

**2019 Family Planning Council of Nebraska
Application for Title X Family Planning Funding**

Thank you for your interest in becoming part of the Nebraska Title X Network. Please complete the following information contained in this application and submit it according to the directions below.

Agency Information

Agency Name _____

Address _____

CEO/Administrator Name _____

Email _____

Phone Number _____

Application Deadline

Application Due to: Marisa Rosen, Associate Director, Family Planning – Title X

Mail to: Family Planning Council of Nebraska
1111 North 13th Street, Suite 105
Omaha, Nebraska 68102

OR

Email a PDF to: marisa@familyplanningcouncilne.org

Due Date: July 31, 2019 before 5pm CDT

Receipt of an Application after the Deadline will eliminate an organization from consideration.

Applications will be reviewed by an objective review panel with the majority of the reviewers not associated with the FPCNE. Established criteria for funding will be used during the review.

Application

Instructions: Please complete each of the following sections of the application. Complete the appropriate tables or attachments for each section. The following information is to be completed to capture an agency's intent and ability to operate under the criteria of "Quality Family Planning," Sustainability of Services, and Adherence to Title X Guidelines. The Family Planning Council of Nebraska expects its sub-recipients to be models of excellence in sexual and reproductive healthcare. ***Those that are assessed to meet those expectations may be selected to be a part of the statewide network.***

Part I

Fiscal Year 2019 Program Priorities

Title X Program Priorities include all of the legal requirements covered within the Title X **federal statute, regulations, and federal legislative mandates**. All applicants must comply with the requirements regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.) and the implementing regulations (42 CFR part 59, subpart A), as applicable. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR part 50, subpart B ("*Sterilization of Persons in Federally Assisted Family Planning Projects*"). ***After reading, the individual in charge of monitoring all aspects of the family planning program for compliance must sign on the line at the end of each section on behalf of the agency.***

Title X Statute and Regulations

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

Section 1001 of the Act, as amended, authorizes grants "*to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).*" Natural family planning methods are now referred to as fertility awareness-based methods. Family planning includes a broad range of services related to achieving and preventing pregnancy, assisting women, men, and couples with achieving their desired number and spacing of children. A broad range of acceptable and effective methods of family planning services including, contraception must be provided within each funded applicant's project, and the project must also include meaningful provision of fertility awareness-based methods (FABM) by including access to providers with training specific to these methods. Entities that provide only one method of family planning can participate as part of a project, as long as the entire project provides a broad range of family planning methods. A broad range of family planning services should include several categories of

methods, such as: abstinence counseling, hormonal methods (oral contraceptives, rings and patches, injection, hormonal implants, intrauterine devices or systems), barrier methods (diaphragms, condoms), fertility awareness-based methods and/or permanent sterilization. A “broad range” would not necessarily need to include all categories, but should include hormonal methods since these are requested most frequently by clients and among the methods shown to be most effective in preventing pregnancy.

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

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

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

_____ agrees to ensure the implementation of the above federal statutes and regulations cited.

Print Name of Official _____

Signature _____

Federal Legislative Mandates

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

- *“None of the funds appropriated in this Act may be made available to any entity under Title X of the PHS Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;”* and
- *“Notwithstanding any other provision of law, no provider of services under Title X of the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”*

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

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

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

_____ agrees to ensure the implementation of the above Federal Legislative Mandates.

Print Name of Official _____

Signature _____

FY 2019 Key Issues

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

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

_____ agrees to ensure the implementation of the above FY 2019 Key Issues.

Print Name of Official _____

Signature _____

Title X Family Planning Annual Report (FPAR)

The purpose of the FPAR is to provide a comprehensive view of the family planning activities within the scope of the grantee's Title X-funded project, as defined in the approved grant application. Family planning services grantees should report the total, unduplicated number of users, encounters, and other outputs from activities that are within the scope of a grantee's Title X-funded project.

This reporting requirement is for family planning services delivery projects authorized and funded under the Population Research and Voluntary Family Planning Programs (Section 1001 of Title X of the Public Health Service Act, 42 United States Code [USC] 300). The Office of Population Affairs (OPA) administers the Title X Family Planning Program. Submission of the Family Planning Annual Report (FPAR) is required of all Title X family planning services grantees for purposes of monitoring and reporting program performance (45 Code of Federal Regulations [CFR] Part 75). FPAR data are presented in summary form to protect the confidentiality of individuals who receive Title X-funded services (42 CFR Part 59). The FPAR is the only source of uniform reporting by all Title X family planning services grantees. It provides consistent, national-level data on the Title X Family Planning Program and its users. Information from the FPAR is important to OPA for several reasons. First, OPA uses FPAR data to monitor compliance with statutory requirements, regulations, and operational guidance set forth in the Title X Family Planning Program Guidelines, which include the following: 1) monitoring compliance with legislative mandates, such as giving priority in the provision of services to low-income persons [42 USC 300 §1006(c)]; and 2) ensuring that Title X grantees and their subcontractors provide a broad range of family planning methods and services [42 USC 300 §1001(a)].

Second, OPA uses FPAR data to comply with accountability and federal performance requirements for Title X family planning funds as required by the Government Performance and Results Modernization Act of 2010. Current performance measures focus on increasing access to family planning services and serving individuals and families from underserved, vulnerable, and low-income populations. Objectives for the Title X Family Planning program include increasing the number of unintended pregnancies averted by providing Title X family planning services, with priority for services to low-income individuals; increasing the proportion of women using highly or moderately effective methods of contraception; reducing invasive cervical cancer through cervical cancer screening; and reducing infertility through chlamydia screening. Finally, OPA relies on FPAR data to guide strategic and financial planning, to monitor performance, and to respond to inquiries from policymakers and Congress about the program. The FPAR allows OPA to assemble comparable and relevant program data to answer questions about the characteristics of the population served by Title X projects, use of family planning and related preventive health services offered, the amount and composition of revenues, and program impact. FPAR data are the basis for objective grant reviews, program evaluation, and assessment of program technical needs.

All sub-grantees of the FPCNE Title X network will be required to submit quarterly FPAR reports to the FPCNE which includes the following data:

- Age, race, ethnicity, and sex
- Income level and insurance status
- English Language Proficiency
- Primary contraceptive method (by age and sex)
- Cervical cancer screening activities
- Clinical breast exams and referrals
- Chlamydia tests (by age and sex)
- Gonorrhea, Syphilis, and HIV tests and number of positive confidential HIV tests
- Full-Time Clinical Service Providers and Family Planning Encounters by Type of Provider
- Revenue Report

_____ agrees to ensure the implementation of the above FPAR reporting criteria.

Print Name of Official _____

Signature _____

Part II

Sub-Grantee Current/Proposed Network of Title X Service Sites

Using the template in Appendix A, please describe the following information:

- Name and address of all current/proposed service sites
- Day(s) and Hours Family Planning services are provided at each site
- Number of **unduplicated** family planning clients served **at each site** during calendar year 2018 (do not give aggregated numbers “combine site numbers”)
- Possible sites for future consideration
- County-level demographics where current and proposed service sites are located (age, race, ethnicity, sex)

Please attach the completed Appendix A with your application.

Demographic Characteristics of Clients

Indicate the Total Number of Projected Clients of Reproductive Age (15-44 years old) that will be seen between October 1, 2019 – March 31, 2019: _____

Using the total number of projected clients indicated above, complete the following table:

Demographics of Projected Number of Clients of Reproductive Age (15-44 years old) to be seen between October 1, 2019 and March 31, 2019	
Gender	% (n)
Males	
Females	
Age Groups	
15-24 yo	
25-35 yo	
36-44 yo	
Income Level	
<250% FPL	
<100% FPL	
Insurance Status	
Private Insurance	
Public Insurance	
Uninsured	

Other Sources of Funding for Sexual and Reproductive Health Services

Title X Program Requirements indicate that “Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinical attendance (42 CFR 59.5 (b)(2)).”

Please use Appendix B to indicate the following information:

- Collaborative agreements with community agencies for referrals (e.g. childcare agencies, transport providers, WIC programs, etc.)

- Collaborative agreements with other providers of health care services, hospitals, local health and welfare departments, voluntary agencies, and health services projects
- Other grants and/or contracts that you receive to support sexual and reproductive health services and the amounts secured. (This should include federal, state, local, foundation. and any other sources)

Please attach the completed Appendix B with your application.

Service Delivery

Quality Family Planning Services

As indicated in the FY2019 Key Issues described previously, Title X grantees are responsible with “Assuring innovative quality family planning and related preventive health services that lead to improved reproductive health outcomes and overall optimal health, which is defined as a state of complete physical, mental and social well-being and not merely the absence of disease. Guidance regarding the delivery of quality family planning services is spelled out in the April 25, 2014, MMWR, *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs - PDF*. Periodic updates have been made to this publication and are available at <https://www.hhs.gov/opa/guidelines/clinical-guidelines/index.html>. It is expected that the core family planning services listed in the Program Description, and which also are included in the *Quality Family Planning Services* document referenced above, will be provided by each project.”

Each Title X sub-recipient will be expected to follow the Recommendations for Providing Quality Family Planning Services.

Please initial:

_____ If selected as a Title X sub-recipient, _____ understands that, as part of the Nebraska Title X Network, implementation of the QFP Recommendations by _____ will be expected.

Best Practices

As part of the Nebraska Title X Network, each Title X sub-recipient will be expected to follow Best Practices in family planning service delivery as described in the Family Planning National Training Center’s document, [Contraceptive Access Change Package](#). Please read through each of the following Best Practices and provide the information below as indicated.

BEST PRACTICE 1. Stock a broad range of contraceptive methods including all provider-dependent FDA approved contraceptive methods.

Please indicate whether the <i>main site</i> of your agency has stocked a broad range of all FDA-approved contraceptive methods <i>on site</i> in the last month.		
Services or referral for sterilization (vasectomy, abdominal, laparoscopic, hysteroscopic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hormonal implant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Levonorgestrel intrauterine device (LNG IUD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copper intrauterine device (Cu IUD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hormonal injection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oral contraceptive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contraceptive patch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaginal ring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diaphragm and cervical cap	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sponge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condoms (male and female)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spermicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inform patients about the availability of emergency contraception.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Contraception available onsite (in the clinic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fertility Awareness Methods education available onsite and Cycle Beads, referral for education and instruction provided as requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *If you have multiple sites that offer family planning services, please list below which sites carried >50% of the FDA approved contraceptive methods listed above during the prior month.*

BEST PRACTICE 2. Discuss pregnancy intention and support patients through evidence-informed, patient-centered counseling that enables them to choose from the full range of contraceptive methods if they do not desire pregnancy presently.

	n
Please indicate the number of Clinical Staff across your agency that have been trained in evidence-informed, patient-centered counseling.	
Please indicate the number of Non-Clinical Staff (e.g. clinical educators, education/outreach staff) that have been trained in evidence-informed, patient-centered counseling.	

BEST PRACTICE 3. Develop systems for same-visit provision of all contraceptive methods. Make it possible for all patients, including women who choose LARCs, to leave their visit with their selected contraceptive method.

Please indicate whether the <i>main site</i> of your agency has a system in place for same-visit provision of the broad range of all FDA-approved contraceptive methods in the last month.		
Services or referral for sterilization (vasectomy, abdominal, laparoscopic, hysteroscopic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hormonal implant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Levonorgestrel intrauterine device (LNG IUD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copper intrauterine device (Cu IUD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hormonal injection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oral contraceptive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contraceptive patch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaginal ring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diaphragm and cervical cap	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sponge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condoms (male and female)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spermicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inform patients about the availability of emergency contraception.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Contraception available onsite (in the clinic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fertility Awareness Methods education available onsite and Cycle Beads, referral for education and instruction provided as requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *If you have multiple sites that offer family planning services, please list below which sites have a system in place for same-visit provision of the following FDA approved contraceptive methods during the prior month.*

	Name of Sites
Services or referral for sterilization (vasectomy, abdominal, laparoscopic, hysteroscopic)	
Hormonal implant	
Levonorgestrel intrauterine device (LNG IUD)	
Copper intrauterine device (Cu IUD)	
Hormonal injection	
Oral contraceptive	
Contraceptive patch	
Vaginal ring	
Diaphragm and cervical cap	
Sponge	
Condoms (male and female)	
Spermicide	
Inform patients about the availability of emergency contraception.	
Emergency Contraception available onsite (in the clinic)	

Fertility Awareness Methods education available onsite and Cycle Beads, referral for education and instruction provided as requested	
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Please note that any sub-recipient that is not providing same day insertion at clinical sites will be in jeopardy of not being considered for funding.

BEST PRACTICE 4. Utilize diverse payment options to reduce cost as a barrier for the facility and the patient. Inform patients about self-pay, sliding fee schedules, and insurance enrollment options. Ensure access to services regardless of ability to pay.

- ***Please describe below your agency’s intake process specifically around self-pay, sliding fee schedules, and insurance enrollment.***

Please describe any internal/external barriers that exist currently that are causing you not to be able to comply with Best Practices.

Please initial:

_____ If selected as a Title X sub-recipient, _____ understands that, as part of the Nebraska Title X Network, implementation of the Best Practices within _____ will be expected.

Part III

Data Collection:

All sub-grantees of the FPCNE Title X network will be required to submit quarterly FPAR reports to the FPCNE which includes the following data:

- Age, race, ethnicity, and sex
- Income level and insurance status
- English Language Proficiency
- Primary contraceptive method (by age and sex)
- Cervical cancer screening activities
- Clinical breast exams and referrals
- Chlamydia tests (by age and sex)
- Gonorrhea, Syphilis, and HIV tests and number of positive confidential HIV tests
- Full-Time Clinical Service Providers and Family Planning Encounters by Type of Provider
- Revenue Report

Please answer the following questions about data collection at your agency.

- What system (e.g. EHR, manual data entry, etc.) does your agency currently use to collect and report client data?
 - If our agency uses an EHR, please indicate the name of the EHR used:

 - If your agency uses another system besides an EHR, please describe why.

- Please indicate which of the FPAR data are currently collected by your system.

	Yes
Age	
Race	
Ethnicity	
Sex	
Income Level	
Insurance Status	
English Language Proficiency	
Primary contraceptive method by age and sex	
Cervical cancer screening activities	
Clinical breast exams and referrals	
Chlamydia tests (by age and sex)	
Gonorrhea	
Syphilis tests	
HIV tests	
Positive Confidential HIV Tests	
Full-Time Clinical Service Providers and Family Planning Encounters by Type of Provider	
Revenue Report	

Staffing Expectations

Title X sub-recipients must demonstrate that staff at the agency are equipped to provide quality family planning services. Complete the following information as it pertains to your agency. If an employee has multiple roles within your agency, please list them in each relevant role. If the role is currently vacant, please indicate with N/A. Please attach the CV for the Family Planning Director and the Medical Director.

Family Planning Director _____

Email _____

Phone Number _____

Education/Outreach _____

Email _____

Phone Number _____

Lead FP Provider (MD, PA, APRN) _____

Email _____

Phone Number _____

Medical Director _____

Email _____

Phone Number _____

Fiscal Officer _____

Email _____

Phone Number _____

Description of Agency & Board Composition

Please provide a general description of your agency including information such as non-profit status, if your agency is part of a larger health system, governing and oversight of Title X services, current Board Members and role of the Board in decision-making processes

Please attach proof of non-profit status and a list of your current Board Members.

Budget and Workplan

Please attach a budget indicating how Title X funding would be used by your agency during the 6-month time period (10/1/2019 – 3/31/2019) and a workplan describing how the funds will be used within your agency to deliver Title X services over this same time period.

Please remember to include the following attachments with the submission of this application:

- **Appendix A**
- **Appendix B**
- **Curriculum Vitae: Family Planning Director**
- **Curriculum Vitae: Medical Director**
- **Non-Profit Status**
- **List of Board Members**
- **Budget**
- **Workplan**

Additional documentation may be requested by the FPCNE in the determination of funding.

End