

Frequently Asked Questions from Title X Family Planning Grantees about COVID19 Implications
Updated 3/23/2020

General Questions

1. What is the best source for up-to-date information about COVID-19?

The best source for up-to-date information about COVID-19 is <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>. This website is updated regularly and includes:

- General information
- Resources for the community
- Updates on COVID-19 cases across the U.S.
- Resources for healthcare professionals

We encourage all to sign up for email alerts on this website so you can be sure to stay updated on new developments

2. How should we communicate with OPA about COVID-19 and Title X project related questions and challenges?
 - Include your OPA Project Officer and Grants Management Specialist on all communications about your grant to ensure fastest response
 - Include your grant number on all correspondence, including emails
 - You may also email OASH_Grants@hhs.gov

GRANTS MANAGEMENT QUESTIONS

3. Will my funding be decreased because of COVID-19?

We do not anticipate any decrease to your grant awards due to COVID-19.

4. If we have unobligated funds remaining at the end of our current budget period (3/31/2020), can we request those funds as a carryover? What timeline should we propose for a carryover request if we're not sure how long this issue will last and therefore don't know the period of time we'll need?

You can submit a carryover request at any time and, if carryover funds are awarded, they'll be added to your Year 2 grant award and you would have until the end of Year 2 to complete the activities.

5. Can we use Title X funding for COVID-19 response activities? Can our grant/sub staff be diverted to help support the State/community response?

The information at the link below provides information with regard to reassigning state, tribal, and local personnel working under a public health service grant during a public health emergency. Prior approval is needed from the Assistant Secretary for Preparedness and Response (ASPR)

<http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>

6. Would you notify us when a decision will be made on the ability of non-health department providers, specifically Federally Qualified Health Centers (FQHCs), to request Temporary Reassignment?

Since this question is related to FQHCs, we suggest that you follow up with the HHS HRSA Bureau of Primary Health Care for further information about FQHCs and the health center program.

7. I'm a local county government. Do we approach ASPR directly?

You should check with your governor's office in your state for their preference.

8. Can we continue to pay our staff and subs even if they can't provide programs/services as a result of COVID-19?

Yes, recipients may continue to charge salaries and benefits to the currently active Federal award consistent with the recipients' policy of paying salaries (under unexpected or extraordinary circumstances) from all funding sources, Federal and non-Federal. Recipients may charge other costs necessary to resume activities supported by the award, consistent with applicable Federal cost principles and with benefit to the project. Recipient's ability to resume the project activity in the future and the appropriateness of future funding, will be evaluated based on subsequent progress reports and other communications with the grantee. Recipients must maintain appropriate records and cost documentation as required by 2 CFR § 200.302 - Financial management and 2 CFR § 200.333 -Retention requirement of records to substantiate the charging of any salaries and other project activities costs related to interruption of operations or services. Recipients should not assume additional funding will be available if the charges for salaries or other project activities result in an overall shortage of funds to eventually complete the full project.

9. If we had to cancel planned events and are now being charged cancellation fees or losing our deposit, can we use our grant funds to pay these costs?

Yes, recipients may charge to their award costs related to the cancellation of events, travel, or other activities necessary and reasonable for the performance of the award, or the pausing and restarting of grant funded activities due to the public health emergency. Recipients may charge the full cost of cancellation when the event, travel, or other activities are conducted under the auspices of the grant. Recipients must maintain appropriate records and cost documentation as required by 2 CFR § 200.302 -Financial management and 2 CFR § 200.333 -Retention

requirement of records to substantiate the charging of any cancellation or other fees related to interruption of operations or services. Recipients should not assume additional funding will be available if the charges for cancellation or other fees result in an overall shortage of funds to eventually carry out the event or travel.

10. Do we need to submit a change of scope if we are able to temporarily modify activities to accomplish program goals?

Yes, recipients able to modify temporarily their activities to accomplish program goals must submit a change in scope request through Grant Solutions and receive prior approval from the Grants Management Officer. A request specifically stating that the change is temporary and a result of COVID-19 impacts will not require a subsequent change in scope when the public health emergency ends. The project scope will automatically revert to the previously approved project. Recipients unable to conduct award activities during the public health emergency do not need to submit a change in scope request or budget revision request. Recipients unable to conduct award activities must notify the grant management specialist (GMS) and federal project officer (FPO) on their most recent Notice of Award (NOA) that the cessation of award activities has occurred. This notification may be through either a grant note in Grant Solutions or an email addressed to both the GMS and FPO. Recipients who have ceased project activities do not require prior approval to return to or resume project activities. Recipients will be responsible for reporting the specific COVID-19 impacts that led to any cessation of project activities if their progress reports for the period of covered by the report. Recipients should not assume that additional funding will be available to complete the offset of the impacts of COVID-19 on the ability to resume or complete the project when it is safe to resume project activities.

11. Can we use funding to purchase equipment for medical providers to provide telehealth?

Any necessary supplies and/or equipment should be identified in the change in scope request and OPA and GAM will evaluate and make a determination based on the information provided.

12. If we had activities planned that had to be postponed as a result of COVID-19 (e.g., community events, non-emergency clinical procedures), can we request to complete those activities as a part of a future carryover or NCE?

- If your grant is scheduled to end in 2020, you can ask for a NCE.
- If your grant is continuing for another year, you can ask for a carryover.

13. What timeline should we propose for a carryover request if we're not sure how long this issue will last and therefore don't know the period of time we'll need?

You can submit a carryover request at any time and, if carryover funds are awarded, they'll be added to your Year 2 grant award and you would have until the end of Year 2 to complete the activities

14. Will we be penalized for not meeting our performance goals if we can't implement program/services as a result of COVID-19?

Performance measures should still be reported with the specific impact of the COVID-19 response noted. Funding level determinations for any future budget periods are based on the totality of the circumstances of the awardee's performance in previous period(s). This includes evaluating factors under the awardee's controls as well as those outside the awardee's control. We do not anticipate that missing performance goals because of participation in the response to a public health emergency would negatively impact funding.

15. Will there be an extension for the due date for open or future FOAs?

Potential applicants are advised to subscribe to the funding opportunity announcements in <https://www.grants.gov/> and to monitor for updates. Any amendments to the FOAs will be posted in grants.gov.

PROGRAMMATIC QUESTIONS

16. Would OPA consider allowing clinics to see people virtually instead of requiring patients be seen onsite for the visit to count as a Title X visit?

For as long as the Public Health Emergency exists, OPA will allow Title X services that under normal circumstances are provided in the office, to be offered via telehealth. These visits will count as Title X visits. Grantees should follow State/Medicaid and insurance guidelines.

17. Will providers be able to provide voice-to-voice services? In other words, telephone visits?

Each state (Medicaid) and each private insurer will have guidelines as to what will be reimbursed. To be counted as a Title X encounter, OPA proposes that for the duration of the Public Health emergency, that as long as the encounter is documented in the patient EMR, that it be ok to be considered a Title X encounter.

18. What are some resources we should refer to with regards to telehealth?

Effective March 17th, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency. You can find more information here:

<https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

Additionally, here is a fact sheet from the Center for Connected Health Policy which provides information on telehealth policy changes in response to the COVID-19 pandemic:

<https://www.cchpca.org/sites/default/files/2020->

[03/CORONAVIRUS%20TELEHEALTH%20POLICY%20FACT%20SHEET%20MAR%2017%202020%203%20PM.pdf](https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehealth%20Laws%20and%20Reimbursement%20Policies%20Report%20Final%202019%20FINAL.pdf)

The following resource provides information on State Telehealth Laws and Reimbursement Policies: <https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehealth%20Laws%20and%20Reimbursement%20Policies%20Report%20Final%202019%20FINAL.pdf>

In addition, The National Consortium of Telehealth Resource Center supports Telehealth Resource Centers in every region of the country and has many resources available online - <https://www.telehealthresourcecenter.org/who-your-trc/>.

19. Can we use Facebook portal? It uses Facebook messenger. It can be on the phone, television or tablet.

Yes, according to the OCR waiver announcement above you can use such modalities.

20. Can I count complete a clinic visit record (CVR) if I give STI results over the phone instead of bringing them back into the clinic?

Yes

21. If someone has a telehealth encounter and then picks up a birth control method does that count as 2 encounters or 1?

If the telehealth encounter was on a different day or was about something not related to a birth control method then it could be 2 encounters.

22. Can we pursue creative solutions that would reduce the number of people that need to be seen in clinics such as extending prescriptions for longer periods of time, etc.?

Yes. You should consider solutions that will work in your community (e.g., extending length of prescriptions, providing medication via drive through, mailing medications) and work with your project officer and grants management specialist for documentation and approval.

23. If we divert Title X funds or staff to the COVID-19 response, do we need to report this back to OPA? If so, how?

Yes, if you divert Title X funds or staff to the COVID-19 response, you must report back to OPA. Please report to your PO in your progress report and include how the COVID_19 pandemic has impacted grant operations and clientele being served with FP services.

24. What strategies can we use to keep patients safe and not expose them to COVID-19?

- The most important thing is to ensure the safety of you, your staff and your patients.
- You should follow all guidance from the CDC and your State Department of Health.

- OPA fully supports you in considering creative solutions that will work in your community to ensure that your patients continue to receive family planning services (e.g., offering telehealth services, extending length of prescriptions, providing medication via drive through, mailing medications).
- Please work with your project officer and grants management specialist to determine steps needed for documentation and approval.

25. If we have clinic closures, what can we do to ensure that clients receive Title X services?

- If feasible, consider telehealth options
- You can create a list of other Title X clinics that are open and functioning in the community and provide the list to clients via phone/voicemail, post on website/clinic database, post outside clinic
- If no Title X clinics are available, consider referring to other family planning clinics

26. What data is absolutely necessary for us to collect as we move to offer clinical services in creative ways?

Please try your best to continue to collect data for FPAR. If there is specific data you are unable to collect, let your project officer know the challenges you're encountering and we will work with you.

27. Will there be an extension to the initiation of FPAR 2.0?

At this point, we do not anticipate an extension to the initiation of FPAR 2.0 as a result of COVID-19, but we continue to assess the situation daily and will inform grantees if anything changes.

28. Will a disclaimer about clinic operations be added to the clinic locator database?

Yes, a disclaimer has been added to the Title X clinic locator database noting that individuals should call the clinic to ensure that it is open.

29. Since physicians and advanced practice are being redirected to the COVID-19 response, is there any flexibility being offered regarding who can provide Title X services?

Yes. In the past, the U.S. Department of Health and Human Services, Office of Population Affairs (OPA), has exercised enforcement discretion in appropriate circumstances. Given the circumstances surrounding the COVID-19 national public health emergency, temporarily OPA does not intend to bring enforcement actions against Title X recipients with respect to the requirement that nondirective pregnancy options counseling must be provided by physicians or advanced practice providers. See 42 C.F.R. § 59.14(b)(1)(i). Specifically, for 30 days, and limited only to areas in which the COVID-19 response has pulled physicians and advanced practice providers from such tasks to focus on the COVID-19 response, OPA will not enforce this requirement. During this time, non-enforcement will be contingent on appropriate documentation of the conditions set forth above. In addition, OPA intends to fully enforce

compliance with all other provisions of the Title X implementing regulations at 42 C.F.R. part 59, subpart A, including all other requirements related to nondirective counseling set out in section 59.14. For documentation purposes, OPA expects that grantees will notify their project officer by uploading a document into Grantsolutions that requests a waiver and identifies the subrecipients who are requesting to use staff other than physicians or APPs to provide non-directive pregnancy options counseling.

This non-enforcement policy does not create any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies or instrumentalities, its officers or employees, or any other person.

30. Would the waiver for nondirective counseling need to be submitted every 30 days?

Yes –please request a renewal through Grantsolutions.

31. The current situation is affecting client numbers and the possibility of some staff being away from work. Can we get approval to allow the staff to complete the Year 2 training prior to the start on April 1st while they are teleworking? This would be the best use of their time so they can focus on their clients when we get through this pandemic.

If you have staff teleworking with time available, it seems like a really good use of the time to get ahead on training requirements. Please discuss with your project officer.

32. Do you have any suggestions on how to secure Personal Protective Equipment (PPE). Our sites are running low and everything is back-ordered. Please contact your State COVID-19 coordinators in the State Department of Health. Another resource would be the Federal Emergency Management Agency offices in your HHS region. This link provides the contact information for each regional office. <https://www.fema.gov/about-agency>.