



Kathleen Sebelius, Governor  
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH  
AND ENVIRONMENT

[www.kdheks.gov](http://www.kdheks.gov)

Division of Health

## MEMORANDUM

**TO:** Local Health Agencies  
Other Grantees

**FROM:** Roderick L. Bremby, Secretary

**DATE:** January 16, 2007

**RE:** Grant / Contract Reporting Instructions  
SFY 2008

The attached material outlines the process and format for preparation of the Grant / Contract quarterly reports beginning July 1, 2007. Please read the attached instructions for the individual Contract Attachments and the Notice of Grant Award Amount & Summary of Program Objectives before preparing your quarterly reports.

These instructions supercede all previous Grant / Contract Quarterly Report Instructions. You are advised to destroy any previous instructions and use these to ensure accurate and timely reporting which will permit a timely cash flow to you: the grantee. If your agency is reporting electronically, please amend the electronic form(s) appropriately.

If it is necessary to file an amended quarterly report, a brief letter of explanation should accompany the amended report. The report must be signed and dated by the person authorized to sign for your local health agency. If you are reporting electronically, the name of the authorized person must be typed on the appropriate line. Amended reports are required to be filed within 90 days following the end of the appropriate program quarter.

If you have any questions or concerns about the reporting requirements, please contact Kevin Shaughnessy, Division of Management and Budget at (785) 296-1507 at your earliest convenience. Your continued cooperation in this matter is greatly appreciated.

Enclosure

pc: Howard Rodenberg, Director of Health

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## OUTLINE OF REPORTING INSTRUCTIONS:

Reports required for grants / contracts awarded to Local Health Agencies for State Fiscal Year 2008 are explained in the following material. Reporting requirements have been revised in order to meet individual program requirements.

**The quarterly/semi-annual program and fiscal report (Certified Affidavit of Expenditures) should be viewed as one report. The material that makes up the report should all be submitted at the same time because program and fiscal staff will make a joint review. Future payments will not be made until the total report is received and approved.**

The reporting periods should be on a schedule corresponding with the funding period which is the State Fiscal Year (SFY July 1 through June 30). The suggested reporting schedule is as follows:

<b>REPORTING SCHEDULE</b>			
1st Quarter	7/1 to 9/30	REPORT DUE	October 15 <sup>th</sup>
2nd Quarter	10/1 to 12/31	REPORT DUE	January 15 <sup>th</sup>
3rd Quarter	1/1 to 3/31	REPORT DUE	April 15 <sup>th</sup>
4th Quarter	4/1 to 6/30	REPORT DUE	July 15 <sup>th</sup>

The following instructions are for developing and submitting the quarterly/semi-annual reports.

Quarterly fiscal reports (**\*Certified Expenditure Affidavit**) are due at Department of Health and Environment **by the 15th of the month following the quarter**, e.g., July - September, due October 15th. No annual reports are required. Program reports should be submitted as specified within each Contract Attachment / Notice of Grant Award Amount & Summary of Program Objectives.

Unless indicated otherwise, **submit two (2) copies (ORIGINAL PLUS 1 COPY) of the program/fiscal reports are to be mailed to:**

Kevin Shaughnessy, Accountant  
Division of Management and Budget  
1000 Jackson Ave, Suite 570  
Department of Health and Environment  
Topeka, KS 66612-1368  
Phone: (785) 296-1507  
email: [kshaughn@kdhe.state.ks.us](mailto:kshaughn@kdhe.state.ks.us)

**If affidavits are submitted electronically, it is not necessary to mail them.**

Note: Audit reports are also mailed to Kevin Shaughnessy.

**PROGRAM REPORTING:**

**A. STATE FORMULA FUNDS REPORT:**

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1. No narrative reports are required.
2. **QUARTERLY:** Submit a Certified Affidavit of Expenditures (Form #1). This requires reporting of total local tax and other non-state, non-federal revenue and expenditures.

Fiscal reporting instructions are explained in Sections M, N, and O.

3. **PROGRAM CONTACT PERSON**  
Shirley Orr, Director, Local Health  
Office of Local & Rural Health  
Curtis State Office Building  
1000 SW Jackson, Suite 340  
Topeka, KS 66612-1365  
Phone: (785) 296-1200  
Fax: (785) 296-1231  
e-mail: [sorr@kdhe.state.ks.us](mailto:sorr@kdhe.state.ks.us)

## **B. COMMUNITY-BASED PRIMARY CARE REPORT (Clinics and Prescription Drug Assistance)**

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1. **GENERAL REPORTING INSTRUCTIONS:** Although the funds appropriated in this program are tracked for the two types of financial assistance, (Primary Care Clinics and Prescription Drug Assistance), the budgeting and financial accounting will be compiled in one set of forms. The general instructions for completing the Quarterly Program Financial and Annual Progress Reports for Community-Based Primary Care are as follows:

Read all instructions and definitions immediately. Begin collecting data for calendar year 2007 on January 1, 2007, according to the definitions provided in the Kansas Association for the Medically Underserved (KAMU) reporting system if you are not already doing so. The Data Reporting Period is the calendar year, the grant reporting period is the state fiscal year.

2. **PROGRAM PROGRESS REPORTS: Electronic Statistical Reporting**  
The program progress reporting period is 12 months beginning January 1. Use of the internet-based data reporting system is required to meet the reporting expectations placed on clinics funded through the Kansas Department of Health and Environment (KDHE) Primary Care Office. The new system was developed in collaboration with the Kansas Association for the Medically Underserved (KAMU) and may be found on the web at: <http://www.datacounts.net/kamu/>
  - a. The reporting system and Users Manual have been adopted by the Primary Care Office within the Kansas Department of Health and Environment for use by primary care clinics and health centers funded through the Community Based Primary Care Clinic and Prescription Drug Assistance grant programs. Obtain log-in authorization and instructions from the KAMU office at (785) 233-8483. Log on and begin reporting at: <http://www.datacounts.net/kamu/>
  - b. **NOTE DATE CHANGE:** Reports from state-funded clinics are due annually by **March 15**. The data requested will better facilitate aggregate data comparisons. The due date will facilitate collection and assembly of calendar year data and performance information for grant application review. Instructions for the reporting system may be found on the KDHE Website: <http://www.kdheks.gov/olrh/download/PCQtrlyManual.pdf>
  - c. **Benchmark:** A benchmark is sustained superior performance by a clinic or health center, which can be used as a reference to raise the mainstream of care for the patient population. The relative definition of “superior” will vary from situation to situation. In many instances an appropriate benchmark would be a grantee that appears in the top 10% of all grantees for more than a year.

**3. AFFIDAVIT OF EXPENDITURES:**

Quarterly fiscal reports (**Certified Expenditure Affidavit**) are due at Department of Health and Environment **by the 15th of the month following the quarter**, e.g., July - September, due October 15th. No annual reports are required. Follow KDHE General Accounting Services instructions in Sections M, N, and O of this booklet. The following sections give instructions for completing each section in the Quarterly Fiscal Report. Community-Based Primary Care (Clinic and Prescription Drug Assistance Program) (Form #2, 3-pages ).  
<http://www.kdheks.gov/olrh/download/PCQtrlyFinRpt.pdf>

- a. **GRANT/CLINIC NAME:** If a grantee operates clinics at more than one location, you may choose to provide a breakdown within the financial report. However, only one Quarterly Financial Report should be submitted by the grantee for all locations. The report is to be used for both primary care clinic grant programs. Indicate the phone number for the person completing the financial report.
- b. **FISCAL REPORTING PERIOD:** The reporting period is three months on a schedule corresponding with the funding period which is the State Fiscal Year (SFY July 1-June 30). Check the appropriate quarter at the top of each report page or indicate the dates of the reporting period if appropriate. The report is due fifteen days after the quarter ends, (i.e., on the fifteenth of the month following the end of the quarter).

c. **FISCAL REPORTING SCHEDULE:**

<b>Quarter</b>	<b>Period</b>		<b>Deadline</b>
1st Quarter	7/1 to 9/30	REPORT DUE	October 15
2nd Quarter	10/1 to 12/31	REPORT DUE	January 15
3rd Quarter	1/1 to 3/31	REPORT DUE	April 15
4th Quarter	4/1 to 6/30	REPORT DUE	July 15

d. **EXPENDITURE INSTRUCTIONS:**

- 1) **Staff Personnel:** Staff Salaries and Benefits. List personnel according to a category (e.g., health professionals /clinical staff, prescription drug assistance staff, clerical, administrative). Beneath the category "health professional/clinical staff" each position should be listed separately by title and percent of full-time equivalency (FTE) employed as a primary care provider. Allocate the salary amounts to be paid from local health agency shares in the column labeled "Local Match Amount" and/or State Grant in the appropriate "Grant Amount" column. Include regularly assigned personnel who receive salaries or wages and volunteers routinely scheduled to work at least 20 hours per week in the Staff Personnel category. Include expenses of payroll taxes and employer-paid benefits.
- 2) Health professional/clinical staff includes physicians, and all nursing

personnel (RN, LPN, nursing assistants) nurse practitioners and physicians' assistants, psychologists, clinical licensed mental health professionals, dentists, dental hygienists, pharmacists, pharmacy assistants, and optometrists.

- 3) **Contract Personnel:** Health Professionals who are not employees. Contract Personnel are health professionals (listed above) who provide primary care services by special arrangement or contract. The full time equivalency (FTE) of the contracted person should be shown in the column marked "% time worked in a program." Include paid contract staff as well as volunteers who work irregularly or less than 20 hours per week. Show dollar amounts in appropriate column for revenue sources. List the value of donated services in the Local Applicant Share.
- 4) **Health Services:** Payments made for services only, not personnel. Health Services include payments for the following: dental, vision, hearing, laboratory, pharmacy, mental health, and radiology service. Do not record salaries or wages of personnel who provide those services. For each service, separate costs according to costs associated with locally purchased or donated services (Local Match Amount) and costs which are covered or shared by either the Clinic or Prescription grant. The local applicant's share may not be more than the actual cost of the service for which the agency has paid. For example, the cost to report for donated (non-cash) laboratory services should be an amount agreed upon as the market value for those services.
- 5) **Travel:** Include in-state travel to primary care training, including training to manage pharmacy assistance programs, and continuing education in this category. Do not include salary expense. State grant funds may not be used for out-of-state travel.
- 6) **Supplies:** Categorize supplies according to type-- Pharmaceuticals (prescription medications purchased by or dispensed from the clinic site) Include the cost/market value of donated sample medications as local match, if appropriate. Laboratory Supplies, (Other Medical Supplies: patient education materials, and clinical supplies directly related to patient services, e.g., drapes, needles), and Office Supplies (clerical, financial, administrative and other operational supplies). Do not include a cost (value) for donated sample medications.
- 7) **Capital Equipment:** Capital Equipment is defined as items costing \$500 or more and having a useful life greater than one year. Avoid budgeting for capital equipment with state funds. If capital items purchased with local funds are to be credited toward the local match, they must be listed separately,
- 8) **Other: (Including Indirect Cost)** Itemize other direct costs. 340B programs may use Prescription Assistance grant funds to provide up to

\$4.00 for each prescription to support discounts for eligible patients. Include the actual number of prescriptions to qualifying patients and the total cost of the discounts.

9) Indirect costs or contributions are acceptable only as part of the local match, but the agency must have obtained an annual indirect cost authorization from KDHE. Items included in the indirect cost computation cannot be included as direct cost items. Indirect costs may include rent, utilities, insurance, dues, subscriptions, audit related costs, and general administration.

10) **Affidavit Total:** Find affidavit total for each column by adding the subtotals of categories 3 through 9. The Local Match Amount plus the State Grant Amounts should equal the Total Amount.

4. **E-mail reporting:**

E-mail the Quarterly Fiscal Report (**Certified Expenditure Affidavit**) as an attachment to:

Kevin Shaughnessy, Accountant, Internal Management/Accounting Services

Phone: (785) 296-1507

email: [KShaughn@kdhe.state.ks.us](mailto:KShaughn@kdhe.state.ks.us)

**If affidavits are submitted electronically, it is not necessary to mail them.**

5. **Mailing (optional):**

If you did not send the report electronically, mail two copies (original plus one copy) of the Fiscal Reports to:

Kevin Shaughnessy, Accountant

Internal Management/Accounting Services

Kansas Department of Health and Environment

1000 SW Jackson, Ste. 570

Topeka, KS 66612-1368

Phone: (785) 296-1507

email: [KShaughn@kdhe.state.ks.us](mailto:KShaughn@kdhe.state.ks.us)

6. **Program Contact Person:**

Barbara Gibson, Director, Primary Care Section

KDHE, Office of Local & Rural Health

1000 SW Jackson, Suite 340

Topeka, KS 66612-1365

phone: (785) 296-1200

fax: (785) 296-1231

email: [BGibson@kdhe.state.ks.us](mailto:BGibson@kdhe.state.ks.us)

**C. CHILD CARE LICENSING & REGULATION PROGRAM**

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1. **QUARTERLY:** submit the Certified Affidavit of Expenditures (Form #4). State grant funds cannot be used to purchase Capitol Equipment.
2. **QUARTERLY:** submit the original of the standardized report form. Specific instructions in completing the form are as follows for those sections which are not self-explanatory. See Form #5.

**FORM #5:** the following items refer to categories to be completed.

**Contractor:** Place the name of the **contracting county** or the **private** contractor on this line.

**Counties in Service Area:** Multi-County contractors are required to **complete one report for each county**. List the county this report represents.

**Report Period:** Place the dates of the report period on this line. (Example: 07/01/2007 to 09/30/2007 for 1st report.) **Please do not designate the quarter as 1st, 2nd, etc. due to the conflict between SFY and county FY calendars. Data entry requires mm/dd/yy reporting.**

The following “letters and numerals” refer to categories to be completed on Form #5.

- A.1. This should be the total number of group orientation sessions for home providers held during the quarter.
  - 1.a. This should be the total number of persons attending the initial orientation group sessions who are interested in a day care home facility (licensed or registered).
  - 1.b. This should be the frequency of orientation sessions for persons interested in a day care home facility (licensed or registered). If at least **one person** applies/requests orientation information per month, the required minimum frequency is monthly. If application/orientation requests are less frequent, they should be given immediately (upon demand).
- A.2. This should be the total number of **group** orientation sessions for persons interested in a child care center facility including Preschools and School Age Programs.
  - 2.a. This should be the total number of persons attending the initial orientation group sessions who are interested in a child care center facility including preschools and school age programs.
  - 2.b. This should be the frequency of orientation sessions for persons interested in a child care center facility including preschools and school age programs. If at least **one person** applies/requests

orientation information per month, the required minimum frequency is monthly. If application/orientation requests are less frequent, they should be given immediately (upon demand).

- A.3. Indicate the number of individual consultations held for persons wanting to open a child care facility in addition to the initial orientation sessions for:
  - a. Home providers
  - b. Center/Preschool facilities.
  
- B.1. This should be total number of initial applications received this quarter and forwarded to KDHE for processing.
  
- C.1. Report here the total number of initial surveys conducted during the report period. (If more than one on-site visit is required to complete the survey, the count is one.) Follow up visits (compliance checked) are counted in C.2.
- C.2. Report here the total number of successful follow up visits (to initial surveys) conducted during the report period.
- C.3. Report here the total number of renewal or re licensing surveys conducted during the report period. (If more than one on-site visit is required to complete the survey, the count is one.) Follow up visits are counted in C 4.
- C.4. Report here the total number of successful follow up visits (compliance checks to renewal surveys) during the report period.
- C.5. The number reported here should be the total number of successful KDHE requested compliance check visits made--contact occurred.
  
- D.1.a. Report here the number of illegal child care complaint intakes investigated during the report period.
- D.1.b. Report here the number of child care complaint intakes alleging regulation violations investigated during the report period.
  
- E.1. Report here the number of families referred to licensed child care resource and referral agencies.
  
- F.1.a. Report the type of Outbreak (the definition of an outbreak will be according to the CDC protocols).
- F.1.b. Report the program type in which the outbreak occurred.
- F.1.c. (1) Report the number of children affected in this outbreak.  
(2) Report the number of staff affected in this outbreak.
- F.2.a. -- d. (2) Report as in F.1. Report any further outbreaks in the Narrative.
  
- G.1.a. Report the type of Serious Injury or Cause of Death
- G.1.b. Report the license of certificate number of the regulated facility.
  
- H.1. Report the provider in service training which you co-sponsored, sponsored or provided directly--workshops only. Using the Core Competencies for Early

Childhood Care and Education Professionals in Kansas and Missouri, identify the content area, level of competency, and all other information as requested for each workshop.

- I. 1. For presentations you conducted to community groups/organizations about the childcare regulatory program **but not including workshops to providers listed in I. above**, report the Topic of the presentation, the community group or organization name and the number of persons attending the presentation.
- I.2. Report the number of advertisements directly related to local child care regulatory services published during the report period.
- I.3.a. Report the number of articles published during the report period. Include copies.
- I.3.b. Report the topic(s).
- I.4.a.--b. Report the number of brochures distributed and the topic(s)
- I.5.a.--b. Report the number of posters produced and posted and the topic(s).
- I.6. Report on any other community partnership activities that are not listed elsewhere. Include names of community agencies/organizations involved, a brief description of the project, meeting or other information, number of persons involved.
  
- J. Narrative. Include a narrative of local childcare regulatory activity; outline progress in meeting local program objectives, any program changes, challenges, innovative work or special projects, etc.

**Submit one original of the Form #5 only. No copies are necessary.**

3. **PROGRAM CONTACT PERSON**

Janet Newton, MS  
Administrator, Child Care Unit  
Bureau of Child Care and Health Facilities  
Curtis State Office Building  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1274  
phone: 785-296-1270  
fax: 785-296-0803  
email: [jnewton@kdhe.state.ks.us](mailto:jnewton@kdhe.state.ks.us)

## **D. MATERNAL AND CHILD HEALTH SERVICES**

1. **DETAILED CLIENT ENCOUNTER DATA COLLECTION:** Submit detailed client encounter data in a timely manner, in either paper or electronic format in accordance with the guidance provided by the Children and Families Section, BCYF. In order to meet federal reporting requirements, all calendar year client encounter data shall be submitted to the State Agency within 15 days of the end of the calendar year.
2. **QUARTERLY:** Submit the Certified Affidavit of Revenues and Expenditures (Form #7). Refer to the Fiscal Reporting in Sections M, N, and O.
3. **MID-YEAR:** Grantees providing services to pregnant women must submit the Perinatal Outcome Data form (Form #6) covering the first six months of the contract period. In addition, agencies must submit a Narrative Report (See Form #3) to describe program activities covering the first 6 months of the fiscal year that includes:
  - Areas of greatest need within your community and objectives identified to address those needs
  - Strategies implemented to meet identified objectives
  - Assets in your community that assisted in meeting the objectives
  - Challenges encountered in meeting your objectives
  - Data sources used for tracking progress on objectives
  - Progress in meeting contract objectives
  - Local health agency concerns and needs
  - Changes or additions to local policies/procedures
  - Staff changes
  - Pertinent client case examples' success stories
  - Special results of program interventions
4. **END-OF-YEAR:** Submit a Narrative Summary Report covering the entire contract period. See D.3 for content.

Grantees providing services to pregnant women must submit the Perinatal Outcome Data form (Form #6) with the end-of-year report covering the entire contract period.

### 5. **PROGRAM CONTACT PERSONS**

#### **Primary Contacts:**

Brenda Nickel, Child Health	(785) 296-7433
<i>bnickel@kdhe.state.ks.us</i>	
Jane Stueve, Adolescent Health	(785) 296-1308
<i>jstueve@kdhe.state.ks.us</i>	
Joe Kotsch, Maternal Health	(785) 296-1306
<i>jkotsch@kdhe.state.ks.us</i>	
Jamie Klenklen, Administrative Consultant	(785) 296-1234
<i>jklenklen@kdhe.state.ks.us</i>	

## **E. FAMILY PLANNING**

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1. **DETAILED CLIENT ENCOUNTER DATA COLLECTION:** Submit detailed client encounter data in a timely manner, in either paper or electronic format in accordance with the guidance provided by the Children and Families Section, BCYF. In order to meet federal reporting requirements, all calendar year client encounter data shall be submitted to the State Agency within 15 days of the end of the calendar year.
2. **QUARTERLY:** submit the Certified Affidavit of Revenues and Expenditures (Form #7). Refer to the Fiscal Reporting in Sections M, N, and O. The source and amount of funds received during the reporting period that support activities within the scope of the grantee's Title X family planning services grant shall be identified on the Certified Affidavit of Revenues and Expenditures. In order to meet federal reporting requirements, the final Certified Affidavit of Revenues and Expenditures shall be submitted to the State Agency within 60 days of the end of the grant period.
3. **MID-YEAR:** submit a completed Family Planning Semi-Annual Report (format - Form #8) covering the first 6 months of the contract. All sections of this report must be addressed: Encounter Time, Chart Audit, HIV Reporting, and Program Narrative.

The Family Planning Semi-Annual Report should be mailed directly to the Family Planning Administrative Consultant (listed below).

4. **END-OF-YEAR:** submit a completed Family Planning Semi-Annual Report (format - Form #8) covering the last 6 months of the contract (See E. 3. for content) and a copy of the current family planning schedule of fees and discounts. The Family Planning schedule of fees and discounts must be established and implemented with sufficient proportional increments so that inability to pay is never a barrier to services. Charges (fees) must be based on a cost analysis of all services provided by the project.

The Family Planning Semi-Annual Report and schedule of fees and discounts should be mailed directly to the Family Planning Administrative Consultant (listed below).

5. The local health agency will distribute a client satisfaction survey card to every 5<sup>th</sup> client (20%). Postage-paid cards are supplied to the local health agency by KDHE. The client completes the card and mails it to KDHE for review and feedback to the agency.

6. **PROGRAM CONTACT PERSON**

Janis Bird, Family Planning Administrative Consultant (785) 296-1205  
*jbird@kdhe.state.ks.us*

Nadine Gail Chalman, Family Planning Clinical Consultant (785) 296-8212  
*gchalman@kdhe.state.ks.us*

Ruth Werner, Family Planning Director (785) 296-1304  
*rwerner@kdhe.state.ks.us*

**F. SCHOOL AND PUBLIC HEALTH NURSE COLLABORATIVE PRACTICES**

1. *A clearly defined commitment to partnering with a local school nurse(s) and / or other medical home staff must be made, including the attendance by collaborative partners at a regional School and Public Health Nurses Collaborative Practices workshop and participation with at least one collaborative activity within the current school year.*
2. The activity described in the written plan must be completed by July 15.
3. **QUARTERLY:** Submit the Certified Affidavit of Revenues and Expenditures (Form #7). Refer to the Fiscal Reporting in Sections M, N, and O.
4. **END-OF-YEAR:** Submit a Narrative Summary Report covering the entire contract period and a Narrative Evaluation Report summarizing the outcome(s) of the public health and school collaboration activity(s) that was conducted within the community by July 15, 2008.

**PROGRAM CONTACT PERSON**

Brenda Nickel, Child and School Health Consultant (785)296-7433  
[bnickel@kdhe.state.ks.us](mailto:bnickel@kdhe.state.ks.us)

**G. TEEN PREGNANCY CASE MANAGEMENT (TPCM)**

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1. **QUARTERLY:** submit:
  - a. Certified Affidavit of Revenues and Expenditures (Form #7). Refer to the Fiscal Reporting in Sections M, N, and O.
  - b. Quarterly outcomes/indicators form.
  - c. TPCM Data Forms. Refer to the Teen Pregnancy Case Management Manual for forms.
  - d. Include statements of significant changes, staff termination and hiring.

Two (2) copies (original plus one copy) of fiscal reports are to be mailed to KDHE's Internal Management/Accounting Services (listed in "Outline of Reporting Instructions"). Submit one copy of quarterly outcomes/indicator form to program contact person (listed below).

2. **MID-YEAR:** submit a Narrative Report to the program contact person for the first 6 months of the contract that includes:
  - Areas of greatest need within your community and objectives identified to address those needs.
  - Strategies implemented to meet identified objectives.
  - Assets in your community that assisted in meeting the objectives.
  - Challenges encountered in meeting your objectives.
  - Data sources used for tracking progress on objectives.
  - Progress in meeting contract objectives.
  - Local health agency concerns and needs.
  - Changes or additions to local policies/procedures
  - Pertinent client case examples.
  - Special results of program interventions.
  - Include statements of significant changes, staff termination and hiring.
3. **END-OF-YEAR:** submit a Narrative Report to the program contact person covering the last 6 months of the contract. Refer to H.2. for content.

**Exception:** Progress in meeting contract objectives should be reported for the full 12 month period. The local health agency should list: 1) objectives from the contract; and 2) project achievements.

4. Case managers and local coordinators are expected to attend at least one statewide training/meeting a year to share accomplishments, ideas and concerns. The expenses for this training are to be included in the budget proposal of the local agency.
5. **PROGRAM CONTACT PERSON**  
Jane Stueve, Adolescent Health Consultant (785) 296-1308  
*jstueve@kdhe.state.ks.us*

**H. AIDS HEALTH EDUCATION/RISK REDUCTION (AIDS HE/RR)**

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1. Awards are initiated upon receipt of an amended budget unless the award is equal to the requested amount.
2. **QUARTERLY:** submit HIV HE/RR required reports per program guidance which includes a description of all HIV HE/RR activities based on the contractors approved work plan. All reporting requirements shall be kept up to date during the quarterly reporting periods with forms completion occurring as soon as possible after activity in conjunction with Community Partnership Consultant guidance.

Agencies are required to assess the impact of program activities through outcome monitoring and use this information to plan and improve future activities/programs.

3. **QUARTERLY:** submit the Certified Affidavit of Expenditures (Form #4). Fiscal reporting instructions are explained in Sections M, N, and O.

4. **PROGRAM CONTACT PERSON**

Marc Shiff, MPA  
Community Partnerships Director  
Kansas Department of Health and Environment  
Bureau of Epidemiology & Disease Prevention  
Phone: (785) 296-8596

Shirlene Small, MPH  
Community Partnership Consultant  
Kansas Department of Health and Environment  
Bureau of Epidemiology & Disease Prevention  
Phone: (316) 337-6136

Jamie Thorstenberg  
Community Partnership Consultant  
Kansas Department of Health and Environment  
Bureau of Epidemiology & Disease Prevention  
Phone: (316) 337-6135

## **I. HIV COUNSELING AND TESTING PROGRAM**

1. **QUARTERLY:** submit the Certified Affidavit of Expenditures (Form #4). Fiscal reporting instructions are explained in Sections M, N, and O.
2. Submit required pre and post-test counseling forms on each test performed by or received from the Kansas Department of Health and Environment within thirty (30) days of providing service. See (Forms #15).
3. Within 30 days of testing positive for HIV-infection, submit documentation of referral and/or service provision for the HIV-positive client using the CDC Case Report. See (Forms #12).
4. **PROGRAM CONTACT PERSON**  
Jennifer Vandavelde  
HIV/STD Testing Director  
Bureau of Disease Control and Prevention  
Kansas Department of Health and Environment (785) 296-6544

**J. STD / HIV DISEASE INTERVENTION / PREVENTION SERVICES**

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1. Awards will be initiated upon receipt of an amended budget based on the actual amount of the award unless award is equal to the requested amount.
2. **QUARTERLY:** submit the Certified Affidavit of Expenditures (Form #4). Fiscal reporting instructions are explained in Sections M, N, and O.
3. Within 30 days of testing positive for HIV-infection, submit documentation of referral and/or service provision for the HIV-positive client using the CDC Case Report. See (Forms #12).
4. **PROGRAM CONTACT PERSON**  
Derek Coppedge  
Manager of Field Operations  
Bureau of Disease Control and Prevention (785) 296-6177

**K. IMMUNIZATION ACTION PLAN (IAP)**

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1. **QUARTERLY:** submit the Certified Affidavit of Expenditures (Form #4).  
Fiscal reporting instructions are explained in Sections M, N, and O.
2. **QUARTERLY:** submit a statistical progress report and actions/revisions/etc to ensure achievement of the objective by the end of the contractual period.
3. **PROGRAM CONTACT PERSON**  
Michael Runau, Director  
Immunization Program  
Bureau of Disease Control and Prevention  
(785) 296-0687

**L. CHRONIC DISEASE RISK REDUCTION (CDRR) GRANT PROGRAM REPORTING REQUIREMENTS**

The following reports will be required by recipients of CDRR grants semi-annually. Complete the provided Reporting Form (Form #9) and Affidavit of Expenditure (Form #4) for:

- The period of July 1, through December 31, 2007 and submit no later than January 15, 2008.
- The period of January 1, through June 30, 2008 and submit no later than July 15, 2008.
- Send one copy of the Reporting Form and Affidavit of Expenditure to your Outreach Coordinator (See Tobacco Use Prevention Program District Map).

Send one copy of the Reporting Form, the original Affidavit of Expenditures and one copy of the Affidavit of Expenditures to:

Kevin Shaughnessy  
KDHE - Division of Management and Budget  
1000 SW Jackson Ave., Suite 570  
Topeka, KS 66612-1368

## FISCAL REPORTING:

### M. FISCAL REPORTING REQUIREMENTS:

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1. The appropriate Certified Affidavit of Expenditures (Forms #1, #2, #4, or #7) are to be submitted on a quarterly basis except for the CDRR grant which is submitted semi-annually. These affidavits can also be downloaded from the KDHE Website at:  
**[http://www.kdheks.gov/doc\\_lib/index.html](http://www.kdheks.gov/doc_lib/index.html)**

PLEASE DESTROY ALL PREVIOUS AFFIDAVIT FORMS AND USE THOSE THAT ARE IN THE FORMS SECTION OF THIS BOOKLET AND THE KDHE WEBSITE.

IF YOUR AGENCY ELECTS TO PLACE THE FORM ON YOUR COMPUTER, PLEASE BE SURE THAT THE FORM IS IDENTICAL TO THE ONE SUPPLIED BY KDHE AND REMAINS LEGIBLE.

2. The affidavit must report all **actual expenditures** of the contract/grant program and separate them between State (grant) expenditures and Local expenditures. The contract should be reviewed to determine the amount of Local match required. **The local match contract requirement may be exceeded but cannot be less than the contract amount. (Form #14)**

Indirect cost and contributions **are acceptable as part of the matching fund only** after the local health agency has submitted **an annual indirect cost proposal** which meets State Agency requirements. Expenditure items included as indirect in the indirect cost computation cannot be included as direct cost items.

Most federal grant awards have a fiscal year from October 1 to September 30. When planning the program expenditures **do not anticipate receiving more than 25% of the grant funding for the period July 1 through September 30 (REFER TO THE INDIVIDUAL CONTRACT ATTACHMENT AND/OR NOTICE OF GRANT AWARD AMOUNT & SUMMARY OF PROGRAM OBJECTIVES).**

**The local match amount must be equal to or greater than the minimum required match for the same period.** An excess match in the period starting October 1 will not be carried back to offset an under match for the period July 1 through September 30.

3. The expenditures reported on the affidavit must be in agreement with expenditures entered on the grantee books of account
4. List each capital equipment item (items costing \$500 or more with a useful - life greater than one year) purchased from State (grant) funds separately must be approved in advance by the KDHE Program Manager. **Copies of paid invoices for such items must be attached. Please include the make,**

**model and serial number of the item, if appropriate.** You may need to attach this information on a separate sheet. Capital expenditures entirely from the local funds do not require a copy of the invoice.

5. The affidavit must be signed by a person authorized by the Local Health Agency to sign agency documents. If you are reporting electronically, the name of the authorized person must be typed on the appropriate line.
6. The State Formula Fund Affidavit of Expenditures (Form #1) will be used to document accomplishments achieved with State Formula Funding and to maintain the Statutory Maintenance of Effort requirement.

The statute authorizing the State Formula Grant, K.S.A. 65-241 et seq., requires an amount from local tax revenues and from federal revenue sharing funds equal to or greater than the amount of the Formula Grant. "Moneys available under the act for financial assistance to local health departments shall not be substituted for or used to reduce or eliminate moneys available to local health departments from the federal government or substituted for or used to reduce or eliminate moneys available from local tax revenue . . ."The statute K.S.A. 65-242, as amended, provides that "If local tax revenues allotted to a local health department for a fiscal year fall below the level of local tax revenues allotted to the local health department for the preceding fiscal year, the amount of state financial assistance under this act for which such local health department is eligible for the fiscal year shall be reduced by a dollar amount equal to the dollar amount of reduction in local tax revenue for that fiscal year."

**Enter in the "Maintenance of Effort" column on Line 8, "Other," the total expenditures, for the reporting period, from Local Tax sources and Federal Revenue Sharing. The "Maintenance of Effort" expenditures do not need to be reported categorically (e.g., Salaries, Travel, etc.), however the State (grant) expenditures must be reported categorically (e.g., Salaries, Travel, etc.). The total amount of Local Tax and Revenue Sharing expenditures should be entered even if a part of the expenditures is shown as match on Certified Affidavit of Expenditures forms for other grants. See Form #1.**

7. **The Affidavit of Revenues and Expenditures (Form #7) must reflect all program revenue for the current quarter of reporting. The amounts should be supported in your agency accounting records.**

When reporting the **1st quarter of a new state fiscal year**, Program Revenue (Line 4, Box B) should have the Remaining Balance brought forward from the prior affidavit, Line 14, Box B. **The State Grant award amount** (Line 4, Box C) **will be zero (0)**. All other quarters of the state fiscal year (2nd, 3rd and 4th), Line 4, Boxes B and C, should have a balance brought forward from the prior affidavit report. **Line 14 B and C cannot be a negative amount.** If the report just completed is for the 4th quarter of the fiscal year, carry forward only the remaining balance for "Program Revenue," Line 14,

Box B to Line 4, Box B of the 1st quarter of the new state fiscal year. Line 14, Box C (State Grant Remaining Balance) ended with the state fiscal year end and is not carried forward to the new state fiscal year.

If there is no “Program Revenue” (Box B), then there will not be any “Revenue Expenditure Amounts” reported in Line 8 through 12, Box B.

The Local Expenditure Amounts (Box A) and Revenue Expenditure Amounts (Box B) are added together in the consideration of meeting the required local matching amount for the individual grant programs.

**If affidavits are being mailed to KDHE then send one original Affidavit of Expenditures and one copy of the Affidavit of Expenditures for every grant to:**

Kevin Shaughnessy, Accountant  
Division of Management and Budget  
1000 SW Jackson Ave, Suite 570  
Topeka, KS 66612-1368  
kshaughn@kdhe.state.ks.us  
Phone: (785) 296-1507

**If affidavits are being submitted electronically then e-mail every affidavit to Kevin Shaughnessy.**

**N. INSTRUCTIONS FOR AFFIDAVIT OF EXPENDITURES**

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1. Print or type the name of the organization receiving the grant award. Please include the organization's phone number.
2. Print or type the reporting quarter, listing the months covered by the Affidavit. Please do not designate the quarter as 1st, 2nd, 3rd or 4th, due to the conflict between state, federal, and local fiscal years.
3. Print or type the contractual title of the grant award **EXACTLY as it appears on the contract/attachment**. You may want to even identify the report by the Contract Attachment Number.
4. Record in the appropriate space(s) the actual salaries including fringe benefits paid to employees that are chargeable to the project. **NOTE:** All salary amounts charged must be supported in your agency accounting records by the individual employee time sheets.
5. Record in the appropriate space(s) any authorized travel chargeable to the project. **NOTE:** All travel charged against the State Grant Award must be supported in your agency accounting records by the traveling employee's time sheet.
6. Record in the appropriate space(s) the supplies amount chargeable to the project, as supported by your agency accounting records.
7. Record in the appropriate space(s) any Capital Outlay (items costing \$500 or more with a useful life greater than one year) chargeable to the project. **NOTE:** All Capital Outlay expenditures charged against the State Grant Award must be authorized in the grant award contract or authorized by the State Program Director in writing with a copy of the Director's authorization attached to the Affidavit. Copies of the invoices for such items must be attached. **Include the make, model and serial number of the item, if appropriate. Reports received reflecting the purchase of a capital outlay without the appropriate copy(ies) of invoices will be delayed in processing.**

Capital expenditures entirely from the local funds do not require a copy of the invoice.

8. Record all other expenditures in the appropriate space(s) that are chargeable to the project, as supported by your agency accounting records. **NOTE: Items and their cost(s) are to be listed individually**, except for the local effort on the State Formula affidavit which can be identified as "Total Maintenance of Effort."

9. Add lines 4 through 8 under each column for the Affidavit Total. **NOTE:** The amounts in Local Match Amount Column (Maintenance of Effort on State Formula) plus Grant Amount column should equal the total in Total Amount Column.
  
10. The affidavit must be signed and dated by a person authorized by the Local Health Agency to sign agency documents. If you are reporting electronically, the name of the authorized person must be typed on the appropriate line.

**If affidavits are being mailed to KDHE then send one original Affidavit of Expenditures and one copy of the Affidavit of Expenditures for every grant to:**

Kevin Shaughnessy, Accountant  
Division of Management and Budget  
1000 SW Jackson Ave, Suite 570  
Topeka, KS 66612-1368  
kshaughn@kdhe.state.ks.us  
Phone: (785) 296-1507

**If affidavits are being submitted electronically then e-mail every affidavit to Kevin Shaughnessy.**

**O. FISCAL FOLLOW-UP:**

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1. Backup invoices and other supporting documentation are not to be submitted with quarterly affidavits unless specifically requested by the Department of Health and Environment. (See P. 7.) Copies of the invoices of all capital outlay expenditures charged against the State Grant Award must be submitted. Copies of the Purchase Request are not sufficient. Please include the make, model and serial number of any capital equipment item on the affidavit of expenditure, or on a separate sheet of paper identifying the items, and submit a copy of the invoice. Capital expenditures entirely from the local funds do not require a copy of the invoice.
2. Affidavits will be audited for:
  - a. Mathematical accuracy
  - b. Local match or maintenance of effort requirements (Form #14)
  - c. (Electronic) Signature
3. Each contractual agreement requires an audit in accordance with the Federal Single Audit Act of 1984 and OMB Circular No. A-133, Audits of States, Local Governments, and Non-Profit Organizations, and to **submit one complete copy** of the audit report to the State Agency within 12 months after the end of the Local Health Agency's fiscal year. **PLEASE BE SURE THAT YOUR MOST CURRENT COPY OF YOUR AGENCY'S AUDIT REPORT IS ON FILE WITH KDHE (Kevin Shaughnessy, Division of Management and Budget, Suite 570), IF APPLICABLE.**

Audit exceptions appearing in the Local Health Agency systemwide audit report will be followed up by the Department of Health and Environment and reimbursements requested if necessary.

**CONTACT PERSON**

Kevin Shaughnessy, Accountant  
Division of Management and Budget  
1000 SW Jackson Ave, Suite 570  
Topeka, KS 66612-1368  
kshaughn@kdhe.state.ks.us  
Phone: (785) 296-1507

# APPENDIX

**CONTACT NAMES OF KDHE STAFF**

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Please use the KANS-A-N system when it is available.

**Fiscal Reporting**

Affidavits - Budgets - Audits - Payments-  
Kevin Shaughnessy ..... (785) 296-1507

**Program Reporting**

STD/HIV Counseling/Testing - Jennifer Vandavelde ..... (785) 296-6544  
AIDS HE/RR - Marc Shiff..... (785) 296-8596  
Child Care Licensing & Registration - Janet Newton ..... (785) 296-1270  
Chronic Disease Risk Reduction - Carol Cramer ..... (785) 368-6308  
Family Planning -  
    Janis Bird ..... (785) 296-1205  
    Nadine Gail Chalman..... (785) 296-8212  
    Ruth Werner ..... (785) 296-1304  
Immunization Action Plan (IAP) – Michael Runau ..... (785) 296-0687  
Maternal and Child Health -  
    Child Health – Brenda Nickel..... (785) 296-7433  
    Adolescent Health - Jane Stueve ..... (785) 296-1308  
    Maternal Health - Joe Kotsch ..... (785) 296-1306  
    Administrative Consultant - Jamie Klenklen..... (785) 296-1234  
Primary Care - Barbara Gibson ..... (785) 296-1200  
School/Public Health Nurse Collaborative Practice – Brenda Nickel..... (785) 296-7433  
State Formula Funds - Shirley Orr ..... (785) 296-1200  
STD/HIV Disease Intervention Specialist - Derek Coppedge..... (785) 296-6177  
Teen Pregnancy Case Management - Jane Stueve..... (785) 296-1308

# FORMS