departmental Grant Appeals Board

45 CFR Part 74—Uniform administrative requirements for awards and subawards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments and Indian tribal governments

45 CFR Part 80—Nondiscrimination under programs receiving Federal assistance through the Department of Health and

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Human Services effectuation of Title VI of the Civil Rights Act of 1964

45 CFR Part 81—Practice and procedure for hearings under Part 80 of this Title

45 CFR Part 84—Nondiscrimination on the basis of handicap in programs and activities receiving or benefitting from Federal financial assistance

45 CFR Part 91—Nondiscrimination on the basis of age in HHS programs or activities receiving Federal financial assistance

45 CFR Part 92—Uniform administrative requirements for grants and cooperative agreements to state and local governments

§ 59.11 Confidentiality.

All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

§ 59.12 Additional conditions.

The Secretary may, with respect to any grant, impose additional conditions prior to or at the time of any award, when in the Department's judgment these conditions are necessary to assure or protect advancement of the approved program, the interests of public health, or the proper use of grant funds.

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000]

Subpart B [Reserved]**Subpart C—Grants for Family Planning Service Training**

AUTHORITY: Sec. 6(c), 84 Stat. 1507, 42 U.S.C. 300a-4; sec. 6(c), 84 Stat. 1507, 42 U.S.C. 300a-1.

SOURCE: 37 FR 7093, Apr. 8, 1972, unless otherwise noted.

§ 59.201 Applicability.

The regulations in this subpart are applicable to the award of grants pursuant to section 1003 of the Public Health Service Act (42 U.S.C. 300a-1) to

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provide the training for personnel to carry out family planning service programs described in sections 1001 and 1002 of the Public Health Service Act (42 U.S.C. 300, 300a).

§ 59.202 Definitions.

As used in this subpart:

(a) *Act* means the Public Health Service Act.

(b) *State* means one of the 50 States, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, American Samoa, or the Trust Territory of the Pacific Islands.

(c) *Nonprofit* private entity means a private entity no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(d) *Secretary* means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

(e) *Training* means job-specific skill development, the purpose of which is to promote and improve the delivery of family planning services.

§ 59.203 Eligibility.

(a) *Eligible applicants.* Any public or nonprofit private entity located in a State is eligible to apply for a grant under this subpart.

(b) *Eligible projects.* Grants pursuant to section 1003 of the Act and this subpart may be made to eligible applicants for the purpose of providing programs, not to exceed three months in duration, for training family planning or other health services delivery personnel in the skills, knowledge, and attitudes necessary for the effective delivery of family planning services: *Provided*, That the Secretary may in particular cases approve support of a program whose duration is longer than three months where he determines (1) that such program is consistent with the purposes of this subpart and (2) that the program's objectives cannot be accomplished within three months because of the unusually complex or specialized nature of the training to be undertaken.

[37 FR 7093, Apr. 8, 1972, as amended at 40 FR 17991, Apr. 24, 1975]

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§ 59.204 Application for a grant.

(a) An application for a grant under this subpart shall be submitted to the Secretary at such time and in such form and manner as the Secretary may prescribe.¹ The application shall contain a full and adequate description of the project and of the manner in which the applicant intends to conduct the project and carry out the requirements of this subpart, and a budget and justification of the amount of grant funds requested, and such other pertinent information as the Secretary may require.

(b) The application shall be executed by an individual authorized to act for the applicant and to assume for the applicant the obligations imposed by the regulations of this subpart and any additional conditions of the grant.

(Sec. 6(c), Public Health Service Act, 84 Stat. 1506 and 1507 (42 U.S.C. 300, 300a-1, and 300a-4))

[37 FR 7093, Apr. 8, 1972, as amended at 49 FR 38116, Sept. 27, 1984]

§ 59.205 Project requirements.

An approvable application must contain each of the following unless the Secretary determines that the applicant has established good cause for its omission:

(a) Assurances that:

(1) No portion of the Federal funds will be used to train personnel for programs where abortion is a method of family planning.

(2) No portion of the Federal funds will be used to provide professional training to any student as part of his education in pursuit of an academic degree.

(3) No project personnel or trainees shall on the grounds of sex, religion, or creed be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the project.

¹ Applications and instructions may be obtained from the Program Director, Family Planning Services, at the Regional Office of the Department of Health and Human Services for the region in which the project is to be conducted, or the Office of Family Planning, Office of the Assistant Secretary for Health, Washington, DC 20201.

(b) Provision of a methodology to assess the particular training (e.g., skills, attitudes, or knowledge) that prospective trainees in the area to be served need to improve their delivery of family planning services.

(c) Provision of a methodology to define the objectives of the training program in light of the particular needs of trainees defined pursuant to paragraph (b) of this section.

(d) Provision of a method for development of the training curriculum and any attendant training materials and resources.

(e) Provision of a method for implementation of the needed training.

(f) Provision of an evaluation methodology, including the manner in which such methodology will be employed, to measure the achievement of the objectives of the training program.

(g) Provision of a method and criteria by which trainees will be selected.

§ 59.206 Evaluation and grant award.

(a) Within the limits of funds available for such purpose, the Secretary may award grants to assist in the establishment and operation of those projects which will in his judgment best promote the purposes of section 1003 of the Act, taking into account:

(1) The extent to which a training program will increase the delivery of services to people, particularly low-income groups, with a high percentage of unmet need for family planning services;

(2) The extent to which the training program promises to fulfill the family planning services delivery needs of the area to be served, which may include, among other things:

(i) Development of a capability within family planning service projects to provide pre- and in-service training to their own staffs;

(ii) Improvement of the family planning services delivery skills of family planning and health services personnel;

(iii) Improvement in the utilization and career development of paraprofessional and paramedical manpower in family planning services;

(iv) Expansion of family planning services, particularly in rural areas, through new or improved approaches to

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program planning and deployment of resources;

(3) The capacity of the applicant to make rapid and effective use of such assistance;

(4) The administrative and management capability and competence of the applicant;

(5) The competence of the project staff in relation to the services to be provided; and

(6) The degree to which the project plan adequately provides for the requirements set forth in § 59.205.

(b) The amount of any award shall be determined by the Secretary on the basis of his estimate of the sum necessary for all or a designated portion of direct project costs plus an additional amount for indirect costs, if any, which will be calculated by the Secretary either: (1) On the basis of his estimate of the actual indirect costs reasonably related to the project, or (2) on the basis of a percentage of all, or a portion of, the estimated direct costs of the project when there are reasonable assurances that the use of such percentage will not exceed the approximate actual indirect costs. Such award may include an estimated provisional amount for indirect costs or for designated direct costs (such as travel or supply costs) subject to upward (within the limits of available funds) as well as downward adjustments to actual costs when the amount properly expended by the grantee for provisional items has been determined by the Secretary.

(c) Allowability of costs shall be in conformance with the applicable cost principles prescribed by Subpart Q of 35 CFR part 74.

(d) All grant awards shall be in writing, shall set forth the amount of funds granted and the period for which support is recommended.

(e) Neither the approval of any project nor any grant award shall commit or obligate the United States in any way to make any additional, supplemental, continuation, or other award with respect to any approved project or portion thereof. For continuation support, grantees must make separate application annually at such times and in such form as the Secretary may direct.

[37 FR 7093, Apr. 8, 1972, as amended at 38 FR 26199, Sept. 19, 1973]

42 CFR Ch. I (10-1-00 Edition)**§ 59.207 Payments.**

The Secretary shall from time to time make payments to a grantee of all or a portion of any grant award, either in advance or by way of reimbursement for expenses incurred or to be incurred in the performance of the project to the extent he determines such payments necessary to promote prompt initiation and advancement of the approved project.

§ 59.208 Use of project funds.

(a) Any funds granted pursuant to this subpart as well as other funds to be used in performance of the approved project shall be expended solely for carrying out the approved project in accordance with the statute, the regulations of this subpart, the terms and conditions of the award, and, except as may otherwise be provided in this subpart, the applicable cost principles prescribed by subpart Q of 45 CFR part 74.

(b) Prior approval by the Secretary of revision of the budget and project plan is required whenever there is to be a significant change in the scope or nature of project activities.

(c) The Secretary may approve the payment of grant funds to trainees for:

(1) Return travel to the trainee's point of origin.

(2) Per diem during the training program, and during travel to and from the program, at the prevailing institutional or governmental rate, whichever is lower.

[37 FR 7093, Apr. 8, 1972, as amended at 38 FR 26199, Sept. 19, 1973]

§ 59.209 Civil rights.

Attention is called to the requirements of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. 2000d *et seq.*) and in particular section 601 of such Act which provides that no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. A regulation implementing such title VI, which applies to grants made under this part, has been issued by the Secretary of Health and Human Services with the

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approval of the President (45 CFR part 80).

§ 59.210 Inventions or discoveries.

Any grant award pursuant to § 59.206 is subject to the regulations of the Department of Health and Human Services as set forth in 45 CFR parts 6 and 8, as amended. Such regulations shall apply to any activity for which grant funds are in fact used whether within the scope of the project as approved or otherwise. Appropriate measures shall be taken by the grantee and by the Secretary to assure that no contracts, assignments or other arrangements inconsistent with the grant obligation are continued or entered into and that all personnel involved in the supported activity are aware of and comply with such obligations. Laboratory notes, related technical data, and information pertaining to inventions and discoveries shall be maintained for such periods, and filed with or otherwise made available to the Secretary, or those he may designate at such times and in such manner, as he may determine necessary to carry out such Department regulations.

§ 59.211 Publications and copyright.

Except as may otherwise be provided under the terms and conditions of the award, the grantee may copyright without prior approval any publications, films or similar materials developed or resulting from a project supported by a grant under this part, subject, however, to a royalty-free, non-exclusive, and irrevocable license or right in the Government to reproduce, translate, publish, use, disseminate, and dispose of such materials and to authorize others to do so.

§ 59.212 Grantee accountability.

(a) *Accounting for grant award payments.* All payments made by the Secretary shall be recorded by the grantee in accounting records separate from the records of all other grant funds, including funds derived from other grant awards. With respect to each approved project the grantee shall account for the sum total of all amounts paid by presenting or otherwise making available evidence satisfactory to the Secretary of expenditures for direct and

indirect costs meeting the requirements of this part: *Provided, however,* That when the amount awarded for indirect costs was based on a predetermined fixed-percentage of estimated direct costs, the amount allowed for indirect costs shall be computed on the basis of such predetermined fixed-percentage rates applied to the total, or a selected element thereof, of the reimbursable direct costs incurred.

(b) [Reserved]

(c) *Accounting for grant-related income—(1) Interest.* Pursuant to section 203 of the Intergovernmental Cooperation Act of 1968 (42 U.S.C. 4213), a State will not be held accountable for interest earned on grant funds, pending their disbursement for grant purposes. A State, as defined in section 102 of the Intergovernmental Cooperation Act, means any one of the several States, the District of Columbia, Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State, but does not include the governments of the political subdivisions of the State. All grantees other than a State, as defined in this subsection, must return all interest earned on grant funds to the Federal Government.

(d) *Grant closeout—(1) Date of final accounting.* A grantee shall render, with respect to each approved project, a full account, as provided herein, as of the date of the termination of grant support. The Secretary may require other special and periodic accounting.

(2) *Final settlement.* There shall be payable to the Federal Government as final settlement with respect to each approved project the total sum of:

(i) Any amount not accounted for pursuant to paragraph (a) of this section;

(ii) Any credits for earned interest pursuant to paragraph (c)(1) of this section;

(iii) Any other amounts due pursuant to subparts F, M, and O of 45 CFR part 74.

Such total sum shall constitute a debt owed by the grantee to the Federal Government and shall be recovered from the grantee or its successors or

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assignees by setoff or other action as provided by law.

[36 FR 18465, Sept. 15, 1971, as amended at 38 FR 26199, Sept. 19, 1973]

§ 59.213 [Reserved]**§ 59.214 Additional conditions.**

The Secretary may with respect to any grant award impose additional conditions prior to or at the time of any award when in his judgment such conditions are necessary to assure or protect advancement of the approved project, the interests of public health, or the conservation of grant funds.

§ 59.215 Applicability of 45 CFR part 74.

The provisions of 45 CFR part 74, establishing uniform administrative requirements and cost principles, shall apply to all grants under this subpart to State and local governments as those terms are defined in subpart A of that part 74. The relevant provisions of the following subparts of part 74 shall also apply to grants to all other grantee organizations under this subpart.

45 CFR PART 74**Subpart:**

- A General.
- B Cash Depositories.
- C Bonding and Insurance.
- D Retention and Custodial Requirements for Records.
- F Grant-Related Income.
- G Matching and Cost Sharing.
- K Grant Payment Requirements.
- L Budget Revision Procedures.
- M Grant Closeout, Suspension, and Termination.
- O Property.
- Q Cost Principles.

[38 FR 26199, Sept. 19, 1973]

PART 59a—NATIONAL LIBRARY OF MEDICINE GRANTS**Subpart A—Grants for Establishing, Expanding, and Improving Basic Resources****Sec.**

- 59a.1 Programs to which these regulations apply.
- 59a.2 Definitions.
- 59a.3 Who is eligible for a grant?
- 59a.4 How are grant applications evaluated?
- 59a.5 Awards.
- 59a.6 How may funds or materials be used?

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- 59a.7 Other HHS regulations that apply.

Subpart B—Establishment of Regional Medical Libraries

- 59a.11 Programs to which these regulations apply.
- 59a.12 Definitions.
- 59a.13 Who is eligible for a grant?
- 59a.14 How to apply.
- 59a.15 Awards.
- 59a.16 What other conditions apply?
- 59a.17 Other HHS regulations that apply.

SOURCE: 56 FR 29189, June 26, 1991, unless otherwise noted.

Subpart A—Grants for Establishing, Expanding, and Improving Basic Resources

AUTHORITY: 42 U.S.C. 286b-2, 286b-5.

§ 59a.1 Programs to which these regulations apply.

(a) The regulations of this subpart apply to grants of funds, materials, or both, for establishing, expanding, and improving basic medical library resources as authorized by section 474 of the Act (42 U.S.C. 286b-5).

(b) This subpart also applies to cooperative agreements awarded for this purpose. In these circumstances, references to "grant(s)" shall include "cooperative agreements(s)."

§ 59a.2 Definitions.

Undefined terms have the same meaning as provided in the Act. As used in this subpart:

Act means the Public Health Service Act, as amended (42 U.S.C. 201 *et seq.*).

Project period—See § 59a.5(c).

Related instrumentality means a public or private institution, organization, or agency, other than a medical library, whose primary function is the acquisition, preservation, dissemination, and/or processing of information relating to the health sciences.

Secretary means the Secretary of Health and Human Services and any other official of the Department of Health and Human Services to whom the authority involved is delegated.

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examination of the facts versus the interests of the subject(s) of the investigation and the PHS in a timely resolution of the matter. If the request is granted, the institution must file periodic progress reports as requested by the OSI. If satisfactory progress is not made in the institution's investigation, the OSI may undertake an investigation of its own.

(6) Upon receipt of the final report of investigation and supporting materials, the OSI will review the information in order to determine whether the investigation has been performed in a timely manner and with sufficient objectivity, thoroughness and competence. The OSI may then request clarification or additional information and, if necessary, perform its own investigation. While primary responsibility for the conduct of investigations and inquiries lies with the institution, the Department reserves the right to perform its own investigation at any time prior to, during, or following an institution's investigation.

(7) In addition to sanctions that the institution may decide to impose, the Department also may impose sanctions of its own upon investigators or institutions based upon authorities it possesses or may possess, if such action seems appropriate.

(b) The institution is responsible for notifying the OSI if it ascertains at any stage of the inquiry or investigation, that any of the following conditions exist:

(1) There is an immediate health hazard involved;

(2) There is an immediate need to protect Federal funds or equipment;

(3) There is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his/her co-investigators and associates, if any;

(4) It is probable that the alleged incident is going to be reported publicly.

(5) There is a reasonable indication of possible criminal violation. In that instance, the institution must inform OSI within 24 hours of obtaining that information. OSI will immediately notify the Office of the Inspector General.

§ 50.105 Institutional compliance.

Institutions shall foster a research environment that discourages misconduct in all research and that deals forthrightly with possible misconduct associated with research for which PHS funds have been provided or requested. An institution's failure to comply with its assurance and the requirements of this subpart may result in enforcement action against the institution, including loss of funding, and may lead to the OSI's conducting its own investigation.

Subpart B—Sterilization of Persons in Federally Assisted Family Planning Projects

§ 50.201 Applicability.

The provisions of this subpart are applicable to programs or projects for health services which are supported in whole or in part by Federal financial assistance, whether by grant or contract, administered by the Public Health Service.

§ 50.202 Definitions.

As used in this subpart:

Arrange for means to make arrangements (other than mere referral of an individual to, or the mere making of an appointment for him or her with, another health care provider) for the performance of a medical procedure on an individual by a health care provider other than the program or project.

Hysterectomy means a medical procedure or operation for the purpose of removing the uterus.

Institutionalized individual means an individual who is (1) involuntarily confined or detained, under a civil or criminal statute, in a correctional or rehabilitative facility, including a mental hospital or other facility for the care and treatment of mental illness, or (2) confined, under a voluntary commitment, in a mental hospital or other facility for the care and treatment of mental illness.

Mentally incompetent individual means an individual who has been declared mentally incompetent by a Federal, State, or local court of competent jurisdiction for any purpose unless he or she has been declared competent for

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purposes which include the ability to consent to sterilization.

Public Health Service means the Office of the Assistant Secretary for Health, Health Resources and Services Administration, National Institutes of Health, Centers for Disease Control, Alcohol, Drug Abuse and Mental Health Administration and all of their constituent agencies.

The *Secretary* means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

Sterilization means any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing.

[43 FR 52165, Nov. 8, 1978, as amended at 49 FR 38109, Sept. 27, 1984]

§ 50.203 Sterilization of a mentally competent individual aged 21 or older.

Programs or projects to which this subpart applies shall perform or arrange for the performance of sterilization of an individual only if the following requirements have been met:

(a) The individual is at least 21 years old at the time consent is obtained.

(b) The individual is not a mentally incompetent individual.

(c) The individual has voluntarily given his or her informed consent in accordance with the procedures of § 50.204 of this subpart.

(d) At least 30 days but not more than 180 days have passed between the date of informed consent and the date of the sterilization, except in the case of premature delivery or emergency abdominal surgery. An individual may consent to be sterilized at the time of premature delivery or emergency abdominal surgery, if at least 72 hours have passed after he or she gave informed consent to sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

§ 50.204 Informed consent requirement.

Informed consent does not exist unless a consent form is completed volun-

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tarily and in accordance with all the requirements of this section and § 50.205 of this subpart.

(a) A person who obtains informed consent for a sterilization procedure must offer to answer any questions the individual to be sterilized may have concerning the procedure, provide a copy of the consent form, and provide orally all of the following information or advice to the individual who is to be sterilized:

(1) Advice that the individual is free to withhold or withdraw consent to the procedure any time before the sterilization without affecting his or her right to future care or treatment and without loss or withdrawal of any federally funded program benefits to which the individual might be otherwise entitled;

(2) A description of available alternative methods of family planning and birth control;

(3) Advice that the sterilization procedure is considered to be irreversible;

(4) A thorough explanation of the specific sterilization procedure to be performed;

(5) A full description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used;

(6) A full description of the benefits or advantages that may be expected as a result of the sterilization; and

(7) Advice that the sterilization will not be performed for at least 30 days except under the circumstances specified in § 50.203(d) of this subpart.

(b) An interpreter must be provided to assist the individual to be sterilized if he or she does not understand the language used on the consent form or the language used by the person obtaining the consent.

(c) Suitable arrangements must be made to insure that the information specified in paragraph (a) of this section is effectively communicated to any individual to be sterilized who is blind, deaf or otherwise handicapped.

(d) A witness chosen by the individual to be sterilized may be present when consent is obtained.

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(e) Informed consent may not be obtained while the individual to be sterilized is:

- (1) In labor or childbirth;
- (2) Seeking to obtain or obtaining an abortion; or
- (3) Under the influence of alcohol or other substances that affect the individual's state of awareness.

(f) Any requirement of State and local law for obtaining consent, except one of spousal consent, must be followed.

§ 50.205 Consent form requirements.

(a) *Required consent form.* The consent form appended to this subpart or another consent form approved by the Secretary must be used.

(b) *Required signatures.* The consent form must be signed and dated by:

- (1) The individual to be sterilized; and
- (2) The interpreter, if one is provided; and
- (3) The person who obtains the consent; and
- (4) The physician who will perform the sterilization procedure.

(c) *Required certifications.* (i) The person obtaining the consent must certify by signing the consent form that:

(i) Before the individual to be sterilized signed the consent form, he or she advised the individual to be sterilized that no Federal benefits may be withdrawn because of the decision not to be sterilized,

(ii) He or she explained orally the requirements for informed consent as set forth on the consent form, and

(iii) To the best of his or her knowledge and belief, the individual to be sterilized appeared mentally competent and knowingly and voluntarily consented to be sterilized.

(2) The physician performing the sterilization must certify by signing the consent form, that:

(i) Shortly before the performance of the sterilization, he or she advised the individual to be sterilized that no Federal benefits may be withdrawn because of the decision not to be sterilized,

(ii) He or she explained orally the requirements for informed consent as set forth on the consent form, and

(iii) To the best of his or her knowledge and belief, the individual to be sterilized appeared mentally competent and knowingly and voluntarily consented to be sterilized. Except in the case of premature delivery or emergency abdominal surgery, the physician must further certify that at least 30 days have passed between the date of the individual's signature on the consent form and the date upon which the sterilization was performed. If premature delivery occurs or emergency abdominal surgery is required within the 30-day period, the physician must certify that the sterilization was performed less than 30 days but not less than 72 hours after the date of the individual's signature on the consent form because of premature delivery or emergency abdominal surgery, as applicable. In the case of premature delivery, the physician must also state the expected date of delivery. In the case of emergency abdominal surgery, the physician must describe the emergency.

(3) If an interpreter is provided, the interpreter must certify that he or she translated the information and advice presented orally, read the consent form and explained its contents and to the best of the interpreter's knowledge and belief, the individual to be sterilized understood what the interpreter told him or her.

§ 50.206 Sterilization of a mentally incompetent individual or of an institutionalized individual.

Programs or projects to which this subpart applies shall not perform or arrange for the performance of a sterilization of any mentally incompetent individual or institutionalized individual.

§ 50.207 Sterilization by hysterectomy.

(a) Programs or projects to which this subpart applies shall not perform or arrange for the performance of any hysterectomy solely for the purpose of rendering an individual permanently incapable of reproducing or where, if there is more than one purpose to the procedure, the hysterectomy would not be performed but for the purpose of rendering the individual permanently incapable of reproducing.

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(b) Except as provided in paragraph (c) of this section, programs or projects to which this subpart applies may perform or arrange for the performance of a hysterectomy not covered by paragraph (a) of this section only if:

(1) The person who secures the authorization to perform the hysterectomy has informed the individual and her representative, if any, orally and in writing, that the hysterectomy will make her permanently incapable of reproducing; and

(2) The individual or her representative, if any, has signed a written acknowledgment of receipt of that information.

(c)(1) A program or project is not required to follow the procedures of paragraph (b) of this section if either of the following circumstances exists:

(i) The individual is already sterile at the time of the hysterectomy.

(ii) The individual requires a hysterectomy because of a life-threatening emergency in which the physician determines that prior acknowledgment is not possible.

(2) If the procedures of paragraph (b) of this section are not followed because one or more of the circumstances of paragraph (c)(1) exist, the physician who performs the hysterectomy must certify in writing:

(i) That the woman was already sterile, stating the cause of that sterility; or

(ii) That the hysterectomy was performed under a life-threatening emergency situation in which he or she determined prior acknowledgment was not possible. He or she must also include a description of the nature of the emergency.

[43 FR 52165, Nov. 8, 1978, as amended at 47 FR 33701, Aug. 4, 1982]

§ 50.208 Program or project requirements.

(a) A program or project must, with respect to any sterilization procedure or hysterectomy it performs or arranges, meet all requirements of this subpart.

(b) The program or project shall maintain sufficient records and documentation to assure compliance with these regulations, and must retain such data for at least 3 years.

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(c) The program or project shall submit other reports as required and when requested by the Secretary.

§ 50.209 Use of Federal financial assistance.

(a) Federal financial assistance administered by the Public Health Service may not be used for expenditures for sterilization procedures unless the consent form appended to this section or another form approved by the Secretary is used.

(b) A program or project shall not use Federal financial assistance for any sterilization or hysterectomy without first receiving documentation showing that the requirements of this subpart have been met. Documentation includes consent forms, and as applicable, either acknowledgments of receipt of hysterectomy information or certification of an exception for hysterectomies.

[43 FR 52165, Nov. 8, 1978, as amended at 47 FR 33701, Aug. 4, 1982]

§ 50.210 Review of regulation.

The Secretary will request public comment on the operation of the provisions of this subpart not later than 3 years after their effective date.

**APPENDIX TO SUBPART B OF PART 50—
REQUIRED CONSENT FORM**

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from _____ (doctor or clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

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I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on ____ (day), ____ (month), ____ (year).

I, _____, hereby consent of my own free will to be sterilized by _____ by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services or

Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature _____
Date: _____
(Month, day, year)

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

Black (not of Hispanic origin) _____

Hispanic _____

Asian or Pacific Islander _____

American Indian or Alaskan native _____

White (not of Hispanic origin) _____

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter _____
Date _____

STATE OF PERSON OBTAINING CONSENT

Before _____ (name of individual), signed the consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

Signature of person obtaining consent _____
Date _____
Facility _____
Address _____

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon _____ (name of individual to be sterilized), on _____ (date of sterilization), _____ (operation), I explained to him/her the nature of the sterilization operation _____ (specify type of operation), the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

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(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

☐ Premature delivery

Individual's expected date of delivery: _____

☐ Emergency abdominal surgery:

(Describe circumstances): _____

Physician _____

Date _____

[43 FR 52165, Nov. 8, 1978, as amended at 58 FR 33343, June 17, 1993]

Subpart C—Abortions and Related Medical Services in Federally Assisted Programs of the Public Health Service

AUTHORITY: Sec. 118, Pub. L. 96-86, Oct. 12, 1979, unless otherwise noted.

SOURCE: 43 FR 4570, Feb. 2, 1978, unless otherwise noted.

§ 50.301 Applicability.

The provisions of this subpart are applicable to programs or projects for health services which are supported in whole or in part by Federal financial assistance, whether by grant or contract, appropriated to the Department of Health and Human Services and administered by the Public Health Service.

§ 50.302 Definitions.

As used in this subpart: (a) *Law enforcement agency* means an agency, or any part thereof, charged under applicable law with enforcement of the general penal statutes of the United States, or of any State or local jurisdiction.

(b) *Medical procedures performed upon a victim of rape or incest* means any medical service, including an abortion, performed for the purpose of preventing or terminating a pregnancy arising out of an incident of rape or incest.

(c) *Physician* means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she practices.

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(d) *Public health service* means: (1) An agency of the United States or of a State or local government, that provides health or medical services; and

(2) A *rural health clinic*, as defined under section 1(d)(aa)(2) of Pub. L. 95-210, 91 Stat. 1485; except that any agency or facility whose principal function is the performance of abortions is specifically excluded from this definition.

§ 50.303 General rule.

Federal financial participation is not available for the performance of an abortion in programs or projects to which this subpart applies except under circumstances described in § 50.304 or § 50.306.

[43 FR 4570, Feb. 2, 1978, as amended at 44 FR 61598, Oct. 26, 1979]

§ 50.304 Life of the mother would be endangered.

Federal financial participation is available in expenditures for an abortion when a physician has found, and so certified in writing to the program or project, that on the basis of his/her professional judgment, the life of the mother would be endangered if the fetus were carried to term. The certification must contain the name and address of the patient.

(Sec. 101, Pub. L. 95-205, 91 Stat. 1461, Dec. 9, 1977)

[43 FR 13868, July 21, 1978]

§ 50.305 [Reserved]**§ 50.306 Rape and incest.**

Federal financial participation is available in expenditures for medical procedures performed upon a victim of rape or incest if the program or project has received signed documentation from a law enforcement agency or public health service stating:

(a) That the person upon whom the medical procedure was performed was reported to have been the victim of an incident of rape or incest;

(b) The date on which the incident occurred;

(c) The date on which the report was made, which must have been within 60 days of the date on which the incident occurred;



Program Requirements for Title X Funded Family Planning Projects

Version 1.0 April 2014

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Links

Title X Statute <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>

Title X Regulations <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>

Appropriations Language/Legislative Mandates <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/legislative-mandates/>

Sterilization of Persons in Federally Assisted Family Planning Projects Regulations

<http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>

Department of Health and Human Services Regions <http://www.hhs.gov/opa/regional-contacts/>

ACRONYMS

The following is a list of acronyms and abbreviations used throughout this document.

ACRONYM/ ABBREVIATION	
CFR	Code of Federal Regulations
FDA	U.S. Food and Drug Administration
FPL	Federal Poverty Level
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
I&E	Information and Education
NOA	Notice of Award
OASH	Office of the Assistant Secretary for Health
OGM	Office of Grants Management
OMB	Office of Management and Budget
OPA	Office of Population Affairs
OSHA	Occupational Safety and Health Administration
PHS	U.S. Public Health Service
STD	Sexually Transmitted Disease

COMMONLY USED REFERENCES

As a Federal grant program, requirements for the Title X Family Planning Program are established by Federal law and regulations. For ease of reference, the law and regulations most cited in this document are listed below. Other applicable regulations and laws are cited throughout the document.

Law	Title X Public Law ("Family Planning Services and Population Research Act of 1970")	Public Law 91-572
Law	Title X Statute ("Title X of the Public Health Service Act")	42 U.S.C.300, <i>et seq.</i>
Regulation	Sterilization Regulations ("Sterilization of persons in Federally Assisted Family Planning Projects")	42 CFR part 50, subpart B
Regulation	Title X Regulations ("Project Grants for Family Planning Services") (42 CFR part 59, subpart A
Regulation	HHS Grants Administration Regulations	45 CFR parts 74

	("Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations" (part 74) and "Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments" (part 92))	and 92
Regulation	"Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations"	2 CFR 215 (OMB Circular A-110)
OMB Circular	"Grants and Cooperative Agreements with State and Local Governments"	OMB Circular A-102

INTRODUCTION

To assist individuals in determining the number and spacing of their children through the provision of affordable, voluntary family planning services, Congress enacted the Family Planning Services and Population Research Act of 1970 (Public Law 91-572). The law amended the Public Health Service (PHS) Act to add Title X, "Population Research and Voluntary Family Planning Programs." Section 1001 of the PHS Act (as amended) authorizes grants "to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)."

The Title X Family Planning Program is the only Federal program dedicated solely to the provision of family planning and related preventive health services. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. All Title X-funded projects are required to offer a broad range of acceptable and effective medically (U.S. Food and Drug Administration (FDA)) approved contraceptive methods and related services on a voluntary and confidential basis. Title X services include the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, testing, and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.

The Title X Family Planning Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). OASH is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth in 42 CFR 59.7(a). Final award decisions are made by the Regional Health Administrator for the applicable Public Health Service Region in consultation with the Deputy Assistant Secretary for Population Affairs and the Assistant Secretary for Health or their designees. The HHS Regional Offices monitor program performance of Title X grantees in each respective region.

The Title X Family Planning Guidelines consist of two parts, 1) *Program Requirements for Title X Funded Family Planning Projects* (hereafter referred to as *Title X Program Requirements*) and 2) *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*.

These documents have been developed to assist current and prospective grantees in understanding and implementing the family planning services grants program authorized by Title

X of the PHS Act (42 U.S.C. 300 *et seq.*). These documents also form the basis for monitoring projects under the Title X program.

OVERVIEW OF PROGRAM REQUIREMENTS

This document is organized into 16 sections that describe the various requirements applicable to the Title X program, as set out in the Title X statute and implementing regulations (42 CFR part 59, subpart A), and in other applicable Federal statutes, regulations, and policies. Links to the Title X statute and implementing regulations, other statutory provisions that are applicable to the Title X program, regulations related to sterilization, and additional resources to maximize the quality of services offered by Title X projects are provided on page 2 of this document.

The concise explanation of general program requirements that follows can be used to help prepare a grant application or monitor funded programs for compliance with Title X requirements. In addition, prospective applicants and grantees should consult all of the resources and references identified in this document for more complete information and to ensure that the project application and program operations comply with these and other Federal requirements.

Additional documents, including the annual *Announcement of Anticipated Availability of Funds for Family Planning Services Grants* (Title X Funding Opportunity Announcement), other Funding Opportunity Announcements for OPA priority areas, and relevant language in Federal appropriations laws, contain the most current information about Title X program requirements and are generally updated annually. The Title X Funding Opportunity Announcement includes the most recent list of program priorities and key issues, and identifies geographic areas where there will be a grant competition for the applicable fiscal year. Subject to the availability of funds, the funding announcement is published annually and posted on the HHS [Grants.gov](http://www.hhs.gov/grants) Website Portal. The *Program Requirements for Title X Funded Family Planning Projects* is posted on the OPA website (<http://www.hhs.gov/opa>). In general, the requirements that apply to the direct recipients of Title X funds also apply to sub-recipients and contractors (HHS Grants Policy Statement, 2007).

1. APPLICABILITY

As stated above, the requirements set forth in this document apply to the award of grants under section 1001 of the PHS Act (42 U.S.C. 300) to assist in the establishment and operation of voluntary family planning projects. These projects consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children (42 CFR 59.1).

2. DEFINITIONS

Terms used throughout this document include:

TERM	DEFINITION
The Act or Law	Title X of the Public Health Service Act, as amended
Family	A social unit composed of one person, or two or more persons living together, as a household
Low-income family	A family whose total annual income does not exceed 100% of the most recent Federal Poverty Guidelines; also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources
Grantee	The entity that receives Federal financial assistance via a grant and assumes legal and financial responsibility and accountability for the awarded funds and for the performance of the activities approved for funding
Nonprofit	Any private agency, institution, or organization for which no part of the entity's net earnings benefit, or may lawfully benefit, any private stakeholder or individual.
Project	Activities described in the grant application and any incorporated documents supported under the approved budget. The "scope of the project" as defined in the funded application consists of activities that the total approved grant-related project budget supports.
Secretary	The Secretary of Health and Human Services and any other officer or employee of the U.S. Department of Health and Human Services to whom the authority involved has been delegated.
Service Site	The clinics or other locations where services are provided by the grantee or sub-recipient.
Sub-recipients	Those entities that provide family planning services with Title X funds

	under a written agreement with a grantee. May also be referred to as delegates or contract agencies.
State	Includes the 50 United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Mid-way, Wake, et. al), the Marshall Islands, the Federated States of Micronesia and the Republic of Palau.

3. ELIGIBILITY

Any public or nonprofit private entity located in a state (which includes the 50 United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Mid-way, Wake, et. al), the Marshall Islands, the Federated States of Micronesia and the Republic of Palau) is eligible to apply for a Title X family planning services project grant (42 CFR 59.2, 42 CFR 59.3).

Even where states apply for a family planning services grant, local and regional entities may also apply directly to the Secretary for a family planning services grant. Faith-based organizations and American Indian/Alaska Native/Native American organizations are eligible to apply for Title X family planning services grants. Private nonprofit entities must provide proof of nonprofit status during the application process.

Although State agencies are eligible for funding, the Title X statute specifically protects the right of local and regional entities to apply directly to the Secretary for a family planning services grant (Section 1001(b), PHS Act).

4. APPLICATION

The Office of Population Affairs publishes, at a minimum, an annual announcement of the availability of Title X family planning services grant funds that sets forth specific application requirements and evaluation criteria. Applications must be submitted to OASH, Office of Grants Management (OGM) on the forms required by HHS, in the manner required, and approved by an individual authorized to act for the applicant. The application process is conducted through an electronic grants system.

If an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential sub-

recipients that have previously provided or propose to provide family planning services to the area to be served by the applicant (42 CFR 59.5 (a)(10)(i)).

Unless otherwise instructed, applicants should respond to the standard instructions contained in the grant application package as well as any HHS supplemental instructions.

Successful applications must include:

- a narrative description of the project and the manner in which the applicant intends to conduct the project and comply with all requirements of the law and regulations;
- a budget that includes an estimate of project income and costs, with justification of the amount of grant funds requested (42 CFR 59.4(c)(2)) and which is consistent with the terms of Section 1006(a) of the Act, as implemented by regulation (42 CFR 59.7(b));
- a description of the standards and qualifications the project will use for all personnel and facilities; and
- other pertinent information as may be required by the Secretary (42 CFR 59.4(c)(4)).

Title X grant funds cannot constitute 100% of a project's estimated costs; therefore, applicants must clearly specify all other sources of funding that will be used to support the Title X project (42 CFR 59.7(c)).

5. CRITERIA FOR FUNDING

Within the limits of funds available for these purposes, grants are awarded for the establishment and operation of projects that will best promote the purposes of Section 1001 of Title X of the PHS Act. The application must address all seven points contained in section 59.7(a) of the regulations. These are the criteria HHS uses to determine which family planning projects to fund and in what amount.

In making funding decisions, HHS takes into account:

- the number of patients, and, in particular, the number of low-income patients to be served;
- the extent to which family planning services are needed locally;
- the relative need of the applicant;
- the capacity of the applicant to make rapid and effective use of the Federal assistance;
- the adequacy of the applicant's facilities and staff;
- the relative availability of non-Federal resources within the community to be served and the degree to which those resources are committed to the project; and
- the degree to which the project plan adequately provides for the requirements set forth in the Title X regulations.

Funding of applications that propose to rely on other entities to provide services will take into

consideration the extent to which the applicant indicates it will be inclusive in considering all entities that are eligible to receive Federal funds to best serve individuals in need throughout the anticipated service areas.

6. NOTICE OF AWARD

The Notice of Award (NOA) is the document that informs the grantee of the duration of HHS support for the project without requiring it to recompete for funds (42 CFR 59.8 (a)). This period of funding is called the "project period." The project is generally funded in increments known as "budget periods." Each budget period is typically 12 months, although shorter or longer budget periods may be established for compelling administrative or programmatic reasons.

Decisions regarding whether and at what level to continue awards are based on factors such as the adequacy of the grantee's programmatic progress, management practices, compliance with the terms and conditions of the previous award, program priorities, and the availability of appropriations. In all cases, subsequent budget periods, also known as non-completing continuation awards, require a determination by HHS that continued funding is in the best interest of the government.

The U.S. government is not obligated to make any additional, supplemental, continuation, or other award with respect to any approved application or portion of an approved application (42 CFR 59.8(c)).

Grantees must provide the awarding agency with timely and unrestricted access to examine all records, books, papers, and documents related to the award (45 CFR 74.53 and 92.42). Records must be maintained generally for 3 years from submission of the final federal financial report (45 CFR 74.53)

7. USE OF GRANT FUNDS

All funds granted for Title X family planning services projects must be expended only for the purpose for which the funds were awarded and in accordance with the approved application and budget. Funds may not be used for prohibited activities, such as abortion as a method of family planning, or lobbying. The Notice of Award (NOA) provides other stipulations regarding the use of funds. Funds must be used in accordance with the Title X family planning services projects regulations, the terms and conditions of the award, and the HHS grants administration regulations set out at 45 CFR parts 74 and 92.

8. PROJECT MANAGEMENT AND ADMINISTRATION

All projects receiving Title X funds must provide services of high quality and be competently and efficiently administered.

8.1 Voluntary Participation

Family planning services are to be provided solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)). Clients cannot be coerced to accept services or to use or not use any particular method of family planning (42 CFR 59.5 (a)(2)).

A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or sub-recipient (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).

Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

8.2 Prohibition of Abortion

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning. Grantees and sub-recipients must have written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning. Additional guidance on this topic can be found in the July 3, 2000, Federal Register Notice entitled *Provision of Abortion-Related Services in Family Planning Services Projects*, which is available at 65 Fed. Reg. 41281, and the final rule entitled *Standards of Compliance for Abortion-Related Services in Family Planning Services Projects*, which is available at 65 Fed. Reg. 41270.

Grantees are also responsible for monitoring sub-recipients' compliance with this section.

8.3 Structure and Management

Family planning services under a Title X grant may be offered by grantees directly and/or by sub-recipient agencies operating under the umbrella of a grantee. However, the grantee is accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by sub-recipients. Where required services are provided by referral, the grantee is expected to have written agreements for the provision of services and reimbursement of costs as appropriate.

8.3.1 The grantee must have a written agreement with each sub-recipient and establish written standards and guidelines for all delegated project activities consistent with the appropriate section(s) of the Title X Program Requirements, as well as other applicable requirements (45 CFR parts 74 and 92).

8.3.2 If a sub-recipient wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the grantee must be maintained by the sub-recipient (45 CFR parts 74 and 92).

- 8.3.3 The grantee must ensure that all services purchased for project participants will be authorized by the project director or his designee on the project staff (42 CFR 59.5(b)(7)).
- 8.3.4 The grantee must ensure that services provided through a contract or other similar arrangement are paid for under agreements that include a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary (42 CFR 59.5(b)(9)).
- 8.3.5 Sub-recipient agencies must be given an opportunity to participate in the establishment of ongoing grantee policies and guidelines (42 CFR 59.5 (a)(10)).
- 8.3.6 The grantee and each sub-recipient must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Notice of Award, and which complies with Federal standards that will support effective control and accountability of funds. Documentation and records of all income and expenditures must be maintained as required (45 CFR parts 74.20 and 92.20).

8.4 Charges, Billing, and Collections

The grantee is responsible for the implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the projects. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay.

Projects should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services

- 8.4.1 Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)).

Within the parameters set out by the Title X statute and regulations, Title X grantees have a large measure of discretion in determining the extent of income verification activity that they believe is appropriate for their client population. Although not required to do so, grantees that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients self-report.

- 8.4.2 A schedule of discounts, based on ability to pay, is required for individuals with family

incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)).

- 8.4.3 Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).
- 8.4.4 For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).
- 8.4.5 Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2).
- 8.4.6 Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts(42 CFR 59.5(a)(9)).

Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

- 8.4.7 Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or sub-recipient agency is required (42 CFR 59.5(a)(9))
- 8.4.8 Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.
- 8.4.9 Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.

8.5 Project Personnel

Title X grantees must have approved personnel policies and procedures.

- 8.5.1 Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language. These policies should include,

but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.

- 8.5.2 Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b)(10)).
- 8.5.3 Projects must be administered by a qualified project director. Change in Status, including Absence, of Principal Investigator/Project Director and Other Key Personnel requires pre-approval by the Office of Grants Management. For more information, see HHS Grants Policy Statement, 2007 Section II-54.
- 8.5.4 Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5 (b)(6)).
- 8.5.5 Appropriate salary limits will apply as required by law.

8.6 Staff Training and Project Technical Assistance

Title X grantees are responsible for the training of all project staff. Technical assistance may be provided by OPA or the Regional Office.

- 8.6.1 Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites (42 CFR 59.5(b)(4)).
- 8.6.2 The project's training plan should provide for routine training of staff on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as on human trafficking
- 8.6.3 The project's training plan should provide for routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.

8.7 Planning and Evaluation

Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5 (b) (6) and (7)). In order to adequately plan and evaluate program activities, grantees should develop written goals and objectives for the project period that are specific, measurable, achievable, realistic, time-framed, and which are consistent with Title X Program Requirements. The program plan should be based on a needs assessment. Grantee project plans must include an evaluation component that identifies indicators by which the program measures the

achievement of its objectives. For more information on quality improvement, see *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*.

9. PROJECT SERVICES AND CLIENTS

Projects funded under Title X are intended to enable all persons who want to obtain family planning care to have access to such services. Projects must provide for comprehensive medical, informational, educational, social, and referral services related to family planning for clients who want such services.

- 9.1 Priority for project services is to persons from low- income families (Section 1006(c)(1), PHS Act; 42 CFR 59.5(a)(6)).
- 9.2 Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a)(3)).
- 9.3 Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)).
- 9.4 Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)).
- 9.5 Projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5 (b)(8)).
- 9.6 All grantees should assure services provided within their projects operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site.
- 9.7 All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b)(1)). This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of

this care.

- 9.8 All projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. (42 CFR 59.5(a)(1)).
- 9.9 Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b)(5)).
- 9.10 Projects must provide pregnancy diagnosis and counseling to all clients in need of this service (42 CFR 59.5(a)(5)).
- 9.11 Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:
 - prenatal care and delivery;
 - infant care, foster care, or adoption; and
 - pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (42 CFR 59.5(a)(5)).

- 9.12 Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:

“None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”

“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

10. CONFIDENTIALITY

Every project must have safeguards to ensure client confidentiality. Information obtained by the project staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).

11. COMMUNITY PARTICIPATION, EDUCATION, AND PROJECT PROMOTION

Title X grantees are expected to provide for community participation and education and to promote the activities of the project.

- 11.1 Title X grantees and sub-recipient agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services (42 CFR 59.5(b)(10)).
- 11.2 Projects must establish and implement planned activities to facilitate community awareness of and access to family planning services (42 CFR 59.5(b)(3)). Each family planning project must provide for community education programs (42 CFR 59.5(b)(3)). The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.
- 11.3 Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial (42 CFR 59.5 (b)(3)).

12. INFORMATION AND EDUCATION MATERIALS APPROVAL

Every project is responsible for reviewing and approving informational and educational materials. The Information and Education (I&E) Advisory Committee may serve the community participation function if it meets the requirements, or a separate group may be identified .

- 12.1 Title X grantees and sub-recipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to their distribution (Section 1006

(d)(2), PHS Act; 42 CFR 59.6(a)).

- 12.2 The committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended (42 CFR 59.6 (b)(2)).
- 12.3 Each Title X grantee must have an Advisory Committee of five to nine members, except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6(b)(1)). This Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X (Section 1006(d)(1), PHS Act; 42 CFR 59.6(a)).
- 12.4 The grantee may delegate I&E functions for the review and approval of materials to sub-recipient agencies; however, the oversight of the I&E review process rests with the grantee.
- 12.5 The Advisory Committee(s) may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, final responsibility for approval of the I&E materials rests with the Advisory Committee.
- 12.6 The I&E Advisory Committee(s) must:
 - consider the educational and cultural backgrounds of the individuals to whom the materials are addressed;
 - consider the standards of the population or community to be served with respect to such materials;
 - review the content of the material to assure that the information is factually correct;
 - determine whether the material is suitable for the population or community to which it is to be made available; and
 - establish a written record of its determinations (Section 1006(d), PHS Act; 42 CFR 59.6(b)).

13. ADDITIONAL ADMINISTRATIVE REQUIREMENTS

This section addresses additional requirements that are applicable to the Title X program and are set out in authorities other than the Title X statute and implementing regulations.

13.1 Facilities and Accessibility of Services

Title X service sites should be geographically accessible for the population being served. Grantees should consider clients' access to transportation, clinic locations, hours of operation, and other factors that influence clients' abilities to access services.

Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (August 4, 2003) (HHS Grants Policy Statement 2007, II-23).

Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities (45 CFR part 84).

13.2 Emergency Management

All grantees, sub-recipients, and Title X clinics are required to have a written plan for the management of emergencies (29 CFR 1910, subpart E), and clinic facilities must meet applicable standards established by Federal, State, and local governments (e.g., local fire, building, and licensing codes).

Health and safety issues within the facility fall under the authority of the Occupational Safety and Health Administration (OSHA). Disaster plans and emergency exits are addressed under 29 CFR 1910, subpart E. The basic requirements of these regulations include, but are not limited to:

- Disaster plans (e.g. fire, bomb, terrorism, earthquake, etc.) have been developed and are available to staff.
- Staff can identify emergency evacuation routes.
- Staff has completed training and understand their role in an emergency or natural disaster.
- Exits are recognizable and free from barriers.

13.3 Standards of Conduct

Projects are required to establish policies to prevent employees, consultants, or members of governing/advisory bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others (HHS Grants Policy Statement 2007, II-7).

13.4 Human Subjects Clearance (Research)

Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The grantee/sub-recipient should advise their Regional Office in writing of any research projects that involve Title X clients (HHS Grants Policy Statement 2007, II-9).

13.5 Financial and Reporting Requirements

Audits of grantees and sub-recipients must be conducted in accordance with the HHS grants administration regulations (45 CFR parts 74.26 and 92.26), as applicable, by auditors meeting established criteria for qualifications and independence (OMB A-133).

Grantees must comply with the financial and other reporting requirements set out in the HHS grants administration regulations (45 CFR parts 74 and 92), as applicable. In addition, grantees must have program data reporting systems which accurately collect and organize data for program reporting and which support management decision making and act in accordance with other reporting requirements as required by HHS.

Grantees must demonstrate continued institutional, managerial, and financial capacity (including funds sufficient to pay the non-Federal share of the project cost) to ensure proper planning, management, and completion of the project as described in the award (42 CFR 59.7(a)).

Grantees must reconcile reports, ensuring that disbursements equal obligations and drawdowns. HHS is not liable should the recipient expenditures exceed the actual amount available for the grant.

14. ADDITIONAL CONDITIONS

With respect to any grant, HHS may impose additional conditions prior to or at the time of any award, when, in the judgment of HHS, these conditions are necessary to assure or protect advancement of the approved program, the interests of public health, or the proper use of grant funds (42 CFR 59.12).

15. CLOSEOUT

Within 90 days of the end of grant support, grantees must submit:

- a final Federal Financial Report (FFR)
- a final progress report

Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the Federal Government may recover amounts based on the results of an audit covering any part of the period of grant support (HHS Grants Policy Statement, II-90).

For a complete list of requirements, grantees should review the HHS Grants Policy Statement, available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>

16. OTHER APPLICABLE HHS REGULATIONS AND STATUTES

Attention is drawn to the following HHS Department-wide regulations that apply to grants under Title X. These include:

- 37 CFR Part 401: Rights to inventions made by nonprofit organizations and small business firms under government grants, contracts, and cooperative agreements;
- 42 CFR Part 50, Subpart D: Public Health Service grant appeals procedure;
- 45 CFR Part 16: Procedures of the Departmental Grant Appeals Board;
- 45 CFR Part 74: Uniform administrative requirements for awards and sub-awards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments, and Indian tribal governments;
- 45 CFR Part 80: Nondiscrimination under programs receiving Federal assistance through HHS effectuation of Title VI of the Civil Rights Act of 1964;
- 45 CFR Part 81: Practice and procedure for hearings under Part 80 of this Title;
- 45 CFR Part 84: Nondiscrimination on the basis of disability in programs and activities receiving or benefitting from Federal financial assistance;
- 45 CFR Part 91: Nondiscrimination on the basis of age in HHS programs or activities receiving Federal financial assistance;
- 45 CFR Part 92: Uniform administrative requirements for grants and cooperative agreements to State and local governments; and
- 45 CFR Part 100: Intergovernmental Review of Department of Health and Human Services Programs and Activities.

In addition, the following statutory and regulatory provisions may be applicable to grants under Title X:

- The Patient Protection and Affordable Care Act (Public Law 111-148);
- The Trafficking Victims Protection Act of 2000, as amended (Public Law 106-386);
- Sex Trafficking of Children or by Force, Fraud, or Coercion (18 USC 1591);
- The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191); and
- Appropriations language that applies to the Title X program for the relevant fiscal year.

OPA PPN *Program Policy Notice*

Clarification regarding “Program Requirements for Title X Family Planning Projects”

Confidential Services to Adolescents

OPA Program Policy Notice 2014 – 01

Release Date: June 5, 2014

I. Purpose

The purpose of this Program Policy Notice (PPN) is to provide Title X grantees with information to clarify some specific requirements included in the newly released “*Program Requirements for Title X-Funded Family Planning Projects Version 1.0 - April 2014.*”

II. Background

On April 25, 2014, the Office of Population Affairs (OPA), which administers the Title X Family Planning Program, released new Title X Family Planning Guidelines consisting of two parts: 1) *Program Requirements for Title X Family Planning Projects* (hereafter referred to as *Title X Program Requirements*), and 2) *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*.

The *Title X Program Requirements* document closely aligns with the various requirements applicable to the Title X Program as set out in the Title X statute and implementing regulations (42 CFR part 59, subpart A), and other applicable Federal statutes, regulations, and policies. The requirement that this Program Policy Notice addresses is confidential services to adolescents.

Requirements regarding **confidential services** for individuals regardless of age are stipulated in Title X regulations at 42 CFR § 59.5(a)(4) and § 59.11, and are repeated in the *Title X Program Requirements* in sections 9.3 and 10.

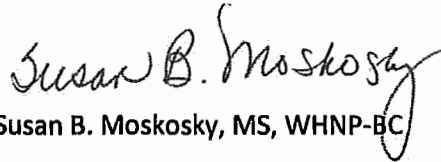
III. Clarification

It continues to be the case that Title X projects may not require written consent of parents or guardians for the provision of services to minors. Nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.



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Title X projects, however, must comply with legislative mandates that require them to encourage family participation in the decision of minors to seek family planning services, and provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. In addition, all Title X providers must comply with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.



Susan B. Moskosky, MS, WHNP-BC

Acting Director, Office of Population Affairs



Title X Program Policy Notice

Integrating with Primary Care Providers

Release Date: November 22, 2016

OPA Program Policy Notice: 2016 – 11

I. Purpose

The purpose of this Program Policy Notice (PPN) is to clarify how Title X grantees may remain in compliance with *Program Requirements for Title X Funded Family Planning Projects* when integrating services with Health Resources & Services Administration (HRSA) Health Center Program grantees and look-alikes (i.e., health centers that receive funding under Section 330 of the Public Health Service Act, which authorizes the Health Center Program, as well as those that have been determined to meet Section 330 requirements but do not receive grant funding under that program). This PPN applies only to integrated settings, and not to settings in which only Health Center Program services are provided. We address three issues commonly faced by integrated Title X and HRSA-funded health center providers:

- 1) How to bill clients receiving Title X family planning services in compliance with Title X and Health Center Program Sliding Fee Discount Schedules and billing guidelines;
- 2) How to report data to the Family Planning Annual Reports (FPAR) and to the Uniform Data System (UDS) appropriately; and,
- 3) How to preserve Title X client confidentiality when billing for services provided.

II. Background

In 2014, the Office of Population Affairs (OPA) released new Title X program guidelines consisting of two parts:

- 1) *Program Requirements for Title X Funded Family Planning Projects* (Title X Program Requirements); and,
- 2) *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs* (QFP).

Title X Program Requirements align closely with the Title X statute and family planning services project implementing regulations (42 CFR part 59, subpart A), as well as other applicable federal statutes, regulations, and policies. This PPN is intended to help Title X grantees address integrated care settings with regard to Title X Program Requirements.

III. Clarification

This section provides clarification for some of the most common issues facing Title X Family Planning (FP) providers when integrating with primary care organizations, and suggests sample strategies to overcome these issues. Endnotes are provided for reference to the applicable section(s) of the Title X and HRSA Health Center Program Requirements aligned with each strategy.

Issue 1: Nominal Charge and Sliding Fee Discount Schedules (SFDS)

Strategy

The HRSA Health Center Program and the OPA Title X Program have unique Sliding Fee Discount Schedule (SFDS) program requirements, which include having differing upper limits. HRSA's policies, currently contained in Policy Information Notice (PIN) 2014-02, allow health centers to accommodate the further discounting of services as required by Title X regulations. Title X agencies (or providers) that are integrated with or receive funding from the HRSA Health Center Program may have dual fee discount schedules: one schedule that ranges from 101% to 200% of the Federal Poverty Level (FPL) for all health center services, and one schedule that ranges from 101% to 250% FPL for clients receiving **only** Title X family planning services directly related to preventing or achieving pregnancy, and as defined in their approved Title X project.

Title X agencies and providers may consult with the health center if they have additional questions regarding implementing discounting schedules that comply with Title X and Health Center Program requirements, which may result in the health center needing to consult their HRSA Health Center Program Project Officer.

To decide which SFDS to use, the health center should determine whether a client is receiving **only Title X family planning services** (Title X family planning services are defined by the service contract between the Title X grantee and health center) or **health center services in addition to Title X family planning services within the same visit**.

The following guidance applies specifically to clients who receive **only Title X family planning services** that are directly related to preventing or achieving pregnancy:

- Clients receiving only Title X family planning services with family incomes at or below 100% of the FPL must not be charged for services received. In order to comply with Title X regulations, any nominal fee typically collected by a HRSA health center program grantee or look-alike would **not be charged to the client receiving only Title X family planning services.**ⁱ
- Clients receiving only Title X family planning services with family incomes that are between 101% FPL and 250% FPL must be charged in accordance with a specific Title X SFDS based on the client's ability to pay. Any differences between charges based on applying the Title X SFDS and the health center's discounting schedule could be allocated to Title X grant funds. This allocation is aligned with the guidance provided in HRSA's PIN 2014-02, as discussed above. This PIN states that program grantees, "*may receive or have access to other funding sources (e.g.,*

Federal, State, local, or private funds) that contain terms and conditions for reducing patient costs for specific services. These terms and conditions may apply to patients over 200 percent of the FPG [Federal Poverty Guidelines]. In such cases, it is permissible for a health center to allocate a portion (or all) of this patient's charge to this grant or subsidy funding source.”ⁱⁱⁱ

- Note that unemancipated minors who receive confidential Title X family planning services must be billed according to the income of the minor.ⁱⁱⁱ

The following guidance applies specifically to clients who receive **health center services in addition to Title X family planning services within the same visit**:

- For clients receiving health center services in addition to Title X family planning services, as defined above, within the same visit, the health center or look-alike may utilize its health center discounting schedule (which ranges from 101% to 200% FPL) including collecting one nominal fee for health center services provided to clients with family incomes at or below 100% FPL.

Issue 2: Fulfilling Data Reporting Requirements

Strategy

To comply with mandatory program reporting requirements for both the Title X and HRSA Health Center Program, health centers that are integrated with Title X funded agencies must provide data on services provided that are relevant to either or both through FPAR and UDS, as appropriate. In cases where a data element is applicable to both FPAR and UDS, reporting such data to each report does not result in “double” credit for services provided; rather, it ensures that both Title X and HRSA receive accurate information on services provided to clients during the given reporting period.

Further instructions on how a family planning “user” is defined can be found in the [FPAR Forms & Instructions](#) guidance document.

Issue 3: Sliding Fee Discount Schedule eligibility for individuals seeking confidential services

Strategy

For individuals requesting that Title X family planning services provided to them are confidential (i.e., they do not want their information disclosed in any way, including for third-party billing), the provider should ensure that appropriate measures are in place to protect the client's information, beyond HIPAA privacy assurances.^{iv} Providers **may not bill third-party payers** for services in such cases where confidentiality cannot be assured (e.g., a payer does not suppress Explanation of Benefits documents and does not remove such information from claims history and other documents accessible to the policy holder). Providers may request payment from clients at the time of the visit for any confidential services provided that cannot be disclosed to third-party payers, as long as the provider uses the appropriate SFDS. Inability to pay, however, cannot be a barrier to services.^v Providers may bill third-party payers for services that the client identifies as non-confidential.

Endnotes

ⁱ Section 8.4 of the Title X Program Requirements contains information related to charges, billing, and collections. The program requirements in section 8.4 most relevant to charging clients at or below 100% of the FPL, between 101% and 250% of the FPL, and above 250% of the FPL, are as follows:

Title X Program Requirement 8.4.1. *Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)).*

Within the parameters set out by the Title X statute and program requirements, Title X grantees have a large measure of discretion in determining the extent of income verification activity that they believe is appropriate for their client population. Although not required to do so, grantees that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients self-report.

Title X Program Requirement 8.4.2. *A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)).*

Title X Program Requirement 8.4.3. *Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).*

Title X Program Requirement 8.4.4. *For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).*

ⁱⁱ HRSA Policy Information Notice PIN 2014-02, "Sliding Fee Discount and Related Billing and Collections Program Requirements." *Individuals and families with annual incomes above 200 percent of the FPG are not eligible for sliding fee discounts. However, health centers may receive or have access to other funding sources (e.g., Federal, State, local, or private funds) that contain terms or conditions for reducing patient costs for specific services. These terms and conditions may apply to patients over 200 percent of the FPG. In such cases, it is permissible for a health center to allocate a portion (or all) of this patient's charge to this grant or subsidy funding source.*

ⁱⁱⁱ Title X Program Requirement 8.4.5. *Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2).*

^{iv} Title X Program Requirement 8.4.8. *Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.*

HRSA PIN 2014-02. *Patient privacy and confidentiality must be protected throughout the (SFDS eligibility determination) process. The act of billing and collecting from patients should be conducted in an efficient, respectful and culturally appropriate manner, assuring that procedures do not present a barrier to care and patient privacy and confidentiality are protected throughout the process.*

^v Title X Program Requirement 8.4.3, repeated. *Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).*



AFHP 2018 Program Standards and Policy Manual

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INTRODUCTION

TITLE X

To assist individuals in determining the number and spacing of their children through the provision of affordable, voluntary family planning services, Congress enacted the Family Planning Services and Population Research Act of 1970 (Public Law 91-572). The law amended the Public Health Service (PHS) Act to add Title X, "Population Research and Voluntary Family Planning Programs." Section 1001 of the PHS Act (as amended) authorizes grants "to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)."

The Title X Family Planning Program is the only Federal program dedicated solely to the provision of family planning and related preventive health services. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. All Title X-funded projects are required to offer a broad range of acceptable and effective medically (U.S. Food and Drug Administration (FDA)) approved contraceptive methods and related services on a voluntary and confidential basis. Title X services include the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, testing, and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.

The Title X Family Planning Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (DHHS).

The Title X Family Planning Guidelines consist of two parts, 1) *Program Requirements for Title X Funded Family Planning Projects* (hereafter referred to as *Title X Program Requirements*) and 2) *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs* (hereafter referred to as the QFP).

AFHP

Arizona Family Health Partnership (AFHP) is an Arizona non-profit 501(c) (3) agency, incorporated in 1974 (as the Arizona Family Planning Council). Since 1982, AFHP has been designated as a Title X ("ten") grantee and awarded federal family planning funds to provide services in Arizona. AFHP has also been the Navajo Nation grantee since July 2014.

As the grantee, AFHP performs a variety of roles in the oversight of the Title X Family Planning Program, including: grant administrator, monitor, partner, facilitator, technical advisor, educator and payer. AFHP responds to requests from the Regional OPA Office and from other Federal DHHS Offices. As the grantee, the AFHP is responsible to the funding

source for the following: quality, cost, accessibility, acceptability, and reporting for the Program and the performance of all delegate agencies.

AFHP's vision is universal access to quality family planning.

In this role, the functions and responsibilities of AFHP include:

- Assessing community needs in the area of family planning for individuals with low incomes;
- Developing community programs to meet those needs;
- Identifying, funding and contracting with service providers;
- Monitoring and evaluating the performance of subcontractor provider agencies;
- Collecting and disseminating data;
- Providing training and technical assistance;
- Providing information to the community;
- Coordinating services; and,
- Client advocacy.

AFHP provides a network of services through contracts with community-based, private non-profit and public agencies for the provision of direct clinical and educational family planning services to low income adults and adolescents. AFHP is governed by a Board of Directors made up of volunteers representing different facets of the Arizona community. AFHP is committed to providing quality family planning services to as many people as possible with the resources available.

PROGRAM MONITORING AND EVALUATION

AFHP will conduct site reviews of each Delegate Agency to determine compliance with federal and local laws and requirements, program guidelines and other contractual agreements. These evaluations play a crucial role in ensuring that quality reproductive health care services are provided to women and men. The site reviews will be performed by AFHP periodically or on an as needed basis and will range from comprehensive to issue specific reviews, using a standardized monitoring tool. Monitoring and evaluation of the Title X Program and delegate agencies may include, but is not limited to: review and analysis of financial, statistical, and special project reports, discussions and meetings with delegate agency staff, site visits to health center location(s) and formal site reviews of delegate agencies.

Program Standards and Policy Manual (PSPM)

The purpose of this manual is to document the AFHP's Title X Family Planning Project's program standards for development, implementation, and management of the Title X Program, and other related projects funded by AFHP.

This manual establishes minimum standards and can be used as a reference and information resource for family planning programs. Delegates are required to adhere to the requirements and guidelines set forth in this manual, and are also responsible for incorporating any policy changes into their operation.

The PSPM has been developed to assist Title X delegate agencies in understanding and implementing the family planning services grants program. This manual mirrors the Title X Program Requirements document published by the OPA and contains just those sections that are relevant to sub-recipient or delegate agencies. Grantee specific requirements are omitted.

Development of this PSPM was a collaborative effort between AFHP and current delegate agencies. The process was facilitated by an outside consultant. Four input sessions were held during the summer and fall of 2015. A draft of the PSPM was developed by AFHP, with delegate input, and sent to delegate agencies for review. The final document was first published January 8, 2016.

Resources drawn upon in developing the PSPM include the Title X Program Requirements, QFPs, AFHP's 2014 Program Standards Manual, and a draft of OPA's monitoring tool (referred to as "the Crosswalk").

The structure of this document follows the Title X Program Requirements. Each Title X Requirement has at least three sections:

- 1) **Additional AFHP Requirement** – additional requirements from AFHP to provide additional guidance to delegate agencies
- 2) **QFP Recommendations** – additional recommendations from the *Providing Quality Family Planning Services Recommendations of CDC and OPA*
- 3) **Evidence Requirement is Met** – evidence that the delegate agency must have to ensure that requirements are met

Some requirements may have an additional section called **Quality Assessment**. This section provides additional evidence from the QFP to ensure that quality family planning services are provided.

Helpful Links

Title X Statute: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>

Title X Regulations: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations>

Title X Program Requirements: <https://www.hhs.gov/opa/sites/default/files/Title-X-2014-Program-Requirements.pdf>

Providing Quality Family Planning Services: <https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html>

Appropriations Language/Legislative Mandates: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/legislative-mandates/>

Sterilization of Persons in Federally Assisted Family Planning Projects Regulations: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>

Department of Health and Human Services Regions: <http://www.hhs.gov/opa/regional-contacts>

DEFINITIONS

Terms used throughout this document include:

TERM	DEFINITION
The Act or Law	Title X of the Public Health Service Act, as amended
Family	A social unit composed of one person, or two or more persons living together, as a household
Low-income family	A family whose total annual income does not exceed 100% of the most recent Federal Poverty Guidelines; also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources
Grantee	The entity that receives Federal financial assistance via a grant and assumes legal and financial responsibility and accountability for the awarded funds and for the performance of the activities approved for Funding
Nonprofit	Any private agency, institution, or organization for which no part of the entity's net earnings benefit, or may lawfully benefit, any private stakeholder or individual.
Project	Activities described in the grant application and any incorporated documents supported under the approved budget. The "scope of the project" as defined in the funded application consists of activities that the total approved grant-related project budget supports.

Secretary	The Secretary of Health and Human Services and any other officer or employee of the U.S. Department of Health and Human Services to whom the authority involved has been delegated.
Service Site	The clinics or other locations where services are provided by the grantee or sub-recipient.
Sub-recipients	Those entities that provide family planning services with Title X funds under a written agreement with a grantee. May also be referred to as delegates or contract agencies.
State	Includes the 50 United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et. al), the Marshall Islands, the Federated States of Micronesia and the Republic of Palau.

ACRONYMS

The following is a list of acronyms and abbreviations used throughout this document.

ACRONYM/ ABBREVIATION	
CFR	Code of Federal Regulations
FDA	U.S. Food and Drug Administration
FPL	Federal Poverty Level
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
I&E	Information and Education
OMB	Office of Management and Budget
OPA	Office of Population Affairs
OSHA	Occupational Safety and Health Administration
PHS	U.S. Public Health Service
STD	Sexually Transmitted Disease

COMMONLY USED REFERENCES

As a Federal grant program, requirements for the Title X Family Planning Program are established by Federal law and regulations. For ease of reference, the law and regulations most cited in this document are listed below. Other applicable regulations and laws are cited throughout the document.

Law	Title X Public Law ("Family Planning Services and Population Research Act of 1970")	Public Law 91-572
Law	Title X Statute ("Title X of the Public Health Service Act")	42 U.S.C.300, <i>et seq.</i>
Regulation	Sterilization Regulations ("Sterilization of persons in Federally Assisted Family Planning Projects")	42 CFR part 50, subpart B
Regulation	Title X Regulations ("Project Grants for Family Planning Services")	42 CFR part 59, subpart A
Regulation	HHS Grants Administration Regulations ("Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations" (part 74) and "Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments" (part 92))	45 CFR parts 74 and 92
Regulation	"Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations"	2 CFR 215 (OMB Circular A-110)
OMB Circular	"Grants and Cooperative Agreements with State and Local Governments"	OMB Circular A-102

8. PROJECT MANAGEMENT AND ADMINISTRATION

All projects receiving Title X funds must provide services of high quality and be competently and efficiently administered.

Title X Requirement - 8.1 Voluntary Participation

Title X Requirement - 8.1.1

Family planning services are to be provided solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a) (2)). Clients cannot be coerced to accept services or to use or not use any particular method of family planning (42 CFR 59.5 (a) (2)).

Additional AFHP Requirement

None

QFP Recommendations

A core premise of the QFP is that quality services are client-centered, which includes providing services on a voluntary basis. These principles are useful when developing counseling protocols that ensure voluntary participation.

1. Establish and Maintain Rapport with the Client
2. Assess the Client's Needs and Personalize Discussions Accordingly
3. Work with the Client Interactively to Establish a Plan
4. Provide Information that Can Be Understood and Retained by the Client
5. Confirm Client Understanding

See QFP [Appendix C](#) (pages 45-46) for the key principles of providing quality counseling for a complete description of the principles listed above.

Evidence Requirement is Met

Delegates should institutionalize administrative procedures (i.e., staff training, clinical protocols, and consent forms) to ensure clients receive services on a voluntary basis.

1. Delegate has written policies and procedures that specify services are to be provided on a voluntary basis.
2. Documentation at service sites demonstrates (e.g., staff circulars, training curriculum and records) staff has been informed at least once during their period of employment that services must be provided on a voluntary basis.
3. Administrative policies used by service sites include a written statement that clients may not be coerced to use contraception, or to use any particular method of contraception or service.
4. General consent forms at service sites inform clients that services are provided on a voluntary basis.
 - 4a. Record review at service sites demonstrate that each client has signed a general consent form acknowledging that services are voluntary.

Quality Assessment

Observation of counseling process, including I&E material provided, at service sites demonstrates that the five principles of quality counseling are utilized when providing family planning services.

Title X Requirement - 8.1.2

A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or sub-recipient (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Delegates should institutionalize administrative procedures (e.g., staff training, clinical protocols, and consent forms) to ensure clients' receipt of family planning services is not used as a prerequisite to receipt of other services from the service site.

1. The delegate has a written policy that prohibit service sites from making the acceptance of family planning services a prerequisite to the receipt of any other services.
2. Documentation (e.g., staff circulars, training curriculum) indicates staff has been informed at least once during their period of employment that a client's receipt of family planning services may not be used as a prerequisite to receipt of any other services offered by the service site.
3. Administrative policies include a written statement that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
4. General consent forms state that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
5. Medical chart review demonstrates that each client has signed a general consent form stating receipt of family planning services is not a prerequisite to receipt of any other services offered.

Title X Requirement - 8.1.3

Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

Additional AFHP Requirement

Personnel working within the family planning project must be informed that they may not coerce or try to coerce any person to accept any pregnancy option (including adoption) or specific birth control option.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has written policies and procedures that require that all staff of the delegate agency and service sites are informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
2. Documentation exists at all levels (e.g., staff circulars, training records) demonstrating that staff has been informed on an annual basis that they are subject to this requirement including the consequences of attempting to coerce anyone to undergo an abortion or sterilization procedure.

Title X Requirement - 8.2 Prohibition of Abortion**Title X Requirement - 8.2**

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a) (5), which prohibit abortion as a method of family planning. Grantees and sub-recipients must have written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning. Additional guidance on this topic can be found in the July 3, 2000, Federal Register Notice entitled *Provision of Abortion-Related Services in Family Planning Services Projects*, which is available at 65 Fed. Reg. 41281, and the final rule entitled *Standards of Compliance for Abortion-Related Services in Family Planning Services Projects*, which is available at 65 Fed. Reg. 41270.

Grantees are also responsible for monitoring sub-recipients' compliance with this section.

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Systems must be in place to assure adequate separation of any non-Title X activities from the Title X project.

1. Delegate has documented processes to ensure that they are in compliance with Section 1008.
2. Delegate has written policies and procedures that prohibit delegate agency and service sites from providing abortion as part of the Title X project.
3. Financial documentation at service sites demonstrates that Title X funds are not being used for abortions services and adequate separation exists between Title X and non-Title X activities.

Delegate has written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning.

Title X Requirement - 8.3 Structure and Management

Family planning services under a Title X grant may be offered by grantees directly and/or by sub-recipient agencies operating under the umbrella of a grantee. However, the grantee is accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by sub-recipients. Where required services are provided by referral, the grantee is expected to have written agreements for the provision of services and reimbursement of costs as appropriate.

Title X Requirement - 8.3.1

The grantee must have a written agreement with each sub-recipient and establish written standards and guidelines for all delegated project activities consistent with the appropriate section(s) of the Title X Program Requirements, as well as other applicable requirements (45 CFR parts 74 and 92).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Delegate has written agreements documenting that any entity(s) that is sub-contracted for responsibilities or services is carrying out the scope of the sub-contract in accordance with Title X and other applicable federal requirements.

Title X Requirement - 8.3.2

If a sub-recipient wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the grantee must be maintained by the sub-recipient (45 CFR parts 74 and 92).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has a signed agreement with any who subcontracts for responsibilities or services, assuring that the subcontractor is aware of Title X Program Requirements and is carrying out the scope of the subcontract in accordance with Title X Program Requirements.
2. Documentation exists demonstrating that the grantee assures that the delegate is monitoring the entity for compliance with Title X Program Requirements.

Title X Requirement - 8.3.3

The grantee must ensure that all services purchased for project participants will be authorized by the project director or his designee on the project staff (42 CFR 59.5(b)(7)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Policies clearly indicate the approval process for any services that are purchased for participants.
2. Documentation of purchases demonstrates that the delegate's established policies and procedures are followed.

Title X Requirement - 8.3.4

The grantee must ensure that services provided through a contract or other similar arrangements are paid for under agreements that include a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary (42 CFR 59.5(b)(9)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has a schedule of rates and payment procedures for services.
2. The Delegate can substantiate that the rates are reasonable and necessary. This includes demonstrating the process and/or rationale used to determine payments, examples of financial records, applicable internal controls.

Title X Requirement - 8.3.6

The grantee and each sub-recipient must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Notice of Award, and which complies with Federal standards that will support effective control and accountability of funds. Documentation and records of all income and expenditures must be maintained as required (45 CFR parts 74.20 and 92.20).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Financial policies and procedures can be referenced back to federal regulations as applicable.
2. Financial documents and records demonstrate that the practices are in accordance with Title X and other applicable regulations and grants requirements.

Title X Requirement - 8.4 Charges, Billing, and Collections

The grantee is responsible for the implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the projects. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay.

Projects should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services

Title X Requirement - 8.4.1

Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)).

Within the parameters set out by the Title X statute and regulations, Title X grantees have a large measure of discretion in determining the extent of income verification activity that they believe is appropriate for their client population. Although not required to do so, grantees that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients self-report.

Additional AFHP Requirement

Delegates must implement policies and procedures, approved by AFHP, for charging, billing and collecting funds for the services provided by the program. Clients are informed of any charges for which they will be billed and payment options. Eligibility for discount of client fees must be documented in the client's record.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures assuring that clients whose documented income is at or below 100% FPL are not charged for services.
2. Delegate has policies and procedures assuring that 3rd party payers are billed.
3. Financial documentation indicates clients whose documented income is at or below 100% FPL are not charged for services.
4. Financial documentation indicates that if a third party is authorized or legally obligated to pay for services, the project has billed accordingly.
5. Delegate has a written policy and procedure for verifying client income that is aligned with Title X Program Requirements.

6. Delegate policy for verifying client income does not present a barrier to receipt of services.

Title X Requirement - 8.4.2

A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)).

Additional AFHP Requirement

Clients must be charged in accordance with Partnership-approved schedule of discounts and sliding fee schedule unless another fund source exists that will cover the cost for the service.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures indicating that a schedule of discounts has been developed and is updated periodically to be in line with the FPL.
2. Service site documentation indicates client income is assessed and discounts are appropriately applied to the cost of services.

Title X Requirement - 8.4.3

Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).

Additional AFHP Requirement

Delegates who ask clients for income verification cannot deny client services if documentation is not provided.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures that demonstrate there is a process to refer clients (or financial records) to the service site director for review and consideration of waiver of charges.
2. Documentation onsite demonstrates a determination is made by the service site director, is documented and the client is informed of the determination.

Title X Requirement - 8.4.4

For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has a documented process, with a sound rationale, for determining the cost of services.
2. Financial records indicate client income is assessed and that charges are applied appropriately to recover the cost of services.

Title X Requirement - 8.4.5

Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies, procedures, and other documentation demonstrate that there is a process for determining whether a minor is seeking confidential services.
2. Delegate policy stipulates that charges to adolescents seeking confidential services will be based solely on the adolescent's income.
3. Client records indicate appropriate implementation of policy.

Title X Requirement - 8.4.6

Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts (42 CFR 59.5(a)(9)).

Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

Additional AFHP Requirement

Health insurance information, including AHCCCS eligibility, should be updated during each visit.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures indicate that the project bills insurance in accordance with Title X regulations.
2. The delegate can demonstrate that it has contracts with insurance providers, including public and private sources.
3. Financial records indicate that clients with family incomes between 101%-250% FPL do not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.

Title X Requirement - 8.4.7

Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or sub-recipient agency is required (42 CFR 59.5(a) (9)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Delegate maintains written agreements and ensures they are kept current as appropriate.

Title X Requirement - 8.4.8

Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.

Additional AFHP Requirement

Delegate agencies should obtain client permission to bill insurance. Language such as “I choose for (your agency) to bill my insurance” can be added to client intake forms.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies addressing collection include safeguards that protect client confidentiality, particularly in cases where sending an explanation of benefits could breach client confidentiality.
2. Documentation demonstrates that clients’ services remain confidential when billing and collecting payments.

Title X Requirement - 8.4.9

Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.

Additional AFHP Requirement

Donations from clients do not waive the billing/charging requirements. No minimum or specific donation amount can be required or suggested. Donations must be collected in a manner which respects the confidentiality of the client.

The program must use client donations and fees to offset program expenses and should be tracked separately.

All patient donations shall be reported in the Program Revenue line item of the AFHP revenue report.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures indicate if the program requests and/or accepts donations.

2. Onsite documentation and observation demonstrates that clients are not pressured to make donations and that donations are not a prerequisite to the provision of services or supplies. Observation may include signage, financial counseling scripts, or other evidence.

Title X Requirement - 8.5 Project Personnel

Title X grantees must have approved personnel policies and procedures.

Title X Requirement - 8.5.1

Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language.

Additional AFHP Requirement

Delegates must develop protocols that provide all program personnel with guidelines for client care.

At a minimum, Delegates must require and ensure that:

- personnel records are kept confidential in a secured location;
- an organization chart and personnel policies are available to all personnel;
- job descriptions are current, and distributed to all employees upon hiring;
- licenses of applicants are verified prior to employment, and there is documentation that licenses are kept current;
- employees complete forms required by law upon hiring; and, confidentiality statements are signed and retained.

Audit of personnel records indicates that records are kept in confidential secured location, job descriptions are current, licenses are verified prior to employment and are current, and that required forms are signed.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has written policies and procedures in place that provide evidence that there is no discrimination in personnel administration. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.

Title X Requirement - 8.5.2

Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b) (10)).

Additional AFHP Requirement

Delegate demonstrates linguistic competency of staff (at their agency and service sites) and/or access to language assistance services when appropriate.

QFP Recommendation

None

Evidence Requirement is Met

1. Written policies and procedures address how the delegate operationalizes cultural competency.
2. Documentation at service sites includes records of cultural competence training, in-services and client satisfaction surveys.

Title X Requirement - 8.5.3

Projects must be administered by a qualified project director. Change in Status, including Absence, of Principal Investigator/Project Director, and Other Key Personnel requires pre-approval by the Office of Grants Management. For more information, see HHS Grants Policy Statement, 2007 Section II-54.

Additional AFHP Requirement

Delegates must notify AFHP of any changes in personnel status, including absence of project director, medical director, and other key personnel. Notification should occur as soon as possible (with a minimum of one weeks notice).

QFP Recommendation

None

Evidence Requirement is Met

1. Documentation that indicates any changes in project director have been submitted to and approved by AFHP.

Title X Requirement - 8.5.4

Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5 (b) (6)).

Additional AFHP Requirement

The clinical care component of the program operates under the responsibility of a Medical Director who is a qualified physician, licensed in the state of Arizona, with special training or experience in family planning. The Medical Director or designee:

- Supervises and evaluates medical services provided by other clinicians, including a review of the clinician's charts and observations of clinical performance (at a minimum annually); and,
- Supervises the medical quality assurance program
- Documentation of chart audits and observations of clinical performance demonstrates Medical Director's involvement.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate organization provides written evidence that the medical/clinical services operates under the direction of a physician.
2. Minutes of organizational meetings (e.g. medical advisory committee, quality assurance, board, and staff meetings) indicate involvement of the Medical Director in program operations.
3. Curriculum vitae of the Medical Director indicates special training or experience in family planning.
4. Clinic protocols for the entire project are overseen by the Medical Director.

Title X Requirement - 8.5.5

Appropriate salary limits will apply as required by law.

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Documentation such as budgets and payroll records that indicate that the delegate is complying with required salary limits as documented in the most current family planning services Funding Opportunity Announcement (FOA).

Title X Requirement - 8.6 Staff Training and Project Technical Assistance

Title X grantees are responsible for the training of all project staff. Technical assistance may be provided by OPA or the Regional Office.

Title X Requirement - 8.6.1

Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites (42 CFR 59.5(b) (4)).

Additional AFHP Requirement

Orientation and in-service training of all Title X program personnel must be completed. All Title X staff should be trained in or have sufficient knowledge of the basics of reproductive health, and the purpose and eligibility requirements of the Title X program.

All program staff must complete the trainings below either through AFHP or other credible training resources as follows:

Table #1

	Clinical Staff*	Non-Clinical Staff**
Title X Orientation – Upon hire	Yes	Yes
Introduction to Family Planning – Upon hire	Yes (except clinicians)	No
Title X Clinical Training – Upon hire	Yes (clinicians only)	No
Mandatory Reporting – Upon hire and annually	Yes	Yes
Family Involvement and Sexual Coercion (for teens) – Upon hire and annually	Yes	Yes
Intimate Partner Violence – Upon hire and annually	Yes	Yes
Human Trafficking – Upon hire and annually	Yes	Yes
Cultural Competency – Per agency's policy	Yes	Yes

Pregnancy Options Counseling per QFP – Upon hire	Yes	No
HIPAA and client confidentiality – Upon hire and annually	Yes	Yes
Non-Discrimination – Upon hire and annually	Yes	Yes
Emergency and disaster response – Upon Hire	Yes	Yes

*Clinical Staff = MD, ND, NP, MSN, MSM, RN, LPN, CNA, MA, etc.

**Non-Clinical Staff = front desk staff, etc.

Program staff must demonstrate competency in the topic areas listed above. AFHP staff will observe staff during formal and informal site visits to evaluate competency and technical assistance will be provided as needed.

All program staff should participate in continuing education related to their activities. Programs should maintain documentation of continuing education to evaluate the scope and effectiveness of the staff training program. Training opportunities may also be provided through AFHP, Family Planning National Training Center (<http://www.fpntc.org>), or other professional resources.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate records demonstrate the assessment(s) of staff training needs and a training plan that addresses key requirements of the Title X program and priority areas.
2. Delegate maintains written records of orientation, in-service and training attendance by personnel.
3. Delegate documentation demonstrates oversight of staff training plans and activities.

Title X Requirement - 8.6.2

The project's training plan should provide for routine training of staff on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as on human trafficking.

Additional AFHP Requirement

Trainings required in Section 8.6.2 are required to be conducted upon hire and annually as stated in the delegate's training plan.

QFP Recommendation

None

Evidence Requirement is Met

Delegate documentation includes evidence of staff training within the current project period specific to this area which may include attendance records and certificates.

Title X Requirement - 8.6.3

The project's training plan should provide for routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.

Additional AFHP Requirement

In addition to the Requirement above, project staff are required to receive training on state-specific reporting/notification requirements. Trainings for all topics listed in this section are required to be conducted upon hire and annually as stated in the delegate's training plan.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies ensure that staff has received training within the current project period on state-specific reporting/notification requirements.
2. Documentation includes training attendance records/certificates which indicate that training on family involvement counseling and sexual coercion counseling has been provided.

Title X Requirement - 8.7 Planning and Evaluation

Title X Requirement - 8.7

Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5 (b) (6) and (7)). In order to adequately plan and evaluate program activities, grantees should develop written goals and objectives for the project period that are specific, measurable, achievable, realistic, time-framed, and which are consistent with Title X Program Requirements. The program plan should be based on a needs assessment. Grantee project plans must include an evaluation component that identifies indicators by which the program measures the Page 14 /// Program Requirements for Title X Funded Family Planning Projects achievement of its objectives. For more information on quality improvement, see Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs.

Additional AFHP Requirement

None

QFP Recommendation

When designing evaluations, projects should follow the QFP, which defines what services to provide and how to do so and thereby provides a framework by which program evaluations can be developed. Projects should also follow the QFP that defines 'quality' care and describes how to conduct quality improvement processes so that performance is monitored and improved on an ongoing basis. QI activities should be overseen by the grantee and occur at both the grantee and sub-recipient levels.

Evidence Requirement is Met

1. (A) Delegate records demonstrate that the results of at least one needs assessment were used to develop the competing grant application.
2. (A) Delegate collects and submits data for the Family Planning Annual Report to AFHP, in a complete and accurate manner.

Quality Assessment

Delegate has implemented Health Information Technology and can demonstrate how its use has increased its ability.

9. PROJECT SERVICES AND CLIENTS

Projects funded under Title X are intended to enable all persons who want to obtain family planning care to have access to such services. Projects must provide for comprehensive medical, informational, educational, social, and referral services related to family planning for clients who want such services.

Title X Requirement - 9.1

Priority for project services is to persons from low- income families (Section 1006(c) (1), PHS Act; 42 CFR 59.5(a) (6)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Data submitted to the AFHP's Centralized Data System by the delegate demonstrates that more than half of clients served have incomes that are at or below 100% of the Federal Poverty Level (FPL).
2. Delegate service site(s) are located in locations that are accessible for low income persons.

Title X Requirement - 9.2

Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a) (3)).

Additional AFHP Requirement

Education provided should be appropriate to the client's age and level of knowledge and presented in an unbiased manner. Client education must be noted in the client's clinical chart.

QFP Recommendation

A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered, which includes providing services in a respectful and culturally competent manner.

Evidence Requirement is Met

1. Delegate policies and procedures address protection of client dignity which may include:
 - a.) Protection of client privacy.
 - b.) A patient bill of rights outlines rights and responsibilities.

Quality Assessment

1. The delegate needs assessments identify populations that may be in need of culturally competent care.

2. The delegate has written policies and procedures that require that their staff receive training in culturally competent care. This should include how to meet the needs of the following key populations: LGBTQ, adolescents, individuals with limited English-speaking skills, and the disabled.
3. Documentation (e.g., training records) that demonstrates staff have received training in providing culturally competent care to populations identified in the needs assessment.
4. Observation of the clinic environment demonstrates that it is welcoming (i.e., Privacy, cleanliness of exam rooms, ease of access to service, fair and equitable charges for services including waiver of fees for “good cause”, language assistance).
5. Client surveys document that clients perceive providers and other clinic staff to be respectful.

Title X Requirement - 9.3

Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a) (4)).

Additional AFHP Requirement

None

QFP Recommendation

A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are equitable, which includes providing high quality care to all clients, including adolescents, racial/ethnic minorities, LGBTQ individuals, clients with limited English proficiency, and persons living with disabilities.

Evidence Requirement is Met

1. Delegate has written policies and procedures that require service to be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status, and to inform staff of this requirement on an annual basis.
2. Documentation (e.g., staff circulars, orientation documentation, training curricula) demonstrates that staff has been informed at least once during employment that services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status.

Quality Assessment

1. Delegate has project data on the characteristics of clients served in the past year that demonstrates a diverse client population has been served reflective of the service areas demographics.

2. Observation of the service site demonstrates that it is physically accessible to persons living with disabilities.
3. Service sites are open at times that are convenient to clients including evenings and weekends.
4. Educational materials that are tailored to literacy, age, and language preferences of client populations are available on-site.
5. Data from client experience surveys document that clients perceive providers and other clinic staff to offer services in a non-discriminatory manner (e.g., provider communicates well, spends enough time, is helpful and courteous, etc.).

Title X Requirement - 9.4

Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b) (2)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate's needs assessment has documented the social service and medical needs of the community to be served, as well as ancillary services that are needed to facilitate clinic attendance, and identified relevant social and medical services available to help meet those needs.
2. Delegate has developed a written implementation plan that addresses the related social service and medical needs of clients, as well as ancillary services needed to facilitate clinic attendance.
3. There is evidence of process to refer clients to relevant social and medical services agencies for example: child care agencies, transport providers, WIC programs. (Optimally signed, written collaborative agreements).
4. Medical records indicate that referrals were made based on documented specific conditions/issues.

Title X Requirement - 9.5

Projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5 (b)(8)).

Additional AFHP Requirement

Referrals for related and other services should be made to providers who offer services at a discount or sliding fee scale, where one exists.

Agencies must maintain a current list of health care providers, local health and human services departments, hospitals, voluntary agencies, and health services projects supported by other publicly funded programs to be used for referral purposes and to provide clients with a variety of providers to choose from.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has developed a written implementation plan to coordinate and refer clients to other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
2. Service sites have evidence of processes for effective referrals to relevant agencies exist, including: emergency care, HIV/AIDS care and treatment agencies, infertility specialists, and chronic care management providers, and providers of other medical services not provided on-site (Optimally signed, written collaborative agreements).

Title X Requirement - 9.6

All grantees should assure services provided within their projects operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site.

Additional AFHP Requirement

Delegates must inform clinicians of state and local STI reporting requirements in accordance with state laws (for Arizona see Arizona Administrative Code, Title 9, Chapter 6, for Utah see R386-702) and ensure that staff comply with all requirements.

Every client who receives clinical and/or educational and counseling services through the Title X program must have a medical health record. Client records must be maintained in

accordance with accepted clinical standards, and filed in a retrievable manner by client name and number.

The reproductive life plan/pregnancy intention/attitude must be discussed and documented with all family planning clients including males and females alike, regardless of age and sexual orientation.

Laboratory tests and procedures should be provided in accordance with nationally recognized standards of care for the provision of a contraceptive method. Programs must establish a procedure for client notification and adequate follow-up of abnormal laboratory and physical findings consistent with the relevant federal or professional associations' clinical recommendations.

Documentation in the Electronic Health Records (EHRs) contains a combination of required and recommended fields. AFHP has compiled a comprehensive list of such documentation. This list, based on Title X Program Requirements and the QFPs is available as a resource on the AFHP Delegate Homepage (<https://www.arizonafamilyhealth.org/cds>).

QFP Recommendation

Delegates should follow the QFP, which defines “family planning” services (i.e., contraceptive, pregnancy testing and counseling, achieving pregnancy, basic infertility services, STD services, preconception health services), describes what services should be offered by family planning providers, and recommends how to provide those services by citing specific federal and professional medical associations' recommendations for clinical care.

Evidence Requirement is Met

1. The delegate has written policies and procedures demonstrating that they operate within written clinical protocols aligned with nationally recognized standards of care and signed by the Medical Director or physician responsible for the service site.
2. Medical records document that clinical services align with approved protocols.

Quality Assessment

1. Written clinical protocols indicate that the full scope of family planning services are provided as defined in QFP including contraception, pregnancy testing and counseling, achieving pregnancy, basic infertility, STD and preconception health services.
2. Service sites have current clinical protocols (i.e., updated within the past 12 months) that reflect the most current version of the federal and professional medical associations' recommendations for each type of service, as cited in QFP.
3. Written documentation that clinical staff has participated in training on QFP (e.g. training available from the Title X National Training Centers).

4. A review of medical records and/or observational assessment confirms that the recommended services are provided in a manner consistent with QFP including those identified in tables 2 and 3 on pages 22-23 of the QFP.

Title X Requirement - 9.7

All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b) (1)).

This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care.

Additional AFHP Requirement

Delegates must comply with state and federal laws and professional practice regulations related to security and record keeping for drugs and devices, labeling, client education, inventory, supply and provision of pharmaceuticals. All prescription drugs must be stored in a locked cabinet or room (see AZ Board of Nursing R4-19-513).

If the program cannot meet the applicable federal or state statutes regarding pharmaceuticals, the agency should contract with a consulting pharmacist to provide record keeping, inventory and dispensing services. Prescribing and dispensing must only be done by qualified health professionals legally authorized to do so. The delegate agency must have policies and procedures in effect for the prescribing, dispensing and administering of medications. The pharmacy protocols and procedures manual should be current, address adherence to 340B regulations, and available at all health center sites with standing order procedures for medication administration, when applicable.

If the program has written standing orders, they should be signed by the program's Medical Director, and should outline procedures for the provision of each service offered.

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has written policies and procedures requiring service sites to provide medical services related to family planning as indicated in this section.
2. Current written (i.e., updated within the past 12 months) clinical protocols clearly indicate that the following services will be offered to female, male and adolescent clients as appropriate: a broad range of contraceptives, pregnancy testing and

- counseling, services to assist with achieving pregnancy, basic infertility services, STD services, and preconception health services.
3. Breast and cervical cancer screening are available onsite and are offered to female clients if applicable.
 4. Written collaborative agreements with relevant referral agencies exist, including: emergency care, HIV/AIDS care and treatment providers, infertility specialists, primary care and chronic care management providers.
 5. Medical records documents that clients are provided referrals when medically indicated.

Title X Requirement - 9.8

All projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. (42 CFR 59.5(a) (1)).

Additional AFHP Requirement

Observation demonstrates counseling recommendations in accordance with the principles presented in QFP. See QFP [Appendix C](#) (pages 45-46) for the key principles of providing quality counseling for a complete description of the principles listed above.

QFP Recommendation

The QFP notes the special needs of adolescent clients and recommends ways to address those needs, e.g., how to tailor contraceptive counseling for adolescents and ways to make services more youth-friendly.

The QFP also notes the need to offer a broad range of contraceptive methods, and that this is an important part of providing client-centered care that respects the individual's choice. Projects should have a system in place to ensure continuous access to a broad range of FDA-approved contraceptive methods, optimally on-site.

Evidence Requirement is Met

1. Medical record reviews demonstrate that clients are provided a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents).
2. Services provided by the delegate, when viewed in its entirety, provide, a broad range of effective and medically (FDA-approved) methods and services.
3. A review of the current stock of contraceptive methods demonstrates that a broad range of methods, including LARCs, are available onsite (optimally) or by referral.

4. Clinic protocols state that the following services will be provided to female, male, and adolescent clients as appropriate: contraception, pregnancy testing and counseling, services for achieving pregnancy, basic infertility services, STD services, and preconception health services.

Quality Assessment

1. All services listed in QFP are offered to female and male clients, including adolescents as specified in clinical protocols.
2. A review of clinic/pharmacy records demonstrates no stock-out of any contraceptive method that is routinely offered occurred during the past 6 months.
3. A review of the service site's FPAR data demonstrates that the proportion of adolescents served is close to or above the national average (as documented in FPAR).
4. A review of the service site's FPAR data demonstrates that the proportion of males receiving family planning services is close to or above the national average.
5. A review of medical records confirms that adolescents have been counseled about abstinence, the use of condoms and other contraceptive methods, including LARCs.

Title X Requirement - 9.9

Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b) (5)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has a written policy stating that services must be provided without the imposition of any durational residence requirement or a requirement that the client be referred by a physician.
2. Written clinic policies explicitly address this requirement.

Title X Requirement - 9.10

Projects must provide pregnancy diagnosis and counseling to all clients in need of this service (42 CFR 59.5(a) (5)).

Additional AFHP Requirement

Clients who are aware that they are pregnant, seeking a written confirmation of the pregnancy, and refuse/are not provided counseling and education, must not be reported as a family planning client.

QFP Recommendation

Projects should follow QFP, which describes how to provide pregnancy testing and counseling services, and cites the clinical recommendations of the relevant professional medical associations.

Evidence Requirement is Met

1. The delegate has a written policy that pregnancy diagnosis and counseling services are provided to all clients in need of these services.
2. Clinic inventory and medical records review demonstrates that pregnancy testing and counseling is available and offered to all clients in need of these services.

Quality Assessment

1. Written clinical protocols regarding pregnancy testing and counseling are in accordance with the recommendations presented in QFP including reproductive life planning discussions and medical histories that include any coexisting conditions.
2. Chart review demonstrates that clients with a positive pregnancy test who wish to continue the pregnancy receive initial prenatal counseling and are assessed regarding their social support.
3. Chart review demonstrates that clients with a negative pregnancy test who do not want to become pregnant are offered same day contraception, if appropriate.
4. Staff have received training on pregnancy counseling recommendations presented in QFP at least once during employment.
5. Observation and/or medical record review demonstrates counseling recommendations in accordance with the principles presented in QFP including reproductive life planning discussion.

Title X Requirement - 9.11

Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

- prenatal care and delivery;
- infant care, foster care, or adoption; and
- pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (42 CFR 59.5(a)(5)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has written policies and procedures demonstrating that they offer options counseling to pregnant women.
2. Written clinical protocols ensure that pregnant clients are offered neutral, factual information, and non-directive counseling about all three pregnancy options except for those options that the woman does not wish to receive information about, and that referrals requested by the client are provided to her.
3. Medical records of pregnant clients document that clients were offered the opportunity to be provided with information and counseling about all three pregnancy options, except those for which the woman did not want to receive information and counseling.
4. Medical records of pregnant clients document that referrals were made as requested.

Title X Requirement - 9.12

Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:

“None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”

“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

Additional AFHP Requirement

Delegates are advised to consult with legal counsel to ensure that their policies are in compliance with state law. Delegates must have a mechanism to track reports submitted to law enforcement agencies. Delegates are encouraged to inform minor clients about the reporting requirement up front, and involve adolescent clients in the steps required to comply with the law.

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has written policy and procedures ensuring that all staff are periodically informed that: **(a)** clinic staff must encourage family participation in the decision of minors to seek family planning services, **(b)** minors must be counseled on how to resist attempts to coerce them into engaging in sexual activities, and **(c)** State law must be followed requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
2. Documentation (e.g., staff circulars, training curricula) that all staff has been formally informed about items **1a-c** above at least once during their employment or if/when laws change.
3. Medical records of minors document encouragement regarding family participation in their decision to seek family planning services and counseling on how to resist attempts to being coerced into engaging in sexual activities.

10. CONFIDENTIALITY**Title X Requirement - 10**

Every project must have safeguards to ensure client confidentiality. Information obtained by the project staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).

Additional AFHP Requirement

Delegate agencies must have a mechanism in place to ensure clients are not contacted if requested. Information obtained by the medical staff about individuals receiving services may not be disclosed without the client's consent, except as required by law or as necessary to provide emergency services. Clients must be informed about any exceptions to confidentiality.

AFHP, Delegate agency and any health care providers that have access to identifying information are bound by Arizona Revised Statute (A.R.S.) §36-160, Confidentiality of Records and by Utah 78B-5-618. Delegate agencies must also provide for client's privacy during: registration, eligibility determination, history taking, examination, counseling and fee collection.

Confidentiality and Release of Records

A confidentiality assurance statement must appear in the client's medical record. When information is requested, agencies must release only the specific information requested. Information collected for reporting purposes may be disclosed only in a form which does not identify particular individuals.

Release of information must be signed by the client; the release must be dated and specify to whom disclosure is authorized, what information is to be shared (HIV, CT, Pap, etc.), the purpose for disclosure and the time period during which the release is effective. Clients transferring to other providers must be provided with a copy or summary of their medical record, upon request, to expedite continuity of care. Family planning providers should make arrangements for the transfer of pertinent client information, including medical records to a referral provider. Client information must only be transferred after the client has given written, signed consent.

Agencies are expected to be in compliance with the confidentiality requirements under the Health Information Portability and Accountability Act (HIPAA). Delegate has a policy stating the frequency with which they conduct HIPAA training and the policy is followed.

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has a written policy requiring that all service sites safeguard client confidentiality.
2. Documentation (e.g., staff circulars, new employee orientation documentation, training curricula) demonstrates that staff has been informed at least once during period of employment about policies related to preserving client confidentiality and privacy.
3. Written clinical protocols and policies have statements related to client confidentiality and privacy.
4. The health records system has safeguards in place to ensure adequate privacy, security and appropriate access to personal health information.
5. There is evidence that HIPAA privacy forms are provided to clients and signed forms are collected as required.
6. General consent forms for services state that services will be provided in a confidential manner, and note any limitations that may apply.
7. Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence).
8. Client education materials (e.g., posters, videos, flyers) noting the client's right to confidential services are freely available to clients.

9. The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.

11. COMMUNITY PARTICIPATION, EDUCATION, AND PROJECT PROMOTION

Title X grantees are expected to provide for community participation and education and to promote the activities of the project.

Title X Requirement - 11.1

Title X grantees and sub-recipient agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services (42 CFR 59.5(b) (10)).

Additional AFHP Requirement

AFHP considers this requirement as met by having a community advisory board representative of the population served that meets on a regular basis per the delegates' policies. For those agencies that have a Board of Directors (BOD) that is representative of the community, the BOD can be the body that fills this requirement.

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has a written policy and procedures in place for ensuring that there is an opportunity for community participation in developing, implementing, and evaluating the project plan. Participants should include individuals who are broadly representative of the population to be served, and who are knowledgeable about the community's needs for family planning services.
2. The community engagement plan: (a) engages diverse community members including adolescents and current clients, and (b) specifies ways that community members will be involved in efforts to develop, assess, and/or evaluate the program.
3. Documentation demonstrates that the community engagement plan has been implemented (e.g., reports, meeting minutes, etc.)

Title X Requirement - 11.2

Projects must establish and implement planned activities to facilitate community awareness of and access to family planning services (42 CFR 59.5(b) (3)). Each family planning project must provide for community education programs (42 CFR 59.5(b) (3)). The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Documentation demonstrates that the grantee conducts periodic assessment of the needs of the community with regard to their awareness of and need for access to family planning services.
2. Delegate has a written community education and service promotion plan that has been implemented (e.g., media spots/materials developed, event photos, participant logs, and monitoring reports). The plan: (a) states that the purpose is to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial, (b) promotes the use of family planning among those with unmet need, (c) utilizes an appropriate range of methods to reach the community, and (d) includes an evaluation strategy.
3. Documentation that evaluation has been conducted, and that program activities have been modified in response.

Title X Requirement - 11.3

Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial (42 CFR 59.5 (b)(3)).

Additional AFHP Requirement

Delegate agencies should also promote the availability of Title X services in their brochures, newsletters, on websites and in the health center waiting areas, noting that services are offered on a sliding fee schedule.

Promotion activities should be documented and reviewed annually and be responsive to the changing needs of the community.

A variety of approaches can be used to accomplish this requirement. Some examples of techniques which can be used are:

1. Discussions with groups, classes, or community-based health and social service providers, to increase their knowledge of family planning options and Title X services and assist them with referring clients for services;
2. Development of fliers, brochures, or posters which increase awareness of family planning options, related health issues or provide information on Title X services and health center sites; and,
3. The use of mass media such as public service announcements or press release which increase general awareness of family planning and/or Title X Programs.

All materials published with Title X funding include a funding acknowledgement. Below is language that can be utilized to meet this requirement.

Recommended Funding Acknowledgment for materials published with Title X funds:

"The Family Planning Program is funded in part by the U.S. Department of Health and Human Services through the Arizona Family Health Partnership. Fees are on a sliding scale based on income and family size, but no one is refused service because of inability to pay."

Discounted Services:

"You may be eligible for no cost or discounted family planning services. Contact (xxx) xxx-xxxx for more information."

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has developed a community education and service promotion plan that: (a) states that the purpose is to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial, (b) promotes the use of family planning among those with unmet need, (c) utilizes an appropriate range of methods to reach the community, and (d) includes an evaluation strategy.
2. There is documentation that the plan has been implemented and evaluated.

12. INFORMATION AND EDUCATION MATERIALS APPROVAL

Every project is responsible for reviewing and approving informational and educational materials. The Information and Education (I&E) Advisory Committee may serve the community participation function if it meets the requirements, or a separate group may be identified.

Title X Requirement - 12.1

Title X grantees and sub-recipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to their distribution (Section 1006 (d)(2), PHS Act; 42 CFR 59.6(a)).

Additional AFHP Requirement

Delegate agency I&E policies must clearly state how frequently materials will be reviewed. Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures that ensure materials are reviewed prior to being made available to the clients that receive services within the project. If a delegate sub-contracts for services, the delegate must ensure that there is a process in place that meets this requirement.
2. Committee meeting minutes (grantee or delegate, as applicable) demonstrate the process used to review and approve materials.

Title X Requirement - 12.2

The committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended (42 CFR 59.6 (b)(2)).

Additional AFHP Requirement

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has established a project advisory board that is comprised of members who are broadly representative of the population served.
2. If a delegate sub-contracts for services, the delegate must ensure that there is a process in place that meets this requirement.
3. Delegate documentation (meeting minutes, lists of board members, etc.) demonstrates this requirement has been met.

Title X Requirement - 12.3

Each Title X grantee must have an Advisory Committee of five to nine members, except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6(b)(1)). This Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X (Section 1006(d) (1), PHS Act; 42 CFR 59.6(a)).

Additional AFHP Requirement

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures addressing this element.
2. Delegate maintains and updates Lists/Rosters of Advisory Committee members.
3. Delegate maintains Advisory Committee written meeting minutes.
4. Advisory Committee minutes indicate that the committee is active.

Title X Requirement - 12.4

The grantee may delegate I&E functions for the review and approval of materials to sub-recipient agencies; however, the oversight of the I&E review process rests with the grantee.

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Delegate policies and procedures indicate responsibility for this element.

Title X Requirement - 12.5

The Advisory Committee(s) may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, final responsibility for approval of the I&E materials rests with the Advisory Committee.

Additional AFHP Requirement

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures specify if the factual, technical and clinical accuracy components of the review are delegated to project staff, final responsibility for approval of the I&E materials rests with the Advisory Committee.
2. If review of factual, technical, and /or clinical content has been delegated, there is evidence of Advisory Committee oversight and final approval.

Title X Requirement - 12.6

The I&E Advisory Committee(s) must:

- consider the educational and cultural backgrounds of the individuals to whom the materials are addressed;
- consider the standards of the population or community to be served with respect to such materials;
- review the content of the material to assure that the information is factually correct;
- determine whether the material is suitable for the population or community to which it is to be made available; and
- establish a written record of its determinations (Section 1006(d), PHS Act; 42 CFR 59.6(b)).

Additional AFHP Requirement

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures document that the required elements of this section are addressed.
2. Meeting minutes and/or review forms document that all required components are addressed.

13. ADDITIONAL ADMINISTRATIVE REQUIREMENTS

This section addresses additional requirements that are applicable to the Title X Program and are set out in authorities other than the Title X statute and implementing regulations.

Title X Requirement - 13.1 Facilities and Accessibility of Services**Title X Requirement - 13.1.1**

Title X service sites should be geographically accessible for the population being served. Grantees should consider clients' access to transportation, clinic locations, hours of operation, and other factors that influence clients' abilities to access services.

Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (August 4, 2003) (HHS Grants Policy Statement 2007, II-23).

Additional AFHP Requirement

Delegate agencies are required to develop policies and procedures for addressing the language assistance needs of persons who are not proficient or are limited in their ability to communicate in the English language ("Limited English Proficiency, or "LEP" individuals). In order to ensure that LEP individuals have equal access to Title X funded services, delegate agencies should at a minimum:

- Have a procedure in place for identifying the language needs of clients.
- Have ready access to, and provide services, of trained interpreters in a timely manner during hours of operation. Delegate agencies are expected to provide language assistance to Spanish speaking clients through bilingual staff for the Arizona Grant and to Navajo speaking clients for the Navajo Grant. AFHP will

facilitate and cover the cost for language services through a phone based interpreter service, which delegates can access for other rarely encountered languages.

- Continuously display posters and signs, in appropriate non-English languages, in health center areas informing LEP clients of the right to language assistance and interpreter services at no cost. Clients may choose to, but should not be expected to, provide their own interpreter. Minors should never be used as interpreters in a reproductive health care setting.

AFHP provides language assistance through Certified Languages International (CLI) and reimburses for interpreting services for all languages except Spanish (for all geographic areas) and Navajo (Diné) (on the Navajo Nation). See **Appendices 2a and 2b** for specific instructions and reimbursement form.

QFP Recommendation

When developing written policies that meet this requirements projects implement the recommendations presented in "Appendix E" (pages 48-50) of the QFP.

Strategies that can make information more accessible for clients with Limited English Proficiency include:

- Presenting information in the client's primary language.
- Provide translation services.

Ensure that information is culturally appropriate and reflects the client's beliefs, ethnic background and cultural practices.

Evidence Requirement is Met

1. Delegate policies assure language translation services are readily provided when needed.
2. Service site documentation indicates that staff is aware of policies and processes that exist to access language translation services when needed.

Quality Assessment

1. Educational materials are clear and easy to understand (e.g., 4th-6th grade reading level).
2. Observation demonstrates that information is presented in a way that emphasizes essential points (e.g., limits the amount of information presented appropriately).
3. Observation demonstrates information on risks and benefits is communicated in a way that is easily understood (e.g., using natural frequencies and common denominators).
4. Information provided during counseling is culturally appropriate and reflects the client's beliefs, ethnic background and cultural practices.
5. Educational materials are tailored to literacy, age, and language preferences of client populations.

Title X Requirement - 13.1.2

Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities (45 CFR part 84).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures ensure access to services for individuals with disabilities at all service sites.
2. Delegate maintains documentation of any accommodations made for disabled individuals.
3. Project sites are free from obvious structural or other barriers that would prevent disabled individuals from accessing services.

Title X Requirement - 13.2 Emergency Management**Title X Requirement - 13.2**

All grantees, sub-recipients, and Title X clinics are required to have a written plan for the management of emergencies (29 CFR 1910, subpart E), and clinic facilities must meet applicable standards established by Federal, State, and local governments (e.g., local fire, building, and licensing codes).

Additional AFHP Requirement

Health and safety issues within the facility fall under the authority of the Occupational Safety and Health Administration (OSHA). Disaster plans and emergency exits are addressed under 29 CFR 1910, subpart E.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate disaster plans have been developed and are available to staff.
2. Staff can identify emergency evacuation routes.
3. Staff has completed training and understands their role in an emergency or natural disaster.
4. Exits are recognizable and free from barriers.

5. Delegate documentation demonstrates oversight of service sites compliance with these requirements.

Title X Requirement - 13.3 Standards of Conduct

Title X Requirement - 13.3

Projects are required to establish policies to prevent employees, consultants, or members of governing/advisory bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others (HHS Grants Policy Statement 2007, II-7).

Additional AFHP Requirement

Delegate agency has a policy to prevent employees, consultants, or members of governing/advisory bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies address this requirement.
2. There is evidence of delegate oversight of service sites for compliance with this requirement.

Title X Requirement - 13.4 Human Subjects Clearance (Research)

Title X Requirement - 13.4

Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The grantee/sub-recipient should advise their Regional Office in writing of any research projects that involve Title X clients (HHS Grants Policy Statement 2007, II-9).

Additional AFHP Requirement

As applicable, proof of Institutional Review Board (IRB) clearance and the approved consent form also need to be submitted to AFHP. If the research project is approved, delegate must submit a written semi-annual status update and a final report of the research project.

Delegate agency has a policy indicating that they will notify AFHP in writing of any research projects that involve family planning clients.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies address this requirement.
2. There is evidence of delegate oversight of service sites for compliance with this requirement.

Title X Requirement - 13.5 Financial and Reporting Requirements

Title X Requirement - 13.5

Audits of grantees and sub-recipients must be conducted in accordance with the HHS grants administration regulations (45 CFR parts 74.26 and 92.26), as applicable, by auditors meeting established criteria for qualifications and independence (OMB A-133).

Grantees must comply with the financial and other reporting requirements set out in the HHS grants administration regulations (45 CFR parts 74 and 92), as applicable. In addition, grantees must have program data reporting systems which accurately collect and organize data for program reporting and which support management decision making and act in accordance with other reporting requirements as required by HHS.

Grantees must demonstrate continued institutional, managerial, and financial capacity (including funds sufficient to pay the non-Federal share of the project cost) to ensure proper planning, management, and completion of the project as described in the award (42 CFR 59.7(a)).

Grantees must reconcile reports, ensuring that disbursements equal obligations and drawdowns. HHS is not liable should the recipient expenditures exceed the actual amount available for the grant.

Additional AFHP Requirement

Note: Per the June, 2015 Notice of Award, all references to 45 CFR Part 74 or 92 are now replaced by 2 CFR Part 200 and 45 CFR Part 75.

Delegates must implement policies and procedures, approved by AFHP, for charging, billing and collecting funds for the services provided by the Title X Program. Delegates must maintain proper internal controls that address:

- Separation of duties: No one person has complete control over more than one key function or activity (i.e., authorizing, approving, certifying, disbursing, receiving, or reconciling).
- Authorization and approval: Transactions are properly authorized and consistent with Title X Program Requirements.
- Responsibility for physical security/custody of assets is separated from record keeping/accounting for those assets.

Delegates must ensure that insurance coverage is adequate and in effect for: general liability; fidelity bonding; medical malpractice; materials or equipment purchased with federal funds; and officers and directors of the governing board.

A revenue/expenditure report for the total family planning program is prepared for AFHP as requested. The revenue/expense report details the delegate agency's cost share including client fees and donations, agency contribution, third party revenues and all other revenues contributing to the family planning program.

Delegates are required to submit to AFHP a copy of the annual fiscal year audit, including the management letter and any noted findings and responses to findings, within 30 days of Agency Board acceptance, but no later than nine (9) months after the end of the fiscal year.

Delegates should have a written methodology for the allocation of expenses and revenues for the family planning program. Expenses should include direct costs, administrative costs attributable to the program and, when applicable, indirect costs. Indirect cost will not exceed 15% of the total program costs. Revenues should include federal funds, client fees and donations, agency contribution, third party payer (AHCCCS, Medicaid, and Private Insurance), state and local government contributions.

The delegate must have written policies and procedures for procurement of supplies, equipment and other services, including a competitive process for 8.3.6.

The delegate must maintain a property management system which includes the following:

- Asset description;
- ID number;
- Acquisition date; and,
- Current location and Federal (Title X) share of asset.

The delegate must perform a physical inventory of equipment at least once every two years. The delegate should periodically confirm perpetual inventory with actual inventory counts and provide credit/debit adjustment to Title X charges to reflect actual costs.

Delegate agencies must submit encounter level data to AFHP's Centralized Data System (CDS). Each month's encounter data should be received by AFHP via the CDS no later than the close of business on the 15th day of the following month. Complete instructions for

data submission are available in AFHP's Data Manual, Submission Guidelines & Codebook Guide (see AFHP Delegate Homepage) (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

No federal evidence required at the time this PSPM was published.

14. ADDITIONAL CONDITIONS

Title X Requirement – 14.

With respect to any grant, HHS may impose additional conditions prior to or at the time of any award, when, in the judgment of HHS, these conditions are necessary to assure or protect advancement of the approved program, the interests of public health, or the proper use of grant funds (42 CFR 59.12).

AFHP Requirement - 14.1 Advancement of Title X Funds

Additional AFHP Requirement

Delegate's requests for advancement of Title X grant funds shall be limited to the minimum amounts needed and be timed in accordance with the actual, immediate cash requirements of the recipient organization in carrying out the purpose of the approved program or project. The timing and amount of cash advances shall be as close as is administratively feasible to the actual disbursements by the recipient organization for direct program or project costs and the proportional share of any allowable indirect costs. Delegates seeking advance payment must submit two requests during the month; one after the first business day of the month and another after the 15th business day of the month.

Federal regulation 45 CFR 74.22(f) states that additional federal funds should not be advanced until current funds, including program income, have been expended. The delegate must certify with an authorized signature that previously advanced funds have been expended (see **Appendix 2** for sample Request for Funds form). Any interest that may be accrued at AFHP or the subcontractor level, in spite of these precautions, will be returned to DHHS in accordance with federal regulations. Title X grant funds must be obligated by the end of the grant year and be expended within 60 days of the end of the grant year. Any funds requested in advance and are unexpended must be returned to AFHP for reallocation by the Board of Directors.

AFHP Requirement - 14.2 Client Grievances

Additional AFHP Requirement

The agency must have a policy in place describing the process to address and resolve client problems regarding a variety of issues including but not limited to:

- a problem or conflict with their provider;
- questions about the availability or accessibility of certain types of services;
- disagreement with an administrative or medical staff member, process or policy; and,
- decisions made about eligibility for services or programs.

This policy must contain staff roles and responsibilities, description of a tracking system to document the process and communications regarding complaints, and timelines for resolution of issues and communication with the client.

Programs must post a Patients' Bill of Rights, which describes the rights of a patient, in visible areas at their health centers. If the Bill of Rights does not describe the grievance process, programs must ensure that clients are aware of the process through another mechanism.

AFHP Requirement - 14.3 Record Retention

Additional AFHP Requirement

Delegate agency must have a policy that states that the records of minors are to be kept a total of seven (7) years and at least one year after their 18th birthday. For all others, records are to be kept for at least seven years (for Arizona see A.R.S. § 12-2297, for Utah see R432-500-22).

AFHP Requirement – 14.4 Closeout

Additional AFHP Requirement

See **Appendix 3** for AFHP Delegate Close-out Checklist

PROGRAM POLICY NOTICES

OPA Program Policy Notice: Confidential Services to Adolescents

Clarification regarding “*Program Requirements for Title X Family Planning Projects*”
Confidential Services to Adolescents OPA Program Policy Notice 2014-01 Release Date:
June 5, 2014

Clarification

It continues to be the case that Title X projects may not require written consent of parents or guardians for the provision of services to minors. Nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.

Title X projects, however, must comply with legislative mandates that require them to encourage family participation in the decision of minors to seek family planning services, and provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. In addition, all Title X providers must comply with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Additional AFHP Requirement

AFHP Guidance for PPN 2014-01:

Delegate agency must have a policy that states that adolescents require age appropriate information and skilled counseling services. Services to adolescents should be available on a walk-in basis or on short notice. It should not be assumed that all adolescents are sexually active.

Delegate agencies should inform minor clients of the health center’s legal requirements and policy regarding mandated reports to local law enforcement agencies. The health center must have policies regarding reporting of child abuse or neglect and should involve adolescent clients in the steps required to comply with those laws. Health centers must also have a mechanism to track reports to local law enforcement agencies. Health centers are advised to consult with legal counsel to ensure that their policies are in compliance with state law.

AFHP Recommended Evidence:

1. Medical records contain documentation of counseling on family involvement at each visit
2. Medical records contain documentation of counseling on resisting sexual coercion at each visit

QFP Recommendation

None

Evidence Requirement is Met

No federal evidence required at the time this PSPM was published.

OPA Program Policy Notice: Integrating with Primary Care Providers**Clarification regarding “*Program Requirements for Title X Family Planning Projects*”****Integrating with Primary Care Providers OPA Program Policy Notice 2016-11**

Release Date: November 22, 2016

Clarification

This section provides clarification for some of the most common issues facing Title X Family Planning (FP) providers when integrating with primary care organizations, and suggests sample strategies to overcome these issues. Endnotes are provided for reference to the applicable section(s) of the Title X and HRSA Health Center Program Requirements aligned with each strategy.

Issue 1: Nominal Charge and Sliding Fee Discount Schedules (SFDS)

The HRSA Health Center Program and the OPA Title X Program have unique Sliding Fee Discount Schedule (SFDS) program requirements, which include having differing upper limits. HRSA’s policies, currently contained in Policy Information Notice (PIN) 2014-02, allow health centers to accommodate the further discounting of services as required by Title X regulations. Title X agencies (or providers) that are integrated with or receive funding from the HRSA Health Center Program may have dual fee discount schedules: one schedule that ranges from 101% to 200% of the Federal Poverty Level (FPL) for all health center services, and one schedule that ranges from 101% to 250% FPL for clients receiving **only** Title X family planning services directly related to preventing or achieving pregnancy, and as defined in their approved Title X project.

Title X agencies and providers may consult with the health center if they have additional questions regarding implementing discounting schedules that comply with Title X and Health Center Program requirements, which may result in the health center needing to consult their HRSA Health Center Program Project Officer.

To decide which SFDS to use, the health center should determine whether a client is receiving **only Title X family planning services** (Title X family planning services are defined by the service contract between the Title X grantee and health center) or **health center services in addition to Title X family planning services within the same visit**.

The following guidance applies specifically to clients who receive **only Title X family planning services** that are directly related to preventing or achieving pregnancy:

- Clients receiving only Title X family planning services with family incomes at or below 100% of the FPL must not be charged for services received. In order to comply with Title X regulations, any nominal fee typically collected by a HRSA health center program grantee or look-alike would **not be charged to the client receiving only Title X family planning services.**
- Clients receiving only Title X family planning services with family incomes that are between 101% FPL and 250% FPL must be charged in accordance with a specific Title X SFDS based on the client's ability to pay. Any differences between charges based on applying the Title X SFDS and the health center's discounting schedule could be allocated to Title X grant funds. This allocation is aligned with the guidance provided in HRSA's PIN 2014-02, as discussed above. This PIN states that program grantees, *"may receive or have access to other funding sources (e.g., Federal, State, local, or private funds) that contain terms and conditions for reducing patient costs for specific services. These terms and conditions may apply to patients over 200 percent of the FPG [Federal Poverty Guidelines]. In such cases, it is permissible for a health center to allocate a portion (or all) of this patient's charge to this grant or subsidy funding source.*
- Note that unemancipated minors who receive confidential Title X family planning services must be billed according to the income of the minor.

The following guidance applies specifically to clients who receive **health center services in addition to Title X family planning services within the same visit:**

- For clients receiving health center services in addition to Title X family planning services, as defined above, within the same visit, the health center or look-alike may utilize its health center discounting schedule (which ranges from 101% to 200% FPL) including collecting one nominal fee for health center services provided to clients with family incomes at or below 100% FPL.

Issue 2: Fulfilling Data Reporting Requirements

To comply with mandatory program reporting requirements for both the Title X and HRSA Health Center Program, health centers that are integrated with Title X funded agencies must provide data on services provided that are relevant to either or both through FPAR and UDS, as appropriate. In cases where a data element is applicable to both FPAR and UDS, reporting such data to each report does not result in "double" credit for services provided; rather, it ensures that both Title X and HRSA receive accurate information on services provided to clients during the given reporting period.

Further instructions on how a family planning "user" is defined can be found in the FPAR Forms & Instructions guidance document.

Issue 3: Sliding Fee Discount Schedule Eligibility for Individuals Seeking Confidential Services

For individuals requesting that Title X family planning services provided to them are confidential (i.e., they do not want their information disclosed in any way, including for third-party billing), the provider should ensure that appropriate measures are in place to

protect the client's information, beyond HIPAA privacy assurances. Providers **may not bill third-party payers** for services in such cases where confidentiality cannot be assured (e.g., a payer does not suppress Explanation of Benefits documents and does not remove such information from claims history and other documents accessible to the policy holder). Providers may request payment from clients at the time of the visit for any confidential services provided that cannot be disclosed to third-party payers, as long as the provider uses the appropriate SFDS. Inability to pay, however, cannot be a barrier to services. Providers may bill third-party payers for services that the client identifies as non-confidential.

Additional AFHP Requirement**AFHP Guidance for PPN 2016-11:**

None

AFHP Recommended Evidence:

1. Medical records contain documentation of appropriate billing
2. Data reporting procedures for CDS and UDS
3. Billing procedures that preserve client confidentiality

QFP Recommendation

None

Evidence Requirement is Met

No federal evidence required at the time this PSPM was published.

APPENDIX 1a

Instructions for Certified Languages International (CLI)

1. CLI may be used for all languages other than Spanish for the Title X Arizona grant and other than Navajo for the Navajo Nation grant.
2. Dial 1-800-225-5254
3. When the operator answers, tell them:
 - a. That you are calling from the Arizona Family Health Partnership Title X Clinics
 - b. Your customer code is: (ARIZFPC)
 - c. The language that you need interpreted
 - d. Your name, phone number, the client's ID number, and which clinic you are calling from (you will need to know your health center ID which is the same as your CDS health center ID)
4. The operator will connect you with an interpreter promptly.

APPENDIX 1b

Arizona Family Health Partnership (AFHP) Certified Languages International (CLI) Billing Verification Form

Please complete this form for each interpreting service encounter received through CLI and submit to AFHP for approval within 24 hours of the date of service.

Delegate Agency: _____ Health Center: _____

Date of Call: _____ Client ID#: _____

Requested by Name/Title of Staff: _____

Language Request: _____ Length of phone call: _____ mins. /hrs.

Email form to your AFHP Program Manager or fax to (602) 252-3708.

AFHP Program Dept. Use Only	
	Satisfactory for payment
	Unsatisfactory, no payment due
	Incorrect invoice, returned for clarification
Program Manager Signature:	Date:

APPENDIX 2



Arizona Family Health Partnership

Request for Title X Contract Funds

Agency:

Reporting Period

From: To:

This is a request for :

Advance Funds Reimbursement

	Title X	Total Funds Earned this Reporting Period (i.e. this request)	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned	Available Balance	% Earned YTD
Base Grant				\$ -	\$ -	#DIV/0!
Amendment 1				\$ -	\$ -	#DIV/0!
Amendment 2				\$ -	\$ -	#DIV/0!
Amendment 3				\$ -	\$ -	#DIV/0!
Total		\$ -	\$ -	\$ -	\$ -	

Certification: By signing this request, I certify to the best of my knowledge and belief that the request is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. code, Title 18, Section 1001). By requesting funding of this amount, the undersigned certifies that all prior advanced contracted Title X funds and Title X generated client fees and donations have been expended by this agency.

Authorized Signature

Date of request

Actual Signature required, stamped signature will not be accepted

Name

Title

AFHP Program Dept Use Only AFHP Program Manager Certification <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="checkbox"/> Performance satisfactory for payment </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="checkbox"/> Performance unsatisfactory withhold payment </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="checkbox"/> Incorrect invoice, returned for clarification </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="checkbox"/> No payment due </div> <div style="height: 40px; border: 1px solid black; margin-top: 10px;"></div>	AFHP Accounting use only <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="text"/> Date invoice recorded in QB </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="text"/> Date of drawdown </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="text"/> AFHP check # </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="text"/> Date of check </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="text"/> Title X report updated </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 100px;" type="text"/> Date of ACH deposit </div>
<div style="display: flex; justify-content: space-between;"> Program Manager Signature Date </div>	<div style="display: flex; justify-content: space-between;"> Business Office Signature Date </div>

APPENDIX 3

AFHP Delegate Close-out Checklist

Task	Target Completion Date	Responsible Party	Actual Completion Date
Provide AFHP with a list of all subcontracts related to the Title X contract.	30 days prior to the contract termination date		
Provide AFHP with a written plan for how subcontractors will be notified of the termination of the Title X contract. Dates for subcontractor notification must be included.	30 days prior to the contract termination date		
Terminate all subcontracts solely related to the Title X contract.	30 days after the contract termination date		
Make arrangements with AFHP for the purchase of, transfer or delivery of any materials, equipment or documents related to the Title X program.	No later than 30 days after the end of the contract. Final payment will be held until arrangements have been made for all materials, equipment and documents.		
Provide AFHP with information accounting for any real and personal property acquired with federal funding received in accordance with CFR part 74.31 and 74.37.	Prior to final payment		
A) Submit a written plan to AFHP which addresses the provisions being made for notifying clients of termination of services - OR B) Confirm that access to services and the scope of services will not change.	30 days prior to the contract termination date		
Provide AFHP with a written plan for how client records will be transferred or retained in accordance with HIPAA, state and federal regulations.	30 days prior to the contract termination date		
Provide AFHP with the delegate agency's official policy for continuation of client care including how clients will be	30 days prior to the contract termination date		

notified of the termination of services and where they can obtain services at another Title X clinic or similar sliding fee provider. If a policy does not exist, provide a written plan with this information must be provided.			
If terminating a health center, provide AFHP with a copy of the letter that will be sent to clients notifying them of the closure with a list of nearby Title X clinics or similar sliding fee providers.	30 days prior to the contract termination date		
Provide AFHP with your agency's policy for compliance with employment and labor laws for staff that will be affected by the contract termination.	30 days prior to the contract termination date		
Provide AFHP written confirmation of how your agency will dispose of any hazardous materials (i.e. contract with Stericycle).	30 days prior to contract termination date		
All remaining client data must be uploaded into AFHP's Central Data System (CDS).	The 15 th of the month following the last day of clinic services		
Remove information regarding the program from your agency's website.	During the last week of clinic services		
The Authorizing Official at the delegate agency must submit a 340B "Change Request Form" to end the 340B program for family planning services. The form can be found here: http://www.hrsa.gov/opa/programrequirements/forms/340bchangeform.pdf	Prior to the last day of clinic services		
Provide AFHP with a refund for any balances owed to AFHP for advances or other unauthorized costs incurred with contract funds.	Prior to final payment		
Provide AFHP with all outstanding financial, performance and programmatic reports.	45 days after the contract termination date or on the date stipulated in the contract, whichever is sooner. Final payment will be held until all such reports are received.		

Provide AFHP with a written request for any requests for adjustments to the contract award amount.	30 days prior to contract termination date. AFHP reserves the right to disallow any costs resulting from obligations incurred by the delegate agency during a termination unless these costs were approved or authorized by AFHP.		
Ensure adherence to document and record retention per the delegate's policies.	Ongoing, per delegates' policy		

APPENDIX 4

Title X Requirement – 16: Other Applicable HHS Regulations and Statutes

Attention is drawn to the following HHS Department-wide regulations that apply to grants under Title X. These include:

- 37 CFR Part 401: Rights to inventions made by nonprofit organizations and small business firms under government grants, contracts, and cooperative agreements;
- 42 CFR Part 50, Subpart D: Public Health Service grant appeals procedure;
- 45 CFR Part 16: Procedures of the Departmental Grant Appeals Board;
- 45 CFR Part 74: Uniform administrative requirements for awards and sub-awards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments, and Indian tribal governments;
- 45 CFR Part 80: Nondiscrimination under programs receiving Federal assistance
- Through HHS effectuation of Title VI of the Civil Rights Act of 1964;
- 45 CFR Part 81: Practice and procedure for hearings under Part 80 of this Title;
- 45 CFR Part 84: Nondiscrimination on the basis of disability in programs and activities receiving or benefitting from Federal financial assistance;
- 45 CFR Part 91: Nondiscrimination on the basis of age in HHS programs or activities receiving Federal financial assistance;
- 45 CFR Part 92: Uniform administrative requirements for grants and cooperative agreements to State and local governments; and
- 45 CFR Part 100: Intergovernmental Review of Department of Health and Human Services Programs and Activities.

In addition, the following statutory and regulatory provisions may be applicable to grants under Title X:

- The Patient Protection and Affordable Care Act (Public Law 111-148);
- The Trafficking Victims Protection Act of 2000, as amended (Public Law 106-386);
- Sex Trafficking of Children or by Force, Fraud, or Coercion (18 USC 1591);
- The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191); and
- Appropriations language that applies to the Title X program for the relevant fiscal year.

Program Priorities

Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2018 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years.

The 2018 program priorities are as follows:

1. Assuring innovative high quality family planning and related health services that will improve the overall health of individuals, couples and families, with priority for services to those of low -income families, offering, at a minimum, core family planning enumerated earlier in this Funding Announcement. Assuring that projects offer broad range of family planning and related health services that are tailored to the unique needs of the individual, that include natural family planning methods (also known as fertility awareness based methods) which ensure breadth and variety among family planning methods offered, infertility services, and services for adolescents; breast and cervical cancer screening and prevention of STDs as well as HIV prevention education, counseling, testing, and referrals;
2. Assuring activities that promote positive family relationships for the purpose of Increasing family participation in family planning and healthy decision-making; education and counseling that prioritize optimal health and life outcomes for every individual and couple; and other related health services, contextualizing Title X services within a model that promotes optimal health outcomes for the client.
3. Ensuring that all clients are provided services in a voluntary, client-centered and non-coercive manner in accordance with Title X regulations.
4. Promoting provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers, and increase incentive for those individuals in need of care choosing a Title X provider.
5. Assuring compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking;
6. Encouraging participation of families, parents, and/or legal guardians in the decision of minors to seek family planning services; and providing counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;

7. Demonstrating that Title X activities are separate and clearly distinct from non-Title X activities, ensuring that abortion is not a method of family planning for this grant; and
8. Use of OPA performance metrics to regularly perform quality assurance and quality improvement activities.

Key Issues

In addition to program priorities, the following key issues should be considered in developing the project plan:

1. Efficiency and effectiveness in program management and operations;
2. Management and decision-making and accountability for outcomes;
3. Cooperation with community -based and faith -based organizations;
4. Meaningful collaboration with subrecipients and documented partners in order to demonstrate a seamless continuum of care for clients;
5. A meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk -free status, especially (but not only) when communicating with adolescents;
6. Activities for adolescents that do not normalize sexual risk behaviors, but instead clearly communicate the research informed benefits of delaying sex or returning to a sexually risk-free status.
7. Emphasis on the voluntary nature of Family Planning services;
8. Data collection (such as the Family Planning Annual Report (FPAR) for use in monitoring performance and improving family planning services.

Content created by Office of Population Affairs

Content last reviewed on March 6, 2018

PIMA COUNTY HEALTH DEPARTMENT

PROGRAM: Family Planning Physician Services

CONTRACTOR: Judith E. Riley, M.D., PLC
310 North Wilmot Road, Suite 306
Tucson, Arizona 85711

AMOUNT: \$34,000.00

TERM: July 1, 2015 – June 30, 2016

FUNDING: Health Department General Funds

CONTRACT NO: CT-HD-15-0570

CONTRACT
NO. CT-HD-15000000000000000000570
AMENDMENT NO. _____
This number must appear on all
invoices, correspondence and
documents pertaining to this
contract.

CONTRACT

THIS CONTRACT is entered into between Pima County, a body politic and corporate of the State of Arizona, for and on behalf of Pima County Health Department, hereinafter called COUNTY and Judith E. Riley, M.D., PLC hereinafter called CONTRACTOR.

WHEREAS, pursuant to A.R.S. § 11-251(5) County may appropriate and spend public monies for and in connection with community health services that the Pima County Board of Supervisors finds and determines will assist in the health and welfare of the County inhabitants; and

WHEREAS, COUNTY was awarded the Family Planning Title X Grant, through the Arizona Family Planning Council to provide family planning and colposcopy services; and,

WHEREAS, COUNTY requires the services of a qualified and experienced licensed Arizona physician in obstetrics/gynecology, competent to perform family planning and colposcopy services; and,

WHEREAS, to provide services as required by the Arizona Family Planning Council, Family Planning Title X Grant, COUNTY solicited services pursuant to Pima County Board of Supervisors Policy D29.7, Medical and Health-Related Professional Services; and,

WHEREAS, pursuant to Solicitation # PCHD-CSD-FP-05-2015-COLPO, CONTRACTOR is qualified and willing to provide such services and submitted a proposal advantageous to the COUNTY.

NOW, THEREFORE, the parties hereto agree as follows:

ARTICLE 1 - TERM AND EXTENSION/RENEWAL

- A. This Contract, as awarded by the COUNTY, shall commence on July 1, 2015 and shall terminate on June 30, 2016, unless sooner terminated or further extended pursuant to the provisions of this Contract. The parties may renew this Contract for up to four (4) additional one-year periods or any portion thereof.
- B. Any modification, or extension of the contract termination date, shall be by formal written amendment executed by the parties hereto.
- C. Amendments to the Contract must be approved by the County Board of Supervisors or the Procurement Director, as required by the Pima County Procurement Code, before any work or deliveries under the Amendment commences.

ARTICLE 2 - SCOPE

- A. This Contract establishes the agreement under which the CONTRACTOR will provide family planning and colposcopy services as specified in Exhibit A: Scope of Work, which is attached hereto and expressly incorporated into and made a part of this Contract as if fully set forth herein.
- B. All services shall comply with the requirements and specifications as called for in this Contract, in Exhibit A – Scope of Work, and the Arizona Family Planning Council, Family Planning Title X Grant requirements; these documents are incorporated into the Contract the same as set forth herein.
- C. CONTRACTOR shall employ suitably trained and skilled professional personnel to perform all services under this Contract.

ARTICLE 3 – PAYMENT

- A. In consideration of the services specified in this Contract, COUNTY agrees to pay CONTRACTOR in an amount not to exceed **\$34,000.00**.
- B. Funding is from the Health Department General Funds.
- C. Request for payments shall be in accordance to Exhibit A – Scope of Work and CONTRACTOR must:
 - 1. Submit invoices to the COUNTY within 30 days of service delivery.
 - 2. Invoice must include:
 - a. Contractor's name and address,
 - b. Invoice Date,
 - c. Invoice number,
 - d. Date of Service, and
 - e. Total Amount.
- D. Payment for late submissions will be withheld at COUNTY's discretion.
- E. For payments to be issued to Contractor, Contractor must: (1) Complete and submit a W-9 Taxpayer Identification Number form (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>), (2) Register as a Pima County Vendor (<https://secure.pima.gov/procurement/vramp/login.aspx>), and, (3) Fully execute a Contract with Pima County.
- F. For the period of record retention required under Article 22 - Books and Records, County reserves the right to question any payment made under this Article and to require reimbursement therefor by setoff or otherwise for payments determined to be improper or contrary to the Contract or law.

ARTICLE 4 - INSURANCE

- A. CONTRACTOR shall obtain and maintain at its own expense, during the entire term of this Contract the following type(s) and amounts of insurance:
 - 1. Commercial General Liability in the amount of \$1,000,000.00 combined, single limit Bodily Injury and Property Damage. Pima County is to be named as an additional insured for all operations performed within the scope of the Agreement between Pima County and Contractor;
 - 2. Commercial or Business automobile liability coverage for owned, non-owned and hired vehicles used in the performance of this Agreement with limits in the amount of \$1,000,000.00 combined single limit or \$1,000,000.00 Bodily Injury, \$1,000,000.00 Property Damage;

3. If this Agreement involves professional services, professional liability insurance in the amount of \$1,000,000.00; and,
 4. If required by law, workers' compensation coverage including employees' liability coverage.
- B. CONTRACTOR shall provide COUNTY with current certificates of insurance. All certificates of insurance must provide for guaranteed thirty (30) days written notice of cancellation, non-renewal or material change.

ARTICLE 5 – INDEMNIFICATION

- A. CONTRACTOR shall indemnify, defend, and hold harmless COUNTY, its officers, employees and agents from and against any and all suits, actions, legal administrative proceedings, claims or demands and costs attendant thereto, arising out of any act, omission, fault or negligence by the CONTRACTOR, its agents, employees or anyone under its direction or control or on its behalf in connection with performance of this Contract.
- B. CONTRACTOR warrants that all products and services provided under this contract are non-infringing. CONTRACTOR will indemnify, defend and hold COUNTY harmless from any claim of infringement arising from services provided under this contract or from the provision, license, transfer or use for their intended purpose of any products provided under this Contract.

ARTICLE 6 - COMPLIANCE WITH LAWS

CONTRACTOR shall comply with all federal, state, and local laws, rules, regulations, standards and Executive Orders, without limitation to those designated within this Contract. The laws and regulations of the State of Arizona shall govern the rights of the parties, the performance of this Contract, and any disputes hereunder. Any action relating to this Contract shall be brought in a court of the State of Arizona in Pima County. Any changes in the governing laws, rules, and regulations during the terms of this Contract shall apply, but do not require an amendment.

ARTICLE 7 - INDEPENDENT CONTRACTOR

The status of the CONTRACTOR shall be that of an independent contractor. Neither CONTRACTOR, nor CONTRACTOR'S officers, agents or employees shall be considered an employee of Pima County or be entitled to receive any employment-related fringe benefits under the Pima County Merit System. CONTRACTOR shall be responsible for payment of all federal, state and local taxes associated with the compensation received pursuant to this Contract and shall indemnify and hold COUNTY harmless from any and all liability which COUNTY may incur because of CONTRACTOR'S failure to pay such taxes. CONTRACTOR shall be solely responsible for program development and operation.

ARTICLE 8 - ASSIGNMENT

CONTRACTOR shall not assign its rights to this Contract, in whole or in part, without prior written approval of the COUNTY. Approval may be withheld at the sole discretion of COUNTY, provided that such approval shall not be unreasonably withheld.

ARTICLE 9 - NON-DISCRIMINATION

CONTRACTOR agrees to comply with all provisions and requirements of Arizona Executive Order 2009-09 **including flow down of all provisions and requirements to any subcontractors**. Executive Order

2009-09 supersedes Executive order 99-4 and amends Executive order 75-5 and may be viewed and downloaded at the Governor of the State of Arizona's website http://www.azgovernor.gov/dms/upload/EO_2009_09.pdf which is hereby incorporated into this contract as if set forth in full herein. During the performance of this contract, CONTRACTOR shall not discriminate against any employee, client or any other individual in any way because of that person's age, race, creed, color, religion, sex, disability or national origin.

ARTICLE 10 - AMERICANS WITH DISABILITIES ACT

CONTRACTOR shall comply with all applicable provisions of the Americans with Disabilities Act (Public Law 101-336, 42 U.S.C. 12101-12213) and all applicable federal regulations under the Act, including 28 CFR Parts 35 and 36.

ARTICLE 11 - AUTHORITY TO CONTRACT

CONTRACTOR warrants its right and power to enter into this Contract. If any court or administrative agency determines that COUNTY does not have authority to enter into this Contract, COUNTY shall not be liable to CONTRACTOR or any third party by reason of such determination or by reason of this Contract.

ARTICLE 12 - FULL AND COMPLETE PERFORMANCE

The failure of either party to insist on one or more instances upon the full and complete performance with any of the terms or conditions of this Contract to be performed on the part of the other, or to take any action permitted as a result thereof, shall not be construed as a waiver or relinquishment of the right to insist upon full and complete performance of the same, or any other covenant or condition, either in the past or in the future. The acceptance by either party of sums less than may be due and owing it at any time shall not be construed as an accord and satisfaction.

ARTICLE 13 - CANCELLATION FOR CONFLICT OF INTEREST

This Contract is subject to cancellation for conflict of interest pursuant to ARS § 38-511, the pertinent provisions of which are incorporated into this Contract by reference.

ARTICLE 14 – TERMINATION OF CONTRACT FOR DEFAULT

- A. Upon a failure by CONTRACTOR to cure a default under this Contract within 10 days of receipt of notice from COUNTY of the default, COUNTY may, in its sole discretion, terminate this Contract for default by written notice to CONTRACTOR. In this event, COUNTY may take over the work and complete it by contract or otherwise. In such event, CONTRACTOR shall be liable for any damage to the COUNTY resulting from CONTRACTOR'S default, including any increased costs incurred by COUNTY in completing the work.
- B. The occurrence of any of the following, without limitation to the named events, shall constitute an event of default:
 1. Abandonment of or failure by CONTRACTOR to observe, perform or comply with any material term, covenant, agreement or condition of this Contract, or to prosecute the work or any separable part thereof with the diligence that will insure completion within the time specified in this contract, including any extension, or a failure to complete the work (or the separable part of the work) within the specified time;
 2. Persistent or repeated refusal or failure to supply adequate staff, resources or direction to

- perform the work on schedule or at an acceptable level of quality;
3. Refusal or failure to remedy defective or deficient work within a reasonable time;
 4. Loss of professional registration or business or other required license or authority, or any curtailment or cessation for any reason of business or business operations that would substantially impair or preclude CONTRACTOR'S performance of this Contract;
 5. Disregard of laws, ordinances, or the instructions of COUNTY or its representatives, or any otherwise substantial violation of any provision of the contract;
 6. Performance of work hereunder by personnel that are not qualified or permitted under state law or local law to perform such services;
 7. Commission of any act of fraud, misrepresentation, willful misconduct, or intentional breach of any provision of this Contract; or
 8. If a voluntary or involuntary action for bankruptcy is commenced with respect to CONTRACTOR, or CONTRACTOR becomes insolvent, makes a general assignment for the benefit of creditors, or has a receiver or liquidator appointed in respect of its assets.
- C. In the event of a termination for default:
1. All finished and unfinished drawings, specifications, documents, data, studies, surveys, drawings, photographs, reports and other information in whatever form, including electronic, acquired or prepared by CONTRACTOR for this project shall become COUNTY'S property and shall be delivered to COUNTY not later than five (5) business days after the effective date of the termination;
 2. COUNTY may withhold payments to CONTRACTOR arising under this or any other Contract for the purpose of set-off until such time as the exact amount of damage due COUNTY from CONTRACTOR is determined; and
 3. Subject to the immediately preceding subparagraph (2), COUNTY'S liability to CONTRACTOR shall not exceed the Contract value of work satisfactorily performed prior to the date of termination for which payment has not been previously made.
- D. The Contract will not be terminated for default nor the CONTRACTOR charged with damages under this Article, if—
1. Excepting item (8) in paragraph B above, the event of default or delay in completing the work arises from unforeseeable causes beyond the control and without the fault or negligence of CONTRACTOR. Examples of such causes include—
 - a. Acts of God or of the public enemy,
 - b. Acts of the COUNTY in either its sovereign or contractual capacity,
 - c. Acts of another Contractor in the performance of a contract with the COUNTY,
 - d. Fires,
 - e. Floods,
 - f. Epidemics,
 - g. Quarantine restrictions,
 - h. Strikes,
 - i. Freight embargoes,
 - j. Unusually severe weather, or
 - k. Delays of subcontractors at any tier arising from unforeseeable causes beyond the control and without the fault or negligence of both CONTRACTOR and the subcontractor(s); and
 2. The CONTRACTOR, within seven (7) days from the beginning of any event of default or delay (unless extended by COUNTY), notifies the COUNTY in writing of the cause(s) therefor. In this circumstance, the COUNTY shall ascertain the facts and the extent of the resulting delay. If, in the reasonable judgment of COUNTY, the findings warrant such action, the time for completing the work may be extended.

- E. For the purposes of paragraph A above, "receipt of notice" shall include receipt by hand by CONTRACTOR'S project manager, by facsimile transmission with notice of receipt, or under the Notices clause of this Contract.
- F. If, after termination of the Contract for default, it is determined that the CONTRACTOR was not in default, or that the delay was excusable, the rights and obligations of the parties will be the same as if the termination had been issued for the convenience of the COUNTY.
- G. The rights and remedies of COUNTY in this Article are cumulative and in addition to any other rights and remedies provided by law or under this contract.

ARTICLE 15 – TERMINATION FOR CONVENIENCE

- A. COUNTY reserves the right to terminate this Contract at any time and without cause by serving upon CONTRACTOR 30 days advance written notice of such intent to terminate. In the event of such termination, the COUNTY'S only obligation to CONTRACTOR shall be payment for services rendered prior to the date of termination.
- B. Notwithstanding any other provision in this Contract, this Contract may be terminated if for any reason, there are not sufficient appropriated and available monies for the purpose of maintaining COUNTY or other public entity obligations under this Contract. In the event of such termination, COUNTY shall have no further obligation to CONTRACTOR, other than to pay for services rendered prior to termination.

ARTICLE 16 - NOTICE

Any notice required or permitted to be given under this Contract shall be in writing and shall be served by delivery or by certified mail upon the other party as follows:

COUNTY:

Francisco Garcia, MD, MPH
Director
Pima County Health Department
3950 S. Country Club, Suite 100
Tucson, Arizona 85714-2056

CONTRACTOR:

Judith E. Riley, M.D.
310 N. Wilmot Road, Suite 306
Tucson, Arizona 85711
(520) 325-0865

ARTICLE 17 - NON-EXCLUSIVE CONTRACT

CONTRACTOR understands that this Contract is nonexclusive and is for the sole convenience of COUNTY. COUNTY reserves the right to obtain like services from other sources for any reason.

ARTICLE 18 - OTHER DOCUMENTS

- A. CONTRACTOR and COUNTY in entering into this Contract have relied upon information provided in Arizona Family Planning Council, Family Planning Title X Grant. These documents are hereby incorporated into and made a part of this Contract as if set forth in full herein, to the extent not inconsistent with the provisions of this Contract.
- B. CONTRACTOR is a subcontractor to COUNTY under the Arizona Family Planning Council, Family Planning Title X Grant, the terms and conditions of which are hereby incorporated into and made a part of this Contract as if set forth in full herein, to the extent not inconsistent with the provisions of this Contract.

ARTICLE 19 – REMEDIES

Either party may pursue any remedies provided by law for the breach of this Contract. No right or remedy is intended to be exclusive of any other right or remedy and each shall be cumulative and in addition to any other right or remedy existing at law or at equity or by virtue of this Contract.

ARTICLE 20 - SEVERABILITY

Each provision of this Contract stands alone, and any provision of this Contract found to be prohibited by law shall be ineffective to the extent of such prohibition without invalidating the remainder of this Contract.

ARTICLE 21 - BOOKS AND RECORDS

- A. CONTRACTOR shall keep and maintain proper and complete books, records and accounts, which shall be open at all reasonable times for inspection and audit by duly authorized representatives of COUNTY.
- B. In addition, CONTRACTOR shall retain all records relating to this contract at least 5 years after its termination or cancellation or, if later, until any related pending proceeding or litigation has been closed.

ARTICLE 22 - AUDIT REQUIREMENTS

- A. Contractor shall:
 - 1. Establish and maintain a separate, identifiable accounting of all funds provided by County pursuant to this Contract. Such records shall record all expenditures which are used to support invoices and requests for payment from the County under this Contract.
 - 2. All accounting records must meet the requirements of the Federal, State, County, and generally accepted accounting principles laws and regulations.
 - 3. Upon written notice from County, provide a program-specific or financial audit. Such notice from County will specify the period to be covered by the audit, the type of audit and the deadline for completion and submission of the audit.
 - 4. Assure that any audit conducted pursuant to this Contract is performed by a qualified, independent accounting firm and submitted to County within six (6) months of completion of the audit required pursuant to this Article, unless a different time is specified by County. The audit submitted must include Contractor responses, if any, concerning any audit findings.
 - 5. Pay all costs for any audit required or requested pursuant to this Article, unless the cost is allowable for payment with the grant funds provided pursuant to this Contract under the appropriate federal or state grant law and the cost was specifically included in the Contractor grant budget approved by County.
- B. CONTRACTOR receiving federal funds under this Contract, and is a state or local government or non-profit organization, shall provide an annual audit which complies with the requirements of the most recent version of OMB Circular A-133 "Audits of State and Local Governments and Non-Profit Organizations."
- C. CONTRACTOR, who is a government entity, shall comply with federal single audit requirements and, upon request from County, provide County with a copy of the required audit document within ninety (90) days following the end of Contractor's fiscal year.

ARTICLE 23 - PUBLIC INFORMATION

- A. Pursuant to A.R.S. § 39-121 et seq., and A.R.S. § 34-603(H) in the case of construction or Architectural and Engineering services procured under A.R.S. Title 34, Chapter 6, all information submitted in response to this solicitation, including, but not limited to, pricing, product specifications, work plans, and any supporting data becomes public information and upon request, is subject to release and/or review by the general public including competitors.
- B. Any records submitted in response to this solicitation that respondent believes constitute proprietary, trade secret or otherwise confidential information must be appropriately and prominently marked as CONFIDENTIAL by respondent **prior** to the close of the solicitation.
- C. Notwithstanding the above provisions, in the event records marked CONFIDENTIAL are requested for public release pursuant to A.R.S. § 39-121 et seq., County shall release records marked CONFIDENTIAL ten (10) business days after the date of notice to the respondent of the request for release, unless respondent has, within the ten day period, secured a protective order, injunctive relief or other appropriate order from a court of competent jurisdiction, enjoining the release of the records. For the purposes of this paragraph, the day of the request for release shall not be counted in the time calculation. Respondent shall be notified of any request for such release on the same day of the request for public release or as soon thereafter as practicable.
- D. County shall not, under any circumstances, be responsible for securing a protective order or other relief enjoining the release of records marked CONFIDENTIAL, nor shall County be in any way financially responsible for any costs associated with securing such an order.

ARTICLE 24 – LEGAL ARIZONA WORKERS ACT COMPLIANCE

- A. CONTRACTOR hereby warrants that it will at all times during the term of this Contract comply with all federal immigration laws applicable to CONTRACTOR'S employment of its employees, and with the requirements of A.R.S. § 23-214 (A) (together the "State and Federal Immigration Laws"). CONTRACTOR shall further ensure that each subcontractor who performs any work for CONTRACTOR under this contract likewise complies with the State and Federal Immigration Laws.
- B. COUNTY shall have the right at any time to inspect the books and records of CONTRACTOR and any subcontractor in order to verify such party's compliance with the State and Federal Immigration Laws.
- C. Any breach of CONTRACTOR'S or any subcontractor's warranty of compliance with the State and Federal Immigration Laws, or of any other provision of this section, shall be deemed to be a material breach of this Contract subjecting CONTRACTOR to penalties up to and including suspension or termination of this Contract. If the breach is by a subcontractor, and the subcontract is suspended or terminated as a result, CONTRACTOR shall be required to take such steps as may be necessary to either self-perform the services that would have been provided under the subcontract or retain a replacement subcontractor, (subject to COUNTY approval if MWBE preferences apply) as soon as possible so as not to delay project completion.
- D. CONTRACTOR shall advise each subcontractor of COUNTY'S rights, and the subcontractor's obligations, under this Article by including a provision in each subcontract substantially in the following form:
"SUBCONTRACTOR hereby warrants that it will at all times during the term of this contract comply with all federal immigration laws applicable to SUBCONTRACTOR'S employees, and with the requirements of A.R.S. § 23-214 (A). SUBCONTRACTOR further agrees that COUNTY may inspect the SUBCONTRACTOR'S books and records to insure that SUBCONTRACTOR is in compliance with these requirements. Any breach of this paragraph by SUBCONTRACTOR will be deemed to be a material breach of this contract subjecting SUBCONTRACTOR to penalties up to and including suspension or

termination of this contract."

- E. Any additional costs attributable directly or indirectly to remedial action under this Article shall be the responsibility of CONTRACTOR. In the event that remedial action under this Article results in delay to one or more tasks on the critical path of CONTRACTOR'S approved construction or critical milestones schedule, such period of delay shall be deemed excusable delay for which CONTRACTOR shall be entitled to an extension of time, but not costs.

ARTICLE 25 – GRANT COMPLIANCE

As applicable, at no additional cost to COUNTY, CONTRACTOR agrees to comply with all requirements in DHHS Title X Regulations, Part 59 – Grants for Family Planning Services, under the Arizona Family Planning Council, Family Planning Program Grant.

ARTICLE 26 - ENTIRE AGREEMENT

This document constitutes the entire agreement between the parties pertaining to the subject matter hereof, and all prior or contemporaneous agreements and understandings, oral or written, are hereby superseded and merged herein. This Contract may be modified, amended, altered or extended only by a written amendment signed by the parties.

IN WITNESS THEREOF, the parties have affixed their signatures to this Contract on the date written below.

PIMA COUNTY

L. A. Williams
Procurement Director

7/1/15
Date

APPROVED AS TO CONTENT

[Signature]
Health Department Director or designee

27 June 15
Date

APPROVED AS TO FORM

[Signature] 6-22-15
Deputy County Attorney Date

CONTRACTOR

[Signature]
Authorized Officer Signature
Judith E. Regan
Please print name

MD
Title

6/25/15
Date

EXHIBIT A – SCOPE OF WORK

A. SCOPE

Providers working with Pima County Health Department Clinical Services Division will work with uninsured populations, providing family planning, colposcopy services women's health care and on-going consultant support and education.

ACTIVITY 1:

Provide high-quality medical services in Pima County Health Department's Colposcopy Clinic.

1. Service Delivery Methodology:

- a. The Contractor shall provide medical services on scheduled colposcopy clinics, typically held two times a month from 8:00am to 12:00pm. Additional colposcopy clinics may be convened per mutual agreement and based on the needs of the Program. All services shall be delivered according to "American Society for Colposcopy and Cervical Pathology (ASCCP)" Guidelines.
- b. The Contractor shall assist in the development and implementation of a Quality Assurance Program for the Colposcopy program that is consistent with ASCCP Guidelines.
- c. The Contractor shall assist in creating a Referral Network for patients who need additional care outside of Pima County Health Department.
- d. The Contractor shall act as the lead consultant for clinician's regarding follow-up, case management, clinical guidelines and service delivery and methodology.
- e. The Contractor shall attend monthly scheduled Clinician meetings.
- f. The Contractor shall conduct quarterly chart audits, make recommendations (corrective actions needed) and provide feedback as needed.

ACTIVITY 2:

Act as the Medical Consultant for the Pima County Health Departments' Family Planning Program.

These duties shall include but may not be limited to the following activities:

1. Service Delivery Methodology:

- a. The Contractor shall write, review and/or update procedures, protocols, and standing orders in adherence to Title X requirements, Pima County Policies and Procedures and ASCCP guidelines.
- b. The Contractor shall review operational activities of Clinicians at least once during the contract term, providing feedback and corrective action recommendations as needed.
- c. The Contractor shall be available for consultation on an as needed basis.

ACTIVITY 3:

Provide high-quality medical services of an emergent nature.

1. Service Delivery Methodology:

- a. The Contractor agrees to accept and provide services for appropriate referrals received and approved by the COUNTY that are of an emergent nature, CONTRACTOR will work within his/her own professional network to assure needed services are provided in a timely manner.
- b. The Contractor will alert COUNTY of negotiated fees related to emergent services and obtain approval prior to providing service. CONTRACTOR will bill COUNTY accordingly.
- c. The Contractor shall be available for consultation on an as needed basis.

The above activities are subject to budgetary limitations and regulation. COUNTY will provide and maintain the equipment and facilities, and furnish supplies and personnel necessary to perform the duties set forth in a satisfactory manner.

B. PAYMENT

COUNTY agrees to pay CONTRACTOR for services pursuant to this agreement, in accordance to the following budget table:

BUDGET ITEM	AMOUNT
a. Per Colposcopy Clinic Session	\$500.00.
b. For Emergent Services	\$10,000.
c. Monthly Consultant Fee	\$1,000.

**PIMA COUNTY HEALTH DEPARTMENT
MEDICAL AND HEALTH-RELATED SERVICES
CONTRACT AMENDMENT**

PROJECT: Family Planning Physician Services

CONTRACTOR: Judith E. Riley, M.D.
310 North Wilmot Road, Suite 306
Tucson, Arizona 85711

CONTRACT NO: CT-HD-15-0570

AMENDMENT NO: 01

CONTRACT	
NO. <u>CT-HD-15-570</u>	
AMENDMENT NO. <u>01</u>	
This number must appear on all invoices, correspondence and documents pertaining to this contract.	

ORIGINAL CONTRACT TERM:	07/01/2015 – 06/30/2016	ORIGINAL CONTRACT AMOUNT:	\$34,000.00
TERM PRIOR AMENDMENT:	N/A	AMOUNT PRIOR AMENDMENTS:	\$0.00
TERM THIS AMENDMENT:	06/30/17	AMOUNT THIS AMENDMENT:	\$10,000.00
RENEWALS LEFT:	03	REVISED CONTRACT AMOUNT:	\$44,000.00

CONTRACT AMENDMENT

WHEREAS, Pima County, a body politic and corporate of the State of Arizona, hereinafter called COUNTY, and Judith E. Riley, M.D., hereinafter called CONTRACTOR, have entered into a Contract relating to the provision of family planning and colposcopy services on behalf of Pima County Health Department's Family Planning Program; and

WHEREAS, COUNTY and CONTRACTOR desire to amend said Contract to extend the term, increase funding and revise the Scope of the Contract to add additional services by CONTRACTOR.

NOW THEREFORE, it is agreed as follows:

- I. Replace Article 1.A – Term and Extension/Renewal, with the following:
 - A. This Contract, as awarded by the COUNTY, shall commence on July 1, 2015 through June 30, 2017, unless sooner terminated or further extended pursuant to the provisions of this Contract. The parties may renew this Contract for up to three (3) additional one-year periods or any portion thereof.
- II. Replace Article 2.B – Payment, with the following:
 - B. All services shall comply with the requirements and specifications as called for in this Contract, in Exhibit A or A1 – Scope of Work, and the Arizona Family Planning Council, Family Planning Title X Grant requirements; these documents are incorporated into the Contract the same as set forth herein.
- III. Amend Article 3 – Payment, as follows:
 1. Section A, shall be replaced with the following:

"In consideration of the services specified in this Contract, COUNTY agrees to pay CONTRACTOR in an amount not to exceed \$44,000."

2. Section C, replace with the following:

C. Request for payments shall be in accordance to Exhibit A or A1 - Scope of Work and Exhibit B - Price List, whichever is in effect at time services are provided. CONTRACTOR must:

1. Submit invoices to the COUNTY within 30 days of service delivery.
2. Invoice must include:
 - a. Contractor's name and address,
 - b. Invoice Date,
 - c. Invoice number,
 - d. Date of Service, and
 - e. Total Amount.

IV. Add Exhibit A1 - Scope of Work, effective January 1, 2016, see attached Exhibit A1.

V. Add Exhibit B - Price List, effective January 1, 2016, see attached Exhibit B.

VI. The effective date of this Amendment is January 1, 2016.

All other provisions of this Contract, not specifically changed by this Amendment, shall remain in effect and be binding upon the parties.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment.

PIMA COUNTY

CONTRACTOR

By: Mary Jo 3-18-16
Procurement Director Date

By: Andrew D 3/2/16
Name & Title Date

APPROVED AS TO CONTENT

By: [Signature] 3.11.16
Health Department Director Date

APPROVED AS TO FORM

By: [Signature] 2.24.16
Deputy County Attorney Date

EXHIBIT A1 – SCOPE OF WORK
Effective January 1, 2016

A. SCOPE

ACTIVITY 1: Provide Reproductive Health and Cervical Cancer diagnostic services as appropriate for women referred from Pima County Health Department.

1. Service Delivery Methodology:

- a. The Contractor agrees to accept and provide services within his/her professional practice for appropriate referrals approved by the COUNTY that relate to cervical cancer diagnosis and reproductive health, specifically removal and insertion of long acting reversible contraception (LARC).
- b. The Contractor agrees to be available for consultation on an as needed basis. Fees are provided per call and are documented by the CONTRACTOR on the Monthly Consultation Log provided by the County.

ACTIVITY 2: Provide services of an emergent nature.

1. Service Delivery Methodology:

- a. The Contractor agrees to accept and provide services within his/her professional network for appropriate referrals approved by the COUNTY that are of an emergent nature.
 - b. The Contractor will alert COUNTY of negotiated fees related to emergent services and obtain approval prior to providing service. CONTRACTOR will bill COUNTY accordingly.
 - c. The Contractor will attend monthly clinician meetings and work on special projects mutually agreed upon with the County. The fee listed on the price sheet includes meeting attendance and work on the special project and can only be billed on time per month.
- 2. The above activities are subject to budgetary limitations and regulation.**

B. PAYMENT - COUNTY agrees to pay CONTRACTOR for services rendered pursuant to this agreement, in accordance to the following Budget Line Item table and Price List (see Exhibit B):

BUDGET LINE ITEM	AMOUNT
Reproductive Health and Cervical Cancer Diagnostic Services	See Price List
Emergent Services, Per Patient Referred	\$10,000.00
Consultation, per call	\$200.00
No-show fee, per Patient no-show	\$25.00
Clinical Meetings and Special Projects (no more than 1 fee per month)	\$500.00

EXHIBIT B - PRICE LIST
Effective January 1, 2016

DESCRIPTION	CPT CODE	PRICE
Colpo-directed Biopsy and/or Endocervical Curettage**	57454	\$154.21
Colposcopy of the cervix**	57452	\$109.92
Endoscopy with loop electrode conization of the cervix (LEEP)**	57461	\$321.91
Endometrial Sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)**	58100	\$109.65
Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)**	58100	\$48.54
Office Visits	CPT CODE	PRICE
New Patient; expanded history, exam, straightforward decision-making 20 Minutes**	99202	\$74.78
New Patient; detailed history, exam, straightforward decision-making 30 Minutes**	99203	\$108.39
New Patient; comprehensive history, exam, moderate complexity decision-making 45 Minutes**	99204	\$164.93
Established Patient; evaluation and management, may not require presence of physician; 5 minutes	99211	\$20.01
Established Patient; history, exam, straightforward decision-making: 10 minutes	99212	\$43.51
Other		
Implant Insertion*	11981	\$73.00
Implant Removal*	11982	\$73.00
Implant Removal w/Reinsertion*	11983	\$73.00
IUD Insertion*	58300	\$73.00
IUD Removal*	58301	\$100.00

Source: 2015 PCHD Clinical Services Fee Schedule* and 2015 WWHCP Allowable Procedures and Medicare Reimbursement Rates**

Pima County Department of Health

Project: Family Planning Physician Services

**Contractor: Judith E. Riley, M.D.
310 North Wilmot Road, Suite 306
Tucson, AZ 85711**

Contract No.: CT-HD-15-0570

Contract Amendment No.: 02

CONTRACT

NO. CT-HD-15-570

AMENDMENT NO. 02

This number must appear on all
invoices, correspondence and
documents pertaining to this
contract.

(STAMP HERE)

Orig. Contract Term: 07/01/2015 - 06/30/2016
Termination Date Prior Amendment: 06/30/17
Termination Date This Amendment: 06/30/18

Orig. Amount:	\$34,000
Prior Amendments Amount:	\$10,000
This Amendment Amount:	\$39,000
Revised Total Amount:	\$83,000

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. **Term.** The Contract terminates on June 30, 2018, unless sooner terminated or further extended pursuant to the provisions of this Contract. The parties may renew this Contract for up to two (2) additional one-year periods or any portion thereof.
2. **Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section Two, is increased by \$39,000. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$83,000.
3. **Scope of Services.** Add Exhibit A2 - Scope of Work, effective July 1, 2017.
4. **Exhibit B - Price List.** Remove Exhibit B, effective July 1, 2017.

This Amendment is effective upon execution.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

Maggie
Procurement Director
6/14/17
Date

CONTRACTOR

John F. Riley MD
Authorized Officer Signature
John F. Riley MD
Printed Name and Title
6/12/17
Date

APPROVED AS TO FORM

Paula J. Perren
Deputy County Attorney

Paula S. Perren
Print DCA Name
6.12.17
Date

APPROVED AS TO CONTENT

Wendy J. Ferguson
Department Representative
June 12, 2017
Date

EXHIBIT A2 – SCOPE OF WORK

Effective July 1, 2017

A. SCOPE

Providers working with Pima County Health Department Community Health Services Division will provide family planning, colposcopy services, women's health care and on-going consultant support and education.

ACTIVITY 1:

Provide high-quality medical services in Pima County Health Department's Colposcopy and Family Planning Clinics.

1. Service Delivery Methodology:
 - a. The Contractor shall provide medical services on scheduled colposcopy clinics, typically held two times a month. Additional colposcopy clinics may be convened per mutual agreement and based on the needs of the Program. All services shall be delivered according to "American Society for Colposcopy and Cervical Pathology (ASCCP)" Guidelines.
 - b. The Contractor shall assist in the development and implementation of a Quality Assurance Program for the Colposcopy program that is consistent with ASCCP Guidelines.
 - c. The Contractor shall assist in creating a Referral Network for patients who need additional care outside of Pima County Health Department.
 - d. The Contractor shall act as the lead consultant for clinician's regarding follow-up, case management, clinical guidelines and service delivery and methodology.
 - e. The Contractor shall attend monthly scheduled Clinician meetings.

ACTIVITY 2:

Act as the Medical Consultant for the Pima County Health Department's Family Planning Program.

These duties shall include but may not be limited to the following activities:

1. Service Delivery Methodology:
 - a. The Contractor shall write, review and/or update procedures, protocols, and standing orders in adherence to Title X requirements, Pima County Policies and Procedures and ASCCP guidelines.
 - b. The Contractor shall review operational activities of Clinicians at least once during the contract term, providing feedback and corrective action recommendations as needed.
 - c. The Contractor shall be available for consultation on an as needed basis.

ACTIVITY 3:

Provide high-quality medical services of an emergent nature.

1. Service Delivery Methodology:

- a. The Contractor agrees to accept and provide services for appropriate referrals received and approved by the COUNTY that are of an emergent nature, CONTRACTOR will work within his/her own professional network to assure needed services are provided in a timely manner.
- b. The Contractor will alert COUNTY of negotiated fees related to emergent services and obtain approval prior to providing service. CONTRACTOR will bill COUNTY accordingly.
- c. The Contractor shall be available for consultation on an as needed basis.

The above activities are subject to budgetary limitations and regulation. COUNTY will provide and maintain the equipment and facilities, and furnish supplies and personnel necessary to perform the duties set forth in a satisfactory manner.

B. PAYMENT

COUNTY agrees to pay CONTRACTOR for services pursuant to this agreement, in accordance to the following budget table:

BUDGET ITEM	AMOUNT
a. Per Colposcopy Clinic Session	\$500
b. For Emergent Services	\$10,000
c. Monthly Consultant Fee	\$1,000

Pima County Department of Health Project: Family Planning Physician Services Contractor: Judith E. Riley, M.D. 310 North Wilmot Road, Suite 306 Tucson, AZ 85711 Contract No.: CT-HD-18-437; formerly CT-HD-15-570 Contract Amendment No.: 03	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 5px;">CONTRACT</th> </tr> <tr> <td style="padding: 5px;"> NO. <u>CT-HD-18-437</u> AMENDMENT NO. <u>03</u> <small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small> </td> </tr> </table> <p style="text-align: center; margin-top: 10px;">(STAMP HERE)</p>	CONTRACT	NO. <u>CT-HD-18-437</u> AMENDMENT NO. <u>03</u> <small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small>
CONTRACT			
NO. <u>CT-HD-18-437</u> AMENDMENT NO. <u>03</u> <small>This number must appear on all invoices, correspondence and documents pertaining to this contract.</small>			

Orig. Contract Term: 07/01/2015 - 06/30/2016 Termination Date Prior Amendment: 06/30/2018 Termination Date This Amendment: 12/31/2018	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Orig. Amount:</td> <td style="text-align: right;">\$ 34,000.00</td> </tr> <tr> <td>Prior Amendments Amount:</td> <td style="text-align: right;">\$ 49,000.00</td> </tr> <tr> <td>This Amendment Amount:</td> <td style="text-align: right;">\$ 17,000.00</td> </tr> <tr> <td>Revised Total Amount:</td> <td style="text-align: right;">\$100,000.00</td> </tr> </table>	Orig. Amount:	\$ 34,000.00	Prior Amendments Amount:	\$ 49,000.00	This Amendment Amount:	\$ 17,000.00	Revised Total Amount:	\$100,000.00
Orig. Amount:	\$ 34,000.00								
Prior Amendments Amount:	\$ 49,000.00								
This Amendment Amount:	\$ 17,000.00								
Revised Total Amount:	\$100,000.00								

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

1. **Term.** The Contract terminates on December 31, 2018, unless sooner terminated or further extended pursuant to the provisions of this Contract. The parties may renew this Contract for terms adding up to an additional 1.5 years or any portion thereof.

2. **Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in ARTICLE 3, PAYMENT, is increased by \$17,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$100,000.00.

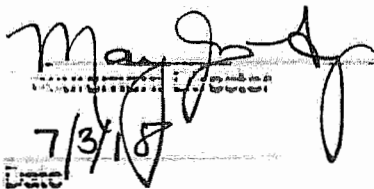
3. **Scope of Work.** The parties have revised the Scope of Services in EXHIBIT A2 by replacing the budget table in B. PAYMENT with the following:

BUDGET ITEM	AMOUNT	AMOUNT ADDED WITH AMENDMENT 3
a. Per Colposcopy Clinic Session	\$500	\$6,000
b. For Emergent Services (total, six months)	\$5,000	\$5,000
c. Monthly Consultant Fee	\$1,000	\$6,000

The effective date of this Amendment is June 30, 2018.

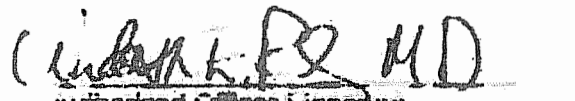
"The contents of the Contract and any amendments by the Department shall be binding upon the parties."

PIMA COUNTY



Deputy County Attorney
Date 7/3/18

CONTRACTOR



Mark R. MD
Printed Name and Title
Date 6/27/18

APPROVED AS TO FORM



Deputy County Attorney

Jonathan Pinkney

Print CCA Name

Date 6/28/18

APPROVED AS TO CONTENT



Department Representative

Date 6.28.2018



Arizona Family Health Partnership

Request for Title X Contract Funds

Agency:

Reporting Period

From:

To:

This is a request for : Advance Funds

Reimbursement

	Title X	Total Funds Earned this Reporting Period (i.e. this request)	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned	Available Balance	% Earned YTD
Title X Base Grant				\$ -	\$ -	#DIV/0!
Amendment 1				\$ -	\$ -	#DIV/0!
Amendment 2				\$ -	\$ -	#DIV/0!
				\$ -	\$ -	
Total		\$ -	\$ -	\$ -	\$ -	

Certification: By signing this request, I certify to the best of my knowledge and belief that the request is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. code, Title 18, Section 1001). By requesting funding of this amount, the undersigned certifies that all prior advanced contracted Title X funds and Title X generated client fees and donations have been expended by this agency.

Authorized Signature

Date of request

Actual Signature required, stamped signature will not be accepted

Name

Title

AFHP Program Dept Use Only

AFHP Program Manager Certification

- ☐ Performance satisfactory for payment
☐ Performance unsatisfactory withhold payment
☐ Incorrect invoice, returned for clarification
☐ No payment due

AFHP Accounting use only

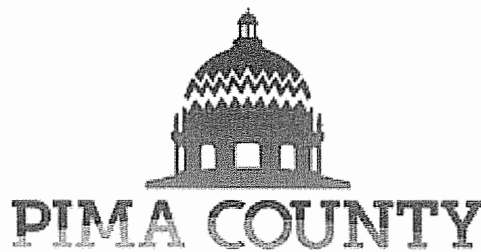
- Date invoice recorded in QB
 Date of drawdown
 AFHP check #
 Date of check
 Title X report updated
 Date of ACH deposit

Program Manager Signature

Date

Business Office Signature

Date



**PIMA COUNTY
DEPARTMENT OF FINANCE AND RISK MANAGEMENT**

Michelle Campagne, Director

CERTIFICATE OF SELF-INSURANCE

THIS IS TO CERTIFY THAT PIMA COUNTY, IN ACCORDANCE WITH A.R.S. §11-981
AND PIMA COUNTY CODE §3.04, IS SELF-INSURED.

TO THE EXTENT PERMITTED BY LAW, PIMA COUNTY, AS A SELF-INSURER, IS
PROVIDING EVIDENCE OF GENERAL LIABILITY AND MEDICAL MALPRACTICE
COVERAGE OF ONE MILLION DOLLARS (\$1,000,000) FOR LIABILITIES THAT
HAVE BEEN PROPERLY DETERMINED TO ARISE FROM PROFESSIONAL
ACTIVITIES.

DATE OF ISSUE:

November 8, 2018

CERTIFICATE HOLDER:

Arizona Family Health Partnership
Ms. Dania Garcia
3101 N Central Avenue, Suite 1120
Phoenix, AZ 85012

Program:

Proof of Self-insurance for the Arizona Family Health
Partnership Family Planning Program Contract Grant #
6 FPHPA096240-02-02

From: 9/01/2018 To: 03/31/2019

***Certificate good with respect to Pima
County only.***

Lauren G. Eib, Risk Manager
Pima County Finance & Risk Management Department

**RESERVED FOR
CONTRACT AMENDMENTS**

Aim Statement: By 12/31/2018, (Insert Agency Name) will increase CT screening among females 24 and younger from ____% to ____%.

[illegible]

Management Log - Quarterly Performance Report

	Baseline (CY 2017)	Jan-Mar 2018	Jan-June 2018	Jan-Sept 2018	Jan-Dec 2018
By 12/31/2018, (Insert Agency Name) will increase CT screening among females 24 and younger from ____% to ____%.					

Numerator: Number of unduplicated female clients 24 and younger that had at least one CT test during measurement period

Denominator: Number of unduplicated female clients 24 and younger seen during measurement period

[illegible]



Arizona Family Health Partnership

Request for Chlamydia Screening Project Funds

Agency:

Reporting Period

From: To: This is a request for : Advance Funds Reimbursement

		Amount Awarded	Total Funds Earned this Reporting Period (i.e. this request)	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned	Available Balance	% Earned YTD
CT Tests for Uninsured					\$ -	\$ -	#DIV/0!
CT Treatment for Uninsured					\$ -	\$ -	#DIV/0!
					\$ -	\$ -	#DIV/0!
					\$ -	\$ -	#DIV/0!
Total		\$ -	\$ -	\$ -	\$ -	\$ -	

*To be determined by agency and verified by AFHP

Certification: By signing this request, I certify to the best of my knowledge and belief that the request is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. code, Title 18, Section 1001).

Authorized Signature

Date of request

Actual Signature required, stamped signature will not be accepted

Name

Title

AFHP Program Dept Use Only AFHP Program Manager Certification <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 150px; height: 20px; margin-right: 5px;" type="text"/> Performance satisfactory for payment </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 150px; height: 20px; margin-right: 5px;" type="text"/> Performance unsatisfactory withhold payment </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 150px; height: 20px; margin-right: 5px;" type="text"/> Incorrect invoice, returned for clarification </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 150px; height: 20px; margin-right: 5px;" type="text"/> No payment due </div>	AFHP Accounting use only <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 120px; height: 20px; margin-right: 5px;" type="text"/> Date invoice recorded in QB </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 120px; height: 20px; margin-right: 5px;" type="text"/> Date of drawdown </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 120px; height: 20px; margin-right: 5px;" type="text"/> AFHP check # </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 120px; height: 20px; margin-right: 5px;" type="text"/> Date of check </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 120px; height: 20px; margin-right: 5px;" type="text"/> Title X report updated </div> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 2px;"> <input style="width: 120px; height: 20px; margin-right: 5px;" type="text"/> Date of ACH deposit </div>
Program Manager Signature	Business Office Signature
Date	Date