

Nebraska Department of Health and Human Services (DHHS)  
Division of Public Health

## Request for Applications (RFA)

**Submit original to:**

Tina Goodwin  
Nebraska Reproductive Health  
DHHS – Lifespan Health Unit  
PO Box 95026  
Lincoln NE 68509-5026

### Application Cover Sheet

| RELEASE DATE  | APPLICATION DUE DATE        |
|---------------|-----------------------------|
| JUNE 22, 2018 | JUNE 29, 2018 5:00 p.m. CDT |

This form is part of the specification package and must be signed and returned, along with application materials, by the application due date.

#### **PURPOSE, PROJECT PERIOD, and FUNDING SOURCE**

Nebraska Department of Health and Human Services (DHHS), Division of Public Health, Nebraska Reproductive Health, is issuing this targeted Request for Applications (RFA) for the purpose of selecting qualified recipients of funding in Lancaster county. This targeted RFA is intended to fill a gap in the existing network of Title X Family Planning service providers.

Funding Source: Office of Population Affairs, U.S. Department-Health & Human Services  
Pass Through: Nebraska Department of Health and Human Services (DHHS)  
Division of Public Health, Lifespan Health Services Unit

Initial Project Period: July 1, 2018 through August 31, 2018

Application Due Date: Received by Wednesday, June 29, 2018, 5:00 p.m. CDT

Issuing Office: Nebraska Department of Health & Human Services  
Nebraska Reproductive Health  
301 Centennial Mall South, PO Box 95026  
Lincoln, NE 68509-5026  
(402) 471-3980  
[tina.goodwin@nebraska.gov](mailto:tina.goodwin@nebraska.gov)

#### **APPLICANT MUST COMPLETE THE FOLLOWING**

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application, the terms and conditions, and performance of the project as described in the approved application.

ORGANIZATION: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_

## **1. FUNDING OPPORTUNITY DESCRIPTION**

### **1.1 HISTORY, STATUTORY REQUIREMENTS, AND APPROPRIATION**

The Title X Family Planning program ["Population Research and Voluntary Family Planning Programs" (Public Law 91-572)], was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to persons from low-income families.

The Title X Family Planning program is federally administered within the Office of the Assistant Secretary for Health, Office of Population Affairs (OPA) by the Office of Family Planning (OFP). Requirements regarding the provision of family planning services under Title X can be found in the statute ([Title X of the Public Health Service Act, 42 U.S.C. 300, et seq.](#)) and in the implementing regulations which govern project grants for family planning services ([42 CFR part 59, subpart A](#)). Title X of the Public Health Service Act authorizes the Secretary of Health and Human Services (HHS) to award grants for projects to provide family planning services to any person desiring such services, with priority given to individuals from low-income families. The Nebraska Department of Health and Human Services is a Title X Grantee.

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)." Title X regulations further specify that "These projects shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children" (42 CFR 59.1). In addition, section 1001 of the statute requires that, to the extent practicable, Title X service providers shall encourage family participation in family planning services projects. Section 1008 of the Act, as amended, stipulates that "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning."

The Nebraska Department of Health and Human Services (NE DHHS), as the Title X grantee, carries out these projects through subawards.

### **1.2 PURPOSE**

The purpose of this Request for Applications (RFA) is to identify those eligible entities most qualified to provide Title X Family Planning services in Douglas and Lancaster counties.

Grants under Section 1001 assist in the establishment and operation of voluntary family planning projects, which provide a broad range of acceptable and effective family planning methods and related preventive health services that include natural family planning methods, infertility services, and services for adolescents; highly effective contraceptive methods; breast and cervical cancer screening and prevention services that correspond with nationally

recognized standards of care; STD and HIV prevention education, counseling, testing, and referral; adolescent abstinence counseling; and other preventive health services. The broad range of services does not include abortion as a method of family planning. Under Nebraska law Title X funds cannot be disbursed to organizations that perform, provide directive counseling in favor of, or refer for abortion. Referral for an abortion is limited to the act of recommending a pregnant woman to doctors, clinics, or other persons or entities for the purpose of obtaining an abortion. Neutral, factual, nondirective information about prenatal care and delivery, infant care, foster care, adoption, and pregnancy termination or referral for an emergency situation in accordance with subdivision (4) of Neb. Rev. Stat. § 28-326 does not constitute a referral for abortion. An organization is not disqualified from receipt of such funds because of its affiliation with an organization that performs, assists with the performance of, provides directive counseling in favor of, or refers for abortion, if the affiliated organization is objectively independent of the organization. Currently, 89 service grantees provide required Title X services through a network of more than 4,400 clinics nationwide. There is at least one Title X-funded family planning clinic in approximately 75% of all counties in the U.S.

Subawards made under this RFA are intended to support activities in Nebraska outlined by Title X Family Planning with the goal of providing clinical/educational services to targeted low-income, uninsured, underinsured and populations faced with disparate health outcomes. These funds are intended to supplement existing family planning services including clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated and **cannot be the sole funding source for family planning services within a project.**

Applicants should be prepared to document existing activities, populations served, communities or counties served, and describe how they will be expanded or enhanced by the receipt of subaward funds.

The use of subaward funds are limited to allowable costs under 45 C.F.R. §§ 75 et seq.\* as well as restrictions of the all funding sources.

\*Reform of federal grants management policies consolidated and revised the Office of Management and Budget Circulars into the Uniform Grant Guidance at 2 C.F.R. §§ 200 et seq. Former Circulars A-21, A-87, A-110, A-122, A-89, A-102, A-133, have been superseded by 2 C.F.R. §§ 200 et seq and 45 C.F.R. §§ 75 et seq. *See* 2 CFR § 200.104 and 45 C.F.R. § 75.104.45 C.F.R. §§ 75 et seq. are the federal Department of Health and Human Services' codification of the Uniform Grant Guidance, and governs the allowable costs under this RFA and subaward. For more information about the reform, refer to <https://cfo.gov/cofar/reform-of-federal-grants-policies-2/>.

## 2. AWARD INFORMATION

### 2.1 AVAILABLE FUNDS

DHHS seeks applications for projects for the period July 1, 2018 through August 31, 2018. **The total funding available is projected to be approximately \$89,363.32 in Title X Funds.** The specific information required by 45 CFR § 75.352(a)(1) on the particular funding will be provided in the subaward agreement.

DHHS reserves the right to award based on the combination of applications that best address the purpose of this RFA.

Funding will be based on a funding formula that uses a base amount calculated with the number of current low-income users or projected users under 200% of poverty (See Attachment A).

## **2.2 MATCH**

Title X requires a minimum 10% cost sharing which can be met through program income sources such as 3<sup>rd</sup> party payers (Medicaid and Insurance), patient fees, and donations.

## **2.3 ALLOCATION OF SUBAWARDED FUNDS**

- A. Funds will be paid prospectively to the sub-recipients. Per federal Health and Human Services grant guidance, funds advanced may only be advanced up to 30 days and based on the actual cash need of the subrecipient. Subrecipients will provide documentation of the use of funds in the monthly reports. These reports will be reviewed to determine if funds were expended for allowable, allocable and reasonable expenses, as provided in 45 C.F.R. § 75 Subpart E.
- B. Reduction in Funding. In the event DHHS experiences funding shortages, the dollar amounts specified in the award may be reduced accordingly and the subrecipient may be required to reduce project activities.
- C. Reservation of Right. DHHS reserves the right:
  - 1. To reallocate funds among subrecipients as needed to ensure service to individuals at highest levels of priority.
  - 2. To either terminate or curtail all or part of the activities of the subrecipient in order to best utilize available funding in the event that all or part of the federal are terminated, suspended, not released, or otherwise are not forthcoming.
  - 3. To suspend the subrecipient's authority to obligate funds provided by DHHS pursuant to this subaward pending corrective action by this subrecipient or a decision to terminate this subaward.
  - 4. To terminate immediately this subaward, in whole or in part, when federal funding is terminated, suspended, not released or otherwise forthcoming.
  - 5. To withhold funds when subrecipient is not in compliance with reporting requirements.
  - 6. Any other option available to it pursuant to 45 CFR § 75.207 or 45 CFR § 75.371 or other applicable law.

## 2.4 PROJECT PERIOD

DHHS seeks applications for projects for the period July 1, 2018 through August 31, 2018.

Awards made are dependent on the availability of federal funds. The issuance of this RFA in no way constitutes a commitment by DHHS to award any subawards or at the funding level projected in this RFA.

## 3. ELIGIBILITY INFORMATION

### 3.1 ELIGIBLE APPLICANTS

- A. Public or private nonprofit entities located in Nebraska.
- B. The four federally recognized Native American tribes headquartered in Nebraska. (Upon application tribes must identify the locations where the health services will be provided.)

### 3.2 GEOGRAPHIC REGIONS FOR COMPETITION

**\*While applicants can apply for a specific region, when awards are issued subrecipients may be given adjusted regions.**

The area targeted by this RFA is Lancaster county, in Nebraska. A previous service provider has left the network, resulting in a gap of services in this area. A competitive application must be completed.

## 4. APPLICATION AND SUBMISSION INFORMATION

### 4.1 REQUESTING AN APPLICATION PACKAGE

DHHS will post the RFA on the Nebraska Reproductive Health webpage at <http://dhhs.ne.gov/publichealth/Pages/reproductivehealth.aspx>.

DHHS will send a copy of the RFA to any person or entity which requests the RFA.

### APPLICATION DUE DATES

| RFA COMPONENT                  | DATE          |
|--------------------------------|---------------|
| RFA Issued                     | June 22, 2018 |
| Application Due                | June 29, 2018 |
| Post Notice of Intent to Award | July 2, 2018  |

### 4.2. RELEVANT INFORMATION

It is the responsibility of the applicant to check the DHHS website for all information relevant to this RFA, including written questions, responses, and amendments.

## 4.3 APPLICATION COMPONENTS

### A.1 SIGNED COVER SHEET (See Attachment B)

### A.2 NARRATIVE:

#### i. Needs assessment

1. Counties served
2. Populations served (i.e.: ages, refugees, migrant workers)
3. Minority populations served
4. Population disparities
5. Current estimated need for services
6. Current infrastructure (i.e. location of clinics and hours of operation, etc.)
7. Lack of services or barriers to services for populations

#### ii. Proposed activities and their adequacy to meet identified needs

Should reflect the implementation of services and programming that respond to the Federal Priorities, Key Issues, and Federal Mandates in concert with the:

**Program Guidelines:** Operational guidance for projects funded under Title X can be found in the **Title X Program Guidelines**, which consist of two documents:

- The April 25, 2014, MMWR *“Providing Quality Family Planning (QFP) Services: Recommendations of CDC and the U.S. Office of Population Affairs” (QFP)* and
- *“Program Requirements for Title X Funded Family Planning Projects.”*

Copies of the Title X statute, regulations, legislative mandates, Program Guidelines, and Program Policy Notices may be downloaded from the Office of Population Affairs web site at <http://www.hhs.gov/opa/familyplanning>.

#### iii. Organization Capacity

Describe roles, qualifications, and time allotted for personnel and/or contractors and how they are suitable to perform duties related to the subaward activities. Applicants must be able to provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). For more information, see Title X program requirements and Quality Family Planning (QFP). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services, i.e. is able to describe and provide documentation of a referral relationship.

#### iv. Organization’s Structure

Describe how the organization’s structure is sufficient to reasonably safeguard assets, manage fiscal requirements, and assure grant implementation will be successful and sustainable.

**v. Describe other revenue sources that will support family planning**

Other revenue sources can include (but are not limited to): Medicaid or private insurance claims, local cash funds, patient fees, donations, grants, etc.

**vi. Describe limitations**

Limitations could include (but are not limited to): issues preventing additional revenue, limits in population served, lack of capacity/infrastructure, etc.

**A.3 WORKPLAN**

**Refer to the work plan template (See Attachment C).**

The work plan should be reflective of the proposed activities and responsive to the needs assessment.

The **Program Priorities & Key Issues** (pages 14 – 15) must be used to direct the subrecipient family planning program and should be used in developing the goals/objectives for the program work plan.

**A.4 BUDGET**

**Refer to the Budget Worksheet (See Attachment D).**

**A.5 BUDGET JUSTIFICATION NARRATIVE**

**Provide written justification of all proposed expenditures by line item (See Attachment E).**

**A.6 LETTERS OF COLLABORATION (not required)**

**A.7 REQUIRED FORMS: (See checklist Attachment H)**

|   |
|---|
| <b>1. Application Cover Sheet (See Attachment B)</b>          |
| <b>2. Narrative/Needs Assessment</b>                          |
| <b>3. Work Plan (See Attachment C)</b>                        |
| <b>4. Budget Worksheet (See Attachment D)</b>                 |
| <b>5. Line Item Budget (See Attachment E)</b>                 |
| <b>6. Management Worksheet (See Attachment F)</b>             |
| <b>7. Title X Assurances of Compliance (See Attachment G)</b> |
| <b>8. Signed Attestation Forms (See Attachment I)</b>         |
| <b>9. Indirect Cost Agreement</b>                             |
| <b>or</b>   |

**De Minimus calculations (See Attachment J)**

#### **4.4 SUBMISSION OF APPLICATION**

The RFA is designed to solicit applications from qualified applicants who will be responsible for providing Title X Family Planning and related services in Douglas and Lancaster counties. Applications that do not conform to the mandatory items as indicated in the RFA will not be considered.

Applicants must review all materials contained in the application packet and follow the instructions regarding the schedules, format, narrative, and required forms to be used. Submission by fax, email, or disk **will not** be accepted because original signatures are required on the Cover Sheet, Certifications and FFATA.

Applications are to be addressed to:

**Tina Goodwin, Program Manager  
Attn: Nebraska Reproductive Health  
DHHS - Lifespan Health Services  
PO Box 95026  
Lincoln NE 68509-5026**

Sealed proposals must be received or hand delivered by **June 29, 2018 at 5:00 p.m. CDT.**

Mail or deliver one complete, signed original application. **LATE APPLICATIONS WILL BE REJECTED.** Additions or corrections will not be accepted after the closing date.

Applicants are strongly encouraged to use registered mail or at least first-class mail, since proposals sent third class or book rate may not arrive on time. Only applications that arrive by the deadline will be reviewed and scored. Applications hand delivered or by courier services will be received during business hours (8:00 a.m. to 5:00 p.m. CST, Monday through Friday, excluding state-observed holidays). Hand delivery or courier services will be received by the 3<sup>rd</sup> floor reception desk at 301 Centennial Mall South, Nebraska State Office Building (NSOB) Lincoln, Nebraska. Applications hand delivered or by courier must be received at the NSOB no later than 5:00 p.m. CDT, June 29, 2018.

#### **4.5 COMMUNICATION WITH STATE STAFF**

From the date the RFA is issued until a determination is announced regarding the selection of the recipient(s), contact regarding this project between potential applicants and individuals employed by DHHS and OPA is restricted to only written communication with the staff designated above as the point of contact for this RFA.

The following exceptions to these restrictions are permitted:

- Written communication with the person designated as the point of contact for this RFA; and
- State requested presentations, key personnel interviews, clarification sessions or discussions to finalize an agreement

Violations of these conditions may be considered sufficient cause to reject an application and/or selection irrespective of any other condition. No individual member of the State,

employee of DHHS, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. Only the DHHS contact may issue any clarifications or opinions regarding this RFA, and may only do so in writing.

#### **4.6 AMENDMENTS TO THE RFA**

DHHS reserves the right to amend the RFA at any time. In the event DHHS decides to amend, add to, or delete any part of this RFA, a written amendment will be posted on the DHHS website. The applicant is advised to check the DHHS website periodically for amendments to this RFA.

#### **4.7 OPEN COMPETITION**

No attempt shall be made by the applicant to induce any other person, firm or corporation to submit or not to submit an application for the purpose of restricting competition.

#### **4.8 WITHDRAWAL OF APPLICATIONS**

Applications may be withdrawn, modified and resubmitted by an applicant at any time prior to the stated due date and time for the receipt of applications. An applicant desiring to withdraw its application after the submission time shall submit notification via email to Tina Goodwin at [tina.goodwin@nebraska.gov](mailto:tina.goodwin@nebraska.gov).

#### **4.9 REJECTION OF APPLICATIONS**

DHHS reserves the right to reject any or all applications, wholly or in part, or to award to multiple applicants in whole or in part. DHHS reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the application, and do not improve the applicant's competitive position. All awards will be made in a manner deemed in the best interest of DHHS.

### **5. APPLICATION REVIEW INFORMATION**

#### **5.1 REVIEW CRITERIA**

##### **Evaluation Criteria**

##### **Narrative/Work Plan**

- Needs assessment
- Proposed activities / adequacy to meet identified needs.
- Populations and counties to be served
- Title X Guidelines, Priorities, Key Issues and Legislative Mandates are an integral part of the program plan
- Timelines are reasonable

|   |
|---|
| <b>Budget and Justification</b>   |
| <ul style="list-style-type: none"> <li>• Line Item Subaward Budget</li> <li>• Total Family Planning/Reproductive Health Budget</li> <li>• Budget Narrative/Justification</li> </ul>   |
| <b>Organizational Capacity</b>  |
| <ul style="list-style-type: none"> <li>• Qualifications and adequacy of personnel</li> <li>• Infrastructure Capacity (EHR, 3<sup>rd</sup> party billing, etc.)</li> <li>• History of successful grants management</li> <li>• Fiscal and program management</li> </ul> |

## 5.2 REVIEW AND SELECTION PROCESS

### A. Review of Applicant Capacity

As part of the scoring and selection process, the Department will assess an entity's capacity to provide family planning services to eligible persons, provide education to community groups, and submit timely and accurate reports, invoices and fiscal documentation. The Department reserves the right to consider an entity's performance in current and /or prior grants, subawards, contracts, or cooperative agreements with the Department or other State of Nebraska agencies.

### B. Geographic Access

The Department will consider geographic access in making final funding decisions. The Department reserves the right to fund more than one entity in a particular geographic area, or ensure funding to a specific entity if deemed necessary to ensure adequate level of service to all target populations in that area. The Department also reserves the right to modify a proposed service area in circumstances where otherwise acceptable proposals have overlapping or redundant proposed service areas not necessary to serve target populations.

### C. Pre-award risk assessment

All potential subrecipients will be evaluated using a Pre-Award Risk Assessment, a requirement under 45 CFR § 75.352(b) for all subawards to be made by Nebraska DHHS prior to awarding of funds.

## 6. AWARD ADMINISTRATION INFORMATION

### A. AWARD NOTICES

Anticipate notification of subrecipients on or before June 28, 2018.

### B. ADMINISTRATIVE REQUIREMENTS

By signing the Application Cover Sheet, the official authorized by the Applicant asserts that, if awarded, the Applicant and any of its contractor(s) will comply with DHHS's General Terms and Assurances.

Following the web posting of Notice of Intent to Award, response to any contingencies, and the receipt of the completed General Terms and Assurances, DHHS will issue a subaward document to each successful Applicant. DHHS provides subaward payments on monthly basis. The costs reported under an award must be based on the approved Budget and will be assessed for compliance with the federal cost principles, contained in 45 CFR 75 Subpart E, to ensure they are reasonable, allowable, and allocable.

### **C. SUBAWARD DOCUMENT**

The subaward resulting from this RFA shall incorporate the following documents:

1. Subaward;
2. Any addenda and/or amendments to the RFA, including questions and answers;
3. The original RFA;
4. The signed Application Cover Sheet;
5. The Subrecipient's application, including any contingencies; and
6. Any subaward amendments.

Unless otherwise specifically stated in a subaward amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) any subaward amendments with the latest dated amendment having the highest priority, 2) the subaward, 3) Request for Application addenda and/or amendments with the latest dated amendment having the highest priority, 4) the original RFA, 5) the signed Application Cover Sheet, and 6) the Subrecipient's application.

Any ambiguity in any provision of this subaward which shall be discovered after its execution shall be resolved in accordance with the rules of interpretation as established in the State of Nebraska.

## **7. REPORTING -- PROGRAM REQUIREMENTS**

### **A. EMERGENCY REFERRALS**

A Title X subrecipient that exercises their option to make a referral for an emergency situation in accordance with subdivision (4) of Neb. Rev. Stat. § 28-326, must notify, in writing, DHHS within ten business days of the referral. DHHS reserves the right to review individual patient records as needed. A subaward under Title X may be terminated if after review it is determined the referral was not made in accordance with subdivision (4) of Neb. Rev. Stat. § 28-326.

### **B. SCHEDULE OF REQUIRED REPORTS (page 13)**

Title X subrecipients must submit listed reports to DHHS as required below.

| <b>NEBRASKA TITLE X SUBRECIPIENT REPORTING REQUIREMENTS</b>  |  |   |
|--|--|---|
| <b>REPORT</b>  | <b>DUE DATE</b>  | <b>PERIOD COVERED</b>   |
| Expenditure / Revenue Report<br>Includes Profit and Loss Report and Transaction Detail by Account report                                     | 30 <sup>th</sup> of EVERY month for previous month   | Previous Month  |
|  |  |   |
| Title X Sub-recipient Status Report<br>includes Board of Directors meeting minutes and Documentation of Board Update on Title X Programming. | October 15 <sup>th</sup>   | Quarter 1 (July, August and September)  |
|  | January 15 <sup>th</sup>   | Quarter 2 (October, November and December)  |
|  | April 15 <sup>th</sup>   | Quarter 3 (January, February and March)   |
|  | July 15 <sup>th</sup>  | Quarter 4 (April, May and June)   |
|  |  |   |
| Staff Education, Community Outreach, Community Education and Performance Measures (excel file)   | October 15 <sup>th</sup>   | Quarter 1 (July, August and September)  |
|  | January 15 <sup>th</sup>   | Quarter 2 (October, November and December)  |
|  | April 15 <sup>th</sup>   | Quarter 3 (January, February and March)   |
|  | July 15 <sup>th</sup>  | Quarter 4 (April, May and June)   |
|  |  |   |
| FPAR – OPA Title X FP/Program Data Report (Excel file)   | Late January   | January 1 - December 31 of previous year  |
|  |  |   |
| Single Audit Report (if subject to single audit per 45 CFR § 75.501)   | Within 9 months of the end of the sub-recipient agency fiscal year or 30 days after the audit has been completed | send directly to <a href="mailto:DHHS.SingleAudit@nebraska.gov">DHHS.SingleAudit@nebraska.gov</a> |
|  |  |   |
| Narrative Progress Report  | July 15 <sup>th</sup> /End of Fiscal Year – Report on Title X Priorities, Mandates and Work Plan Achievements    | Fiscal Year Update – July 1 through June 30   |
|  |  |   |
| Client Satisfaction Surveys – Aggregated data  | October 15 <sup>th</sup><br>As requested by Grantee  | September – entire month every fiscal year  |
|  |  |   |
| Completed/Updated Policies and Procedures – CD or thumb drive  | October 15 <sup>th</sup>   |   |
|  |  |   |
| Sliding Fee Scales and Justification based on the annual cost analysis and sustainability plan   | October 15 <sup>th</sup>   | July 1 through June 30  |

\* The narrative reports describing progress toward meeting goals and objectives of the narrative/work plan and evaluation of the project activities shall be submitted to DHHS along with the expenditure reports in accordance with the above schedule.

\*\* Expenditures must reflect approved budget line items and amounts. Amounts budgeted for operations in one activity may be reassigned to another budget item, provided that the proposed expenditures are for allowable costs. Budget revisions of more than 10% of the total budget or revisions eliminating or adding a line item are subject to prior written approval by DHHS. The report of expenses must be signed and dated by both the program and financial officials itemizing the expenses by respective approved budget categories incurred by subrecipient for the grant period July 1, 2018 through August 30, 2018

\*\*\* Scheduled field audits and random quarterly desk audits will be conducted by Nebraska Reproductive Health to ensure that Title X funds are being expended as outlined in approved budgets and as identified in the submitted bi- monthly financial reports. Subrecipients must be prepared to submit documentation of expenditures to the Grantee office at DHHS when requested.

**The following priority areas, key issues and legislative mandates are required to be used to direct program development as outlined in the federal “Announcement of Anticipated Availability of Funds for Family Planning Services Grants”, Funding Opportunity Number: PA-FPH-18-001.**

**TITLE X FAMILY PLANNING PRIORITY AREAS**

1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low income families. This includes ensuring that grantees have the capacity to support implementation (e.g., through staff training and related systems changes) of the Title X program guidelines throughout their Title X services projects, and that project staff have received training on Title X program requirements;
2. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with the Title X program requirements and Quality Family Planning (QFP). These services include, but are not limited to, natural family planning methods, infertility services, services for adolescents, breast and cervical cancer screening, and sexually transmitted disease (STD) and HIV prevention education, testing, and referral. The broad range of services does not include abortion as a method of family planning;
3. Assessing clients’ reproductive life plan as part of determining the need for family planning services, and providing preconception services as stipulated in QFP;
4. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and
5. Demonstrating that the project infrastructure will ensure sustainability of family planning and reproductive health services throughout the proposed service area including:
  - Incorporation of certified Electronic Health Record (EHR) systems and other HIT systems that are interoperable;
  - Evidence of contracts with insurance and systems for third party billing as well as the ability to facilitate the enrollment of clients into insurance and Medicaid optimally onsite; and to report on numbers assisted and enrolled;
  - Evidence of the ability to provide comprehensive primary care services onsite or demonstration of formal robust linkages with comprehensive primary care providers.

## **TITLE X FAMILY PLANNING KEY ISSUES**

**Key Issues:** In addition to program priorities, the following key issues have implications for Title X services projects, and should be considered in developing the project plan:

1. Incorporation of the 2014 Title X Program Guidelines throughout the proposed service area as demonstrated by written clinical protocols that are in accordance with Title X Requirements and QFP.
2. Efficiency and effectiveness in program management and operations;
3. Patient access to a broad range of contraceptive options, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests;
4. Establishment and use of performance measures to regularly perform quality assurance and quality improvement activities;
5. Establishment of linkages and partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;
6. Incorporation of the National HIV/AIDS Strategy (NHAS) and CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;"
7. Efficient and streamlined electronic data collection (such as for the Family Planning Annual Report (FPAR)), reporting and analysis for internal use in monitoring performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services; and
8. Incorporation of research outcomes and evidence-based approaches that focus on family planning service delivery.

## **TITLE X FAMILY PLANNING LEGISLATIVE MANDATES**

**Legislative Mandates:** The following legislative mandates have been part of the Title X appropriations language for the last several years. Title X family planning services projects 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 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;" and*

*"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."*

### Common Mistakes & Omissions

Using the checklist, carefully review your funding request before submitting to DHHS. Avoid these common mistakes and omissions to expedite review.

|  |   |
|--|---|
|  | <p><b>Budget Lines do not mirror the Budget Justification</b><br/> <i>Use exactly the same lines in both the budget line item and the narrative of the justification of each line item.</i></p>   |
|  | <p><b>Budget Line Items and Justification do not correlate with the Narrative/Work Plan.</b><br/> <i>Budget line items and their justification must mirror the work plan or activities you have provided.</i></p>   |
|  | <p><b>Budget exceeds the level of funds available.</b></p>  |
|  | <p><b>Non-specific line item in the budget; e.g. <u>cannot use</u> “miscellaneous” or “other”.</b><br/> <i>“Miscellaneous and other” are inadequate descriptions to determine if the cost is allowable based on the Cost Principles in 45 CFR § 75 Subpart E as relevant to the type of entity. Also, each item of cost must be treated consistently in like circumstances either as a direct or indirect cost.</i></p> |
|  | <p><b>Indirect costs are budgeted, but supporting information is not attached.</b><br/>           If indirect cost is 10% then de minimis calculator should be used (<b>See Attachment J</b>). If negotiated rate, then indirect cost rate agreement should be used.</p>  |
|  | <p><b>You have submitted a Subaward Budget but did not include a total Title X Family Planning Program Budget.</b><br/> <i>These funds are intended to supplement existing clinical practices and cannot be the sole funding source for activities within a clinic.</i></p>   |