

RESOLUTION NO. 18-260

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING EXECUTION OF AMENDMENT NO. 2 TO THE RENEWAL SUBRECIPIENT AGREEMENT NUMBER 9903-5320-71209-17-18 WITH ESSENTIAL ACCESS HEALTH AND AUTHORIZING AND DIRECTING THE AUDITOR-CONTROLLER TO AMEND THE PUBLIC HEALTH DEPARTMENT'S BUDGET FOR FISCAL YEAR 2017/18 (4/5 AFFIRMATIVE VOTE REQUIRED) (RES. 17-173; RES. 17-559)

WHEREAS, the Board of Supervisors approved the renewal Subrecipient Agreement with Essential Access Health for Title X comprehensive sexual and reproductive health and family planning program on April 25, 2017 per Resolution 17-173, and

WHEREAS, the Board of Supervisors approved Amendment No. 1 to the Agreement on November 14, 2017 per Resolution 17-559 which increased the contract maximum amount and extended the term; and

WHEREAS, the parties desire to amend the Agreement to increase the maximum amount and extend the term for a five (5) month period.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California that Amendment No. 2 to Agreement Number 9903-5320-71209-17-18 by and between the County and the Essential Access Health for funding comprehensive reproductive health services pertaining to increasing the maximum contract amount from \$120,000 to \$170,000 (an increase of \$50,000) and extending the term for a five (5) month period for a revised term of April 1, 2017 through August 31, 2018 be and hereby is approved in substantially the form attached hereto, and that the Chair of the Board authorizes the Director of the Nevada County Public Health Department to execute the Amendment on behalf of the County of Nevada, and authorizes and directs the Auditor-Controller to amend the Public Health Department's Budget for Fiscal Year 2017/18 as follows:

Fiscal Year 2017/18 Revenue: 1589-40114-492-4102/446700 1589-40114-492-1000/440130

\$50,000 (\$50,000)

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a special meeting of said Board, held on the <u>19th</u> day of <u>June</u>, <u>2018</u>, by the following vote of said Board:

 Ayes:
 Supervisors Heidi Hall, Edward Scofield, Hank Weston and Richard Anderson

 Noes:
 None.

 Absent:
 Supervisor Dan Miller

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER Clerk of the Board of Supervisors

love unte

Edward Scofield, Chair ie/

6/19/2018 сс:

PH (2) AC* (Hold)

SUBRECIPIENT AGREEMENT AGREEMENT NUMBER 9903-5320-71209-17-18 AMENDMENT NUMBER 02

The 2017-2018 Subrecipient Agreement for the services provided under the Title X Program between Essential Access Health ("Essential Access") and Nevada County Health Department ("Subrecipient") is hereby amended as follows:

- 1. The total amount payable by Essential Access is increased by **\$50,000** for a designated extension of the program and agreement to August 31, 2018.
- 2. The following shall replace Article III: FINANCIAL PROVISIONS, Subsection A. Amount of Award, in its entirety:

A. Amount of Award.

In consideration of the services to be delivered by as described in Article II herein, Essential Access shall pay Subrecipient a total amount not to exceed \$170,000 for the period April 1, 2017 to August 31, 2018 (the "Title X Awards") during the term of this Agreement that includes the five (5) month extension, provided that funds are available for this purpose under the Grant. Subrecipient is only entitled to receive reimbursement for its actual, allowable costs and is not entitled to any payments over and above its actual, allowable cost of operating the Title X program provided for herein.

3. The following shall replace Article V. TERM, in its entirety:

This Agreement shall be in effect from April 1, 2017 through August 31, 2018, or unless the Agreement is terminated or suspended at an earlier date in accordance with Article X of this Agreement.

- 4. The following exhibits are added to the Master Contract which by this reference are made a part of this agreement:
 - A. Attachment A-2: Scope of Work for the Extension Period
 - B. Attachment B-2: Approved Budget and Cost Allocation Methodology for the Extension Period
 - C. Attachment C-2: Reporting Requirements for the Extension Period
- 5. All other terms and provisions of the agreement shall remain in full force and effect. The effective date of this amendment is April 1, 2018.

IN WITNESS WHEREOF, the Parties have executed this Amendment:

Essential Access Health

By: Bronda 1010,

Print: Brenda Flores

Title: Vice President of Finance & Administration Date: 7/2/26 18 **Nevada County Health Department**

By: All Black

Print: Jill Blake

Title: Interim Director of Public Health

Date: 04/01/18

		S	cope of Work (SOW)			
		Admin	istrative Goal and Obje	ctives		
Administra	ative Goal:	Strengthen the overa community.	ll quality of the Family Planning Pro	ogram and its ability to meet the needs of the		
Objective 1	L		d compliance with all Title X Guide	nctions, in order to ensure high quality Family lines by August 31, 2018, as evidenced by		
Number		Activity	Job Title	Evaluation		
1.A	Ensure that administrative policies and procedures are in place to facilitate effective and efficient management and governance.		Director of Nursing	Policies and procedures maintained and reviewed at program evaluations. Desk audits determined by Essential Access Health staff.		
1.B	policies and pr basis. Policies include trainin and other desig reporting of ch trafficking as p Requirements. services will pr planning servic Essential Acce	y Planning Program ocedures on an annual and procedures must g for clinical, program, gnated staff on mandatory ild abuse and human per OPA Program Providers of abortion rovide Title X family ces in accordance with the ss Health Separation of ng and Abortion Services	Director of Nursing	Meeting minutes maintained and reviewed at program evaluations and desk audits.		
1.C	feedback throu	systematic client gh client satisfaction ve of all sites.	Director of Nursing	Client satisfaction surveys conducted, summarized and acted upon. Reviewed at program evaluations and desk audits.		
1.D	surveys inclusive of all sites. Maintain and update a community needs assessment inclusive of the Family Planning Program on a periodic basis (at least once every 5 years) to define agency's role in the community.		Director of Nursing	Community needs assessment inclusiv the Family Planning Program maintair CNA is reviewed at program evaluation		
1.E	implemented w individuals rep	resentative of served d knowledgeable of	Director of Nursing	Community participation meeting minutes reflect community representation and is reviewed at program evaluations and desk audits.		
1.F	client educatio but are not lim health care and care, disability emergency car and testing, bir	pdate current clinical and n protocols which include ited to: reproductive l appropriate primary , domestic violence, e, pregnancy counseling th control methods, lu vaccinations.	Director of Nursing	Protocols maintained and staff updates are reviewed at program evaluations and desk audits.		
1.G	with the follow pressure, HIV	cedures for the nd referral of patients ving problems: high blood positive, domestic ubstance using/abusing.	Director of Nursing	Protocols and referral policies maintained. Reviewed during program evaluations.		

1.H	Maintain a Continuous Quality Improvement (CQI) System that will, through medical records review at each site and inclusive of all providers, determine if all essential elements of reproductive health care, medical and appropriate education and counseling services are being provided at all Title X sites. Essential Access Health Performance Measure.		of Nursing	Minutes of the Continuous Quality Improvement (CQI) medical team maintained. CQI is reviewed at program evaluations and desk audits.
1.I	Provide family planning data through the Centralized Data System (CDS) for the purpose of contract reporting and performance measurement.	Administr	rative Assistant	Centralized Data System (CDS) data submitted per the contract and/or agency action plan.
	Cli	nical G	oal and Objectives	
Clinical G	oal: Provide comprehensive space their pregnancies		productive health services to T	Fitle X clients of reproductive age to plan and
Objective			n and medical services to eligi s evidenced by completion of	ble individuals per the Federal Poverty activities 1.A through 1.H.
Number	Activity	# of Clients	Job Title	Evaluation
1. A	Document and report the poverty status of family planning clients.	354	Administrative Assistant	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. B	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for female clients. Essential Access Health Performance Measure.	329	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. C	Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for male clients. Essential Access Health Performance Measure.	25	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. D	Provide a Chlamydia test to at least 80% of women less than or equal to 25 years of age within a 12 month period. Essential Access Health Performance Measure.	0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
1. E	All female clients with an abnormal finding on their clinical breast exam should be followed for further evaluation.	0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.
l.F	The agency must attempt to notify all clients with positive STD/HIV tests within 72 hours of receiving lab results. Upon notification, counsel client regarding follow up and treatment.	0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.
l.G	All clients with an abnormal finding on their Pap smear should be followed for further evaluation. Essential Access Health Performance Measure.	0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits and lab logs reviewed during program evaluations.

1.H	high risk clients i 2010 CDC HIV	ne opt-out HIV clients and testing for in accordance with guidelines. Essential 'erformance Measure.	0	Nurse Practitioner	As documented in the Semi-Annual Progress Report (SPR) with sample data verified via chart audits at program evaluations.		
Objective 2		Provide family plannin 2018, as evidenced by			k, hard-to-reach populations by August 31,		
Number	A	Activity	# of Clients	Job Title	Evaluation		
2. A	medical services number of individ hard-to-reach pop	lanning education and to the following duals in high-risk, pulations. A <u>minimum</u> lowing categories must	0	Health Education Coordinator/Nurse Practitioner	As documented in Semi-Annual Progress Report (SPR) and reviewed at program evaluations.		
	Homeless Individ	luals	0				
	Substance-Using	Abusing Individuals	44				
	Individuals with	Disabilities	0				
	Individuals with I Proficiency (LEP		90				
	Migrant Workers	Second	0				
	Males		25				
	Adolescents (17 d	& under)	42				
	TOTAL Clients	Served	200				
Adolescent Objective 1	Services Goal:	Provide comprehens	ive clinical	ices Goal and Objectiv and counseling services to adoles nseling to all adolescent clients s			
		31, 2018, as evidenc		letion of activities 1.A through 1.	D.		
Number	A	Activity		Job Title	Evaluation		
1.A		nts with information, seling to delay the al activity as	Health Edu	ucation Coordinator	Documentation of counseling maintaine in charts. Reviewed at program evaluations.		
1.B	Provide counseling to minors on how to resist coercive attempts to engage in sexual activity.		Health Edu	ucation Coordinator	Protocols maintained and staff updates reviewed. Chart audits performed at program evaluations.		
1.C	Provide counseling/education regarding family involvement to all adolescents less than or equal to 17 years of age seeking reproductive health services whose family is not already aware that they are seeking reproductive services.		Health Education Coordinator		Protocols maintained and reviewed. Chart audits performed at program evaluations.		
1.D	Report child and a required by state		Health Edu	ucation Coordinator	Protocols maintained and staff updates reviewed annually. Chart audits		
					performed at program evaluations.		

Community Education Goal: Objective 1:		Increase the community	Increase the community's knowledge and access to family planning services offered by the Agency.						
				treach and education to potentia of activities 1.A through 1.E.	l Title X eligible clients by August 31,				
Number		Activity	# of Clients	Job Title	Evaluation				
1. A	Education and increases common reproductive he services to the include: genera	mplement a Community Outreach Plan that nunity knowledge of ealth and family planning community. Activities al outreach, partnership nass marketing (Exhibit	2208	Health Education Coordinator	Community Education and Outreach Plan maintained, updated, and reviewed at program evaluations and desk audits.				
1. B	as stated in the	l outreach to individuals Community Education Plan (Exhibit B, Section	900	Health Education Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.				
1. C	individuals at p stated in the Co and Outreach F automatically p	ion and outreach to partnership agencies as pmmunity and Education Plan (Data will be populated from tered in Exhibit B,	58	Health Education Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.				
1. D	stated in the Co	marketing activities as ommunity Education and (Exhibit B, Section III).	1250	Health Education Coordinator	As documented in the Semi-Annual Progress Report (SPR) and verified at program evaluations.				
1. E	members repre- populations to approve new ec	be served will review and lucational materials made available by the	0	Health Education Coordinator	Advisory Committee meeting minutes and materials review maintained and reviewed at program evaluation.				

			Management Goal and Ob	2. 전화 2. 2. 11. 12. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		
Financial	Management Goal:	Improve and maintai	n the Agency's financial systems to en	sure contract compliance.		
Objective	1	Agency will maintain requirements and Tit	n a Family Planning Program that is in le X Guidelines, as evidenced by comp	financial compliance with the contract pletion of activities 1.A through 1.E.		
Number	Ac	tivity	Job Title	Evaluation		
1.A	Develop a line item the period of April 31, 2018 and submi necessary during de	1, 2018 to August it modifications as	Administrative Services Officer	Line item budget by site and necessary modifications submitted.		
1.B	Develop and maintain financial management systems that are in compliance with the Code of Federal Regulations (CFR) and include the following: budgetary control procedures, accounting systems and reports, purchasing, inventory control, property management, charges, billing and collection procedures. Develop and properly implement a sliding fee scale on an annual basis to reflect the current federal poverty guidelines.		Administrative Services Officer	Financial management systems maintained in compliance and reviewed a program evaluations.		
1.C			Administrative Services Officer	Sliding fee scale developed, implemente and reviewed at program evaluations.		
1.D	Complete all financ requirements as det	ial reporting ailed by the contract.	Accountant	All financial reports submitted on time as required.		
1.E	Develop a general l	edger report (GLR).	Accountant	All financial reports submitted on time a required and reviewed quarterly.		
		Reproduct	ive Life Plan Goal and Ob	jectives		
Reproduc	tive Life Plan:	To assist family plan reproductive life plan through August 31, 2	nning discussions and providing precor	ning fully healthy individuals by initiating nception / inter-conception care, when indicated,		
Objective	1			ive life planning/family planning services to Title is evidenced by completion of activity 1.A.		
Number	Act	tivity	Job Title	Evaluation		
1.A	services and provide counseling to wome pregnancy, open to	for family planning e pre-conception en planning pregnancy or using iceptive methods; in en with chronic that may affect s such as obesity, ion and seizure	Nurse Practitioner	Document reproductive life plan counseling in client charts through 8/31/2018.		

Ag	ency Number:	99	03				
Ag	ency Name:	Ne	vada County Health Dep	artm	ent		
Co	ommunity Education a	inc	l Outreach Partn	eri	ng Plan for Family I	Pla	nning
			Total number of g	ener	al outreach activities(Section	n I)	: 900
			Total Number	r of	partnering activities(Section	II)	: 58
			Total number of ma	ss n	narketing activities (Section 1	III):	: 1,250
п	otal Number of individuals rea	iche	d in Community and E	duca	ation Outreach Partnering P	lan	2,208
	tion 1: General Outreach				8-	7	
	individuals reached 900						
Ty	pe of Agency/Outreach Venue		Population Reached		ype of Educ./Presentation		Method of Evaluating Success
X	Community Group		Homeless individuals	Х	Abstinence		Sign-in sheets maintained and compared to projected numbers
Х	Middle or High School						Projectica namocro
X	Community College or University	X	Substance using individuals	X	STDs/HIV		Pre and post tests to assess changes in knowledge
	Faith-based organization		* * * * *				
X	Social Service Agency		Individuals with disabilities	X	Family planning and contraceptive methods		Post Presentation participant evaluations
Х	WIC Center						
	Migrant Camp or Services Organization	X	Individuals with limited English proficiency		Life Skills	X	Assessment of number of people who visit clinic as a result of outreach
	Detention/Incarceration Center						
	Job Training Center/Program				Services provided/making appointments	X	Regular meetings with outreach venue organization to discuss progress and challenges
X	Parenting Program		Migrant workers				enanen Ben
X	Business or Workplace			X	Flu Vaccination		Other(specify)
	Homeless Shelter						د. در میرد را در اطن ۲۰۰ م. و د
X	Substance Abuse Treatment /Recovery Center	X	Males		Reproductive Life Plan (RLP)		e en la suma d
	Women's Shelters						
	Other (Specify)	X	Adolescents		Other (Specify)		

Sec	f individuals reached 8						
Ту	pe of Agency/Outreach Venue		Population Reached	Т	ype of Educ./Presentation		Method of Evaluating Success
X	Community Group		Homeless individuals	X	Abstinence		Sign-in sheets maintained and compared to projected numbers
	Middle or High School Community College or University	X	Substance using individuals	X	STDs/HIV		Pre and post tests to assess changes in knowledge
	Faith-based organization						-
X	Social Service Agency		Individuals with disabilities	X	Family planning and contraceptive methods		Post Presentation participant evaluations
	WIC Center						
	Migrant Camp or Services Organization Detention/Incarceration Center	Х	Individuals with limited English proficiency	X	Life Skills	X	Assessment of number of people who visit clinic as a result of outreach
	Job Training Center/Program				Services provided/making appointments	X	Regular meetings with outreach venue organization to discuss progress and challenges
X	Parenting Program		Migrant workers				
Х	Business or Workplace				Flu Vaccination		Other(specify)
	Homeless Shelter						
	Substance Abuse Treatment /Recovery Center	X	Males		Reproductive Life Plan (RLP)		
	Women's Shelters						
	Other (Specify) tion 2: Partnering Plan Name:		Adolescents		Other (Specify)		
ŧ of Γy] X	tion 2: Partnering Plan Name: 7 individuals reached 50 pe of Agency/Outreach Venue Community Group		and a second state of the		Other (Specify) ype of Educ./Presentation Abstinence		Method of Evaluating Success Sign-in sheets maintained and compared to projected numbers
i o t	tion 2: Partnering Plan Name: f individuals reached 50 pe of Agency/Outreach Venue Community Group Middle or High School Community College or University	Sie	rra High School Population Reached	X	ype of Educ./Presentation		Sign-in sheets maintained and compared to
ŧ of Γy] X	tion 2: Partnering Plan Name: f individuals reached 50 pe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency	Sie	erra High School Population Reached Homeless individuals	X X	ype of Educ./Presentation Abstinence		Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in
^t of Fy] X	tion 2: Partnering Plan Name: individuals reached 50 pe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization	Sie	erra High School Population Reached Homeless individuals Substance using individuals	X X X	ype of Educ./Presentation Abstinence STDs/HIV Family planning and contraceptive	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge
ŧ of Γy] X	tion 2: Partnering Plan Name: f individuals reached 50 pe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services	Sie	erra High School Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited	X X X	ype of Educ./Presentation Abstinence STDs/HIV Family planning and contraceptive methods	x x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit
f ol Fyj X X	tion 2: Partnering Plan Name: f individuals reached 50 pe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center	Sie	erra High School Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited	X X X	ype of Educ./Presentation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making	X X	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and
i of Fyj X X	tion 2: Partnering Plan Name: f individuals reached 50 pe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center Job Training Center/Program	Sie	erra High School Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited English proficiency	X X X	ype of Educ./Presentation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making	x x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and
t of Fyj X X	tion 2: Partnering Plan Name: f individuals reached 50 pe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center Job Training Center/Program	Sie	erra High School Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited English proficiency	X X X	ype of Educ./Presentation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making appointments	x x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and challenges
t of Fy X X X	tion 2: Partnering Plan Name: findividuals reached 50 pe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center Job Training Center/Program Parenting Program Business or Workplace Homeless Shelter Substance Abuse Treatment /Recovery Center	Sic X	erra High School Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited English proficiency Migrant workers	X X X	ype of Educ./Presentation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making appointments	x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and challenges
ŧ of Γy] X	tion 2: Partnering Plan Name: findividuals reached 50 pe of Agency/Outreach Venue Community Group Middle or High School Community College or University Faith-based organization Social Service Agency WIC Center Migrant Camp or Services Organization Detention/Incarceration Center Job Training Center/Program Parenting Program Business or Workplace Homeless Shelter Substance Abuse Treatment /Recovery	Sic X	erra High School Population Reached Homeless individuals Substance using individuals Individuals with disabilities Individuals with limited English proficiency Migrant workers	X X X	ype of Educ./Presentation Abstinence STDs/HIV Family planning and contraceptive methods Life Skills Services provided/making appointments Flu Vaccination	x x	Sign-in sheets maintained and compared to projected numbers Pre and post tests to assess changes in knowledge Post Presentation participant evaluations Assessment of number of people who visit clinic as a result of outreach Regular meetings with outreach venue organization to discuss progress and challenges

М	ass Marketing		lividuals ached	Meth	od of Evaluation	
X Health Fairs	X Print Me		X	Distribution of Edu	cational Materials	
X Street Outreach	X Internet	Websites		Sign in Sheets		
Concerts	X Twitter Events	Community 12	250 X	Estimated Audience	es	
Radio	Twitter					
TV	Faceboo	k				
List al	l approved Ti	tle X-funded famil	y planning	program s	ervice sites.	
Site Number: 9022						
Site Name & Address:	Nevada County Hea	alth Department 500 Crown Po	oint Circle Suite 110	0, Grass Valley C	A 95945 Nevada	
Zip Codes of Area Served	Type of Area Served	Services Offered	이 것은 것 같은 것 같아요. 것 같아요. 것 같아요. 것 같아요. 것 같아요.	g Clinic Hours ce Hours	Projected Users	NPI Number
95602,95712,95949,9 5960,95975,95986,95 924,95945,95959,959 6,95977	X Rural Urban Suburban X	 Medical Community Education Health Education (in House) Admin office Only Warehouse Only 	Mon: 8:00am - Tue: 8:00am - Wed: 8:00am - Thu: 8:00am - Fri: 8:00am - Sat: Closed Sun: Closed	5:00pm 5:00pm 5:00pm	0	1700959863
Site Number: 9023						
ite Name & \ddress:	Nevada County Hea	lth Department 10075 Levon	Avenue Suite 207,	Truckee CA 9616	61 Nevada	
Zip Codes of Area Served	Type of Area Served	Services Offered	Provide and the second states of the second states of	g Clinic Hours ce Hours	Projected Users	NPI Number
5728,96161,96160,9 111,96162	X Rural X Urban X Suburban X	Community Education	Mon: 9:00am - Tue: Close Wed: 8:00am - Thu: 8:00am - Fri: Close Sat: Closed Sun: Closed	5:00pm	354	1700959863

Attachment B-2

Project Title:

Contract Period:

Family Planning Services 2017-2018 Extension

April 1, 2018 - August 31, 2018

Delegate Agency Name:

Nevada County Public Health

EXPENSE

BUDGET CATEGORY	Total Budget	Applicant and Other	TITLE X
	(a+b)	(a)	(b)
Personnel Services			
Physicians	-	-	10.05
Mid-Level Practitioners	23,220	3,870	19,350
Other Health Personnel	23,396	11,030	12,360
Ancillary Personnel	10.000	-	
Administrative Personnel	10,298	10,298	21 71
Total Salaries & Wages	56,914	25,198	31,716
Fringe Benefits	32,811	14,527	18,284
TOTAL PERSONNEL COST	89,725	39,725	50,000
Patient Care			
Clinical Services			
aboratory	550	550	
TOTAL PATIENT CARE	550	550	•
Other Costs			
Consultants	-		
Aedical Supplies	1,500	1,500	
Office/Computer Supplies	750	750	
Duplication & Printing	650	650	
lealth Education and Outreach Supplies	250	250	
Itilities & Communication (Telephone/Postage)	110	110	
ravel, Conference/Training	1,600	1,600	
ease/Rental	-		
Approved Indirect Cost (if applicable)	52,004	52,004	
Other Expenses (Specify below):			
Agency direct clinic support	9,000	9,000	
Rural Health Subsudy billed by HR	3,000	3,000	
TOTAL OTHER COSTS	68,864	68,864	
TOTAL EXPENSES	159,139	109,139	50,000
REVENUE	Total Budget	Applicant and Other	TITLE X
itle X Revenue	50,000		50,000
pplicant and Other Revenue: (Specify.Below)			
Applicant Funds	36,375	36,375	
Family PACT	62,920	62,920	
Medi-CAL	210	210	
Other Federal: (specify or attach a separate list)			
State & Local Government			
Private Grants			
Patient Fees	204	204	
Private Insurance		-	

TOTAL REVENUE

159,139	109,139	50,000

Title X Family Planning Services Cost Allocation Methodology Policy Statement Nevada County Health Department Funding period: April 1, 2018 - August 31, 2018

1) In the text box below please enter the following for your Cost Allocation: Current Calculation figures on how each line item budget was determined (Methodology provided will be tested against your application budget) and; Current Indirect Cost calculation and rate (copy of approved indirect cost rate agreement must be submitted if available)

The common methods used include:

a) The % of clients served based on client encounters (visits). This is not to be used for FTE allocation.

b) Full Time Equivalent (FTE) is based on a 40 hour work week.

c) Space allocation is based on square footage.

1. Please enter the following for your Cost Allocation (enter text for 1i & 1ii in box below):

1. Current calculation figures on how each line item budget was determined (methodology provided will be tested against your application budget).

2. Current indirect cost calculation and rate; copy of approved indirect cost rate agreement must be submitted if available.

1i Personnel costs are budgeted based upon County FY 17/18 and 18/19 budgets. Staff working in the program will use program personnel codes to identify their actual time to be applied to the Title X program. Only time on approved time sheets with the correct program personnel codes will be charged to Title X.

Operating costs are budgeted for the program based upon projected costs for the contract extension. Only charges actually incurred will be charged to the program. Budgeted medical supplies are only those not reimbursed by Family Pact or Medi-Cal. These include, but are not limited to, drapes, sheets, gloves, table paper, swabs, syringes, alcohol, band-aids, specimen cups, blood pressure cuffs, and stethoscopes. All appropriate operating purchases will be charged to Title X and Applicant funding sources will be used.

1 ii The California Department of Public Health approves the Nevada County Public Health indirect rate annually at a maximum of 25% of Personnel costs. The most recent approval letter for FY 18/19 is attached. Applicant funding sources will be used for indirect costs.

2) Will there be any out-of-state travel charged to this budget? Yes No X If yes, describe and justify the cost.

3) Does your agency provide abortion services at any sites?

TAB Yes 🗌 No 🛛 🦷 MAB Yes 🗌 No 🖾

If yes, provide a brief description of how your agency maintains segregation of complete funds between abortion services and family planning services.

Exhibit C-2

Reporting requirements for Title X Family Planning Services 2017-2018 Extension

FAMILY PLANNING SERVICES REPORTING REQUIREMENTS:

The Contractor shall submit the following required reports in compliance with the dates and conditions specified below. Essential Access will provide instruction when procedures for the proper completion if these reports change.

<u>REPORT TITLE</u>	FREQUENCY OF <u>SUBMISSION</u>	DUE DATE
Family Planning Services Semi-Annual	Based on	25 th of the month following the period reported
Progress Report	Federal	for the data that is not submitted monthly.
	Requirments	For January –June, 2018
Submitted electronically at	due Semi-	DUE: July 25, 2018
https://extranetportal.essentialaccess.org/	Annualy on a	
	Calendar Year	For July-August 2018
	basis	Data for this period will be combined with future contractual reporting requirements. Notification will be sent as applicable.
Statement of Revenue and Expenditure	One Report	25th of the month following the period reported
Report	Quarterly and	For April, May and June 2018
(includes submission of General Ledger	One Report	DUE: July 25, 2018
backup of Title X expenditures only)	Bi-monthly	
		For July and August 2018
Submitted electronically at		DUE: September 25, 2018
https://extranetportal.essentialaccess.org/		
Centralized Data System (CDS) submission Submitted electronically at <u>https://extranetportal.essentialaccess.org/</u>	Monthly	25 th of the month following the period reported
Special Reports, surveys and questionnaires as may be requested by Essential Access Health or its funding source	Specified Date	Specified Date