

Evidence Requirement is Met

1. Service site policies and procedures document if the agency 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 - 1.5.6 Discount Eligibility for Minors

Eligibility for discounts for unemancipated minors who receive confidential services must be based on the resources of the minor, provided that the Title X provider has documented its efforts to involve the minor's family in the decision to seek family planning services (absent abuse and, if so, with appropriate reporting) (42 CFR 59.2).

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Service sites have a policy and procedure for determining whether a minor is seeking confidential services and stipulates that charges to adolescents seeking confidential services will be based solely on the adolescent's resources.
2. Documentation at service sites demonstrates the process for determining whether a minor is seeking confidential services and that charges for adolescents seeking confidential services are based solely on the adolescent's resources.

Title X Requirement – 1.5.7 Third Party Payments

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 Standard

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. Service sites have policies and procedures to ensure 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.
4. 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 - 1.5.8 Title XIX/Title XX/Title XXI Agreements

Where reimbursement is available from Title XIX, Title XX, or Title XXI 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 Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Sub-recipients maintain written agreements with Title XIX, Title XX, and/or Title XXI and ensure they are kept current, as appropriate.
2. Documentation indicates that the sub-recipients maintain oversight of its service-sites' agreements with Title XIX, Title XX, and/or Title XXI.

Title X Requirement - 1.5.9 Confidential Collections

Reasonable efforts to collect charges without jeopardizing client confidentiality must be made (42 CFR 59.11).

Additional AFHP Standard

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. Sub-recipients maintain written agreements with Title XIX, Title XX, and/or Title XXI and ensure they are kept current, as appropriate.
2. Documentation indicates that the sub-recipients maintain oversight of its service-sites' agreements with Title XIX, Title XX, and/or Title XXI.

Title X Requirement - 1.6 Project Personnel

Title X grantees must have approved personnel policies and procedures.

Title X Requirement - 1.6.1 Personnel Policies

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 Standard

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.
2. Documentation at the service sites demonstrates that there is no discrimination in personnel administration.

Title X Requirement - 1.6.2 Cultural Competency

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 Standard

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 project operationalizes cultural competency.
2. Documentation at service sites includes records of cultural competence training, in-services and client satisfaction surveys, or other documentation that supports culturally competent services.

Title X Requirement - 1.6.3 Project Director

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 and 45 CFR part 75.308(c)(1)(ii-iii).

Additional AFHP Standard

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 week notice).

QFP Recommendation

None

Evidence Requirement is Met

1. Documentation indicates any changes in project director, project director time or other key personnel have been submitted to and approved by AFHP.

Title X Requirement - 1.6.4 Clinical Leadership

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 Standard

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 demonstrates evidence that the medical/clinical services operate under the direction of a physician.
2. Curriculum vitae of the Medical Director indicates special training or experience in family planning.
3. There is evidence at both the delegate locations indicating involvement of the Medical Director in program operations (e.g., medical advisory committee, board, and staff meetings).
4. Clinical protocols are approved by the Medical Director.

Title X Requirement - 1.6.5 Salary

Appropriate salary limits will apply as required by law.

Additional AFHP Standard

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 - 1.7 Staff Training and Project Technical Assistance

Title X grantees are responsible for the training of all project staff.

Title X Requirement - 1.7.1 Personnel Training

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 Standard

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 (non-clinicians only)	No
Title X Clinical Training – Upon hire	Yes (clinicians only)	No
Mandatory Reporting – Upon hire and annually	Yes	Yes
Family Participation and Sexual Coercion (for adolescents) – 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
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, DO, 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. Service site policy requires orientation for all new project personnel.
3. Documentation at service sites includes records of orientation and in-service training for all project personnel.

Title X Requirement - 1.7.2 Training on Federal/State Reporting Requirements

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, intimate partner violence as well as on human trafficking (42 CFR 59.17).

Additional AFHP Standard

Trainings required in Section 1.7.2 are required to be conducted upon hire and annually as stated in the delegate's training plan.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate documentation includes evidence of staff training within the current project period specific to this area which may include attendance records and certificates.
2. Service site policies ensure that staff has received annual training on Federal/State and local-specific reporting/notification requirements for each of these topics.

Title X Requirement - 1.7.3 Training on Minors (Family Involvement and Coercion)

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 (42 CFR 59.2, 59.17)

Additional AFHP Standard

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. Service site policies require annual training specific to this area.
2. Documentation at service sites includes records of annual staff training on minors, family involvement, and coercion.

Title X Requirement - 1.8 Planning and Evaluation

Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5(a)(13)).

Additional AFHP Standard

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 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 in CDS) (<https://www.arizonafamilyhealth.org/CDS/>).

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.

1. Delegate demonstrates use of CDS data to calculate the percentage of adolescent and adult women at risk of unintended pregnancy who use: (a) a most or moderately effective method of contraception, and (b) long-acting reversible methods of contraception.
2. Delegate project records document the use of ongoing (i.e., at least annually) quality improvement processes related to the contraceptive use measure (see #1 above).
3. Delegate demonstrates use of CDS data to calculate for their service sites the percentage of adolescent and adult women at risk of unintended pregnancy who use: (a) a most or moderately effective method of contraception, and (b) long-acting reversible methods of contraception.

4. Delegate project records document the use of ongoing (i.e., at least annually) quality improvement processes related to the contraceptive use measure across all service sites (see #2 above), and a description of steps taken by the sub-recipients and service sites in response to findings.
5. Delegate project records demonstrate the use of data at service site level to monitor other aspects of quality care (e.g., client experience, chlamydia screening rates, timelines, and efficiency).

Evidence Requirement is Met

1. Delegate collects and submits data for the Family Planning Annual Report (FPAR) in a timely, complete, and accurate manner.

2. 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 - 2.1 Priority Clients

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 Standard

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 – 2.2 Client Dignity

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

Additional AFHP Standard

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.

Client Grievances

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.

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.

1. The delegate needs assessments or other documentation (including those of the service-sites) describe populations that may be in need of culturally competent care.
2. The delegate has written policies and procedures that require their sites to 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-proficiency and the disabled.
3. Documentation (e.g., training records) that demonstrates staff has 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 reasons," language assistance).
5. Surveys provided to clients document that clients perceive providers and other clinic staff to be respectful.

Evidence Requirement is Met

1. Service sites ensures protection of client privacy as evidenced in their policies and confirmed by consultant observation.

2. A patient bill of rights or other documentation which outlines client's rights and responsibilities is available for review by the client.

Title X Requirement - 2.3: Non-Discriminatory Services

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 Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Service site has written policies and procedures that require services 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 at sub-recipients and service sites (e.g., staff circulars, orientation documentation, training curricula) demonstrates that staff is informed on an annual basis that services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status.

Title X Requirement - 2.4: Availability of Social Services

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 Standard

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 - 2.5: Availability and Use of Referrals

Except as provided in 42 CFR 59.14(a) with respect to the prohibition on referrals for abortion as a method of family planning, 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 Standard

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 a written policy that requires service sites to develop and implement plans to coordinate with 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 site has plans to coordinate with and refer clients to other providers of health care.
3. Service sites have evidence of processes for effective referrals to relevant agencies, 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).
4. Service site has evidence of referral for medically necessary prenatal care.

Title X Requirement - 2.6: Clinical Protocols and Standards of Care

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 Standard

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

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 retrievable 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.

Delegates will maintain and monitor emergency medical supplies and provide appropriate client care in the event that there is a medical emergency within the health facility that may include but not limited to vaso-vagal, allergic reaction to medications.

QFP Recommendation

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.

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. Service site clinical protocols align with nationally recognized standards of care.
3. Medical records document that clinical services align with approved protocols.

Title X Requirement - 2.7: Provision of Family Planning and Related Services

All projects must provide for medical services related to family planning (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) and referral to other medical facilities when medically necessary, consistent with the prohibition on referral for abortion as a method of family planning in 42 CFR 59.14(a), and provide for the effective usage of contraceptive devices and practices (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 Standard

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. 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.
2. Breast and cervical cancer screening are available onsite and are offered to clients, if applicable.
3. 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.
4. Medical records documents that clients are provided referrals when medically indicated.

Title X Requirement - 2.8: Range of Family Planning Methods

All projects must provide a broad range of acceptable and effective family planning methods (including contraceptives, natural family planning or other fertility awareness-based methods) and services (including infertility services, information about or referrals for adoption, and services for adolescents). If an organization offers only a single method or a limited number of methods of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning methods and services. (42 CFR 59.5(a)(1)).

Additional AFHP Standard

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

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 males receiving family planning services is close to or above the national average.
4. A review of medical records confirms that adolescents have been counseled about abstinence, the use of condoms and other contraceptive methods, including LARCs.

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. 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.

Title X Requirement - 2.9: Durational Residency Requirements

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 Standard

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.

Title X Requirement - 2.10: Pregnancy Testing and Diagnosis

Because Title X funds are intended only for family planning, once a client served by a Title X project is medically verified as pregnant, she shall be referred to a health care provider for medically necessary prenatal health care. The Title X provider may also choose to provide the following counseling and/or information to her:

- (i) Nondirective pregnancy counseling, when provided by physicians or advanced practice providers;
- (ii) A list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care);
- (iii) Referral to social services or adoption agencies; and/or
- (iv) Information about maintaining the health of the mother and unborn child during pregnancy.

In cases in which emergency care is required, the Title X project shall only be required to refer the client immediately to an appropriate provider of medical services needed to address the emergency.

A Title X project may not use the provision of any prenatal, social service, emergency medical, or other referral, of any counseling, or of any provider lists, as an indirect means of encouraging or promoting abortion as a method of family planning. The list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care) in bullet ii above may be limited to those that do not provide abortion, or may include licensed, qualified, comprehensive primary health care providers (including providers of prenatal care), some, but not the majority, of which also provide abortion as part of their

comprehensive health care services. Neither the list nor project staff may identify which providers on the list perform abortion.

Nothing here shall be construed as prohibiting the provision of information to a project client that is medically necessary to assess the risks and benefits of different methods of contraception in the course of selecting a method, provided that the provision of such information does not promote abortion as a method of family planning. (42 CFR 59.14)

Additional AFHP Standard

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

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 receive appropriate 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 has 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 discussions.

Evidence Requirement is Met

1. The delegate has written policies and procedures requiring their sites to provide a referral to a health care provider for medically necessary prenatal health care, once a client served by a Title X project is medically verified as pregnant.
2. If the delegate has chosen to include nondirective pregnancy counseling in its Title X project, they have written clinical protocols ensuring that pregnant clients may be offered 1) neutral, factual information, and 2) non-directive pregnancy counseling, when provided by a physician or Advanced Practice Provider.
3. The delegate has written policies and procedures consistent with laws that protect the conscience rights of individuals.
4. If the delegate has chosen to include nondirective pregnancy counseling in its Title X project, medical records of pregnant clients document that information and counseling provided was nondirective, and was provided by a physician or Advanced Practice Provider.

5. Medical records of pregnant clients document that referral for medically necessary prenatal care has been made.
6. Medical records of pregnant clients document that referrals for abortion have only occurred in cases of medical emergencies, or in the case of incest or rape.
7. If the service site has chosen to include a provider list as part of its Title X project, written protocols and lists demonstrate that any list provided to clients includes licensed, qualified, comprehensive primary health care providers (including providers of prenatal care), some (but not the majority) of which may provide abortion as part of their comprehensive health care services.

Title X Requirement - 2.11: Compliance with Legislative Mandates

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 Standard

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 policies and procedures requiring their sites to inform their staff annually 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) demonstrates that all staff has been formally informed about items 1a-c above at least once annually.
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.
4. A review of medical records confirms that in instances where minors have not been encouraged to include their family in family planning decisions, the reasons for not having done so are documented.

3. CONFIDENTIALITY

Every project must have safeguards to ensure client confidentiality. Information obtained by 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. Concern with respect to the confidentiality of information may not be used as a rationale for noncompliance with laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, human trafficking or other similar reporting laws. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).

Additional AFHP Standard

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

5. 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.
6. Written clinical protocols and policies have statements related to client confidentiality and privacy.
7. The health records system has safeguards in place to ensure adequate privacy, security and appropriate access to personal health information.
8. There is evidence that HIPAA privacy forms are provided to clients and signed forms are collected as required.
9. General consent forms for services state that services will be provided in a confidential manner, and note any limitations that may apply.
10. 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).
11. Client education materials (e.g., posters, videos, flyers) noting the client's right to confidential services are freely available to clients.
12. The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.

4. 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 – 4.1: Collaborative Planning and Community Engagement

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 Standard

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.

Delegate agency should have 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. 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 – 4.2 Community Awareness and Education

Each family planning project must provide for community information and education programs. Community education should serve to achieve 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 services may be beneficial. (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 Standard

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 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 services, 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:

"This publication was made possible by Grant Number XXXXXXXXXXXX from the U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health Services."

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 policies and procedures in place to guide community awareness and community education activities.
2. 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.
3. 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.
4. Documentation that evaluation has been conducted, and that program activities have been modified in response.

5. 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 in 42 CFR 59.5(b)(10) if it meets the requirements, or a separate group may be identified.

Title X Requirement – 5.1 Materials Review and Approval Process

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 Standard

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 in CDS (<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.

2. Delegate has written policies and procedures for reviewing all informational and educational materials prior to their distribution.
3. Committee meeting minutes demonstrate the process used to review and approve materials.
4. Educational materials available at the service sites have been approved by the I&E Committee.

Title X Requirement – 5.2: Advisory Committee Diversity

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 Standard

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage in CDS (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has established a project advisory committee that is comprised of members who are broadly representative of the population served.
2. The delegate has written policies to establish and oversee an advisory committee.
3. Delegate documentation (meeting minutes, lists of advisory committee members, etc.) demonstrates this requirement has been met.

Title X Requirement – 5.3: Advisory Committee Membership

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 Standard

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage in CDS (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures in place to address the Advisory Committee requirements.
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 – 5.5: Advisory Committee Responsibility for Materials Review

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 Standard

Refer to I&E toolkit for resources to meet this requirement, which can be found on the AFHP Delegate Homepage in CDS (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures specify the factual, technical and clinical accuracy components of the review are delegated to project staff.
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 – 5.6: Advisory Committee Requirements

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 Standard

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage in CDS (<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.

6. 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 - 6.1 Facilities and Accessibility of 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).

Additional AFHP Standard

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 service sites should have plans to respond to disasters, emergencies, epidemics, and pandemics to ensure continuity of services to clients in their communities as circumstances permit.

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 have bilingual staff on-site. AFHP will facilitate and cover the cost for language services through an interpreter service on an as-needed basis.

- 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. See **Appendices 2a and 2b** for specific instructions and reimbursement form.

QFP Recommendation

When developing written policies that meet these requirements, projects implement the recommendations presented in “Appendix E” of the QFP.

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.

Evidence Requirement is Met

1. 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.
3. Policies and procedures ensure access to services for individuals with disabilities at service sites.
4. Delegate maintains documentation of any accommodations made for disabled individuals.
5. Project sites are free from obvious structural or other barriers that would prevent disabled individuals from accessing services.

Title X Requirement - 6.2 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).

Additional AFHP Standard

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.

AFHP Standard – 6.3 Closeout

Additional AFHP Standard

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 Standard

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 participation at each visit (specific action or reason why family participation was not encouraged)
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 Standard

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. Dial 1-800-225-5254
2. 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)
3. 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	
<input type="checkbox"/>	Satisfactory for payment
<input type="checkbox"/>	Unsatisfactory, no payment due
<input type="checkbox"/>	Incorrect invoice, returned for clarification
Program Manager Signature:	Date:



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

APPENDIX 2

AFHP Program Dept Use Only	AFHP Accounting use only
AFHP Program Manager Certification	
<input style="width: 100px;" type="text"/> Performance satisfactory for payment	<input style="width: 100px;" type="text"/> Date invoice recorded in QB
<input style="width: 100px;" type="text"/> Performance unsatisfactory withhold payment	<input style="width: 100px;" type="text"/> Date of drawdown
<input style="width: 100px;" type="text"/> Incorrect invoice, returned for clarification	<input style="width: 100px;" type="text"/> AFHP check #
<input style="width: 100px;" type="text"/> No payment due	<input style="width: 100px;" type="text"/> Date of check
	<input style="width: 100px;" type="text"/> Title X report updated
	<input style="width: 100px;" type="text"/> Date of ACH deposit
Program Manager Signature	Business Office Signature
Date	Date

APPENDIX 3**AFHP Delegate Close-out Checklist**

Task	Target Completion Date	Responsible Party	Actual Completion Date
Submit to AFHP: a) A written plan which addresses the provisions being made for notifying clients of termination of services OR b) Written confirmation that access to services and the scope of services will not change. c) If terminating a health center, provide 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 confirmation that all subcontracts solely related to the Title X contract are terminated. a) Provide AFHP with a written plan for how subcontractors will be notified b) Provide AFHP with a list of all subcontracts related to the Title X contract c) Dates for subcontractor notification must be included	30 days prior to the contract termination date		
Provide AFHP with information accounting for any real and personal property acquired with federal funding	Prior to final payment		
Provide AFHP plans to return or purchase from AFHP capital equipment purchased with Title X funds that were greater than \$5,000 and are not fully depreciated at the end of the contract period.	30 days prior to 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		

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.		
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		
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 written description of how remaining 340B drugs will be used, returned, or destroyed. Note: 340B covered entities are prohibited from transferring 340B drugs to a different covered entity.	30 days prior to the health center closure		
Submit client data into AFHP’s Central Data System (CDS).	The 15 th of the month following the last day of clinic services		
Remove information regarding the Title X program from agency’s website.	During the last week of clinic services		
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		
Ensure adherence to document and r agency’s policy	Ongoing, per agency’s policy		

Final payment will be held until all Title X financial, performance, programmatic reports have been received, and arrangements have been made for all materials, equipment and documents.

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 75: Uniform administrative requirements, cost principles, and audit requirements for HHS awards;
- 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 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.

Fiscal Year 2019 Program Priorities

Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2019 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years.

The 2019 program priorities are as follows:

Title X Priorities include all of the legal requirements covered within the Title X statute, regulations, and legislative mandates. All applicants must comply with the requirements regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.) and the implementing regulations (42 CFR part 59, subpart A), as applicable. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR part 50, subpart B (*"Sterilization of Persons in Federally Assisted Family Planning Projects"*).

Title X Statute and Regulations

Title X of the Public Health Service Act (the Act) authorizes the Secretary of Health and Human Services (HHS) to award grants to entities to provide family planning services to those desiring such services, with priority given to persons from low-income families. Therefore, in order to ensure that all prospective low income clients are able to access services, no charge will be made for services to persons from a low-income family (families whose annual incomes do not exceed 100 percent of the most recent federal poverty guidelines), except to the extent that payment will be made by a third party, including a government agency, which is authorized or under legal obligation to pay this charge. For persons whose annual family incomes do not exceed 250 percent of the federal poverty guidelines, charges must be based on a schedule of discounts, and individuals whose family incomes exceed 250 percent of the federal poverty guidelines are charged a schedule of fees designed to recover the reasonable cost of providing services. All Title X projects must have the ability to bill third parties (through public or private insurance) for the cost of services without the application of discounts, and reasonable efforts must be made to collect charges without jeopardizing client confidentiality.

Section 1001 of the 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)."* Natural family planning methods are now referred to as fertility awareness-based methods.

Family planning includes a broad range of services related to achieving and preventing pregnancy, assisting women, men, and couples with achieving their desired number and spacing of children. A broad range of acceptable and effective methods of family planning services including, contraception must be provided within each funded applicant's project, and the project must also include meaningful provision of fertility awareness-based methods (FABM) by including access to providers with training specific to these methods. Entities that provide only one method of family planning can participate as part of a project, as long as the entire project provides a broad range of family planning methods. A broad range of family planning services should include several categories of methods, such as: abstinence counseling, hormonal methods (oral contraceptives, rings and patches, injection, hormonal implants, intrauterine devices or systems), barrier methods (diaphragms, condoms), fertility awareness-based methods and/or permanent sterilization. A "broad range" would not necessarily need to include all categories, but should include hormonal methods since these are requested most frequently by clients and among the methods shown to be most effective in preventing pregnancy.

Services for adolescents must be provided as a part of the broad range of family planning services. Section 1001 of the statute requires that, to the extent practicable, Title X applicants shall encourage family participation in family planning services projects. This is particularly important in relation to adolescents seeking family planning services. Basic infertility services and services to aid individuals and couples in achieving pregnancy also must be provided within the project as part of the broad range of family planning services. Pregnancy information and counseling must be provided in accordance with Title X regulations.

Services must be provided in a manner that protects the dignity of individuals, and services must be voluntary and free from coercion. Projects must not discriminate in the provision of services, on the basis of religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status.

Family planning medical services must be performed under the direction of a physician with special training or experience in family planning, and each family planning project must refer to other medical facilities when medically indicated, including in medical emergencies. Projects must also provide informational and educational programs that inform the community about the availability of services, and should promote participation in the development, implementation, and evaluation of the project by persons broadly representative of the community to be served. Informational and educational materials made available through the project must be approved by an Advisory Committee that conforms to Title X regulations. The review of materials must take into account the educational and cultural background of individuals for whom the materials are intended, must consider the standards of the population or community, must ensure that the content is factually correct and is suitable for the intended population or community. The review and approval of such materials must be documented. Section 1008 of the Act, as amended, requires, "*None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.*"

Legislative Mandates

The following legislative mandates have been part of the Title X appropriations language for a number of years. In addition, FY2019 appropriation language states that funds would be available *“Provided, that amounts provided to said projects under such title shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that such amounts shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office.”* Title X family planning services should include administrative, clinical, counseling, and referral services as well as training of staff necessary to ensure adherence to these requirements.

- *“None of the funds appropriated in this Act may be made available to any entity under Title X of the PHS 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;”* and
- *“Notwithstanding any other provision of law, no provider of services under Title X of the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”*

OPA expects every Title X project will comply with applicable state laws in the proposed service area and will have project-wide monitoring and state-specific policies and procedures related to reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking. These policies and procedures will include details related to:

1. Annual staff training on policies and procedures,
2. Implementation of policies,
3. Applicant monitoring throughout the project to ensure training and state-specific reporting is being followed, and
4. Maintenance of documentation concerning compliance.

These efforts will ensure clear understanding of and compliance with reporting processes, as well as permitting oversight and monitoring. In addition, any minor who presents with an STD, pregnancy, or any suspicion of abuse will be subject to preliminary screening to rule out victimization. Such screening is required for any individual who is under the age of consent in the State of the proposed service area.

Key Issues

While the requirements derived from statute, regulations, and legislative mandates described above are program priorities, there are additional key issues that represent overarching goals for the Title X program. These are determined based on priorities set by the Office of the Assistant Secretary of Health (OASH) and the Office of the Secretary (OS) of the Department of Health and Human Services (HHS). Applicants should provide documentation of how they will address these key issues in their application. The FY 2019 key issues are as follows:

1. Assuring innovative quality family planning and related preventive health services that lead to improved reproductive health outcomes and overall optimal health, which is defined as a state of complete physical, mental and social well-being and not merely the absence of disease. Guidance regarding the delivery of quality family planning services is spelled out in the April 25, 2014, MMWR, *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs - PDF*. Periodic updates have been made to this publication and are available at <https://www.hhs.gov/opa/guidelines/clinical-guidelines/index.html>. It is expected that the core family planning services listed in the Program Description, and which also are included in the *Quality Family Planning Services* document referenced above, will be provided by each project;
2. Providing the tools necessary for the inclusion of substance abuse disorder screening into family planning services offered by Title X applicants;
3. Following a model that promotes optimal health outcomes for the client (physical, mental and social health) by emphasizing comprehensive primary health care services, along with family planning services preferably in the same location or through nearby referral providers;
4. Providing resources that prioritize optimal health outcomes (physical, mental, and social health) for individuals and couples with the goal of healthy relationships and stable marriages as they make decisions about preventing or achieving pregnancy;
5. Providing counseling for adolescents that encourages sexual risk avoidance by delaying the onset of sexual activity as the healthiest choice, and developing tools to communicate the public health benefit and protective factors for the sexual health of adolescents found by delaying the onset of sexual activity thereby reducing the overall number of lifetime sexual partners;
6. Communicating the growing body of information for a variety of fertility awareness-based methods of family planning and providing tools for applicants to use in patient education about these methods;
7. Fostering interaction with community and faith-based organizations to develop a network for client referrals when needs outside the scope of family planning are identified;
8. Accurately collecting and reporting data, such as the *Family Planning Annual Report* (FPAR), for use in monitoring performance and improving family planning services;

9. Promoting the use of a standardized instrument, such as the OPA Program Review Tool, to regularly perform quality assurance and quality improvement activities with clearly defined administrative, clinical, and financial accountability for applicants and subrecipients; and
 10. Increasing attention to CDC screening recommendations for chlamydia and other STDs (as well as HIV testing) that have potential long-term impact on fertility and pregnancy.
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Content created by Office of Population Affairs

Content last reviewed on November 16, 2018



SUBCONTRACTOR CONTRACT

**El Rio Santa Cruz Neighborhood Health
Center, Inc**

Pima County Department of Health

Project: Reproductive Health Care Clinicians and Medical Consultant

Contractor: El Rio Santa Cruz Neighborhood Health Center, Inc.

Dbá El Rio Health

P.O. Box 1231

Tucson, AZ 85702

839 W. Congress St.

Tucson, AZ 95745

Amount: \$250,000.00

Contract No.: CT-HD-20-274

Funding: Health Special Revenue Fund and AFHP Family Planning grant

PROFESSIONAL SERVICES CONTRACT

1. Parties, Background and Purpose.

- 1.1. Parties. This Contract is between Pima County, a body politic and corporate of the State of Arizona ("County"), and El Rio Santa Cruz Neighborhood Health Center, Inc., dba El Rio Health ("Contractor").
- 1.2. Authority. County selected Contractor pursuant to and consistent with Board of Supervisors Policy D29.7.
- 1.3. Solicitation. County previously issued Solicitation No. PCHD-2020-01 for certain services (the "Solicitation"). Requirements and specifications contained in the Solicitation, all documents included in the Solicitation, and any information and documentation submitted by Contractor in response to the Solicitation, are incorporated into this Contract by reference.
- 1.4. Contractor's Response. Contractor submitted the most advantageous response to the Solicitation.

2. Term.

- 2.1. Original Term. This Contract is effective June 1, 2020 (the "Initial Term"). "Term," when used in this Contract, means the Initial Term plus any exercised Extension Options.
- 2.2. Extension Options. County may renew this Contract for up to four (4) additional periods of up to 1 year each (each an "Extension Option"). An Extension Option will be effective only upon execution by the Parties of a formal written amendment.

3. **Scope of Services.** Contractor will provide County with the services described in **Exhibit A** (2 pages), at the dates and times described on **Exhibit A** or, if **Exhibit A** contains no dates or time frames, then upon demand. The Services must comply with all requirements and specifications in the Solicitation.
4. **Key Personnel.** Contractor will employ suitably trained and skilled professional personnel to perform all consultant services under this Contract. Prior to changing any key personnel, especially those key personnel County relied upon in making this Contract, Contractor will obtain the approval of County. The key personnel include the following staff:

Lili Jordan, MD

5. **Compensation and Payment.**

- 5.1. Rates; Adjustment. County will pay Contractor at the rates set forth in **Exhibit B** (2 pages). Those rates will remain in effect during an Extension Option period unless Contractor, at least 90 days before the end of the then-existing Term, or at the time the County informs Contractor that the County intends to extend the Term, if that is earlier, notifies County in writing of any adjustments to those rates, and the reasons for the adjustments.
- 5.2. Maximum Payment Amount. County's total payments to Contractor under this Contract, including any sales taxes, may not exceed \$250,000.00 per year (the "NTE Amount"). The NTE Amount can only be changed by a formal written amendment executed by the Parties. Contractor is not required to provide any services, payment for which will cause the County's total payments under this Contract to exceed the NTE Amount; if Contractor does so, it is at the Contractor's own risk.
- 5.3. Sales Taxes. The payment amounts or rates in **Exhibit B** do not include sales taxes. Contractor may invoice County for sales taxes that Contractor is required to pay under this Contract. Contractor will show sales taxes as a separate line item on invoices.
- 5.4. Timing of Invoices. Contractor will invoice County on a quarterly basis unless a different billing period is set forth in **Exhibit B**. County must receive invoices no more than 30 days after the end of the billing period in which Contractor delivered the invoiced products or services to County. County may refuse to pay for any product or service for which Contractor does not timely invoice the County and, pursuant to A.R.S. § 11-622(C), will not pay for any product or service invoiced more than 6-months late.
- 5.5. Content of Invoices. Contractor will include detailed documentation in support of its invoices and assign each amount billed to an appropriate line item.
- 5.6. Invoice Adjustments. County may, at any time during the Term and during the retention period set forth in Section 22 below, question any payment under this Contract. If County raises a question about the propriety of a past payment, Contractor will cooperate with County in reviewing the payment. County may set-off any overpayment against amounts due to Contractor under this or any other contract between County and Contractor. Contractor will promptly pay to County any overpayment that County cannot recover by set-off.

6. **Insurance.** Contractor will procure and maintain at its own expense insurance policies (the "Required Insurance") satisfying the below requirements (the "Insurance Requirements") until all of its obligations under this Contract have been met. The below Insurance Requirements are minimum requirements for this Contract and in no way limit Contractor's indemnity obligations under this Contract. The County in no way warrants that the required insurance is sufficient to protect the Contractor for liabilities that may arise from or relate to this Contract. If necessary, Contractor may obtain commercial umbrella or excess insurance to satisfy the Insurance Requirements.

6.1. Insurance Coverages and Limits:

- 6.1.1. Minimum Scope and Limits of Insurance: Contractor shall procure and maintain, until all of their obligations have been discharged, coverage with limits of liability not less than those stated below.

6.1.1.1. Commercial General Liability (CGL) – Occurrence Form with limits not less than \$2,000,000 Each Occurrence and \$2,000,000 General Aggregate. Policy shall include cover for liability arising from premises, operations, independent contractors, personal injury, bodily injury, broad form contractual liability and products-completed operations. Any standard coverages excluded from the CGL policy, such as products/completed operations, etc. shall be covered by endorsement or separate policy and documented on the Certificates of Insurance.

6.1.1.2. Business Automobile Liability – Coverage for bodily injury and property damage on any owned, leased, hired, and/or non-owned autos assigned to or used in the performance of this Contract with minimum limits not less than \$1,000,000 Each Accident.

6.1.1.3. Workers' Compensation and Employers' Liability – Statutory coverage for Workers' Compensation. Workers' Compensation statutory coverage is compulsory for employers of one or more employees. Employers Liability coverage with limits of \$1,000,000 each accident and \$1,000,000 each employee – disease.

6.1.1.4. Medical Malpractice Insurance – This insurance is required for work from professionals whose coverage is excluded from the above CGL policy. The policy limits shall be not less than \$2,000,000 Each Claim and \$2,000,000 Annual Aggregate. The insurance shall cover professional misconduct or negligent acts of anyone performing any services under this contract.

6.1.1.5. In the event that the Professional Liability insurance required by this Contract is written on a claims-made basis, Contractor shall warrant that continuous coverage will be maintained as outlined under "Additional Insurance Requirements – Claims-Made Coverage" located in the next section.

6.2. Additional Insurance Requirements:

The policies shall include, or be endorsed to include, as required by this written agreement, the following provisions:

- 6.2.1 Claims Made Coverage: If any part of the Required Insurance is written on a claims-made basis, any policy retroactive date must precede the effective date of this Contract, and Contractor must maintain such coverage for a period of not less than three (3) years following Contract expiration, termination or cancellation.
- 6.2.2 Additional Insured Endorsement: The General Liability, Business Automobile Liability and Technology E&O Policies shall each be endorsed to include Pima County, its departments, districts, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor.
- 6.2.3 Subrogation Endorsement: The General Liability, Business Automobile Liability, Workers' Compensation and Technology E&O Policies shall each contain a waiver of subrogation endorsement in favor of Pima County, and its departments, districts, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.
- 6.2.4 Primary Insurance Endorsement: The Contractor's policies shall stipulate that the insurance afforded the Contractor shall be primary and that any insurance carried by Pima County, its agents, officials, employees or Pima County shall be excess and not contributory insurance.
- 6.2.5 The Required Insurance policies may not obligate the County to pay any portion of a Contractor's deductible or Self Insurance Retention (SIR). Insurance provided by the Contractor shall not limit the Contractor's liability assumed under the indemnification provisions of this Contract.
- 6.2.6 Insurer Financial Ratings: Coverage must be placed with insurers acceptable to the County with A.M. Best rating of not less than A-VII, unless otherwise approved by the County.
- 6.2.7 Subcontractors: Contractor must either (a) include all subcontractors as additional insureds under its Required Insurance policies, or (b) require each subcontractor to separately meet all Insurance Requirements and verify that each subcontractor has done so, Contractor must furnish, if requested by County, appropriate insurance certificates for each subcontractor. Contractor must obtain County's approval of any subcontractor request to modify the Insurance Requirements as to that subcontractor.
- 6.3. Notice of Cancellation:
For each insurance policy required by the insurance provisions of this Contract, the Contractor must provide to Pima County, within two (2) business days of receipt of notice, if a policy is suspended, voided, or cancelled for any reason. Such notice shall be mailed, emailed, hand-delivered or sent by facsimile transmission to the Pima County Contracting Representative. Notice shall include the Pima County project or contract number and project description.
- 6.4. Verification of Coverage:

- 6.4.1. Contractor shall furnish Pima County with certificates of insurance (valid ACORD form or equivalent approved by Pima County) as required by this Contract. An authorized representative of the insurer shall sign the certificates.
 - 6.4.2. All certificates and endorsements, as required by this written agreement, are to be received and approved by Pima County before work commences. Each insurance policy required by this Contract must be in effect 10 days prior to work under this Contract. Failure to maintain the insurance coverages or policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.
 - 6.4.3. All certificates required by this Contract shall be sent directly to the appropriate County Department. The Certificate of Insurance shall include the Pima County project or contract number and project description on the certificate. Pima County reserves the right to require complete copies of all insurance policies required by this Contract at any time.
 - 6.4.4. Certificates must specify that the appropriate policies are endorsed to include additional insured and subrogation waiver endorsements for the County and its departments, officials and employees. Note: Contractors for larger projects must provide actual copies of the additional insured and subrogation endorsements.
- 6.5. Approval and Modifications:

Pima County Risk Management reserves the right to review or make modifications to the insurance limits, required coverages, or endorsements throughout the life of this contract, as deemed necessary. Such action will not require a formal Contract amendment but may be made by administrative action. Neither the County's failure to obtain a required insurance certificate or endorsement, the County's failure to object to a non-complying insurance certificate or endorsement, or the County's receipt of any other information from the Contractor, its insurance broker(s) and/or insurer(s), constitutes a waiver of any of the Insurance Requirements.
7. **Indemnification.** To the fullest extent permitted by law, Contractor will defend, indemnify, and hold harmless Pima County and any related taxing district, and the officials and employees of each of them (collectively, "Indemnatee") from and against any and all claims, actions, liabilities, losses, and expenses (including reasonable attorney fees) (collectively, "Claims") arising out of actual or alleged injury of any person (including death) or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by any act or omission of Contractor or any of Contractor's directors, officers, agents, employees, volunteers, or subcontractors. This indemnity includes any claim or amount arising or recovered under the Workers' Compensation Law or arising out of the failure of Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. The Indemnatee will, in all instances, except for Claims arising solely from the acts or omissions of the Indemnatee, be indemnified by Contractor from and against any and all Claims. Contractor is responsible for primary loss investigation, defense and judgment costs for any Claim to which this indemnity applies. This indemnity will survive the expiration or termination of this Contract.
8. **Laws and Regulations.**

- 8.1. Compliance with Laws. Contractor will comply with all federal, state, and local laws, rules, regulations, standards and Executive Orders.
- 8.2. Licensing. Contractor warrants that it is appropriately licensed to provide the services under this Contract and that its subcontractors will be appropriately licensed.
- 8.3. Choice of Law; Venue. The laws and regulations of the State of Arizona govern the rights and obligations of the parties under this Contract. Any action relating to this Contract must be filed and maintained in the appropriate court of the State of Arizona in Pima County.
9. **Independent Contractor**. Contractor is an independent contractor. Neither Contractor, nor any of Contractor's officers, agents or employees will be considered an employee of Pima County for any purpose or be entitled to receive any employment-related benefits, or assert any protections, under the Pima County Merit System. Contractor is responsible for paying all federal, state and local taxes on the compensation received by Contractor under this Contract and will indemnify and hold County harmless from any and all liability that County may incur because of Contractor's failure to pay such taxes.
10. **Subcontractors**. Contractor is fully responsible for all acts and omissions of any subcontractor, and of persons directly or indirectly employed by any subcontractor, and of persons for whose acts any of them may be liable, to the same extent that the Contractor is responsible for the acts and omissions of its own employees. Nothing in this Contract creates any obligation on the part of County to pay or see to the payment of any money due any subcontractor, except as may be required by law.
11. **Assignment**. Contractor may not assign its rights or obligations under this Contract, in whole or in part, without the County's prior written approval. County may withhold approval at its sole discretion.
12. **Non-Discrimination**. Contractor will comply with all provisions and requirements of Arizona Executive Order 2009-09, which is hereby incorporated into this contract, including flow-down of all provisions and requirements to any subcontractors. During the performance of this Contract, Contractor will 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.
13. **Americans with Disabilities Act**. Contractor will 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.
14. **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 will not be liable to Contractor or any third party by reason of such determination or by reason of this Contract.
15. **Full and Complete Performance**. The failure of either party to insist, in one or more instances, upon the other party's full and complete performance under this Contract, or to take any action based on the other party's failure to fully and completely perform, is not 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 is not an accord and satisfaction.

16. **Cancellation for Conflict of Interest.** This Contract is subject to cancellation for conflict of interest pursuant to A.R.S. § 38-511, the pertinent provisions of which are incorporated into this Contract by reference.
17. **Termination by County.**
 - 17.1. Without Cause. County may terminate this Contract at any time, with or without cause, by serving a written notice upon Contractor at least 30 days before the effective date of the termination. In the event of such termination, County's only obligation to Contractor will be payment for services rendered prior to the date of termination.
 - 17.2. With Cause. County may terminate this Contract at any time without advance notice and without further obligation to County when County finds Contractor to be in default of any provision of this Contract.
 - 17.3. Non-Appropriation. Notwithstanding any other provision in this Contract, County may terminate this Contract 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 will have no further obligation to Contractor, other than to pay for services rendered prior to termination.
18. **Notice.** Any notice required or permitted to be given under this Contract must be in writing and be served by personal delivery or by certified mail upon the other party as follows:

County:	Contractor:
Director Pima County Health Department 3950 S. Country Club Rd., Suite 100 Tucson, AZ 85714	Nancy Johnson, RN, PhD, CEO El Rio Health 839 W. Congress St. Tucson, AZ 85745
19. **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.
20. **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 is cumulative and in addition to any other right or remedy existing at law or at equity or by virtue of this Contract.
21. **Severability.** Each provision of this Contract stands alone, and any provision of this Contract found to be prohibited by law will be ineffective to the extent of such prohibition without invalidating the remainder of this Contract.
22. **Books and Records.** Contractor will keep and maintain proper and complete books, records and accounts, which will be open at all reasonable times for inspection and audit by duly authorized representatives of County. In addition, Contractor will retain all records relating to

this Contract for at least five (5) years after its expiration or termination or, if later, until any related pending proceeding or litigation has concluded.

23. Public Records.

23.1. Disclosure. 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 documents submitted in response to the solicitation resulting in award of this Contract, including, but not limited to, pricing schedules, product specifications, work plans, and any supporting documents, are public records. As such, those documents are subject to release and/or review by the general public upon request, including competitors.

23.2. Records Marked Confidential; Notice and Protective Order. If Contractor reasonably believes that some of those records contain proprietary, trade-secret or otherwise-confidential information, Contractor must prominently mark those records "CONFIDENTIAL." In the event a public-records request is submitted to County for records marked CONFIDENTIAL, County will notify Contractor of the request as soon as reasonably possible. County will release the records 10 business days after the date of that notice, unless Contractor has, within that period, secured an appropriate order from a court of competent jurisdiction, enjoining the release of the records. County will not, under any circumstances, be responsible for securing such an order, nor will County be in any way financially responsible for any costs associated with securing such an order.

24. Legal Arizona Workers Act Compliance.

24.1. Compliance with Immigration Laws. Contractor hereby warrants that it will at all times during the term of this Contract comply with all federal immigration laws applicable to its employment of its employees, and with the requirements of A.R.S. § 23-214 (A) (together the "State and Federal Immigration Laws"). Contractor will further ensure that each subcontractor who performs any work for Contractor under this Contract likewise complies with the State and Federal Immigration Laws.

24.2. Books & Records. County has 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.

24.3. Remedies for Breach of Warranty. 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, is 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 will 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, as soon as possible so as not to delay project completion. Any additional costs attributable directly or indirectly to such remedial action are the responsibility of Contractor.

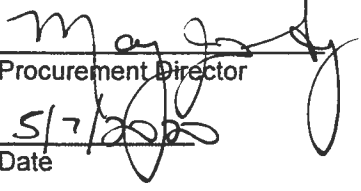
24.4. Subcontractors. Contractor will advise each subcontractor of County's rights, and the subcontractor's obligations, under this Section 24 by including a provision in each subcontract substantially in the following form:

"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 is a material breach of this contract subjecting Subcontractor to penalties up to and including suspension or termination of this contract."

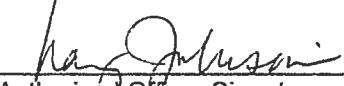
25. **Grant Compliance.** Contractor agrees to comply with all requirements, stipulations and directives as required by the federal Title X program and other requirements for federally funded contracts. See **Exhibit C** (1 page).
26. **Israel Boycott Certification.** Pursuant to A.R.S. § 35-393.01, if Contractor engages in for-profit activity and has 10 or more employees, and if this Contract has a value of \$100,000.00 or more, Contractor certifies it is not currently engaged in, and agrees for the duration of this Contract to not engage in, a boycott of goods or services from Israel. This certification does not apply to a boycott prohibited by 50 U.S.C. § 4842 or a regulation issued pursuant to 50 U.S.C. § 4842.
27. **Amendment.** The parties may modify, amend, alter or extend this Contract only by a written amendment signed by the parties.
28. **Entire Agreement.** This document constitutes the entire agreement between the parties pertaining to the subject matter it addresses, and this Contract supersedes all prior or contemporaneous agreements and understandings, oral or written.

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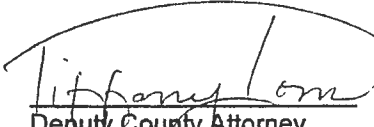
PIMA COUNTY


Procurement Director
5/7/2020
Date

CONTRACTOR


Authorized Officer Signature
Nancy Johnson CEO
Printed Name and Title
4/27/2020
Date

APPROVED AS TO FORM


Deputy County Attorney
Tiffany Tom
Print DCA Name
4/28/20
Date

APPROVED AS TO CONTENT



Department Representative
04/28/20
Date

EXHIBIT A

SCOPE OF SERVICES (2 Pages)

Providers working with the Pima County Health Department (PCHD) Clinical Services Division will work with targeted populations, providing family planning, STI/HIV screening and treatment, women's health care, on-going consultant support and education, and enrollment in a primary care network.

1. ACTIVITY 1: Provide high-quality reproductive health services at Pima County Health Department Clinics.

Service Delivery Methodology:

1.1 Provide Nurse Practitioners on an as needed basis to provide reproductive health services to patients. These services include but are not limited to, education on the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination and contraceptive supplies), reproductive health exams, breast and cervical cancer screening and testing and treatment for Sexually Transmitted Infections (STIs). The services are offered at the following locations:

-PCHD North Clinic – 3550 N. 1st Ave Tucson, AZ 85719

-Theresa Lee Clinic –1493 W. Commerce Court, Tucson, AZ 85746

1.2 Pima County Health Department Clinics are open from 8 am–12 pm and 1 pm–5 pm Monday – Friday. Nurse Practitioners should be available to work those shifts as needed. PCHD will provide as much notice of when Contractor providers will be needed as possible, usually with monthly calendars sent out prior to the month beginning.

1.3 Family Nurse Practitioner(s) providing clinic services shall be registered, licensed or board certified in Arizona in their respective field, as applicable.

1.4 The Contractor shall make necessary referrals to other medical facilities when indicated and follow up on such referrals when medically indicated.

1.5 The number of hours per week/month required will vary depending on PCHD staffing and patient loads. It is estimated that no more than two Nurse Practitioners will be needed at any given time and the total hours per year will not exceed 1,720.

1.6 Patients that are seen at a PCHD clinic by a Contractor's clinician will be billed for by PCHD.

2. ACTIVITY 2: 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:

- 2.1 Write, review and/or update procedures, protocols, and standing orders in adherence to Title X requirements, the CDC's Morbidity and Mortality Weekly Report (MMWR) Providing Quality Family Planning Services guidelines (2017) and updates (see <https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>), Pima County Policies and Procedures, Pima County Health Department Operational Policies and Procedures and the American College of Obstetricians and Gynecologists (ACOG) guidelines.
- 2.2 Review operational activities, including chart reviews of Clinicians on a quarterly basis, providing feedback and corrective action recommendations as needed.
- 2.3 Act as the lead consultant for clinical staff regarding follow-up, case management, clinical guidelines and service delivery and methodology.
- 2.4 Assist in creating a Referral Network for patients who need additional care outside of the Pima County Health Department.
- 2.5 Participate in monthly PCHD Clinician Meetings, held from 9:00 to 11:30 on the first Thursday of the month.
- 2.6 Provide consultation as needed. This would most likely happen during PCHD clinic hours which are 8 am-12 pm and 1 pm-5 pm Monday – Friday.
- 2.7 PCHD estimates that the average number of hours required per month would be no more than ten.

3. ACTIVITY 3: Provide a bridge to primary care by enrolling patients in Contractor's primary care system or a partnered primary care system.

Service Delivery Methodology:

- 3.1 For patients that do not have a primary care provider or medical home, facilitate their enrollment in Contractor's patient-centered medical home, including assisting uninsured patients to obtain insurance.
- 3.2 An incentive will be paid for each patient enrolled in Contractor's patient-centered medical home after completion of the first medical appointment after enrollment. See **Exhibit B**, section 1.3, for incentive pricing.

EXHIBIT B

COMPENSATION AND PAYMENT (2 Pages)

1. Rate of Pay

County shall reimburse Contractor for services pursuant to this agreement in the agreed upon amounts:

- 1.1 \$85.60 per hour, to be billed in increments no greater than .10 hour, when working clinic (Activity 1 of the Scope of Services). The budget below is for a maximum of 1,720 hours per year.
- 1.2 A fixed monthly fee of \$2,365 for the Medical Consultant to be on call and accomplish duties described in Activity 2 (it is anticipated that the number of hours required will vary by month but the payment will be constant).
- 1.3 A per patient incentive for enrolling clients seen at PCHD and referred to Contractor into Contractor's primary care network, payable after the first medical appointment has been completed. This incentive will be paid according to the following tiers:
 - 1.3.1 For the first 250 PCHD clients that have completed their first medical appointment at an El Rio Health clinic, an incentive payment of \$100 per person will be paid to Contractor.
 - 1.3.2 For the next 250 PCHD clients (clients 251-500) that have completed their first medical appointment at an El Rio Health clinic, an incentive payment of \$150 per person will be paid to Contractor.
 - 1.3.3 For any PCHD clients above 500 completing their first medical appointment at an El Rio Health clinic, an incentive payment of \$200 per person will be paid to Contractor.

- 2. The following approximate amounts are budgeted to each line item. Changes to amounts between line items can be made only with authorization from the County Program Manager. Changes to the Not to Exceed amount will require an Amendment signed by all Parties.

Activity	Annual Not to Exceed Amount
1. Clinicians working at PCHD Clinics (\$85.60 x 1,720 hours)	\$147,232
2. Monthly fixed fee for Medical Consultant (12 months x \$2,364)	\$ 28,368
3. Incentive for enrolling PCHD clients in Contractor's primary care network	\$ 74,400
Total Not to Exceed Amount	\$250,000

3. Invoice for Payment

Contractor requested a quarterly billing cycle and County agrees. Invoices are due on the 15th of the month for the previous quarter's services as follows:

<u>Services Provided During</u>	<u>Invoice Due</u>
April 1 – June 30	July 15
July 1 – September 30	October 15
October 1 – December 31	January 15
January 1 – March 31	April 15

EXHIBIT C

BASIC CLAUSES FOR FEDERALLY-FUNDED PURCHASES/CONTRACTS (1 page)

1. Contractor will abide by the requirements of Title X, the Title X Regulations, the Manual, Program Notices, and Program Requirements, including Attachment 7 of County's Family Planning Program Contract with the Arizona Family Health Partnership, *AFHP 2019 Program Standards and Policy Manual*, as posted with the Solicitation.
2. Contractor must comply with applicable standards, orders or requirements issued under:
 - 2.1. Health and Human Services, Grants Policy Statement including all applicable Public Policy Requirements;
 - 2.2. Clean Air Act (42 USC 7401-7671q);
 - 2.3. Federal Water Pollution Control Act (33 U.S.C. 1251-1387) as amended.
3. Debarment and Suspension (Executive Orders 12549 and 12689). A contract award (see 2 CFR 180.220) must not be made to parties listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
4. Byrd Anti-Lobbying Amendment (31 U.S.C. 1352). Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
5. Contractor may be required to comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.



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 Accounting use only	
AFHP Program Manager Certification			
<input type="checkbox"/>	Performance satisfactory for payment	<input type="checkbox"/>	Date invoice recorded in QB
<input type="checkbox"/>	Performance unsatisfactory withhold payment	<input type="checkbox"/>	Date of drawdown
<input type="checkbox"/>	Incorrect invoice, returned for clarification	<input type="checkbox"/>	AFHP check #
<input type="checkbox"/>	No payment due	<input type="checkbox"/>	Date of check
		<input type="checkbox"/>	Title X report updated
		<input type="checkbox"/>	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 COVERAGE FOR
THE COUNTY OF ONE MILLION DOLLARS (\$1,000,000), WORKERS
COMPENSATION COVERAGE FOR STATUTORY LIMIT ONE MILLION DOLLARS
(\$1,000,000), AND PROFESSIONAL LIABILITY (ERRORS AND OMISSIONS)
COVERAGE FOR THE COUNTY OF ONE MILLION DOLLARS (\$1,000,000), FOR
LIABILITIES THAT HAVE BEEN PROPERLY DETERMINED TO ARISE FROM THIS
ACTIVITY.

DATE OF ISSUE:
April 24, 2020

CERTIFICATE HOLDER:
Arizona Family Health Partnership
3101 N. Central Avenue, Suite 1120
Phoenix, AZ 85012
Attn: Ms. Dana Garcia 602-258-5777

Program:
Provide client education, distribution of contraceptives
and health screenings.

Certificate Date:
April 1, 2020 to March 31, 2021

***Certificate good with respect to
Pima County only.***



Maria Luna, Risk Manager
Pima County Finance & Risk Management Department

**RESERVED FOR
CONTRACT AMENDMENTS**