

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

Office of Grants Management

1101 Wootton Parkway  
Suite 550  
Rockville, MD 20852

**NOTICE OF GRANT AWARD**

AUTHORIZATION (Legislation/Regulations)  
Title X of the Public Health Service Act, as amended, Sec. 1005, as applicable, P.L. 91-572 42CFR59

1. DATE ISSUED (Mo./Day/Yr.) 09/13/2011	2. CFDA NO. 93.217
3. SUPERCEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
4. GRANT NO. 1 FHPA016018-01-00 Formerly:	5. ADMINISTRATIVE CODES FPH70
6. PROJECT PERIOD Mo./Day/Yr. From 09/01/2011	Through 12/30/2012
7. BUDGET PERIOD Mo./Day/Yr. From 09/01/2011	Through 12/30/2011

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)  
FY11 PPNNE FOA

9. GRANTEE NAME AND ADDRESS  
a. Planned Parenthood of Northern New England, Inc  
b. 183 Talcott Rd Ste 101  
c.  
d. Williston e. VT f. 05495-2075

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR)  
(LAST NAME FIRST AND ADDRESS)  
Helen Reid  
183 Talcott Rd Ste 101  
Williston, VT 05495  
Phone: 802-288-8404

11. APPROVED BUDGET (Excludes HHS Direct Assistance)	
I HHS Grant Funds Only	
II Total project costs including grant funds and all other financial participation (Select one and place NUMERAL in box) <b>II</b>	
a. Salaries and Wages	1,013,029
b. Fringe Benefits	387,905
c. Total Personnel Costs	1,400,934
d. Consultants Costs	
e. Equipment	20,513
f. Supplies	978,749
g. Travel	56,951
h. Patient Care - Inpatient	
i. Patient Care - Outpatient	
j. Alterations and Renovations	
k. Other	938,479
l. Consortium/Contractual Costs	2,970
m. Trainee Related Expenses	
n. Trainee Stipends	
o. Trainee Tuition and Fees	
p. Trainee Travel	
q. TOTAL DIRECT COSTS	3,398,596
r. INDIRECT COSTS (rate of)	2,328,030
s. TOTAL APPROVED BUDGET	\$ 5,726,626
t. SBIR Fee	0
u. Federal Share	\$ 359,765
v. Non-Federal Share	\$ 5,366,861

12. AWARD COMPUTATION FOR GRANT	
a. Amount of HHS Financial Assistance (from item 11.u)	359,765
b. Less Unobligated Balance From Prior Budget Periods	0
c. Less Cumulative Prior Award(s) This Budget Period	0
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	359,765

13. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):	
a. AMOUNT OF HHS Direct Assistance	0
b. Less Unobligated Balance From Prior Budget Periods	
c. Less Cumulative Prior Award(s) This Budget Period	
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select one and place LETTER in box.)

a. DEDUCTION	
b. ADDITIONAL COSTS	
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, HHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- The grant program legislation cited above.
- The grant program regulation cited above.
- This award notice including terms and conditions, if any, noted below under REMARKS.
- HHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached -  Yes  No)  
This action awards funds in the amount of \$1,016,866 which only \$359,765 will be awarded from 9/1/2011 to 12/30/11 and remaining funds in the amount of \$657,101 will be award from 12/31/11 to 12/30/2012. See attached Terms and Conditions.

GRANTS MANAGEMENT OFFICER: (Signature) (Name - Typed/Print) Ms. Bettencourt, Alice M (Title) Grants Management Officer

17. OBJ CLASS 41.45 FY-CAN	18. CRS - EIN 103022941A1 DOCUMENT NO.	19. LIST NO. AMT ACTION FIN ASST	CONG. DIST.: AMT ACTION DR ASST
20. a. 1-3014501	b. FHPA6018A	c. FPH70	d. 359,765 e. 0
21. a.	b.	c.	d. e.
22. a.	b.	c.	d. e.

NOTICE OF GRANT AWARD (Continuation Sheet)

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GRANT NO. 1 FPHPA016018-01-00	

**SPECIAL CONDITIONS**

1. By December 15, 2011, PPNNE must: a. Refine the workplan outlined in the proposal so that it follows the guidelines outlined in the Title X Family Planning Services Guidelines for Competing Grant Application Preparation that establishes goals and objectives for 2012 and includes a plan for evaluating these goals and objectives. b. Provide to the Regional Office utilization goals for 2010 for clients in the following groups : Women, Men, Clients Under 20, clients with incomes at or below 100% FPL, Clients with incomes under 250% FPL. c. Provide a set of institutional files to the Regional Office. These files include bylaws, articles of incorporation, and a variety of policies and procedures. The Regional Office will supply the grantee with a full list of required files.
2. **Failure to comply with the above Special Conditions may result in a disallowance of funds, a drawdown restriction or denial of future funding.**

**SPECIAL TERMS AND REQUIREMENTS**

1. Notwithstanding any other provision of law, no provider 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.
2. In accepting this award, the grantee certifies that it will encourage 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.
3. This award consists of:

Program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives

Title X Funds	\$ 359765
Cost Sharing Funds (10%)	\$ 35976
Program Income	\$3724603
Other Funds	\$1606282
Total Project Budget	\$5726626

4. The Office of Population Affairs has established the following Title X Program Priorities:
  - a. Assuring the delivery of quality family planning and related preventive health services, where

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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.

b. Expanding access to 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, including adolescent abstinence counseling. The broad range of services does not include abortion as a method of family planning.

c. Providing preventive health care services in accordance with nationally recognized standards of care. This includes, but is not limited to, breast and cervical cancer screening and prevention services; sexually transmitted disease (STD) and HIV prevention education, testing, and referral; and, other related preventive health services.

d. Emphasizing the importance of counseling family planning clients on establishing a reproductive life plan, and providing preconception counseling as a part of family planning services, as appropriate.

e. 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.

f. Identifying specific strategies for addressing the provisions of health care reform ("The Patient Protection and Affordable Care Act"), and for adapting delivery of family planning and reproductive health services to a changing health care environment, and assisting clients with navigating the changing health care system.

5. In addition to the Program Priorities and Legislative Mandates, the following Key Issues have implications for Title X services projects and should be acknowledged in the program plan:

a. Efficiency and effectiveness in program management and operations.

b. Cost of contraceptives, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests.

c. Management and decision-making through performance measures and accountability for outcomes.

d. Linkages and partnerships with HIV care and treatment providers, and mental health, drug and alcohol treatment providers.

e. HIV prevention integration in family planning settings, incorporating CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings."

f. The use of electronic technologies, such as electronic health record and practice management systems.

g. Data collection (such as the Family Planning Annual Report [FPAR]) for use in monitoring performance and improving family planning services.

h. Service delivery improvement through translation into practice of research outcomes that focus on family planning and related population issues.

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- i. Utilizing practice guidelines and recommendations developed by recognized national professional organizations and Federal agencies, in the provision of evidence-based Title X clinical services.
  - j. Encouraging vaccination of individuals as the best protection against influenza.
6. The grantee shall comply with the restrictions on lobbying set out in 45 CFR Part 93. In addition, the grantee shall comply with the restrictions on grantee lobbying in section 503 of the FY 2006 Appropriations Act, as follows:
- a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any State legislature itself.
  - b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.
7. The grantee is required to identify specific efforts of the Title X project to address the Title X program priorities and report on the activities in the project's annual performance report. The project's activities relative to the program priorities are to be included in addition to the project's presentation of its efforts to accomplish the project objectives established for the budget period.
8. In accepting this award, the grantee stipulates that sterilization activities are subject to all provisions of 42 CFR Part 50, Subpart B, "Sterilization of Persons in Federally Assisted Family Planning Projects".
9. Awards issued with a start date after October 1, 2010 may be subject to the following award term. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr170\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl)

**STANDARD TERMS**

1. In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 42 CFR Part 59 currently in effect or implemented during the period of the grant.
2. Responses to reporting requirements, conditions, and requests for postaward amendments must be mailed to the attention and address of the Grants Management Specialist indicated in the "Contacts" section. All correspondence should include the Federal grant number (item 4 on page 1 of this document) and requires the signature of an authorized business official and/or the project director. Failure to follow this guidance will result in a delay in responding to your correspondence.
3. The HHS Appropriations Act requires that, when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

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4. Requests that require prior approval from the awarding office (See Part II, PHS Grants Policy Statement) must be submitted in writing to the GMO. Only responses signed by the GMO are to be considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon any OPHS Program Office.

### Reporting Requirements

1. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities which expend \$500,000 or more of Federal funds in each fiscal year. The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <http://harvester.census.gov/fac/collect/ddeindex.html>.

### CONTACTS

#### 1. PAYMENT PROCEDURES:

Payments for grants awarded by OPHS Program Offices are made through the Division of Payment Management (<http://www.psc.gov/>). Applicant organizations are assigned a 12-digit Entity Identification Number for payment and accounting purposes. That number is an expansion of the 9-digit Employer Identification Number assigned to an organization by the Internal Revenue Service. PMS is administered by the Program Support Center (PSC), DHHS.

Inquiries regarding payments should be directed to (<http://www.dpm.psc.gov>). Division of Payment Management, P.O. Box 6021, Rockville, MD 20852, 1-877-614-5533.

#### 2. Fraud, Abuse and Waste:

The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE 330 Independence Ave., SW, Room 5140 Cohen Building, Washington, DC 20201 e-mail <https://os.dhhs.gov> 1-800-447-8477 (1-800-HHS-TIPS).

3. For assistance on **programmatic** issues please contact: Kathleen Desilets, Regional Program Consultant, at (617) 565-1062 FAX (617) 565-4265, e-mail [Kathleen.Desilets@hhs.gov](mailto:Kathleen.Desilets@hhs.gov) or Office of Family Planning, JFK Building, Room 2100, Boston, MA 02203.
4. For assistance on **grants administration** issues please contact: Jessica Shields, Grants Management Specialist, at (240) 453-8839, Fax (240) 453-8823, e-mail [Jessica.Shields@hhs.gov](mailto:Jessica.Shields@hhs.gov) or mail: Office of Grants Management, Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.

### REPORT

1. **NEW FINANCIAL REPORTING REQUIREMENT Federal Financial Reporting (FFR) SF 425:**

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As of February 1, 2011, the Department of Health and Human Services (DHHS) will begin the transition from use of the SF-269, Financial Status Report (Short Form or Long Form) to the use of the SF-425 Federal Financial Report for expenditure reporting. SF-269s will no longer be accepted for expenditure reports due after that date. If an SF-269 is submitted, the Office of the Assistant Secretary for Health, Office of Grants Management will return it and require the recipient to complete the SF-425. Copies of the SF-425 can be found on the website at:

[http://www.whitehouse.gov/sites/default/files/omb/assets/grants\\_forms/SF-425.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf)

1. Grantees must submit quarterly Federal Financial Reports due on one of the standard due dates below by which cash reporting is required to be submitted to PMS or at the end of a calendar quarter. The FFR is due 30 days after the end of each calendar quarter.
2. Also, grantees must submit an annual Federal Financial Report due 90 days after the end of the budget period/project period end date.
3. Reports are to be submitted by hard copy or electronically through GrantSolutions to the assigned Grants Management Specialist in the Office of Grants Management. Please reference the CONTACTS section of the Terms and Conditions for the contact information for these individuals.
4. To determine your due dates, select the row corresponding to the month in which your Budget Period begins, e.g. a June 30 start would correspond to the 1-Jun row.

Quarterly/Annual Reporting Deadlines						
Budget Period		1 <sup>st</sup> Quarter FFR Due	2 <sup>nd</sup> Quarter FFR Due	3 <sup>rd</sup> Quarter FFR Due	4 <sup>th</sup> Quarter FFR Due	Annual FFR Due
Begin	End	Date	Date	Date	Date	Date
1-Jan	31-Dec	30-Apr	30-Jul	30-Oct	30-Jan	30-Apr
1-Feb	31-Jan	30-Jul	30-Oct	30-Jan	30-Apr	30-Apr
1-Mar	28-Feb	30-Jul	30-Oct	30-Jan	30-Apr	30-Jul
1-Apr	31-Mar	30-Jul	30-Oct	30-Jan	30-Apr	30-Jul
1-May	30-Apr	30-Oct	30-Jan	30-Apr	30-Jul	30-Jul
1-Jun	31-May	30-Oct	30-Jan	30-Apr	30-Jul	30-Oct
1-Jul	30-Jun	30-Oct	30-Jan	30-Apr	30-Jul	30-Oct
1-Aug	31-Jul	30-Jan	30-Apr	30-Jul	30-Oct	30-Oct
1-Sep	31-Aug	30-Jan	30-Apr	30-Jul	30-Oct	30-Jan
1-Oct	30-Sep	30-Jan	30-Apr	30-Jul	30-Oct	30-Jan

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1-Nov	31-Oct	30-Apr	30-Jul	30-Oct	30-Jan	30-Jan
1-Dec	31-Nov	30-Apr	30-Jul	30-Oct	30-Jan	30-Apr



- My Grants List ▾
- Funding Opportunities ▾
- Applications ▾
- Awards ▾
- Grants Management ▾
- Reports ▾
- System Management ▾
- System Configuration ▾
- Help/Support

[Page Help](#)

**Program Recommendation and Funding Memorandum (Read Only)**

Type of Action **New**  
 Application/Grant Number **FPH2011005494/  
 FHPA016018**  
 Project Period **09/01/2011 Through 12/30/2012**  
 Budget Period **09/01/2011 Through 08/31/2012**

Grantee Name **Planned Parenthood of Northern New England, Inc**  
 Address Line 1 **183 Talcott Road, Suite 101**  
 Address Line 2  
 Address Line 3  
 City/State/Zip **Williston VT 05495**

**Director Of Project**  
 Name **Reid, Helen**  
 Address Line 1 **183 Talcott Rd Ste 101**  
 Address Line 2  
 Address Line 3  
 City/State/Zip **Williston VT 05495-2075**  
 Phone Number **(b) (6)**

**RECOMMENDED FUNDING  
 FINANCIAL ASSISTANCE**

	Federal Amount	Non-Federal Amount	Total Amount	Purpose
Basic Operations	\$1,016,866.00	\$5,366,861.00	\$6,383,727.00	
Special Projects	\$0.00	\$0.00	\$0.00	
Other Special Projects	\$0.00	\$0.00	\$0.00	
Other Projects	\$0.00	\$0.00	\$0.00	
Other	\$0.00	\$0.00	\$0.00	
Other	\$0.00	\$0.00	\$0.00	
Other	\$0.00	\$0.00	\$0.00	
Other	\$0.00	\$0.00	\$0.00	
Other	\$0.00	\$0.00	\$0.00	
<b>TOTAL</b>	<b>\$1,016,866.00</b>	<b>\$5,366,861.00</b>	<b>\$6,383,727.00</b>	

Recommended Future Support Budget Year	Amount
2	
3	
4	
5	
6	
7	

IF THE AMOUNT SHOWN ABOVE INCLUDES FUNDING FOR SPECIAL INITIATIVES OR UOB, SHOW AWARD COMPUTATION UNDER OTHER REMARKS SECTION OF THIS DOCUMENT

UNOBLIGATED BALANCE OF FEDERAL FUNDS **\$0.00**  
 (WILL BE USED AS OFFSET UNLESS OTHERWISE DIRECTED)



	<b>Recommended Term</b>
<b>No Recommended Terms</b>	

**RECOMMENDED CONDITIONS**

	<b>Recommended Condition</b>
1	1. By December 15, 2011, PPNNE must: a. Refine the workplan outlined in the proposal so that it follows the guidelines outlined in the Title X Family Planning Services Guidelines for Competing Grant Application Preparation that establishes goals and objectives for 2012 and includes a plan for evaluating these goals and objectives. b. Provide to the Regional Office utilization goals for 2010 for clients in the following groups : Women, Men, Clients Under 20, clients with incomes at or below 100% FPL, Clients with incomes under 250% FPL. c. Provide a set of institutional files to the Regional Office. These files include bylaws, articles of incorporation, and a variety of policies and procedures. The Regional Office will supply the grantee with a full list of required files.

**OTHER REMARKS**

**SUMMARY**

**APPROVAL HISTORY**

User	Action	Task	Completed Date	Action Comments
Desilets, Kathleen	Recommend	Draft	09/12/2011 02:32 PM (GMT - 05:00) Eastern Time (US & Canada)	
Desilets, Kathleen	Concur	Director Review	09/12/2011 02:32 PM (GMT - 05:00) Eastern Time (US & Canada)	
Bettencourt, Alice	Concur	Grants Review	09/12/2011 02:40 PM (GMT - 05:00) Eastern Time (US & Canada)	first budget period amount is \$359,765
Rosenfeld, Betsy	Approve	Ready To Approve	09/12/2011 02:45 PM (GMT - 05:00) Eastern Time (US & Canada)	
		Approved	09/16/2011 01:47 PM (GMT - 05:00) Eastern Time (US & Canada)	

[Close](#)

**Application for Federal Assistance SF-424**

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____
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<b>* 3. Date Received:</b> 09/12/2011	<b>4. Applicant Identifier:</b> _____
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<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____
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**State Use Only:**

<b>6. Date Received by State:</b> 09/12/2011	<b>7. State Application Identifier:</b> _____
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**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> Planned Parenthood of Northern New England, Inc
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<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> _____	<b>* c. Organizational DUNS:</b> 020664637
---	---

**d. Address:**

<b>* Street1:</b> 183 Talcott Road, Suite 101
<b>Street2:</b> _____
<b>* City:</b> Williston
<b>County:</b> _____
<b>* State:</b> Vermont
<b>Province:</b> _____
<b>* Country:</b> UNITED STATES
<b>* Zip / Postal Code:</b> 05495

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> _____	<b>* First Name:</b> Helen
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Reid	
<b>Suffix:</b> _____	

<b>Title:</b> _____
---------------------

<b>Organizational Affiliation:</b> _____
---

<b>* Telephone Number:</b> (b) (6) _____	<b>Fax Number:</b> _____
--	--------------------------

<b>* Email:</b> helen.reid@PPNNE.org
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**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

PA-Family Planning

**11. Catalog of Federal Domestic Assistance Number:**

93.217

CFDA Title:

Family Planning Services

**\* 12. Funding Opportunity Number:**

PA-FPH-11-015

\* Title:

FY11 Announcement of Replacement Grant for Title X Family Planning Services in Parts of New Hampshire

**13. Competition Identification Number:**

PA-FPH-11-015-012917

Title:

FY11 Announcement of Replacement Grant for Title X Family Planning Services in Parts of New Hampshire

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\* 15. Descriptive Title of Applicant's Project:**

FY11 PPNNE FOA

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

\* a. Federal   
\* b. Applicant   
\* c. State   
\* d. Local   
\* e. Other   
\* f. Program Income   
\* g. TOTAL

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

**BUDGET INFORMATION - Non-Construction Programs**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.	93.217					
2.	93.217					
3.	93.217					
4.	93.217					
5. Totals						
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	(1)	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(2)	(3)	(4)	(5)	
a. Personnel						
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
g. Construction						
h. Other						
i. Total Direct Charges (sum of 6a-6h)						
j. Indirect Charges						
k. TOTALS (sum of 6i and 6j)						
7. Program Income						

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.			\$		
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)					
SECTION D - FORECASTED CASH NEEDS					
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal					
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)					
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.					
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)					
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:				22. Indirect Charges:	
23. Remarks:					

## Upload #1

Applicant: Planned Parenthood of Northern New England, Inc  
Application Number: FPH2011005494  
Project Title: FY11 PPNNE FOA  
Status: Submitted  
Document Title: SF 424



## SF424B Assurances

Project Title: FY11 PPNNE FOA  
Project Period: 09/01/2011 to 12/30/2012  
Applicant Organization: Planned Parenthood of Northern New England  
Authorized Certifying Official: Steven Trombley   
Title: Chief Executive Officer/President

- I DO NOT agree with the terms of the Signing Agreement  
 I agree with the terms of the signing Agreement

**Written Statement Regarding Family Participation and Counseling of Minors**

I, Steve Trombley, CEO/President of Planned Parenthood of Northern New England, Inc.

certify that, if funded, the Title X Family Planning Services Project will encourage family participation in the decision of minors seeking family planning services, and that the project will provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

Printed Name: Steve Trombley

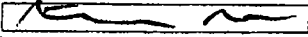
Title: President / CEO

Date: 9.8.11

Signature: 

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Planned Parenthood of Northern New England, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 03-0222941	* c. Organizational DUNS: <input type="text" value="02-066-4637"/>	
d. Address:		
* Street1: <input type="text" value="183 Talcott Road, Suite 101"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Williston"/>	County: <input type="text"/>	
* State: <input type="text" value="Vermont"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="05495"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Health Center Operations"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Helen"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Reid"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Director of Health Center Operations"/>	
Organizational Affiliation: <input type="text" value="Planned Parenthood of Northern New England, Inc."/>		
* Telephone Number: <input type="text" value="(b) (6)"/>	Fax Number: <input type="text" value="802-878-8001"/>	
* Email: <input type="text" value="helen.reid@ppnne.org"/>		

<b>Application for Federal Assistance SF-424</b>	
<b>9. Type of Applicant 1: Select Applicant Type:</b>	
Non-profit	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
<b>* 10. Name of Federal Agency:</b>	
Department of Health and Human Services	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
93.217	
CFDA Title:	
Sole Source Discretionary Replacement Grant	
<b>* 12. Funding Opportunity Number:</b>	
93.217	
* Title:	
<b>13. Competition Identification Number:</b>	
Title:	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
State of New Hampshire, Cities of West Lebanon, Claremont, Keene, Derry, Exeter, and Manchester.	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
Replacement Grant for Title X Family Planning Services	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant NH CD 1 & 2	* b. Program/Project NH CD 1 & 2
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: 9/1/2011	* b. End Date: 12/30/2012
18. Estimated Funding (\$):	
* a. Federal	1,016,868
* b. Applicant	1,642,258
* c. State	
* d. Local	
* e. Other	
* f. Program Income	3,724,603
* g. TOTAL	6,383,727
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	9/8/11
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	* First Name: Steven
Middle Name:	
* Last Name: Trombley	
Suffix:	
* Title: Chief Financial Officer/President	
* Telephone Number: (b) (6)	Fax Number: 002-879-7594
* Email: steve.trombley@ppnne.org	
* Signature of Authorized Representative: 	* Date Signed: 09/08/11

**Application for Federal Assistance SF-424**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

## Upload #2

Applicant: Planned Parenthood of Northern New England, Inc  
Application Number: FPH2011005494  
Project Title: FY11 PPNNE FOA  
Status: Submitted  
Document Title: Additional Budget info

**Internal Revenue Service**

**Date:** October 26, 2004

Planned Parenthood of Northern New England  
183 Talcott RD STE 101  
Williston, VT 05495-2075

**Department of the Treasury**  
**P. O. Box 2508**  
**Cincinnati, OH 45201**

**Person to Contact:**  
Ms. Dalton 31-07967  
Customer Service Representative  
**Toll Free Telephone Number:**  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
03-0222941

Dear Sir or Madam:

This is in response to your request of October 26, 2004, regarding your organization's tax-exempt status.

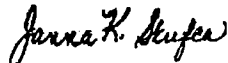
In August 1969 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE  
Customer Account Services



Internal Revenue Service

Department of the Treasury

District  
Director

~~██~~  
P. O. BOX 1680, GPO  
Brooklyn, New York 11202

MAR 12 1985

Date: ✓

Planned Parenthood of Northern  
New England Inc.  
23 Mansfield Avenue  
Burlington, VT 05401

Date of Exemption:  
August, 1969  
Internal Revenue Code  
Section: 501(c)(3)

Gentlemen:

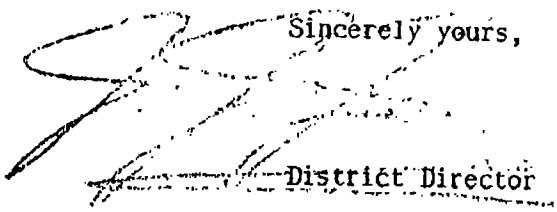
Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any further change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

  
District Director

cc:

Item Changed: Name

From: Planned Parenthood of Vermont, Inc.

To: Planned Parenthood of Northern New England, Inc.

Address any reply to: 11 Elmwood Ave., Burlington, Vt. 05401  
US Treasury Department

District Director  
Internal Revenue Service

Date: August 26, 1972 In reply refer to: BUR EO 69-62



Planned Parenthood Association  
of Vermont, Inc.  
161 Elmwood Avenue  
Burlington, Vermont 05401

Purpose: Educational  
Address Inquiries and File Returns with District  
Director of Internal Revenue: Burlington, Vermont

Form 990-A Required:  Yes  No  
Accounting Period Ending: December 31

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Arthur L. Hines".

District Director

**BUDGET INFORMATION - Non-Construction Programs**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. Family Planning Services	93.217	\$	\$	\$	\$	\$ 6,383,727.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 1,016,866.00	\$ 5,366,861.00	\$ 6,383,727.00
SECTION B - BUDGET CATEGORIES						
Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1) FED/L 090111-123011	(2) FED/L 12/31/11-12/31/11	(3) NON-FEDERAL	NON-FEDERAL		Total (5)
a. Personnel	\$ 359,765.00	\$ 657,101.00	\$ 653,264.00			\$ 1,670,130.00
b. Fringe Benefits			387,905.00			387,905.00
c. Travel			56,951.00			56,951.00
d. Equipment			20,513.00			20,513.00
e. Supplies			978,749.00			978,749.00
f. Contractual			2,970.00			2,970.00
g. Construction						0.00
h. Other			938,479.00			938,479.00
i. Total Direct Charges (sum of 6a-6h)	359,765.00	657,101.00	3,038,831.00	0.00		4,055,697.00
j. Indirect Charges			2,328,030.00			2,328,030.00
k. TOTALS (sum of 6i and 6j)	\$ 359,765.00	\$ 657,101.00	\$ 5,366,861.00	\$ 0.00		\$ 6,383,727.00
7. Program Income	\$	\$	\$ 3,724,603.00	\$		\$ 3,724,603.00

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 Standard Form 424A (Rev. 7-97)  
 Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8. Family Planning Services	\$ 1,642,258.00	\$	\$	\$	1,642,258.00	0.00
9.					0.00	0.00
10.					0.00	0.00
11.					0.00	0.00
12. TOTAL (sum of lines 8-11)	\$ 1,642,258.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,642,258.00	0.00
SECTION D - FORECASTED CASH NEEDS						
	Total for 1st Year	FUTURE FUNDING PERIODS (Years)				
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal	\$ 0.00	\$	\$	\$	\$	\$
14. Non-Federal	0.00					
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program	FUTURE FUNDING PERIODS (Years)					
	(b) First	(c) Second	(d) Third	(e) Fourth		
16. Family Planning Services	\$	\$	\$	\$	\$	\$
17.						
18.						
19.						
20. TOTAL (sum of lines 16-19)	\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges: See attached Exhibit A: Family Planning Personnel Listing	22. Indirect Charges: N/A					
23. Remarks: See attached Budget Narrative for explanation of both Federal and Non-Federal budget categories						

SF 424A - EXHIBIT A

FAMILY PLANNING PERSONNEL LISTING

APPLICANT NAME: PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND, INC.

GRANT PROGRAM FUNCTION OR ACTIVITY: FAMILY PLANNING SERVICES

PROGRAM START DATE: SEPTEMBER 1, 2011

PROGRAM END DATE: DECEMBER 30, 2012

OBJECT CLASS CATEGORY	NAME	TITLE/POSITION	TOTAL ANNUAL SALARY	COST TOTAL TIME UNDER PROGRAM	(1) FEDERAL (9/11-12/30/12)	(2) FEDERAL (1/01-12/30/12)	(3) NON-FEDERAL (9/11/11-12/30/12)
		Health Care Associate			\$ 6,263	\$	19,354
		Practitioner			\$ 27,618	\$	85,341
		Health Care Associate			\$ 5,904	\$	18,244
		HCA Site Manager			\$ 13,820	\$	42,702
		Health Care Associate			\$ 4,902	\$	15,147
		HCA Admin Coord			\$ 9,180	\$	28,365
		Health Care Associate			\$ 7,418	\$	22,923
		Health Care Associate			\$ 7,385	\$	22,819
		Health Care Associate			\$ 8,289	\$	25,613
		Practitioner			\$ 13,808	\$	42,666
		Regional Site Manager			\$ 14,866	\$	45,936
		Health Care Associate			\$ 5,051	\$	15,608
		Health Care Associate			\$ 7,386	\$	22,872
		Practitioner			\$ 27,553	\$	69,688
		Health Care Associate			\$ 5,632	\$	17,404
		HCA Site Mgr			\$ 14,865	\$	45,933
		Practitioner			\$ 22,474	\$	69,445
		Practitioner			\$ 5,563	\$	17,191
		Health Care Associate			\$ 26,845	\$	79,901
					\$ 3,728	\$	-
					\$ 984	\$	-
		RN			\$ 8,176	\$	-
		Health Care Associate			\$ 6,524	\$	-
		Health Care Associate			\$ 6,267	\$	-
		Practitioner			\$ 18,638	\$	-
		Health Care Associate			\$ 6,586	\$	-
		HCA Site Manager			\$ 9,741	\$	-
		Health Care Associate			\$ 6,261	\$	-
		HCA Admin Assoc			\$ 8,523	\$	-
		Practitioner			\$ 20,126	\$	-
		Health Care Associate			\$ 7,743	\$	-
		Health Care Associate			\$ 8,536	\$	-
		ICA Site Manager			\$ 11,791	\$	-
		Health Care Associate			\$ 5,057	\$	-
		Trac			\$ 1,262	\$	-
		Trac Flex Float			\$	\$	-
		Trac Flex Float			\$	\$	-
		Trac Flex Float			\$	\$	-
		Trac Flex Float			\$	\$	-
		Trac Flex Float			\$	\$	-
		ICA Flex Float			\$	\$	-
		ICA Flex Float			\$	\$	-
		ICA Flex Float			\$	\$	-
		ICA Flex Float			\$	\$	-
		ICA Flex Float			\$	\$	-
		ICA Flex Float			\$	\$	-
		Health Care Associate			\$	\$	-
		Director Comm. Engagement			\$	\$	-
		<b>Total Salaries by Source</b>			\$ 359,765	\$	657,101

(b) (6)

(b) (6)

(b) (6)

a. Personnel

**BUDGET JUSTIFICATION NARRATIVE:**

Federal dollars received as part of the Replacement Grant for Title X Family Planning, for which Planned Parenthood of Northern New England is applying, will be used to cover personnel expense under Family Planning Services provided in various regions of the State of New Hampshire as outlined in the Project Narrative. Personnel expense to be covered amounts to \$359,765 in Federal Fiscal Year (FFY) 2011 covering September 1, 2011 – December 30, 2011 and \$657,101 in FFY 2012 covering December 31, 2011 – December 30, 2012. A detailed schedule of staff and associated payroll expense is outlined in EXHIBIT A to SF 424A.

Non-Federal dollars will be used to cover the remaining direct and in-direct expenses under the Family Planning Services in the regions outlined in the Project Narrative. Direct and in-direct expenses for the period of September 1, 2011 – December 30, 2012 include the following as outlined below:

Expense	Description	Amount
Payroll	Salary and wages, not covered by federal dollars received, for time spent providing services and duties under the Family Planning Program. Detailed schedule of staff and associated payroll expense outlined in EXHIBIT A to SF424A.	\$ 653,264
Payroll Taxes and Fringe Benefits	Benefits allocated based on total program salary as % of total agency salary expense and estimated to be at a rate of 23%. Benefit categories include: Workers' Compensation, Short/Long Term Disability, Retirement, Insurance (life, health, dental), Other (auto, tuition reimbursement).	\$ 387,905
Travel	Mileage expense for float coverage, meetings, and trainings. Current mileage reimbursement rate is \$0.50/mile	\$ 44,053
	Registration fees associated with outside conferences and seminars	\$ 6,917
	Meals, lodging and other travel costs such as car rentals, airfare, tolls, gas for car rentals or PPNNE owned vehicles, and parking fees for staff traveling on PPNNE business	\$ 5,982
Equipment	Equipment and software purchases costing more than \$300 and less than \$1k. The cost of any equipment purchased for the use in multiples programs is allocated based on budgeted visits.	\$ 6,066
	Equipment repairs on PPNNE equipment; includes cost of service contracts on equipment. The cost of any equipment repairs on equipment used by multiple programs is allocated based on budgeted visits.	\$ 11,537
	Equipment rental costs (i.e. copier or postage machine rentals). The cost of any equipment rentals on equipment used in multiple programs is allocated based on budgeted visits.	\$ 2,910

BUDGET JUSTIFICATION NARRATIVE:

Expense	Description	Amount
Supplies	Contraceptive supply purchases for Family Planning services, which include condoms, oral contraceptives, contraceptive patches and rings as well as long-term contraceptive options such as Depo-Provera and intrauterine devices.	\$ 784,960
	Medical supplies such as pregnancy tests, table paper, gloves, and medications. The cost of any medical supplies purchased for use in multiple programs is allocated based on budgeted visits.	\$ 159,905
	Office supplies such as copy paper, general office supplies, cleaning products, and any office equipment costing less than \$300. The cost of any office supplies purchased for use by multiple programs is allocated based on budgeted visits.	\$ 33,884
Contractual	Licensed Professionals – costs associated with contracted Pharmacy Inspectors	\$ 2,970
Outside Lab	Lab expense associated with outside lab services.	\$ 302,928
	Rent expense associated with the cost of leasing PPNE health center space. The space rental expense for any space shared by multiple programs is allocated based on square footage and hours of operation of each program.	\$ 201,093
Facility	Maintenance costs such as office cleaning, waste removal, grounds maintenance and security contracts. The cost of all maintenance costs shared by multiple programs is allocated accordingly based on square footage and hours of operation of each program.	\$ 87,295
	Space repairs, the cost of which, if shared by multiple programs, is allocated accordingly to each program based on square footage and hours of operation of each program.	\$ 5,105
	Utility expense for heat, electricity, water etc. The cost of utilities is allocated to multiple programs at each location, where applicable, based on square footage and hours of operation of each program.	\$ 48,493
	Property and equipment insurance expense for insurance on PPNE buildings & equipment, the cost of which is allocated to multiple programs at a location, where applicable, based on square footage and hours of operation of each program.	\$ 12,343
Telephone	Telephone expense includes costs associated with local and leased lines, cell phones, and beepers. Telephone expense shared by multiple programs is allocated based on budgeted visits.	\$ 77,232

BUDGET JUSTIFICATION NARRATIVE:

Expense	Description	Amount
Other	Postage	\$ 13,390
	Malpractice insurance – cost is allocated between multiple programs based on percent of service type visits.	\$ 44,037
	Health Center Promotion	\$ 27,667
	Printing costs associated with forms, patient fact sheets, and stationary	\$ 29,591
	Professional Services – teen stipends, interpreter services, consultants	\$ 45,131
	Dues expense to include fees paid for organizational and individual memberships (i.e. Practitioner DEA and license fees).	\$ 13,757
	Events	\$ 208
	Education Materials – coding books	\$ 1,864
	Bank fees – any shared expense is allocated between multiple programs based on percent of budgeted visits.	\$ 28,344
	in-Direct	General and Administration includes personnel and direct costs associated with central functions such as payroll, accounting, information technology, billing and human resources. General and administrative costs are allocated to non-overhead programs based on each non-overhead program's personnel costs as a % of total personnel costs for all non-overhead programs.
Program Service include personnel and direct costs allocated to clinical programs for support from the Medical Director, Regional Medical Directors, Sr. VP of Business Operations, Director of Health Center Operations, Quality Assurance Director, Director of Risk Management & Security, Supply Chain Coordinator, Central Lab Management, and other associated medical service/health center operations staff. Program Service costs are allocated to clinical programs based on each clinical program's personnel costs as a % of total personnel costs for clinical programs.		\$ 798,347
HCA Training includes both personnel and direct costs associated with PPNNE's HCA Training Program. HCA Training Program costs are allocated to clinical programs based on each clinical program's personnel costs as a % of total personnel costs for clinical programs.		\$ 46,860
	Call Center includes both personnel and direct costs associated with PPNNE's centralized call center, responsible for scheduling visits, placing reminder calls to patients and taking incoming patient calls. Call Center costs are allocated to clinical programs based on each program's budgeted visits as a percent of total budgeted clinical visits.	\$ 177,340

**TOTAL NON-FEDERAL: \$5,366,861**



### Upload #3

Applicant: Planned Parenthood of Northern New England, Inc  
Application Number: FPH2011005494  
Project Title: FY11 PPNNE FOA  
Status: Submitted  
Document Title: DHHS Title X Application

6. **Biographical Sketches for Project Director and any other key personnel:**

Helen S. Reid, MPH, Director of Health Center Operations:

(b) (6)

(b) (6)

Heather Bushey, CFA, Chief Financial Officer:

(b) (6)

(b) (6)

(b) (6)

Meagan Gallagher, Sr. VP of Business Operations:

(b) (6)

(b) (6)

(b) (6)

Dr. Regan Theiler, Medical Director:

(b) (6)

(b) (6)

## 7. Project Narrative

### a. PPNNE's administrative, management and clinical capability:

For over twenty years, PPNNE has been the largest family planning delegate agency in New Hampshire and is the only agency whose organizational mission is related to achieving the specific goals of Title X. With a mission to provide and promote access to reproductive health care and sexuality education so that all people can make voluntary choices about their reproductive health, Planned Parenthood of Northern New England (PPNNE) provides comprehensive reproductive health care in 20 Health Centers across New Hampshire, Maine and Vermont. Each year, PPNNE serves over 14,000 New Hampshire women, men and teens

through its six health centers located in Claremont, Derry, Exeter, Keene, Manchester, and West Lebanon. According to the Region I Title X Data System, PPNNE served over half of the total family planning clients served through the state's family planning program before our funding was abruptly eliminated on July 1, 2011. It is important to note that in 2010, PPNNE health centers in New Hampshire received close to \$900,000 in Title X federal and state funds through the state of New Hampshire; however, we leveraged those dollars to provide over \$5 million dollars in free or reduced cost care.

Clinical Capability: The PPNNE NH family planning program is staffed by a team of highly qualified employees who are committed to providing the highest standard of care. PPNNE medical services are overseen by PPNNE Medical Director, Regan Theiler, MD. Patient care is provided by 14 Advanced Practice Clinicians (APCs), 30 Health Care Associates (HCAs) and one registered nurse in its New Hampshire family planning program. All practitioners are licensed and certified as required by state law. Systems are in place to ensure all licensed staff meet continuing education requirements and stay current in reproductive health care trends and the medical protocol. The credentialing process is managed by PPNNE's Human Resources Credentialing Coordinator, (b) (6)

The PPNNE Medical Standards and Guidelines are dictated by Planned Parenthood Federation of America (PPFA) medical protocols, which are based on nationally recognized standards of care. (b) (6), Associate Medical Director, and (b) (6) PPNNE Regional Clinical Director provide direct supervision and guidance to all licensed staff in NH in addition to recruiting, hiring, training and mentoring responsibilities.

PPNNE health care services include gynecological exams, pap tests, birth control, pregnancy testing, pregnancy options counseling, STD testing and treatment, HIV testing and counseling, screening for cervical, breast and colorectal cancer with follow-up care for cervical abnormalities. For patient needs not within our scope of care, we have an established network of referral relationships. We provide a broad range of contraceptive methods and educate patients seeking contraception to determine which method is best suited and most medically appropriate for them. Patients are asked about their future reproductive life plans as well as folic acid supplementation, substance use, diet and physical activity and immunization status. Information on preconception health is provided, as appropriate. PPNNE participates in the Infertility Prevention Project (IPP) to provide Chlamydia screening routinely to women under 25 and those over 25 with risk factors. STD/HIV testing, treatment and counseling are integrated into routine reproductive health care. In 2010, we provided 8,548 Chlamydia tests, 5,098 Gonorrhea tests, and 1,355 HIV tests in our NH Health Centers. All NH PPNNE Health Centers provide rapid HIV testing. In the past, we have worked closely with the state of New Hampshire's Clinical Services Program to reduce the incidence of STD/HIV, and have ongoing relationships with agencies that serve HIV-positive clients to ensure coordinated care for our patients.

PPNNE's Health Care Associates (HCAs) are the first point of contact for patients at our New Hampshire Health Centers. HCAs are trained to conduct financial screening, identify any barriers to care and facilitate the completion of the appropriate paperwork. Clinical HCAs are trained to conduct initial patient interviews, provide basic education and counseling, and to prepare the patient and clinical supplies for the practitioner. Educational materials are provided to the patients as appropriate by the Practitioner as well as the HCA.

All information regarding history, services provided and referrals made are documented by the Practitioner and Health Center Associates in the medical record. Patients with a positive pregnancy test are offered unbiased counseling regarding all options. Referrals are provided for prenatal care, adoption, and abortion upon request. PPNNE offers a broad range of birth control options, including information about natural family planning and abstinence. Abortion is not discussed as method of family planning. Patients are encouraged to seek routine reproductive health care including exams, as indicated, and screening for STD/HIV. PPNNE makes services accessible to all populations, but especially to those who have limited access to health care, including low-income women, teens, minorities, people with disabilities, and those at risk of unintended pregnancy and STD/HIV. Medical interpretation is available at all of our sites through a certified professional or via phone based interpreting services when necessary. Translation services are provided to the patient free of charge by PPNNE.

In accordance with Title X guidelines, PPNNE has always made services accessible to all populations, regardless of ability to pay. In the FY2011, we have also provided additional training to our health care associates to ensure that they understand the Title X guidelines and are screening patients appropriately. All PPNNE patients are educated about the availability of discounted services and are screened to determine if there are any financial barriers to care. Uninsured patients can apply for discounted care and those with insurance can apply as well if they have confidentiality concerns. Patients with a demonstrated inability to pay are not denied family planning services. Quarterly audits are conducted at each health center by PPNNE staff to help ensure the proper allocation of expenses and independent financial audits are completed annually by an outside firm. In August 2011, PPNNE began the process of upgrading our current practice management system to Electronic Practice Management (EPM) and Electronic Health

Record system (EHR) via the software provider, NextGen. NextGen will enable our staff to more easily enter, track and update financial information for individual patients in real time. We are excited for the full implementation of EPM and EHR to occur by July 2011.

In FY 2011, PPNNE also implemented a Centralized Lab Management (CLM) system to improve our systems around cervical cancer screening follow up, STD and HIV laboratory results notification and follow-up patient care. In the CLM system, laboratory tests are entered into an electronic tracking system, which ensures that results are received, logged and addressed appropriately. Tailored treatment plans are created for each patient and tracked using this system to ensure that all contact attempts are made and documented. In addition to streamlining and providing consistency in laboratory follow-up activities, this system enables PPNNE to better track related outcomes, such as the timeliness of treatment following a positive Chlamydia test. The CLM program is administered and overseen by (b) (6), a licensed clinical staff member located in our administrative headquarters.

In 2011, we added to our quality assurance practices with CLM as well as by hiring PPNNE Field Surveyor, (b) (6) to coordinate all of PPNNE's internal clinical auditing and quality assurance processes. In this role, she visits all Health Centers regularly to conduct formal and informal internal audits including chart review and patient/provider observation and ensure that health centers are in compliance with Title X guidelines. Documentation of all CQI activities is ongoing and any issues are reviewed weekly during the Medical Service team meeting. (b) (6) role is also to ensure that PPNNE is in compliance with all HIPAA mandates and maintains the highest levels of patient privacy protocols.

Title X guidelines dictate that reproductive health services must be provided to teens in a confidential manner and that Title X providers must ensure that teens have access to family planning services to prevent unintended pregnancy, among other health issues. Planned Parenthood is trusted source about teens for confidential reproductive health services and PPNNE has been meeting the special needs of teens since its inception with confidential and respectful care. In 2010, 21% of PPNNE's NH patients were teens. Given that this represents a decrease from previous years, PPNNE is now focusing its efforts on specific strategies to attract the 15 to 29 year old demographic. One strategy is through our new branding campaign. Throughout FY2011, PPNNE has been engaged in a comprehensive rebranding effort with the primary goal of increasing our patient numbers, especially among teens. Outside of the health centers, the PPNNE education program will also have a laser focus on teens in FY2011-FY2012. PPNNE's education department will initiate a new education project to engage teens in specific communities, identified by their peers as influential, to be part of a teen advising group for PPNNE.

Administrative and Management Capability:

In the fall of 2010, Meagan Gallagher, Sr. VP of Business Operations and Helen Reid, MPH, Director of Health Center Operations were recruited to lead the agency's health center operations, including the implementation of government grants like Title X. Prior to working with PPNNE, Meagan served for 10 years as the Chief Operating Officer at the Planned Parenthood League of Massachusetts and spearheaded the implementation of a new Title X program among their health centers across Massachusetts. Prior to joining the PPNNE team, Helen Reid, MPH served as the Division Administrator for Women's Health at Brigham and Women's Hospital in Boston, Massachusetts. At Brigham and Women's Hospital, Helen was



responsible for the oversight and implementation of a \$2 million dollar NIH research portfolio for the division, among other health care administrative duties. CEO Steve Trombley recruited these two individuals to lead the Operations team at PPNNE because of their expertise in health care administration as well as experience with implementing and monitoring programs supported by government funds.

Upon their arrival, both Helen and Meagan quickly identified a number of inconsistencies from health center to health center in terms of the daily operations, administrative processes and clinic flow. They also identified a number of obstacles to patients' access to care, including the need to centralize our Call Center, revamp our appointment scheduling system, improve facilities and adjust health center hours. Meagan and Helen also heard from multiple staff of a desire to know and implement the "best practices" for operating a health center and what the agency expected from them in their specific role. In January 2011, the Operations Department presented a list of goals for FY2011 to address each of these operational challenges. They also presented a plan to the Health Center Managers to standardize health center operations. The goals of standardization were to identify and document best practices with regard to how we operate our health centers and how we see patients for all visit types, to clarify roles between practitioners and health care associates, to improve consistency from health center to health center and clarify guidelines for providing excellent customer service. As of August 2011, we have documented our best practices, standardized all of our visit types and provided a 6 hour on-site training to all 20 of our health centers on how and what to standardize in their daily operations. By standardizing the way in which our health centers operate, we expect to improve the patient's experience, increase the quality of care and reduce the opportunity for error. Our standardization resources and training also provided specific guidance to staff with regard to complying with

Title X guidelines in areas such as mandatory reporting laws, discussion of coercion and parental involvement with teens and patient education.

One of PPNNE's highest priorities is to ensure that our patients have access to our services when they need or desire them. To ensure we accomplish this goal, PPNNE continually evaluates hours of operation to ensure our Health Centers meet the needs of the community. Evening or Saturday hours are now available at all sites (see Attachment 1 for a complete list of hours at each site). During FY2011, the telephone and data network systems were also upgraded in all PPNNE NH Health Centers, providing significantly faster network speed and enhanced calling functions, which facilitates more efficient inter- and intra- Health Center communication. As of January 2011, all NH Health Centers are supported by our Centralized Call Center based in Williston, Vermont. The Call Center, managed by (b) (6) is staffed by highly trained individuals who are the first point of contact for patients calling to make an appointment at a PPNNE Health Center. Not only does the Call Center ensure consistency in messaging and seamless service to patients, but also alleviates additional work from the Health Centers with respect to appointment scheduling and answering basic questions about PPNNE services and locations. The Call Center operates Monday through Friday 8:00-5:00 and Saturdays 9:00am-2:00pm. By scheduling patients across all 20 Health Centers, the Call Center has their "finger on the pulse" of Health Center access and can provide a timely response to any identified operational or access issues.

The new operations team has also identified the physical condition of our health center facilities to be critical to improving patient volume and encouraging patients to access our health care services. All of NH health center facilities are all located in areas of high traffic, both pedestrian and vehicular, to improve our visibility in the community. All of our NH health

centers are ADA accessible, have multiple exam rooms, CLIA-certified labs and secure medication storage for controlled and non-controlled medications. Our health center facilities are also inspected by a registered pharmacist on a quarterly basis to ensure compliance with state pharmacy regulations. We are pleased to note that PPNNE's Board of Directors has also recognized the need for some of our facilities to receive upgrades to improve the internal and external appearance of the health center. Our development department is actively working to recruit private donors to support these upgrades to our facilities. Our CEO has created a 5 year plan for the completion of these upgrades and it has been approved by the Board.

**b. Project Plan**

In fiscal year 2012, PPNNE proposes to serve 16,000 patients in its six NH Health Centers located in West Lebanon, Claremont, Keene, Manchester, Derry and Exeter. We will continue to focus our efforts on reaching underserved populations, particularly teens and those under 250% of the federal poverty level via activities and initiatives described above. Our efforts at reaching teens will be grounded in the findings of our research related to the rebranding effort and our experience at the Health Center level with respect to how today's teens wish to be served.

Statement of Need:

According to the 2011 New Hampshire State Health Profile released by the NH Department of Health, the number of impoverished New Hampshire residents is on the rise. In 2000, the percentage of all persons in poverty was 6.5%. However, this rate increased to 8.5% in 2009. Planned Parenthood's health centers are located in communities throughout New Hampshire to provide comprehensive family planning services to a diverse, low-income

population. The majority of Planned Parenthood patients in New Hampshire are low-income, uninsured and do not qualify for Medicaid, and they desperately need the assistance of Title X for their care. Since July 1, 2011 when our Title X funding was eliminated in the state of New Hampshire, these low-income patients have suffered significantly. Thousands of women, men and teens have visited our health centers since this date and have been denied access to affordable contraceptives. Our staff have also logged hundreds calls with patients since July 1st, trying to help low-income patients to identify another provider for their care because we can no longer offer them the discounts or services they depend upon. This has been an especially difficult task for staff as most of our patients are operating on a tight household budget.

The loss of our funding on July 1, 2011 has been especially difficult because with the help of Title X as once administered by the state of New Hampshire, we were achieving and – in most cases exceeding- our program goals to serve low-income and diverse populations.

According to Region I data system, for the FY2011, Planned Parenthood of Northern New England exceeded its workplan goals by providing services to 12,029 patients who were under 250% FPL (or 81.5% of total clients served) and 7,802 patient who were 100% FPL or under (or nearly 53% of total clients served). Here is breakdown of the patient population by health center location in 2010: women, men and families who depend on Planned Parenthood for their basic health care in New Hampshire: ~5,400 patients in Manchester, ~2,400 patients in Keene, ~2,500 in W. Lebanon, ~1,400 patients in Claremont, ~ 2,400 patients in Derry, ~ 1,800 patients in Exeter. These data suggest that low-income women, men and teens throughout New Hampshire depend upon Planned Parenthood for affordable reproductive health care services.

We are especially concerned about ensuring that reproductive health care services are accessible to our teens. According to the most recent New Hampshire State Health Profile, while

the teen birth rate is low for the State as a whole, disparities do exist in specific communities. For example, the Greater Manchester and Franklin-Bristol regions have teen birth rates that are significantly higher than the State as a whole. In the City of Manchester alone, where we have one of our largest health centers, the 2009 teen birth rate was more than twice the State rate. In New Hampshire's poorest communities, like areas around Derry and West Lebanon, more than 12 percent of total births are to mothers without a high school diploma, compared to 5.7 percent in the rest of the state.

Statement of Goals for FY2012:

- Provide Title X family planning services to 16,000 patients at our six health centers throughout New Hampshire;
- Increase the number of patients served at <100% FPL by 5%, or 56% of total patients served.
- Increase the number of patients served at <250% FPL by 5%, or 86% of total patients served.
- Increase the number of male patients served from 1,397 to 1500.
- Increase the number of teens served to 30% of total patients served.

Project Strategies:

- Strategies to Increase the Number of Patients Served at <250 and <100% of FPL:

Continue to provide services in accordance with Title X fee scale guidelines; conduct internal financial screening audits at every NH PPNNE health center annually in order to ensure accurate financial screening processes; require Health Center Managers to conduct outreach activities in

their respective communities on a quarterly basis and report out on results; examine and report quarterly on user numbers by poverty level and by insurance status from Region 1 Title X data system.

- Strategies to Increase Number of Male Patients Served:

Track user numbers from Region I data system on a quarterly basis and educate Health Center Managers on outreach strategies for appealing to male patients; PPNNE will continue to encourage partner referrals for testing and treatment of STIs and encourage partners to visit a NH PPNNE health center. PPNNE will ensure that results of PPNNE rebranding efforts in FY2011 are appealing to young men as well as women and that they are appropriate messages for the communities that we serve in NH.

- Strategies to Increase Number of Teens Served:

With the arrival of our new CEO, PPNNE is refocusing its efforts specifically on attracting/retaining patients in the 15-29-age range. This effort will include a rebranding strategy and, subsequently, new marketing efforts. Our Health Centers will gradually be revamped (target 2-3 years for all Health Centers) to be more modern, welcoming and appealing to teens and young adults. Our clinical services will be tailored to meet the needs of today's youth – easy, convenient and fast. Our focus will be about meeting the immediate needs of our patients while also positioning ourselves as a resource when they want/need to have a larger conversation or need additional support. We will, of course, continue to comply with Title X requirements as well as accepted screening and treatment guidelines. We will continue outreach in schools and other youth serving agencies.

- c. **An assurance that the project will serve only the following areas of New Hampshire: West Lebanon area, Claremont area, Keene area, Derry area, Exeter area and Manchester area.**

PPNNE Health Centers are located in each of these six locations and it is our intention to only provide services to patients in these areas of New Hampshire.

See Attachment 1 for a list of our health center locations and hours.

- d. **A description of methods for assuring:**

- a. Clinical services that are consistent with current recognized standards of care related to family planning and reproductive health:

As previously mentioned, Dr. Regan Theiler oversees all medical services including clinical personnel and the PPNNE Medical Standards and Guidelines. The PPNNE Medical Standards and Guidelines are dictated by Planned Parenthood Federation of America (PPFA) medical protocols, which are based on nationally recognized standards of care, among which include American College of OB/GYNs and the Centers for Disease Control and Prevention.

PPNNE maintains a high standard for its clinical services through its Risk and Quality Management Program. Practitioners and HCAs receive ongoing training on protocols and procedures. In addition to annual PPNNE internal audits and tri-annual PPFA audits, all PPNNE Health Centers undergo periodic audits by both the Division of Public Health and the Region I Title X Program staff. PPNNE internal audit results are shared with the Health Center Manager, Director of Health Center Operations and other relevant staff, as appropriate. Action plans are developed by the Field Surveyor and presented to the Medical Service team for guidance on

implementation. Overall administration of the grant from the Family Planning Program rests with the Director of Health Center Operations, Helen Reid.

b. Compliance with state laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape or incest:

PPNNE operates in accordance with all mandatory reporting laws and has policies and protocols in place to ensure effective internal systems for tracking reporting incidents at Health Centers. In 2008, PPNNE developed state specific training modules for staff on mandatory reporting law, which continue to be updated and available on the PPNNE intranet. In March 2011, all Planned Parenthood staff – both clinical and administrative – were required to complete an updated training on mandatory reporting laws. This training was 60 minutes in length and included a detailed review of state-specific laws on mandatory reporting and how to adhere to state laws regarding reporting of child abuse, child molestation, sexual abuse, rape or incest. In addition, all staff is required to review and sign off on mandatory reporting guidelines annually as part of PPNNE’s professional standards process. All Health Centers also have a copy of the JSI video “Counseling Teen Clients Experiencing Sexual Coercion”. Any person under the age 18 who is seen at a PPNNE health center for an initial or annual visit, birth control, or a pregnancy test is directly asked about past/current sexual activity that may have involved molestation, exploitation, coercion or incest or activity that in any other way may have harmed them. Patients are told of any limits of confidentiality due to state abuse reporting laws, prior to being asked about abuse.

See Attachment 2 for a copy of PPNNE’s mandatory reporting policy and procedure.



In addition to our mandatory reporting policy and procedures, we have also instituted a policy on human trafficking to guide health center staff. This policy was introduced in 2011 in the aftermath of national concerns about human trafficking rates in the United States as well as concern among Title X providers about patient safety. Planned Parenthood of Northern New England is a vocal opponent of human trafficking and strictly adheres to all state and federal laws related to reporting this crime and alerting authorities to any suspicion of human trafficking. See Attachment 3 for a copy of PPNNE's human trafficking policy.

- c. Counseling techniques that encourage family participation in healthcare and reproductive decision-making of adolescents, and teach resistance skills for adolescents to avoid exploitation and/or sexual coercion.

Although teens are guaranteed confidential family planning services at PPNNE, they are encouraged to involve a parent or other trusted adult in their care and are provided with guidance on how to talk with their parents about their reproductive health needs. All PPNNE providers are trained in counseling minors regarding sexual coercion and abuse and in state laws regarding mandatory reporting. Staff is required to review these policies annually. PPNNE's Director of Risk and Quality Management as well as our NH Health Center Managers work closely with Department of Children, Youth and Families (DCYF) offices to ensure mutual understanding of the law and proper implementation at the health center level. PPNNE internal reviews specifically monitor documentation in patient records of parental involvement counseling. If documentation of counseling does not occur, then disciplinary action and/or a root cause analysis are immediately conducted to address the issue.

Patient education is always conducted by practitioners during the visit about unwanted vs. intended sexual contact for patients in this age group. Discussion and education is documented in the patient's chart. In the event that a report of suspected abuse is made, the PPNNE Child Abuse Reporting Form is completed and a copy sent to the PPNNE's Director of Risk and Quality Management, <sup>(b) (6)</sup> Failure to perform these steps is justification for performance review and disciplinary action.

In addition, PPNNE has a parental involvement policy in place that is reviewed by all new employees upon hire and by all employees annually as part of the professional standards process. For teens who indicate they have not involved their parents in their decision to seek services at PPNNE, providers counsel around involving parents or other adult role models in their decision-making.

See Attachment 4 for Policy and Procedure for Minors Seeking Reproductive Health Care

**e. Proposed Schedule of Discounts which meets Title X requirements:**

See Attachment 5 for PPNNE's Schedule of Discounts.

**f. Evidence that proposed services are consistent with the Title X statute; program regulations; legislative mandates and program guidelines:**

The Title X statute states that the goal of the program is "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, the statute requires that, to the extent practicable, Title X service providers shall encourage family participation in family planning services projects and that "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning."

In accordance with these Program Guidelines, as previously administered in collaboration with the state of New Hampshire, PPNNE's Title X program has consistently provided education, comprehensive medical and social services necessary to aid individuals to who wish to number and space their children. More specifically, PPNNE offers a broad range of birth control options, including information about natural family planning and abstinence. Abortion is not discussed as method of family planning. Patients are encouraged to seek voluntary routine reproductive health care including exams, as indicated, and screening for STD/HIV. Testing for Chlamydia is standard practice annually for women under age 25, and at all pregnancy testing and birth control start visits. PPNNE makes services accessible to all populations, but especially to those who have limited access to health care, including low-income women, teens, minorities, people with disabilities, and those at risk of unintended pregnancy and STD/HIV. Medical interpretation is available at all of our sites through a certified professional or via phone based interpreting services when necessary. PPNNE does not provide sterilization services at any of our health centers. Our policies and procedures also require that our practitioners and staff counsel teens about sexual coercion and strongly encourage parental involvement in their reproductive health care.

**g. Evidence that Title X funds will not be used in programs where abortion is a method of family planning;**

PPNNE understands that federal law requires that no funds appropriated under Title X of the Public Health Services Act be used in programs which include abortion or any abortion-related activities or in programs where abortion is a method of family planning. To support this requirement, PPNNE's Medical Standards and Guidelines require that abortion is not discussed at any of our health centers as a method of family planning. We have also instituted a number of procedures and policies to ensure that Title X funds always remain separate. For example:

- PPNNE utilizes a separate fee schedule for Title X and non-Title X health centers and services.
- All family planning program staff time and expenses are coded to their own cost center and grant revenue for family planning is applied strictly to this cost center.
- Reporting from our accounting software reflects these allocations distinctly from other programs. Invoices reflecting actual expenditures to this cost center can be made available.
- Independent financial audits are completed annually by an outside firm and include review of allocations to the family planning cost center and compliance with accounting principles required by federal funding.
- Periodic audits at each health center to help ensure the proper allocation of expenses.

In addition to these operational processes, the agency strictly adheres to two internal policies. The first policy is entitled, "Policy Regarding Separation of Title X and Abortion Services." Recently updated, this policy outlines in detail the steps for ensuring that Title X funds are utilized appropriately and that all activities are kept separate. The second policy, entitled, "Charging Costs to Federal Grant Programs" establishes guidelines to ensure that costs charged to Federal grant programs are reasonable, allowable and allocable under the grant/award. The

procedure for segregating unallowable from allowable costs is concretely outlined for staff to follow.

*See Attachment 6 to review the "Policy Regarding Separation of Title X and Abortion Services."*

*See Attachment 7 to review the "Charging Costs to Federal Grant Programs policy."*

**h. Evidence that Title X activities are separate and distinct from non-Title X activities.**

PPNNE's policy and practices regarding separation of Title X and abortion services is based on federal guidelines, as noted above. In order to comply with Title X rules (as outlined in the DHHS notice dated July 3, 2000), PPNNE Title X funded centers in NH that also offer medication or surgical abortion separate prohibited abortion related activities from Title X funded activities through the following systems:

- Procedures to allocate time and other costs related to staff that perform non-Title X activities at Title X funded centers;
- Counseling and service protocols that reinforce the distinction between Title X funded and non-Title X services, specifically Title X sites must offer pregnant women the opportunity to be provided information and education regarding each of the following options: prenatal care and delivery, infant care, foster care or adoption and pregnancy termination.
- A system to exclude all abortion related from the monthly upload of utilization data to the Region I Title X data system.
- All lab tests and pathology for care related to surgical or medication abortion are coded 100% to the appropriate abortion cost center.

- All medical supplies used exclusively for the abortion program are coded 100% to that program number and identified separately in inventory procedures.
- As previously mentioned, the use of separate cost centers for Title X and Abortion-related programs.

## Upload #4

Applicant: Planned Parenthood of Northern New England, Inc  
Application Number: FPH2011005494  
Project Title: FY11 PPNNE FOA  
Status: Submitted  
Document Title: Planned Parenthood of Northern NE Application

## DHHS Application for Title X Funding: Attachments 1-7

### 1. Hours and Locations

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Claremont	Closed	9:00-5:00	10:00-7:00	Closed	9:00-5:00	Closed
Derry	9:30-5:00	11:00-6:30	9:30-5:00	Closed	9:30-5:00	Closed
Exeter	9:00-5:00	1:00-7:00	9:00-3:00	11:00-7:00	Closed	Closed
Keene	10:00-5:00	10:00-6:00	10:00-5:00	Closed	10:00-5:00	10:00-2:00
Manchester	8:30-6:30	8:30-6:30	8:30-6:30	8:30-4:30	8:30-4:30	8:30-12:00
W. Lebanon	10:00-6:00	9:00-4:30	12:00-7:00	9:30-4:00	9:00-4:00	Closed

### 2. Mandatory Reporting Policy and Procedure

Policy Name: Mandatory Reporting

Author: (b) (6)

Scope: Health Center staff, Call Center Staff, Education Staff

Effective Date: March 1, 2011

Revision Date(s): June 1, 2011 – (b) (6)

#### I. POLICY

PPNNE has zero tolerance for non-compliance with our policies and procedures for addressing situations that endanger the welfare of minors, including our policies and procedures relating to state mandatory reporting laws. PPNNE management will train employees upon hire and annually regarding agency policies and procedures for handling of situations involving conduct that endangers the welfare of minors, including mandatory reporting requirements. Confirmed failure to comply with these policies and procedures will result in termination of employment.

All PPNNE staff members providing medical and educational services to minors are considered legally mandated reporters and must understand and comply with the mandatory reporting laws for the state(s) in which they practice.

#### II. PROCEDURE

##### a. Patient Screening and Education



- i. Any person under the age 18 who is seen at a PPNNE health center for initial and yearly visits, birth control, or a pregnancy test will be directly asked about past/current sexual activity that may have involved molestation, exploitation, coercion or incest or in any other way harmed the young person.
- ii. In addition, any adult with a mental disability or impairment will also be asked about past/current sexual activity that may have involved molestation, exploitation, coercion or incest or in any other way harmed the person.
- iii. Even if a minor or adult with a disability is able to communicate well, if a staff member has any reason to suspect that the individual has been molested, exploited, coerced or victimized by a relative, a report should be made.
- iv. Patients must be told of any limits to confidentiality due to state abuse reporting laws, prior to being asked about abuse.
- v. Patient education should be done about unwanted vs. intended sexual contact for patients in this age group.
- vi. Discussion and education must be documented in the patient's chart.

b. Mandated Reporters at PPNNE

Definition of a Mandated Reporter: Mandated reporters are persons who are required to report maltreatment of children and vulnerable adults under specific circumstances. Individuals designated as mandatory reporters typically have frequent contact with children and vulnerable adults. Such individuals may include social workers, school personnel, child care providers, law enforcement officers, and health care workers.

At PPNNE, HCAs, MDs, NPs, PAs, RNs, LPNs, and any outreach educators are mandated reporters. HCAs qualify as mandated reporters because they engage in private interviews (e.g. pregnancy test visits) with minor patients and vulnerable adults and may be the first to hear about an abuse situation. Outreach educators could find themselves in similar situations, and so qualify as mandated reporters.

c. When to Submit a Report

Reports must be made under the following circumstances:

- i. Patient is under 18 and has experienced any sexual activity (vaginal, anal, or oral intercourse) with a person who is a member of the same household as the child, a relative, school employee or someone who has authority over or responsibility for the child including persons such as employees of home, day or child care facilities or camps or other institutions serving children, health care providers including current or recent mental health counselors (psychologists, psychiatrist, CSW, MSW).

ii. Patient is under 18 and has experienced any sexual activity, with any person, and the reporter has reasonable cause to suspect that the sexual activity involved molestation, exploitation or abuse.

When evaluating whether there is reasonable cause to suspect molestation, exploitation or abuse, special attention should be given in the following circumstances. If a patient reports any of these circumstances, and the reporter suspects that the patient suffered any harm, a report must be made.

- a. the patient is 13 or younger and has experienced any sexual activity;
- b. a young teen reports having experienced sexual activity with a person 3 or more years older;
- c. a young teen reports having experienced sexual activity with many partners over the course of the year;
- d. there is evidence of use of drugs, intoxicants, or threats to gain compliance;
- e. the patient was unconscious or otherwise physically incapable of resisting at the time of the sexual conduct;
- f. there is evidence of a mental or physical disability of the patient.

iii. Patient is under the age of 18 and experienced other forms of abuse and neglect by parents or other persons responsible for the child's welfare, such as; intentional physical injury or psychological injury resulting from consistent mistreatment or neglect.

iv. Patient is over the age of 18, has a cognitive impairment and has experienced any sexual activity, with any person, in which the reporter has reasonable cause to suspect involved molestation, exploitation or abuse.

v. Patient is over the age of 18 and alleges abuse or neglect as a child by a perpetrator who still has caretaker access to children. In situations like this, our report may result in the alleged perpetrator (and others if necessary) being interviewed to better determine whether or not a report of risk of sexual abuse should be considered valid.

A report is required in any of the above situations if it is the first time the abuse has been disclosed to PPNNE staff, even if the patient says the case has already been reported to the authorities.

- d. How to Submit a Report
  - i. Report must be made within 24 hours of discovery.
  - ii. Maine
    - 1. Maine minors:
      - a. Department of Health and Human Services 1-800-452-1999 Reports are made here when the suspected abuse is believed to be caused by a person who is responsible for or has authority over the child.
      - b. District Attorney Office Reports are made here when the suspected abuse is believed to be caused by a person who is not responsible for or does not have authority over the child.
        - i. York County, 363-7434
        - ii. Cumberland County, 871-8384
        - iii. Sagadahoc County, 443-8204
    - 2. Maine vulnerable adults: Adult Protective Services 1-800-624-8404
      - iii. New Hampshire
        - 1. New Hampshire minors:
          - a. DCYF at 1-800-894-5533 (within NH)
          - b. 1-603-271-6556 (if calling from outside NH)
        - 2. New Hampshire vulnerable adults
          - a. Bureau of Elderly and Adult Services 1-800-949-0470 (if calling from within NH)
          - b. or 603-271-7014 (if calling from outside NH). During non-business hours and on weekends call the local police or sheriff, who then contacts BEAS within 72 hours.
  - iv. Vermont
    - 1. Vermont minors: Department of Children and Families Services (formerly SRS) – Call centralized report line 1-800-649-5285. DCFS written reports can be faxed to 802-241-3301.
    - 2. Vermont vulnerable adults: Adult Protective Services: Toll-Free: 1-800-564-1612. After business hours, on weekends or holidays, please call the Emergency Services Program (ESP) at 1-800-649-5285.
  - v. If You're Not Sure a Report should be Made: You should call the local state agency to which you are supposed to report and describe the situation. They can tell you whether the report should be made. You can also consult with your supervisor, an experienced clinician, your Regional Clinical Director or the Director of Risk & Quality Management if you ever have questions about the need for a report.
  - vi. PPNNE Documentation of your Report:
    - 1. If your state agency required a written report be submitted to them, you must also scan that written report to the Director of Risk and Quality Management for a central file.

2. If your state agency required only a verbal report be made, you must fill out PPNNE form 2609 II-D-1 Child Abuse Report and scan it to the Director of Risk and Quality Management for a central file.
3. Your site's mandated reports are not kept in the patient records. You must keep your mandated reports in a central file at your site for a period of no longer than one year, at which point they are to be shred.
4. You must document in the patient's record that a mandated report was made. Your note should include a brief description of the circumstances surrounding the report and the name of the state agency to which you made the report.

### III. ORIGINS/RATIONALE

This policy is in effect to comply with:

- a. The mandatory reporting laws in our three states: Maine (22 M.R.S.A. – 4011-A), New Hampshire (N.H. Rev. Stat. Ann. – 169-C:29) and Vermont (33 V.S.A. – 4913 (a)).
- b. PPFPA's Mandatory Reporting Zero Tolerance Policy

PPNNE has engaged attorneys in all three states and consulted with our national office and state authorities to develop our detailed mandatory reporting protocols. Those protocols can be found in PPNNE's Medical Standards & Guidelines under the "Screening & Referral for Intimate Partner Violence" section. This protocol section includes details about how to report in each state.

PPNNE staff has a legal and professional responsibility, as well as our own strong desire to protect children from sexual abuse. We also want to ensure that adolescents have access to health care and education in a safe and supportive environment. As Title X Federal Family Planning providers, we are mandated by Federal law to provide confidential services to minors.

Mandatory reporting laws exist in Vermont, New Hampshire and Maine to protect minors from child sexual abuse and other forms of abuse and neglect, and to allow the authorities to identify and prosecute the perpetrators of such crimes

Central files are maintained for a number of reasons:

- Tracking the reported instances of abuse can help to develop training systems for new employees, and to continually improve the quality of our services.
- If law enforcement or a state agency raises an issue relating to reported abuse, reports are easily traced back to the site and the file.

- When our opponents allege that PPNNE does not report suspected child abuse we can say definitively that we do and we can give examples of the types of abuse that we have reported.

**IV. ATTACHMENTS/REFERENCED MATERIALS**

- PPNNE Medical Standards and Guidelines Section II-D-1– Screening and Referral for Intimate Partner Violence - pePPER
- PPNNE form 2609 II-D-1 Child Abuse Report- pePPER
- Mandatory Reporting Preparedness Role Plays – pePPER

**3. Human Trafficking Policy**

<b>POLICY DOCUMENT</b>	
EFFECTIVE DATE: 5/31/2011	TITLE: Human Trafficking
NEXT REVIEW DATES: 6/1/2012	AUTHOR: (b) (6) Director of Risk & Quality Management
RENEWAL AND/OR REVISION DATES:	OWNER: Director of Operations

**PURPOSE:**

To educate PPNNE staff about the Trafficking Victims Protection Act of 2000 (the TVPA) and to establish guidelines for recognizing and serving potential human trafficking victims.

**POLICY SUMMARY:**

An estimated 700,000 persons, primarily women and children, are trafficked worldwide each year. Approximately 50,000 women and children are trafficked annually into the United States along with an unknown number of men. Traffickers force their victims into the international sex trade, prostitution, slavery and forced labor through coercion, threats of physical violence, psychological abuse, torture and imprisonment. To deter these crimes, Congress passed and the President signed into law the Trafficking Victims Protection Act in October 2000. The law aims to combat trafficking through increased law enforcement, to ensure effective punishment of traffickers, to protect victims and to provide Federal and State assistance to victims.

As frontline health care providers, PPNNE staff plays an important and unique role in identifying and helping trafficking victims. Occasionally, a health problem will necessitate a trafficker to bring a trafficking victim to a health clinic or emergency room.

It is an expectation of employment at PPNNE that should a staff person suspect that a patient is a possible trafficking victim, that person will be served with utmost confidentiality and all appropriate reports to state and national agencies will be made. In addition, particular attention

will be paid to the patient's language needs, as trafficking victims are often non-English speakers.

#### PROCEDURE:

##### **How to Identify a Potential Trafficking Victim:**

- Is potential victim accompanied by another person who seems controlling?
- Does person accompanying potential victim insist on giving information to health providers?
- Can you see or detect any physical abuse?
- Does potential victim seem submissive or fearful?
- Does potential victim have difficulty communicating because of language or cultural barriers?
- Does potential victim have any identification?
- Is potential victim suffering from common health problems experienced by trafficking victims?

##### **Known Health Issues Associated with Victims of Human Trafficking to Look For:**

- Preventive health care virtually non-existent
- Health problems typically not treated in early stages
- Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma and urinary difficulties
- Unwanted pregnancy, resulting from rape or prostitution
- Infertility from chronic untreated sexually transmitted infections or botched or unsafe abortions
- Infections or mutilations caused by unsanitary and dangerous medical procedures performed by unqualified individuals
- Chronic back, hearing, cardiovascular or respiratory problems from endless days toiling in dangerous agriculture, sweatshop or construction conditions
- Weak eyes and other eye problems from working in dimly lit sweatshops
- Malnourishment and serious dental problems
- Infectious diseases like tuberculosis
- Undetected or untreated diseases, such as diabetes or cancer
- Bruises, scars and other signs of physical abuse and torture
- Substance abuse problems or addictions
- Psychological trauma from daily mental abuse and torture, including depression, stress-related disorders, disorientation, confusion, phobias and panic attacks
- Feelings of helplessness, shame, humiliation, shock, denial or disbelief
- Cultural shock from finding themselves in strange country

##### **Communicating with Potential Victims of Human Trafficking:**

- Before questioning potential trafficking victim, isolate individual from person accompanying her/him without raising suspicions
  - Individual accompanying patient may be trafficker posing as spouse, other family member or employer

- State that our health center policy is to examine the patient alone
- Enlist an interpreter who also understands victim’s cultural needs
  - *Refer to PPNNE’s LEP policies and procedures*
- For victim’s safety, strict confidentiality is paramount
  - Ask questions in safe, confidential and comfortable area of health center
  - Limit number of staff members coming in contact with suspected trafficking victim
- Importance of indirectly and sensitively probing to determine if person is trafficking victim. Possible questions are:
  - Can you leave your work or job situation if you want?
  - When you are not working, can you come and go as you please?
  - Have you been threatened with harm if you try to quit?
  - Has anyone threatened your family?
  - What are your working or living conditions like?
- Gaining victim’s trust is an important first step in providing assistance. Sample messages to convey:
  - We are here to help you.
  - Our first priority is your safety.
  - We can find you a safe place to stay.
  - We can help get you what you need.

#### **How to Report a Suspected Incidence of Human Trafficking:**

- In cases of immediate emergencies, it is best to call your local police department.
- You can report suspected trafficking crimes or get help by calling the national 24/7 toll-free **Human Trafficking Resource Center at 1-888-373-7888**. This center will help you determine if you have encountered a victim of human trafficking; identify local resources available in your community to help victims; and coordinate with local social service providers to help protect and serve victims so they can begin the process of rehabilitation and restoring their lives. When appropriate, the Resource Center makes referrals to local organizations that assist victims with counseling, case management, legal advice, and other appropriate services, as well as to law enforcement agencies that help trapped victims reach safety.
- For sexually exploited or abused **minors** refer to PPNNE’s Mandatory Reporting Policy and make the report to the appropriate state agency. You can also call the National Center for Missing and Exploited Children’s (NCMEC) hotline at 1-800-THE-LOST to be connected with the most appropriate assistance in your area.
- You can also report suspected instances of trafficking or worker exploitation by contacting the FBI field office nearest you at <http://www.fbi.gov/contact/fo/fo.htm> or by contacting the **Department of Justice’s Human Trafficking Office at 1-888-428-7581**.

#### **4. Providing Reproductive Health Care to Minors Policy:**

Excerpted from Section I-B-1 of PPNNE Medical Standards and Guidelines, Client Services:  
Informed Consent

##### **Minors**

1. Reproductive Health Services
    - Minors **must** be encouraged to consult with their parents with respect to such services.
    - Services **must** not be denied when consultation with parents is not feasible (**unless** prohibited by state law/regulations).
    - Any person who signs the request for services form **must** sign the CIIC(s) for the corresponding procedure. For example, if the affiliate uses the PPNNE Request for Surgery or Special Procedure to document compliance with a state's parental consent for abortion law, the parent(s) or guardian who signs the request should sign the CIICs relating to the minor's abortion procedure.
    - Affiliates should consult local counsel on compliance with state laws on parental consent and notification.
    - The parent or guardian who consents for a minor **must** be given the affiliate's notice of health information privacy practices
  2. Non-Contraceptive or Non-STI Services (e.g., some limited or periodic health screening services and family practice services)
    - Consent of a parent or guardian **must** be obtained when required by PPNNE standards (Family Practice/Non-Reproductive Health Care) or by state law.
    - Each affiliate **must** consult with local legal counsel to clarify state requirements.
    - Any circumstances in which parental consent are not required (e.g., "mature" or "emancipated" minors) **must** be clearly defined in the affiliate's protocols.
5. **Fee Schedule:** See Attached Excel Spreadsheet
6. **Policy Regarding the Separation of Title X and Abortion Services**

Policy Name	Separation of Title X and Abortion Services
Author	(b) (6)
Scope	All PPNNE Administrative and Health Centers
Effective Date	August 23, 2011
Revision Date(s)	August 30, 2011 (b) (6) Medical Services

I. POLICY

Planned Parenthood of Northern New England (PPNNE) complies with all federal regulations with regard to separation of Title X and abortion services. Rigorous accounting processes are in place to ensure that federal Title X dollars do not contribute to any of the costs of providing abortion services at PPNNE. In addition, Title X-designated PPNNE health centers comply with all Title X guidelines for the provision of family planning services.



## II. PROCEDURE

### a. PPNNE's abortion services consist of:

- i. Surgical Abortion or Medication Abortion
- ii. Pre-operative Education
- iii. Options Education and documentation of patients choice
- iv. Informed consent procedure
- v. Testing for Rh blood type and Rhogam, if indicated
- vi. Pre-operative physical exam as indicated
- vii. Pre-operative vital signs
- viii. Pre-operative ultrasound
- ix. Abortion procedure
- x. Post-abortion visit

### b. Allowable education at Title-X sites

- i. Pregnant women must be offered the opportunity to be provided information and education regarding each of the following options:
  - Prenatal care and delivery;
  - Infant care, foster care, or adoption; and
  - Pregnancy termination.
- ii. If this information and education is requested, it must be provided in a manner that is neutral, factual, and nondirective with regard to each of the options. Referral may also be given on request, except with respect to any options about which the pregnant woman indicates she does not wish to receive such information and counseling.
- iii. A referral may be provided for abortion, which may include providing the patient with the name, address, telephone number, and other factual information (charges, insurance coverage) about an abortion provider.

### c. Restricted education at Title X sites

- i. A Title X site "may not take further affirmative action, such as negotiating a fee reduction, making an appointment, providing transportation, to secure abortion services to the patient".
- ii. However, these limitations do not apply in cases in which a referral is made for medical indications (such as where the women's life would be in danger).

### d. Provision of Family Planning Services at Abortion Visits

When patients wish to receive a birth control method at an abortion visit, separate visit must be documented and charged out to the contraceptive program on the day of the procedure and (2), abortion program staff must allocate the time they spent providing contraceptive counseling to their site's contraceptive cost center via their timesheets. For more detailed information, please refer to the Provision of Contraceptive Services at Abortion Visit Policy

### e. Allocation of Time

Abortion services are provided at set times each week with specific staff designated to provide those services. For health centers that receive Title X funds, other staff may make appointments or answer questions related to the abortion program. However, that time must also be charged to the abortion program. All abortion program activities take place in seven sites where PPNNE provides abortion. No abortion program activities take place in any other sites and no time or expenses are charged to any abortion program site by staff in other sites. On days when abortion procedures are not being provided and an abortion patient has a problem, question, or concern, they are handled as follows:

- i. **Emergency Calls:** 24-hour a day on-call phone service is available; a practitioner will handle after hours calls and mark the time spent on these calls on her time sheet. This cost is budgeted between all the abortion programs. If calls occur during business hours, the person handling the call will mark the time spent on those calls on her timesheet and charge that time to the abortion program cost center.
  - ii. **Appointment setting/questions:** Time spent on extensive questions concerning the abortion program will be charged by those staff personnel to the abortion program.
  - iii. When a patient returns to the abortion site for a follow-up post-op visit, charges are not accrued. The follow-up visit is covered in the initial procedure charge. PPNNE also does not bill for complications following affiliate-performed procedures.
- f. **Program Clarifications** At times patient visits or patient problems may not clearly be related to either the contraceptive or abortion programs- that is, some judgment is called for. When in doubt, time and expenses are always charged to the abortion program.
- g. **Financial Reporting**
- i. Abortion program financial reporting is done separately from other medical services programs. In PPNNE's monthly financial statement, two pages of data refer to each abortion program. The first page is called the Revenue & Expense Report and outlines revenues & expenditures by line-item plus net income for the:
    1. Current Month's Actual Figures
    2. Current Month's Budgeted Figures
    3. Year-to-Date Actual Figures
    4. Year-to-Date Budgeted Figures
    5. Year-to-Date Variance Figures
    6. Last Year's Actual Year-to-Date Figures
    7. The Current Annual Budget
    8. The Current Remaining Budget

- ii. The second page is called the Clinic Visit & Financial Indicators Report and includes the following information broken down by the current month and year-to-date's actual, budgeted & prior year figures. It also provides a percentage change comparison for the current and prior year's year-to-date figures along with a year-end projection.
  - 1. The number of follow-up visits
  - 2. Number of procedures
  - 3. Total Visits
  - 4. Total Patients
  - 5. Number of Medicaid procedures
  - 6. Number of insurance procedures
  - 7. Number of Private Pay procedures
  - 8. Private patient, Medicaid and insurance fees per procedure
  - 9. Uncollectibles per procedure
  - 10. Net fee per procedure
  - 11. 11. Payroll cost per procedure
  - 12. 12. Operating costs per procedure
  - 13. 13. Total costs per procedure
  - 14. 14. Net per procedure (excess or deficit of revenue relative to expenses)
  - 15. 15. Net Revenue without subsidy
  - 16. 16. Bottom Line
  - 17. 17. Bottom Line per procedure

### III. ADMINISTRATIVE GUIDELINES

#### a. Forms

- i. 1. Time Sheets: All staff are required to list the time spent in each cost center; the format of the
- ii. time sheet is based upon assignment of time by cost center. All staff must record the time spent in the abortion program using the appropriate cost center number. Combined Time Off (CTO) is allocated based on the time budgeted in the abortion program as a percentage of each employee's total budgeted work hours. For time recorded on days other than those when abortions are provided, record in half hour time increments.
- b. Check Requests and Invoices: Expenses for the abortion program must be coded directly to the abortion program. When shared costs exist that are not directly attributable to the abortion program, they will be allocated on the basis of pre-determined formulas.

- c. Lab Expense: All lab tests for the abortion program are coded 100% to that program. PPNNE AB programs have separate identification numbers set up with Converge Laboratory.
- d. Licensed Professionals: All costs for abortion providers are coded 100% to the abortion program.
- e. Medical Supplies: All medical supply purchases used exclusively by the abortion program (curettes etc.) are coded 100% to that program. Medical supplies used by all medical programs (contraceptive, teen & abortion) are allocated between those programs based upon their total budgeted visit percentages.
- f. External Loan Distribution: This expense is allocated through the central office, based upon actual usage for internal and external loans.
- g. Travel Expenses: All expenses for mileage, meals, lodging, and seminars related to providing abortion services are coded 100% to the abortion program
- h. Office Supplies: Snacks for patients seen in the abortion program should be coded 100% to the abortion program. Any office supplies purchased for a particular program must be coded to that
- i. program. General office supplies purchased for use by all programs within a building are coded using allocation percentages.
- j. Advertising: All advertising costs for the abortion program are coded directly to that program. If a joint advertisement is run, then the cost for the advertisement is allocated based upon visit percentages.
- k. Forms/Publications: Forms used specifically by the abortion program are coded directly to that program. Allocations for forms used jointly by both the abortion and contraceptive programs are based upon the visit percentages listed above.
- l. Dues: National Abortion Federation dues are coded 100% to the abortion program.
- m. Malpractice Insurance: Malpractice Insurance cost is allocated to the abortion sites based upon the product of the procedures provided and the current rate per procedure.
- n. Telephone: Long distance phone service is provided by One Communications with all cost allocations based upon actual usage. This is tracked using a three-digit code that must be
- o. entered before placing long distance calls. AB Pager expense is split evenly among the seven Abortion programs.
- p. Non-Capital Equipment: Includes service contracts for machine maintenance, copier rental, etc. Also includes furniture, equipment, medical instruments costing between \$301 and \$1000, and NEMED contract costs. Any non-capital equipment purchased for a particular program must be coded to that program. Non-capital equipment purchased for use by all programs within a building is coded using assigned allocation percentages. The cost of non-capital equipment

purchased for medical programs only (contraceptive, teen & abortion) is allocated using the allocation percentages for medical programs.

- q. Mortgage Interest: Based upon the remaining mortgage values by location and total amount of area and the total time that area is used by each program.
- r. Space Repair & Maintenance: Includes painting, fix-up, plowing, lawn mowing, office space cleaning, trash removal and renovations to space costing less than \$1000. Based upon the total amount of area and the total time that area is used by each program.
- s. Utilities: Includes heat, electricity, water and cable TV costs. Based upon the total amount of area
- t. and the total time that area is used by each program
- u. Property Insurance: Includes insurance costs on property we own. Based upon the total amount of area and the total time that area is used by each program
- v. Miscellaneous Expenses: Any costs related to the abortion program that does not fit into an expense account above.
- w. Revenue: All information regarding patient services provided in the abortion programs is entered into the practice management system using the appropriate office code, which allows for all revenue and statistical information to be recorded separately.

**IV. ORIGINS/RATIONALE**

Compliance with Title X regulations. All PPNNE abortion sites (except those in Vermont) are recipients of Title X funding. Title X expressly prohibits the use of Title X funding for abortion services.

**7. Charging Costs to Federal Grant Program Policy**

<b>POLICY DOCUMENT</b>	
EFFECTIVE DATE: 01/01/2011	TITLE: Charging Costs to Federal Grant Programs
NEXT REVIEW DATES: 6/1/2012	AUTHOR: Heather Bushey, Chief Financial Officer
RENEWAL AND/OR REVISION DATES:	OWNER: Chief Financial Officer

**PURPOSE**

To establish guidelines that ensure that costs charged to Federal grant programs are reasonable, allowable and allocable under the grant/award.

## **POLICY**

PPNNE charges costs that are reasonable, allowable, and allocable to a Federal grant directly or indirectly. All unallowable costs shall be appropriately segregated from allowable costs in the accounting records in order to ensure that unallowable costs are not charged to Federal grant programs.

## **PROCEDURE**

### **Segregating Unallowable from Allowable Costs**

The following steps shall be taken to identify and segregate costs that are allowable and unallowable with respect to each Federal award:

1. The budget and grant or contract for each award shall be reviewed for costs specifically allowable or unallowable.
2. Accounting and grant program personnel shall be familiar with the allowability of costs provisions of Office of Management and Budget (OMB) Circular A-122, "Cost Principles for Non-Profit Organizations," particularly:
  - a. The list of specifically unallowable costs found in Attachment B (Selected Items of Cost), such as alcoholic beverages, bad debts, contributions made by PPNNE, entertainment costs, fundraising costs, fines and penalties, certain interest, lobbying, etc.
  - b. Those costs requiring advance approval from Federal agencies in order to be allowable in accordance with Attachment B, such as foreign travel, equipment purchases, housing allowances and personal living expenses etc.

No costs shall be charged directly to any Federal award until the cost has been determined to be allowable under the terms of the grant and/or OMB Circular A-122.

All items of miscellaneous income or credits, including the subsequent write-offs of uncashed checks, rebates, refunds, and similar items, shall be reflected for grant accounting purposes as reductions in allowable expenditures if the credit relates to charges that were originally charged to a Federal award or to activity associated with a Federal award. The reduction in expenditures shall be reflected in the year in which the credit is received (i.e., if the purchase that results in the credit took place in a prior period, the prior period shall not be amended for the credit).

### **Criteria for Allowability**

In order to be treated as directly or indirectly allowable under a Federal award, the cost must:

1. Be reasonable for the performance of the award, considering the following factors:
  - a. Whether the cost is of a type that is generally considered as being necessary for the operation of the Organization or the performance of the award;

- b. Restraints or requirements imposed by such factors as generally accepted sound business practices, arm's length bargaining, Federal and State laws and regulations, and the terms and conditions of the grant;
  - c. Whether the individuals concerned acted with prudence in the circumstances;
  - d. Consistency with established policies and procedures of the Organizations, deviations from which could unjustifiably increase the costs of the award.
2. Conform to any limitations or exclusions set forth in OMB Circular A-122 or in the grant agreement as to types or amount of cost items.
  3. Not be included as a cost or used to meet cost sharing or matching requirements of any other federally funded program in either the current or a prior period.
  4. Be adequately documented

#### **Criteria for Allocable Costs**

A cost is allocable to a Federal grant if it is treated consistently with other costs incurred for the same purpose in like circumstances and if it:

1. Is incurred specifically for a Federal grant;
2. Benefits both the grant and other work and can be distributed in reasonable proportion to the benefits received, or;
3. Is necessary to the overall operation of the organization, except a direct relationship to any particular program or group of programs cannot be demonstrated.

Joint costs, such as rental costs, operation and maintenance of facilities, telephone expenses, and the like are prorated individually as direct costs to each category and to each grant or other activity using a base most appropriate to the particular cost being prorated.

#### **ORIGINS/RATIONALE**

Office of Management and Budget (OMB) Circular A-122, "Cost Principles for Non-Profit Organizations", establishes principles for determining costs of grants, contracts and other agreements with non-profit organizations and we are required to adhere to these principles under our federal grant awards.

## Upload #5

Applicant: Planned Parenthood of Northern New England, Inc  
Application Number: FPH2011005494  
Project Title: FY11 PPNNE FOA  
Status: Submitted  
Document Title: Bio



Pages 73 through 79 redacted for the following reasons:

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