

**NWX-OS-OGC-RKVL (US)**

**Moderator: Nancy Mautone-Smith**  
**July 30, 2015**  
**1:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time, all participants are on a listen-only mode until the question and answer session of today's conference.

At that time, to ask a question please press star 1 on your touchtone phone and record your name at the prompt.

This call is being recorded. If you have any objections, you may disconnect at this time.

I would now like to turn the call over to Ms. Nancy Mautone-Smith. Thank you. You may begin.

Nancy Mautone-Smith: Thank you so much (Jennifer) and welcome everyone. This is Nancy Mautone-Smith from - I'm a Public Health Advisor at the Office of Population Affairs. We want to welcome everyone to today's webinar, Orientation for New Title 10 Grant Directors.

And we're fortunate to have two excellent speakers today. First up, you'll hear from Susan Moskosky, our Acting Director of the Office of Population

Affairs. And you'll also hear from Alice Bettencourt, the Director of the Office of Grants Management.

And we've got a busy agenda today, so we're just going to jump right in. And I'll start by turning things over to Sue Moskosky.

Susan Moskosky: Thank you, Nancy. And thank you all for joining us this afternoon. I'm going to talk pretty quickly, but these slides will be available afterwards, and Nancy will talk about that a little bit at the end in terms of how to access the slides after the presentation. They won't be available immediately afterwards, but they will be within a couple of weeks.

So what we're going to be talking about this afternoon is the background and legislative history of Title 10, talking specifically about (unintelligible) requirements, the scope and characteristics of Title 10 services and program evaluations.

So just a picture of where we fit in the Department of Health and Human Services. As you are hopefully aware, Sylvia Matthews Burwell is the Secretary for Health and Human Services, and Karen DeSalvo is the Acting Assistant Secretary for Health within what we call OS, the Office of the Assistant Secretary for Health.

So Office Population Affairs is one of many offices within OS, although we're the only service delivery program within OS and before the Office of Population Affairs was in - before the Title 10 (unintelligible) was in the Office of Population Affairs, it actually used to be a HRSA program. So they moved us into the Office of the Secretary back in the 1980s, where we have remained but our budget still comes through the HRSA budget. So - but we're not a HRSA program any longer.

So the Office of Population Affairs is the focal point for the department on a host of reproductive health issues including family planning, but also adolescent pregnancy. And the program was created in 1970. It amended the Public Health Service Act to provide for special project grants for the provision of family planning services and related research, training, technical assistance, and it was cited as the Family Planning Amendment of 1970.

And the reason the Program was created was because of concern over population issues and the fact that poor individuals didn't have access to services for preventing pregnancy mainly, like the folks that did have resources. So because of that, the Program was created and priority for services back then as well as now is for individuals from low-income families. So a lot of emphasis on that, and I'll talk about that later on.

So Title 10 -- and we always know whether people know what the program is, because people that don't know the program frequently call it Title X. So it refers to this section of the Public Health Service Act that was passed by Congress and signed into law by then President Nixon.

And the Title 10 Program is mainly a grant program. It provides grants, and they're discretionary grants -- meaning competitive grants. They're not (block) grants. So the Program provides grants to public and private not-for-profit organizations for services as well as research, training, and information and education -- all of which are related to family planning.

The mission of the Program is to provide individuals with the information and the means necessary to exercise personal choice -- voluntary choice -- in determining the number and spacing of their children, including access to a

broad range of acceptable and effective family planning methods and services. And that language is directly out of the Title 10 regulation.

So, and Title 10 is administered by the Office of Population Affairs here in the Department of Health and Human Services.

So after more than 40 years, the Title 10 Program still remains a key component to public health infrastructure and very much a safety net program for millions of people every year. And Title 10 Programs serve two thirds of all clients who receive care at a publically funded family planning center. And more than half of women who go to a family planning center consider it to be their usual source of medical care -- and sometimes their only source of medical care.

And one in three women who have an HIV test or get an STI test or treatment get that service at a publically funded family planning center.

So Title 10 is a critical source of public funding for services, infrastructure, and policy setting, although you can see by this chart here that Medicaid is by far the largest payer of publically funded family planning. So you can see the pie chart indicating that the Medicaid pays for 75% of all public expenditures for family planning, and Title 10 for 10%.

But the difference between Title 10 and the Medicaid program is the Medicaid program is an insurance program, so the service has to be provided and billed for for eligible clients before those funds can flow back into the agency that's provided the services, where the Title 10 funds are much more flexible. They're given upfront as grants to grantees that successfully compete for the federal funds. And those grant funds enable them to hire staff, rent a building, purchase contraceptives ahead of time that they can have on site.

So it's a much more flexible and infrastructure building program is the way that we like to view it, as well as they can use -- within Title 10 system -- they can use funds that re Title 10 funds even for training their staff to provide family planning service. So some of the things you can do with Title 10 are not the kind of things that you can necessarily do with the Medicaid and some of the other sources of funding.

So this next slide shows the funding history for Title 10. You can see that in 1971, the program - the first funding that was appropriated for the program was just \$6 million. Right now, in 2015, the funding is at \$286.479 million. At the highest level, the program was -- in 2010 -- was \$317.4 million. So we've been going backwards the last several years.

But there's a lot of other sources of funding that also Title 10 grantees receive, either from states or sometimes from Title 5 funding or Title 20 of the Social Services Block Grant that also enables the family planning program to grow and serve more people.

So I think I already covered this slide pretty much, but I think the other difference in terms of what Title 10 can support is that Title 10 funds can subsidize services for women, men, and adolescents who might not have insurance or who might not be eligible for Medicaid and don't have any other place that can be billed for those services that clients receive. So anybody can come in and receive Title 10 services.

So as I mentioned previously, the Title 10 is primarily a grant making program and all of the grants are discretionary, meaning that any grantee, you can be a grantee for right now the funding announcement stipulates that a service grantee can receive funds for up to three years. It doesn't always mean

that everybody receives a three-year grant, but you can receive funds for a three year what we call project period -- and Alice will talk more about project periods and budget periods. But funds are awarded a year at a time.

But those - at the end of your grant period, if you're interested in continuing to be a Title 10 grantee, you do have to compete for a new Title 10 grant. So it's not like once you're a grantee, always a grantee.

So within the system, we have authority for awarding grants and/or contracts under four of the different main provisions of the Title 10 statute. Biggest one of course is services. And about 90% of all of our appropriated funds go for family planning services. But we also fund training and technical assistance grantees, research grantees, and we fund some information and activities through contracts.

So all of the grants and other activities that we fund are to support the delivery of services under Section 10-01, which as I said before is the biggest authority. And another very important provision of Title 10 is that in the statute is Section 10-08, which is the prohibition on abortion. And the way it's stated in the statute is that none of the funds shall be used in programs where abortion is a method of family planning. So Title 10 funds cannot be used for providing abortion or promoting or encouraging abortion.

So under section 103, that's the training authority and that's where we have the authority to make grants or contracts with public or private not-for-profit entities to provide training for personnel to carry out the family planning program under section 10-01.

Currently, we have five national training centers. You can see the names of them there. So the first one is the Center for Coordination and Strategic

Initiative. That actual cooperative agreement is shared by two different training centers -- Altarum Institute and Cicatelli.

We have a Center for Management and Systems Improvement, which is focused on helping grantees to improve revenue cycle management, to have information that will help them with being able to select an EHR system, and generally for improving and sustain their infrastructure so that they'll be around to provide services and endure access to services for clients.

There's a National Training Center for Family Planning Service Delivery, which is Cardea. National Training Center for Quality Assurance, Quality Improvement, and Evaluation, which is with JSI and National Clinical Training Center for Family Planning, which is housed at the University of Missouri in Kansas City.

So section 10-04 is our research authority and that research authority authorizes us, again, to make grants and contracts but the grants and contracts that would be for research in the biomedical -- contraceptive development, behavioral and program implementation fields related to family planning and population.

Currently we're funding a number of research grants or cooperative agreements right now that are helping us to get a better picture of how the ACA is being - how it's impacting the service delivery within the Title 10 program and how Title 10 agencies are - what they're doing and how they're changing their infrastructure and how they're doing with reimbursements and those types of things.

So we have what we call service delivery improvement projects. Research cooperative agreements -- which I also just mentioned -- and also we

contribute a significant amount of funding to the National Survey of Family Growth and the Adolescent Health Survey.

So onto Section 10-05, which is our information and educational material authority. We fund a Web site contract that also houses the Family Planning Database, which I'll talk about a little bit later on.

Just want to make a plug right now. We've been really struggling with making sure that we keep our OPA Family Planning Database -- which lists all of the grantees and all of the services sites funded under the grantees -- accurate at all times. It's intensely important for multiple, multiple reasons, including that list is shared for the essential community provider list with the folks at CCIIO.

That list is also shared - we get lots of request even for the 340-B program that they check with us to see if somebody is truly a Title 10 provider. So that list does have to be kept current at all times and we really struggle with making sure that providers really know the importance of that. So please, you know, any time you have a change in a clinic site or a clinic opens or closes or you change your address or your phone number, it's your responsibility as a grantee to make sure that that is accurate for you entire system at all times.

So in terms of what actually guides how you provide services within the program, there are several different things that we ask you to pay attention to. First and foremost and most important are the Title 10 statute and regulations. All of these can be found up on the Title 10 OPA Web site. So please visit the Office of Population Affairs Web site.

Also, the Title 10 program guidelines, which consist currently of two parts -- the program requirements for Title 10 funded family planning projects and also a document that was released in April of 2014 as an MMWR that we

produce cooperatively with CDC, which is called Providing Quality Family Planning Services Recommendations of CDC and the Office of Population Affairs. So those are your guidelines for how you're to provide services.

Also every year with the appropriations, we usually get language that's attached to it that established guidance or expectations that Congress has for the program. Periodically, we release what are called program policy notices, which are information that we want to make sure that is communicated quickly to grantees that might be around definition or clarification of a policy or procedure that grantees would need to follow.

And then finally, the funding opportunity announcement, which are released for family planning services or other grant opportunities that get released periodically. We've had some for enrollment assistance grants and things like that. And those funding opportunity announcements also outline expectations and requirements for the folks that apply for those grant opportunities.

So in terms of, you know, what's the hierarchy? So Title 10 statute really is the very highest authority. And it -- the Title 10 statute, as I mentioned at the beginning -- was enacted by Congress. The Title 10 regulations really are supposed to be a better explanation of what's meant by the Title 10 statute and what really all of those provisions -- in both of those, really, Title 10 regulations and the Title 10 statute. Both have the force of law.

So some of the things that are in them, you know, when you get monitored as a Title 10 grantee, a lot of those things are non-negotiable and you have to follow them whether you think they make sense or don't think they make sense.

And then finally, the Title 10 guidelines program requirements pretty much track what they Title 10 regulations and the statute as well as some of the other kinds of applicable federal requirements.

And then the Quality Family Planning Recommendations are recommendations for providing quality services. They are expectations. They are not legal. But they are what we would expect quality services to look like. So you'd be monitored to see how well you're adapting or adopting those in your practices as well.

So this is some examples of titles and appropriations language that we've had in our appropriations for many, many years. The first is that titles and grantees have to certify they encourage family involvement and provision of counseling to minors to resist coercion or resist attempts to engage them into coercive sexual activities.

So these are really important to Title 10. Although Title 10 regulations stipulate that services have to be provided confidentially to minors or to anyone regardless of age, you are also required to certify that you're encouraging family involvement in decisions of minors.

And also, despite the fact that as I mentioned, Title 10 requires that you provide services confidentially to teens or people of any age, as part - another very very important thing is that Title 10 providers are also required to comply with state reporting laws regarding notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest. So that means that you need to know what your state laws are and make sure that you have protocols and policies within you agency and that all of your staff are very aware of what's reportable and that you're monitoring to ensure that folks are aware and that they're reporting appropriately to the appropriate state authority.

So, be glad to answer question about that. That program is - there are lots of attention to the program. We want to make sure that grantees are very aware of that.

So the program is a decentralized program, meaning that the authority for service delivery and oversight of the program is actually delegated to the regional health administrators in the ten public health services regions. And we have between OTA and the regional offices; we have a memorandum of agreement for each fiscal year that kind of lays out what we would like for the regional health administrators to do in carrying out the program in the regions.

So this next slide just shows how the country and the territories are broken up into ten public health service regions. So hopefully you already know what region that you're in. If you need information on who the person is in your regional office, they would be your first point of contact if you had questions. And they're the ones that would be conducting the monitoring and oversight of your direct activities on a day-to-day basis.

And then we here at OTA are the policy office and we also oversee what the regional offices are doing with regard to the program. We develop all the funding announcements up here, the program priorities, policies, those kind of things.

So every year we have our priorities for the program that are set out in the funding announcement for that year. So these are the priorities that were in the FY 15 funding announcement that you were funded under if you're a new grantee or just got a new grant award. So the first of those is showing the delivery of quality family planning and related to then health services where evidence exists that those services should lead to improvement in the overall

health of individuals with priority for services to individual from low-income families.

So I'm not going to breeze through all of these. So hopefully you will go back to the funding announcement and look at them and get that they really do hold you responsible for addressing each of these priorities in your program.

The second one is providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with Title 10 program requirements and the Quality Family Planning Recommendations.

The third one has to do with accessing reproductive life plans as part of determining the need for services and providing preconception services.

The next one is on addressing the comprehensive family planning and other health needs of individuals, families, and communities and outreaching to vulnerable and hard-to-reach populations.

And the fifth one is demonstrating that you have a project infrastructure that's going to ensure the sustainability of family planning and reproductive health services. And this includes having a certified electronic health record system and other kinds of health IT systems and working towards interoperability, that you have contracts in place with insurance and systems for third-party billing, and also that you have - that you're facilitating the enrollment of clients into insurance and Medicaid optimally on-site, although we know that sometimes there's restrictions within some states. And that you're able to report on the number that you've assisted and enrolled and that you have, if you're not a comprehensive health care provider, that you have formal

linkages in place to be able to make referrals so clients have access to those services.

We also have a whole host of what we call key issues that actually focus on specific issues that are affecting the delivery of services in any particular year. So I'm not going to read through all of these, but I just want to, you know, emphasize a couple of them.

One is that we really do want you to be operating as efficiently as possible. We want to make sure that patients have access to a broad range of contraceptive services, optimally onsite, and that we would hope that everybody includes at least at some level access to long-acting, reversible contraceptives, but that they're provided in a patient-centered manner. And that you're using performance measures to inform your program and how you're doing and your quality improvement activity.

Also, some of the other activities that are really important within the Title 10 program and within your service delivery are HIV testing and linkages to care and treatment providers, and there's a new National HIV AIDS strategy that's coming out I believe today. We want to make sure you're aware of that.

And then all of the things around electronics, health records and electronic management systems that hopefully you're incorporating into your services.

So I'm going to talk pretty quickly about Section 101 and just make sure that you understand that what you are held to in terms of what you're going to perform and what you're going to carry out is what you put in your competing application, because that's your contract between you and the federal government. That's what you said you would do. That's what you were funded to do.

So if you come back to us and say, do I have to provide, or somebody comes back and says well do I have to provide colposcopy services within Title 10, it's not a yes or no. It's what you put in your competing application. As long as it's a service that's not completely out of the scope of Title 10, if you put in into your application and said you would be providing that service, then that binds you to us in terms of that being an obligation for you to provide that as part of your Title 10 project, unless you got - and if you don't want to provide that service, you actually do have to apply for a change in the scope, because you're changing the scope of services that you said you would provide.

And you can apply to - you would make that application to the Office of Grants Management, justify why you want to change the scope. And then it's up to the federal government whether we award that - or grant you that change in scope.

So in terms of some of the hallmarks to titles and services, services do have to be voluntary. You cannot coerce anybody to receive a particular service. Services have to be provided confidentially, regardless of age -- as I mentioned before -- and priority has to be given to individuals from low-income families.

And what this means is that there's to be no charge for services provided to individuals that have family incomes that are at or below 100% of the federal poverty level. And between 101 and 250% federal poverty level they're provided based on a sliding fee schedule.

Services have to be provided within Title 10, within the requirements of Title, 10, to anybody that comes in seeking those services -- whether they're a female or whether they're a male -- and that family planning project at the

grantee level does have to have a medical director who's a medical physician who has had experience and training in family planning.

So under the regulations, this is the list of services that are required within Title 10 that you're bound to by law. So this is the list -- contraceptive methods, clinical procedures and lab tests, as indicative of contraceptive methods -- which there's very few -- services for adolescents, education and counseling, basic infertility services, and then referrals to medical and social services outside the scope of the Title 10 project.

This next slide is just a cover sheet for the Quality Family Planning Recommendations, or QFPs, that actually define what we would expect to see in a quality family planning program.

And this next slide shows how we conceptualize family planning services, which are in that orange center circle. Any service that is directly related to either preventing unintended pregnancy or achieving pregnancy that hopefully results in a healthy birth outcome.

So we think that family planning includes not just services to prevent pregnancy, but also services that help folks to have a healthy pregnancy.

We also in that second blue circle define what we call related health services, which are not services that are directly related to preventing or achieving pregnancy, but they are considered beneficial to reproductive health and appropriate to deliver in a family planning setting. And breast and cervical cancer screening are the services that we would expect you to be providing within your Title 10 family planning project.

So this figure makes another point in QFP, which is that we're trying to address the family planning needs of all individuals who need services related to preventing or achieving pregnancy. And I'll probably just refer you back to QFP. I don't think we have enough time during the presentation today to go into this in depth.

But I just also wanted to point out that in addition to contraceptive services and services for like pregnancy testing and counseling services that also within family planning services, STD services, preconception health services, basic infertility services, and services for achieving pregnancy are all what we consider core family planning services.

STD services in and of themselves don't constitute a family planning service, but it's along with that STD service, folks are getting counseling about either what they're doing to prevent or achieve pregnancy, then it would be within the context of family planning. And it is a core service that actually leads to healthier birth outcomes.

So in terms of requirements under the Title 10 regulations with regard to pregnancy testing, pregnancy testing is a specifically important service within Title 10 that has regulatory language that requires that for clients to have a positive pregnancy test, that they need to be offered the opportunity to be provided information and counseling on each of the following options -- except if they don't want to have information on one of these options.

So those options include prenatal care and delivery, infant care, foster care or adoption, and pregnancy termination. And the regulations specifically state that information and non-directive options counseling is provided as well as referral upon request. So this is something that's really very specific to Title 10 and something that we would be looking at your policies and procedures.

And some agencies, if they are uncomfortable providing those services, they have to make sure that they're providing for those services to be able to be provided.

In terms of education, projects have to provide for information and education programs that help with the community to understand the objective of the program, informing the community that services are available, and promote continued participation in the project by persons for whom family planning services would be beneficial.

And any of the information and educational materials that are made available under your family planning project have to be reviewed by an advisor committee prior to their distribution. And you have to have an advisor's committee that is made up of five to nine members of individuals that are broadly representative of the community, that actually look at those information and educational materials and sign something saying they reviewed them and they found them to be suitable for the population that they're being made available to.

So it's really just another important requirement under Title 10.

With regard to adolescent services, adolescent services is specifically called out as one of the populations that has to be provided services under Title 10.

If you look at the next slide, the definition of a low-income family specifies that unemancipated minors who want to receive services on a confidential basis -- meaning they are coming and they are not comfortable with a parent or guardian being made aware that they're receiving services -- they have to be - their income has to be based on their own resources. And what that means is their own income that is available to them. So if they have an allowance,

hey have a part-time job, that kind of thing, that's what you would consider in determining where they would fall in the sliding fee schedule. And it's lined out in the program requirements for Title 10 funded family planning services.

Terms of confidentiality -- I mentioned before that confidential services are required regardless of age. And this is kind of a general confidentiality provision in the regulations. But I just wanted to mention too that the confidentiality requirement of Title 10 actually is a federal requirement which would supersede a state requirement for parental consent for services. You want to make sure that folks are aware of that -- that even if your state passes something that requires parental consent for services, if you receive Title 10 funds, you have to provide confidential services, regardless of age, regardless of what state says. But you have to follow state law with regard to reporting (unintelligible) as I mentioned before.

Ok. All right. The next slide has to do with quality assurance and quality improvement. And you want to make sure that services are provided that are of high quality and that services are provided in a manner that protects the individuals and that services have to be provided without regard to religion, race, color, national origin, handicapped conditions, age, sex, number or pregnancies, or marital status.

And we would hope that every planning program has a quality improvement/quality assurance program in place. And it's also an expectation that you would develop performance measures that are meaningful within your grantee structure.

The family planning in your report is an expected. It's an OMB approved collection system that is expected of all Title 10 services grantee. Currently, those data are reported and presented in summary form, so at the grantee

levels. So we don't know who's receiving the services but it does provide us with a picture of the number of clients and some of the services that are provided as well as revenue that are available to the program.

This extremely important report that is gathered on a calendar year basis and reported to OCA by February 15th for the year prior.

So currently this is - we have 94 services grantees. Again, it varies on any given day. I think the last count since we just started a new year. There's some grantees that are phasing out. Other ones that are coming onboard. I think we have 90 grantees that will be continuing on after October 1. And we have about 4100 service sites.

Most of the clients that are seen in Title 10 -- 92% of them or 91% -- are female right now. 9% are males. You can see that most of them are young, so close to 70% are 29 or younger, about 18% being teens. And disproportionately we're seeing a larger number of racial and ethnic minority populations, proportional to the general population. And you can see that about 70% of the folks that we serve are at or below 100% of the poverty level, and 91% of them are at or below 200% the federal poverty level.

Next slide just shows that we have had some loss in the number of clients receiving services in Title 10. The high point, we were at about 5.2 million. 2010 was also that year that I showed you where we had the highest funding amount, which was \$317.4 million. So the funding's been going down. The number of clients has been going down. I think there's a mixture of reasons for that, but it is an important point.

We don't like to emphasize numbers just at the expense of quality and everything else, but it is something that we do have to report on and we have

to keep our eye on in terms are we really accessing the populations that need services and is this a reflection of the numbers, the four million that got the services. Is that the number that we note that need the services? And we don't really believe that. I think believe there's a lot more folks out there that we're not reaching currently.

So in terms of some of the services just to highlight, you know, pap recommendations have changed over the last several years. So we're seeing fewer paps being provided in Title 10 but it is one of the most preventive health services besides, you know, contraceptive services that are provided in the Title 10 program. So about 785,000 say like planning that were receiving services in Title 10 that received the pap test in 2014 and a significant number that had an ASB or higher results. And then 1.3 million users received a clinical breast exam and 4% were referred for further evaluation. In sense of Chlamydia testing, about 58% of female clients under the age of 25 were tested for Chlamydia. This is a HEDIS measure. So we would like to see that number closer to 100%. And over one million confidential HIV tests were provided with more than 2000 positive tests of a significant number of HIV tests that are conducted in Title 10.

In terms of monitoring, those of you have been grantees recognize and have been probably hopefully had monitoring of your projects. It's a lot of emphasis is placed on monitoring so that we know that services are being provided in compliance with Title 10, that they're being provided with high quality and that there's good communication with your regional office and that they're helping you with technical assistance to help build your program. So there's lots of lines of communication.

Again as I mentioned before, your first point of contact would be with your regional office but we also wanted to emphasize the fact that grantees are held

responsible for monitoring all of the sub recipients within their Title 10 projects. So just like the federal government monitors you to make sure you're in compliance we'll be monitoring your monitoring of the agency for the - or within your network because we want to know that you're out there, that you know that within your entitle Title 10 project that services are being provided in compliance with Title 10 and that are being provided as high quality.

So these are the types of monitoring at the federal government that we do. So all of the reports that you write when you first applied for your Title 10 grant, your competitive application was reviewed by an objective review committee and also staff in the regional office and in headquarters reviews the application. Also when you see that a non-computing continuation application, which you'll be doing every year, the staff in the regional office will review that and provide feedback to you. Site businesses are conducted from these days. We're not necessarily doing them annually to each grantee just because of funding and some of the other limitations of travel.

So we're looking at other means to be able to do that kind of monitoring. But there are periodic site visiting and also a comprehensive program review where a team is taken with the regional office out to review your entire project, the administrative, the fiscal and the clinical parts of your program to ensure that the services you're being - that you're providing are of high quality and complying with Title 10. And then those reports are shared back with you along with the corrective action plan and that you have to respond to. And then periodically there are grantees in conference calls. Hopefully those of you who are on the phone are planning to come to the meeting hosted by (Tippy Kelly) that will be happening August 18 through the 20 here in D.C. where there will be a lot of information shared with all of the titles and grantees. So I covered that slide. And I think I covered that slide too.

So in terms of performance measures, we have performance measures that we have to report on periodically back within the department and with our budget and these are our performance measures currently. So one is increasing the number of unintended pregnancies diverted by providing family planning services and providing priority for services for low income individuals. We do see the invasive cervical cancer by providing pap testing and then some of the other performance measures actually focus on the Chlamydia testing that current reducing infertility among women attending Title 10 by identifying Chlamydia infections.

So this is another performance measure that we are in the process of going for endorsements in the National Quality Forum. And that is that we think that in order to really be able to affect the level of unintended pregnancies that we really need to be focused on ensuring that clients are leaving - who don't want to become pregnant are leaving with the most or moderately effective method of contraception. That we think that that's really a strategy for being able to both monitor and measure that and we've actually been able to do that by virtue as from the FFAR data that we have to see to what extent what percentage of the people or women that are leaving the Title 10 agency are leaving with the most or moderately effective method of contraception.

So we're also - a sub measure to that is that we're also going to be looking at the proportion that are leaving with the long acting reversible contraception but we're actually looking at that more than an access measure. We're not looking for that to be a real high number. We just want to make sure that it's not zero in places because people aren't making that available to clients that would want that service. Okay so I think I covered that pretty much.

And so the last couple of slides that I just want to breeze through about the HRSA 340B program which is a program that is administered through HRSA,

the HRSA Office of Pharmacy Affairs. It's one of the most attractive things I think to Title 10 providers because it does enable Title 10 providers to be eligible to purchase pharmaceuticals at reduced cost. But in order to be able to be part of the 340B program you have to register with the 340B program and you see up there where the registration dates are. And if you register on any of those - within those dates, you can see that there's still a lag time in terms of when you can actually start purchasing pharmaceuticals using your 340B eligibility.

So I just wanted to make sure that you're aware of that. Also there is a yearly recertification process and all of your sites actually do have to be on that 340B database. So just you'll be hearing more about that, you know, as we go through the year but if you haven't already registered, make sure that you do and get your sites registered. Right now we're not in one of the registration periods. So hopefully if you just came on board, you were - you registered sometime between July 1 and 15 otherwise you're going to have to wait until October and won't be able to start ordering under the 340B program until January 1.

So the last slide that I said at the very beginning but I just want to emphasize again that we need to at all times have an accurate family planning service side database. This means that grantees are expected to provide timely notice of any change through our Web site contractor. So you need to make sure that you're registered on the OPA Web site and that you're - and also you need to if there's any change to any of the names, locations, street addresses, the distance of a site, whether you closed a site or the site no longer receives Title 10 funds, we have to have that site be accurate at all times.

And what happens is that any changes or any postings to the Web site have to be reviewed and approved by the HHS regional office before it can be posted

on the OPA Web site and like I said we share this list with (Sysio). So it's the basis of the list that insurance contractors or insurance carriers will look to in terms of contracting but with essential committee providers it's also a list that we frequently get asked. You know, how many sites do we have. And a lot of times if that list is not kept accurate we either have an underestimate or an overestimate if there's duplicates up there. So please go up there on a monthly basis and make sure that your network looks like it is accurate. It's really imperative.

So just a few summary points. I wanted to highlight is that all of the sections of the Title 10 lost support to deliver its high quality family planning services and all of our grants have to adhere to the Title 10 requirements. Headquarters as I said, you know, we're not your first point of contact. It's - we're primarily the policy office and the office - that your regional office would confer with if there's issues or questions that they have. So you'd be actually communication most directly with your regional office and chiefly a person delegated by the regional health administrator. And then we also have a number of other research and evaluation activities and then just another plug for the monitoring that we conduct as well as that we expect you conduct for your networks to make sure that we're all complying with Title 10 and providing the highest possible quality services. So I am going to turn it over to (Alice) and again thank you all for being part of the Title 10 program and for the services that you provide. So (Alice)?

(Alice): Thanks (Sue). Good afternoon everyone. I am the Director of the OASH Office of Grants Management. And I and my staff have responsibility for monitoring - overall monitoring of your grant and specifically the business and fiscal management of your Title 10 grant. We'll review some key aspects of your OASH grant award including the basic documentation, your key provisions and your reporting.

The notice of award, which you should all of you who are at a primary recipient organization should have a copy of is a legally binding document issued to the recipient. It awards the funds. It sets your terms and conditions and it allows funds to be drawn from the payment management system. It's your responsibility to read the entire document and understand the requirements. You accept the award, its terms and conditions and the regulations and policies incorporated by reference when you draw a request fund from the payment management system.

So on the notes board we'll go through some of the key boxes. One is the grant identification number in box four. Every new competition will result in a new grant number. So as (Sue) was talking about currently, we usually announce that it's up to a three year project period. So every time that that renews you get a new grant identification number. And you must - it's very important that you place that assigned grant number on all correspondence. If it's an email, if it's a letter, anything like that, you need to put that grant number on it. Some of you have multiple grants with us within Title 10. Some of you have multiple grants across multiple OASH programs. So it can get very confusing without a grant number on the correspondence.

Your statutory authority for the award and any applicable program regulations are in the upper right hand corner. Your approved project period, which is the start to finish as we mentioned the up to three year period and the budget period start and end dates are in boxes six and seven. So budget period is the time that the current funds are available for within that overall total project period. Boxes nine and ten cover the recipient organization name, the principal investigator project director name and the authorizing official name, which are all at your end. And then also in the fourth box the project officer

who is the person appointed by the authorizing official to monitor your grant programmatically.

The amount of federal funds authorized on that particular award are in box 12A. Your amount of cost sharing or non-federal funds, which are applicable for a Title 10 for nearly every grantee, are shown in box 11N. Your applicable terms and conditions either by reference or inclusion are - start on page two or later. For longer project periods, sometimes the federal financial report table takes up a lot of space. Something might start on page three but it's usually page two. You have a vendor code, which is used to request payment in box 18A. You need to make sure that that is correct down to the digit or you won't be able to access your funds. We have been paperless now at the Office of Grants Management for several years. We do not sign hard copies of the notice of awards. We are still emailing it out to make sure that you get it. But you will always have access to the notice of award and grant solutions. So you need to make sure especially if you have staff turnover that folks are signing up for grant solutions account with the proper role.

Now I'm going to go over prior approval requirements. These are critically important to you. These are actually set in regulation. So they have the force of law and these are items that require our approval prior to you taking any action. We will consider retroactive requests but they should be on an exception basis. So the items we're going to go over are change in scope, significant re-budgeting, which has undergone a significant change with new grant regulations, change in the principal investigator project director or a reduction in the time of that person on the project. Carryover requests, any alteration or renovation, the change of the grantee organization. We've had quite a few of those of late and no cost extensions.

So if you look at part two of the HHS grants policy statement, which is available online -- we'll give you the link later -- you'll see a third discussion of the prior approval requirements. Just note, this document is in the process of being updated. It still refers to the former uniform administrative regulations for HHS grants which were at 45CFR part 7492 depending on your time of organization. Those are now replaced as of last December by 45CFR part 75 for all organizations. OS has 30 days to review and respond to your request and that's assuming that you submit a thorough and detailed request with all the information we need. If we have to go back and forth, it can take longer than that 30 days. So be sure to submit your request well in advance of your anticipated or proposed implementation date.

So now we'll talk about change in scope and what defines a change in scope. That's when you as a grant recipient propose to change the objective aims or purposes identified in your approved application such as changing the service area, eliminating a primary delivery site, transferring programmatic work to a sub recipient or reducing the number of clients served. If you're requesting a change in scope to provide a detailed explanation of the proposal indicating how the change will impact the existing objective aims or purposes from the original approved application. If the proposal requires a significant budget revision, which now is 10% of your total award, the request should include a revised budget narrative justification and a matching 424 and 424A.

So significant budgeting in and of itself is also a prior approval requirement and that's when under the federal share of your grant, cumulative transfers among cost categories for the current budget period. This is not across your entire grant, just for the current budget period is expected to exceed 10% of your total approved budget for the budget period. This includes the associated indirect cost. For those of you with larger grants, this gives you more leeway than the previous regulations. For most smaller grantees at \$250,000 or less

this actually gives you less latitude. For significant re-budgeting, you need to submit a written justification indicating why it's being requested as well as a revised budget narrative highlighting the proposed reallocation and a revised standard form 424A.

Now the other change we see and must have prior approval is a change in the PIPD. If someone is leaving and you have not yet replaced them, we need to be notified as soon as possible and that's if they're going to be absent from the project during any continuous period of three months or more or reduced time devoted to the project by 25% or more from the level that was approved at the time of the award. And as I said, if an interim is named you - please notify us right away. For a change in time committed the project, a justification for the change indicating the total FTE percentage of the PIPD will devote to the project and why the increase or decrease is necessary. For a new principal investigator project director, you need to submit a CV or resume to support the request. And if the change, especially for some smaller recipients, requires a significant revision to the budget, you have to also do the budget revision justification.

Now carryover or unobligated balance is the authorization to spend unobligated funds from a prior budget year in the current budget year. The slide says from going into year two what we most commonly see is from year one into year three once those are certain they've paid all their bills and how much money is left. It's important to note that these are not new funds. They do not add to your cumulative award. If you look at box 13 on any of your notices of award that's your total federal funds authorized for the project. That will not change if you get a carryover approved. These must be used to achieve the approved objective of the grant. They cannot be used to change the project in a way that would permanently add to the budget for example hiring permanent staff. We sometimes see these requests come in to increase

the FTD and unless it's something that is justifiably a temporary situation we will not approve it.

What you need to submit for these is a current copy of your federal financial report, which we'll go over in greater detail shortly, an explanation of why the unobligated balance exists. This will help us to monitor your project and to understand what did or didn't happen that left funds available and the justification for using it in the current budget period. So you need to submit a budget narrative justification listing the proposed costs and activities to be completed from the date of the carryover through the end of that budget period.

So I'm going to say, for example, let's say your project ends on - your budget period ends on March 31 if you a 4/1 renewal date. If you requested a carryover right now, you would have to be able to spend it by March 31. So don't wait until the very end of a budget period if you have funds available. You have to be able to spend it in the current budget period that you're requesting it for. You also a need 424A budget page and if you're - if you are looking to add or expand objectives that may require a change of scope but we look at those very carefully because sometimes it does allow you to increase some services. That's okay but if there's things that look like they're going to permanently add to the project, we will not approve those.

Notifications, these don't require prior approval but they are items that you should let us know of right away. And some will require us to issue a revised notice of award and others we won't necessarily do it right away. We'll just wait until we have to issue another change. And that is the change of your authorizing official. This is critical. They get a lot of the correspondence from us or other parts of the department. As I noted before, the departure of a PIPD even if you have not yet permanent replaced him or her, an organizational

name change which is simply that you're keeping all your financial information but you've changed your name, and then the change of contact information such as address, phone number or email.

Now I know we have this as a tiny little note at the bottom of this slide but a very important issue is that organizational changes such as mergers and reorganizations may require what we call a successor and interest actions. These are complicated and require significant processing time. You should contact your grant specialist as soon as you aware of a potential change to make sure that you're taking all the right steps so that you don't lose access to your funds. We have had recipients in the past who have lost at sets of funds for months at a time because these organizational changes were not handled promptly and accurately. So your program reporting is at the end of the budget year. Those are due 90 days from the end of the budget year. Your end of project period reports are 90 days from the end of the project period. You're also hear - talk about these as your close out report. It covers the entire project period. So if you've had a three year grant award, it covers the entire three year grant. And OPA has posted guidance on the OPA Web site.

So now we're going to talk about financial management. The federal financial reporting for OASH is done on a quarterly basis on the same schedule with which cash reporting is required to be submitted to the payment management services or at the end of each federal fiscal quarter. We've done this to try to simplify things for you so that everything is on the same schedule. And hopefully your numbers match up that you're reporting to those places. So the quarterly FFRs is 30 days after the end of each reporting period. An annual FFR is due 90 days after the end of each report period, which is the federal fiscal year. Grant solutions will automatically issue you a reminder seven days prior. The financial officer must have a grant solutions account to access the FFR module. We are only taking FFRs through grant solutions now.

And then I've got a number of pages in detail that you'll have with the slide deck that goes over what goes in each box of the FFR. I'm not going to go over those in detail now but just know you're actually submitting two FFRs right now, one in grant solutions that comes to us in OASH and then the other where you only report on your federal cash transactions that's going to payment management services. And please note, if you're late this can impact your ability to draw down cash out of your account. And I think I will just flip through these quickly so you can see it go line by line. The - these instructions are all straight off the form. They're some of the best instructions I've actually seen on a federal form. So a lot of the questions we get are actually answerable by simply reading the instructions. So I urge you to go through those or whatever - whoever is reporting doing your FFR reporting to make sure that you understand those.

Now the payment process you should only be drawing down funds for your - that are necessary for immediate needs. If you have negative cash on hand, it means you aren't drawing enough funds and yes we have quite a few organizations who under draw their funds which means they're paying out of pocket for - to pay their bills. If you have a large positive balance, you may be over drawing and this could result in you owing the government either interest payments or eventually if it stays that way when your grant ends you may owe a debt to the government. And so either result may request an explanation from either us, from your grants management specialist, or from payment management services. And we have the contact info for your payment procedures and that contact information is also listed in the contact section of your notice of award.

Audit reporting I just want to note that this has changed. It's now covered in 45CFR part 75.500. It's no longer covered by the old circular for those of you

how knew it. And the amount has been increased to \$750,000 of federal funds on an annual basis. The old amount was \$500,000. So this reduces burden for some organizations that do not receive a lot of federal funds. Noncompeting continuing applications are required to renew your funds at the end of each budget period. They're similar to competitive applications but are not subject to objective review. And as with any federal award, these are subject to the availability of funds. Your satisfactory programmatic and grants management performance and proper management of family funds. And your application kits are posted to your grant solutions account with a due date specific to your grant.

SAM registration, this has become very critical. These are - you must maintain an active SAM registration throughout your entire grant award. Your registration has to be updated yearly. Please check that your registration is active well before your noncompeting or competing application deadline. And also check if you are requesting prior approval for carryover funds or any no cost extension. If you do not have an active registration, we may determine that you are not qualified to receive the award and that includes funds that you've already been awarded such as a carryover if you're asking to be reauthorized to spend them.

Close out I'll cover very quickly. When your budget period is over, you go through what we call a closeout process. And as I mentioned before, you have to submit a final program progress report that covers that entire period, a federal financial report that also is cumulative and covers any funds that you received during the project period and a tangible personal property report or disposition report. And that is for any equipment that you purchased that you're asking to keep or to transfer either if you get a successor Title 10 grant or another federal grant or if you have \$5000 in unused supplies. So that's

only unused supplies and we have seen some where there are significant medical supplies left over that need to be transferred.

And these documents are due within 90 calendar days after the end of the expiration date. Please note, this is a regulatory due date. So if you are late, it does matter and does count against your performance for future awards. So if you need extensions, you need to request those in writing. And okay so now we've gotten to the questions portion.

Coordinator: If you would like to ask a question, please press star 1 on your touchtone phone, unmute your phone and record your name at the prompt. Again that is star one. It'll take a moment for questions to come through. Please stand by. I'm showing no questions at this time.

Woman: All right well thank you so much everyone for your participation today and thank you to (Sue) and to (Alice) for providing us with the important information. And as mentioned earlier at the start of this webinar, this webinar will be archived and made available on the OPA Web site within probably about two weeks of the date of this webinar. And we thank you all so much for attending and you can disconnect at this time.

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