

Family Planning

Funding

Based on the availability of State or Federal funds, the State Agency determines the base award to the Local Agency on the 3-year average of unduplicated number of Family Planning Users.

Funding is also subject to legislative and policy priorities. The Kansas Legislature established two priorities related to contracting for the delivery of family planning services for State Fiscal Year 2015 (beginning July 1, 2014): First priority to public entities (state, county, and local health departments and health clinics); and, if any moneys remain, then, Second priority to non-public entities which are hospitals or federally qualified health centers that provide comprehensive primary and preventative care in addition to family planning services.

Local Agency continuation grants are funded equal to at least 80 percent of the previous year's base award and the remaining 20 percent of funds may be allocated based on performance data. The amount of funding a local agency requests in the grant application should be based on cost to provide services.

In the event additional funds are received at the state level, they will be distributed to local agencies based on performance/need data. At such time that the Local Agency's unduplicated number of Family Planning Users for a 3-year average falls below 50, the State Agency may discontinue funding the Local Agency. The State Agency reserves the right to modify in its sole discretion, the funding criteria used in the award process. Funding is also subject to legislative and policy priorities.

Match – Local Agency matching funds must be equal to or greater than 40 percent of grant funds awarded. Program revenues may be utilized to meet the match requirement.

Program Revenue – Local agencies must establish a schedule of fees for services and supplies based on guidelines contained in the Manual (see b. below). Funds generated from any of these will be used to support the maintenance/expansion of family planning services. These funds will be carried forward from year to year. The grant application budget for family planning must reflect the total program budget including grant funds, projected fee collections, Title XIX, and third party reimbursements plus any unexpended revenue carryover (prior grantees only) from the previous year's budget.

Specific Program Information

- A. Application – Follow the KDHE “SFY2015 Grant Application Guidance” instructions. The application budget must include expenses for staff to attend education updates. In order to advocate for increased funds, documentation is necessary to reflect pharmaceutical expenses on the detailed budget.
- B. Services – See the Department of Health and Human Services' (DHHS) "[Program Guidelines for Project Grants for Family Planning Services](#)," and the “Kansas Health Services Manual, Family Planning/Women's Health.”
 1. Each project must assure that skilled personnel, equipment and medical back-up services are available to provide the required services.
 2. Each project will have an advisory committee to review and approve family planning informational and educational materials, and provide guidance in the development, implementation and evaluation of the project.
 3. Each project must provide for community education programs to:
 - a. enhance community understanding of the objectives of the project;
 - b. inform potential clients of the availability of services; and
 - c. encourage continued participation by persons to whom family planning may be beneficial. Community education and outreach activities should be based on an assessment of community needs, and have both implementation and evaluation components.
 4. Each project must handle Family Planning pharmaceuticals purchased through the Office of Pharmacy Affairs 340B Drug Pricing Program in compliance with that program's guidelines.

5. For delegate agencies whose subcontractors are purchasing Family Planning pharmaceuticals for their clients through the Office of Pharmacy Affairs (OPA) 340B Drug Pricing Program there must be a mechanism in place that allows for allocating a proportional amount of the grant award to the subcontractor(s) in order to meet the OPA expectation that Title X Family Planning covered entities receive grant funds for clinical services.
- C. SFY2015 Outcome Objective: All client records with Pap test results showing epithelial cell abnormalities (ASC or more severe) will have documentation of client notification, and appropriate referral and/or follow-up recommendations within 6 weeks of the date the Pap smear was read. SFY2015 Process Objectives: In setting objectives for SFY2015, please review the latest data available from the state data system. The applicant must set objectives in each of the following areas:
1. Provide family planning services to #___ Users.
 2. Increase the number of high-risk (age 19 & under) Users receiving services from #___ in Calendar Year (CY) 2013 to # ___ in CY 2014.
 3. Increase the number of low-income (at or below **100 percent** poverty) Users receiving services from #___ in CY 2013 to #___ in CY 2014.
 4. Remain in compliance with clinical indicators on semi-annual reporting forms.
- D. Program Protocols: The Local Health Agency will develop and have on file, written local program policies and procedures for services to be provided based on program standards and guidelines contained in the Manual in b. above. As appropriate, the Local Health Agency will have on file current APRN protocols and authorization for collaborative practice as required by the Kansas State Board of Nursing.
- E. Other:
1. The Local Health Agency will provide for orientation and training of new staff. Staff will participate in the annual KDHE Family Planning update.
 2. Onsite monitoring and technical assistance visits are conducted by the State Agency. A corrective action plan for issues identified during the said visit will be established and implemented.
 3. For multi-agency grants only, the delegate agency shall provide each agent/subcontractor with a completed grant application, contract, and reporting instructions, and will have on file a signed memorandum of agreement with each agent/subcontractor which includes provisions for record keeping and providing matching funds if required. A copy of the signed memorandum of agreement with each agent/subcontractor shall be on file with the State Agency.
 4. For the Local Agency and its agents or subcontractors who are providing required core Family Planning services off-site, a copy of the signed agreement between the provider(s) and the Local Agency shall be on file with the State Agency.

Reporting Requirements

Refer to the KDHE "SFY2015 Grant/Contract Reporting Instructions."

Program Contact Persons

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Form required: Program Request and Detailed Budget