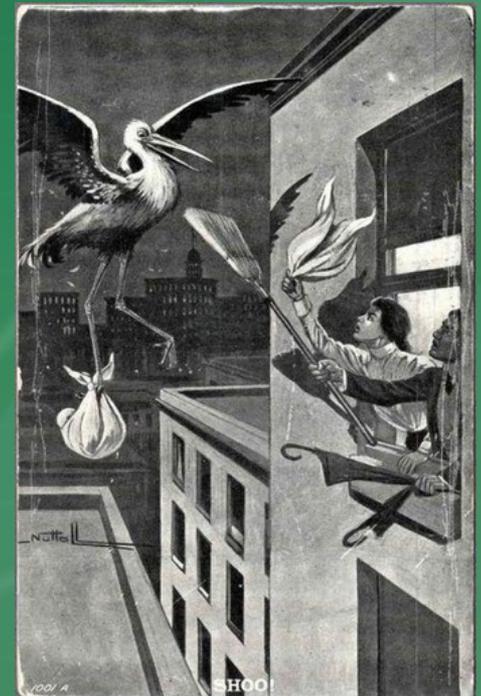
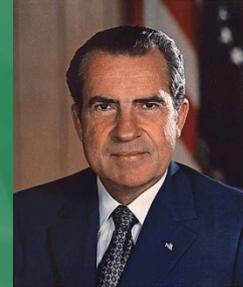


Family Planning (PE 41)* Revenue & Expenditure Report

*PE 41 = Program Element 41 (of LPHA contract) = Title X

Family Planning and Population Research Act of 1970

- Title X was enacted by President Nixon in 1970 as a way to enable people to receive family planning services regardless of their income.
- “[T]o assist in the establishment and operation of voluntary family planning projects which...offer a broad range of acceptable and effective family planning methods and services.”



Family Planning and Population Research Act of 1970

- Family Planning services: educational, clinical and social services necessary to help people plan the number and spacing of children; includes contraceptive methods, counseling services, etc.



Distribution of Funds



Title X

Oregon
Health
Authority

You!



LPHA
Contract
PE 41



Program Element 41

Family Planning Funds

- Fund personnel who provide family planning services (includes front line staff).



- Purchase contraceptives and supplies needed to perform family planning services.



Program Element 41

Family Planning Funds

- Fund overhead costs associated with providing family planning services.



- **ONLY** for the *operation* and *implementation* of family planning services*.

- *Unfortunately, these funds were never meant to cover all costs associated with providing services, but rather as base funds to anchor family planning projects.

Quarterly Family Planning (PE 41) Revenue & Expenditure Report



OREGON HEALTH AUTHORITY
PUBLIC HEALTH SERVICES
REVENUE AND EXPENDITURE REPORT
FOR FAMILY PLANNING ONLY

Agency : _____
Please specify County (if applicable)

Period : _____

A Expenditures	Fiscal Year-to-Date		
	All OTHER Family Planning	PE 41 Grant ONLY	Total
1 Personal Services (Salaries & Benefits)		\$	-
2 Services & Supplies		\$	-
3 Capital Outlay		\$	-
4 Total Expenditures (lines 1-3)	\$ -	\$ -	\$ -
5 Less Program Income (line 11)		\$ -	\$ -
6 TOTAL REIMBURSABLE EXPENDITURES		\$ -	\$ -

B Program Income/Revenue	Fiscal Year-to-Date
	Total
7 PE 41 Grant Payments	\$ -
8 Client Fees - Self-Pay	\$ -
9 Donations	\$ -
10 Third Party Reimbursements	\$ -
11 TOTAL PROGRAM INCOME (lines 8-10)	\$ -
12 Medicaid/OHP	\$ -
13 CCare	\$ -
14 County General Funds	\$ -
15 In-Kind	\$ -
16 Other (please identify)	\$ -
16a	\$ -
16b	\$ -
16c	\$ -
16d	\$ -
16e	\$ -
17 TOTAL REVENUE (lines 12-16e)	\$ -

CERTIFICATE I certify that revenues reported were authorized for use by the agency in support of this program and that expenditures and encumbrances reported are true and correct to the best of my knowledge and belief.

PREPARED BY (Please print name) _____

EMAIL _____

AUTHORIZED AGENT (Signature) _____

DATE _____

Federal Requirement

- As a grantee of Title X, the Oregon Reproductive Health Program must submit financial reports to OPA on an annual basis. These reports detail how Title X funds have been distributed/expended.
- As a sub-recipient of Title X funds, agencies are required to submit quarterly reports detailing the expenditure of the funds and any income generated by the services performed due to the funds.



New Format

- Changed format to reduce errors and make it as easy to understand and complete as possible.
- Gathered feedback from fiscal personnel at Title X sub-recipient agencies as well as state employees and the Region X Officer for OPA.
- New format matches other program Revenue & Expenditure reports.
- Note: Title X = PE 41 = Title X!



Expenditures

		Fiscal Year-to-Date		
A	Expenditures	All OTHER Family Planning	PE 41 Grant ONLY	Total
1	Personal Services (Salaries & Benefits)			\$ -
2	Services & Supplies			\$ -
3	Capital Outlay			\$ -
4	Total Expenditures (lines 1-3)	\$ -	\$ -	\$ -
5	Less Program Income (line 11)		\$ -	
6	TOTAL REIMBURSABLE EXPENDITURES		\$ -	

- Expenditures are divided into two columns:

All OTHER Family Planning

PE 41 Grant ONLY

- PE 41 Grant ONLY** column: expenditures of PE 41 Grant funds ONLY.
- All OTHER Family Planning** column: expenditures of other family planning funds (i.e. CCare, OHP, etc.).

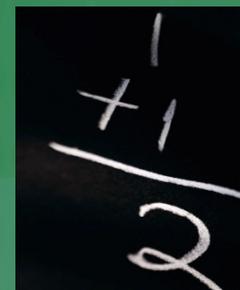
Was the expenditure made for the purpose of the operation/implementation of family planning services?

- **Line 1, Personal Service (Salaries & Benefits):** all personnel who assist in the operation and implementation of family planning services. Include providers and/or clinic staff.
- **Line 2, Service & Supplies:** all services & supplies purchased for the operation and implementation of family planning services. Includes contraceptives, medical supplies, office supplies, etc.



Was the expenditure made for the purpose of the operation/implementation of family planning services?

- **Line 3, Capital Outlay:** purchase of any item more than \$5,000 with a life expectancy of more than one year. Example: computer to be used for family planning visits.
- **Line 4, Total Expenditures:** sum of lines 1-3.
- **Line 5, Less Program Income:** sum of lines 8-10.
- **Line 6, Total Reimbursable Expenditures:** total reimbursable PE 41 expenditures.



Program Income

		Fiscal Year-to-Date
B	Program Income/Revenue	Total
7	PE 41 Grant Payments	\$ -
8	Client Fees - Self-Pay	\$ -
9	Donations	\$ -
10	Third Party Reimbursements	\$ -
11	TOTAL PROGRAM INCOME (lines 8-10)	\$ -

- Gross income generated by PE 41 supported activity (family planning services) that is received directly by the sub-recipient (i.e. client fees, insurance reimbursements).

Was the income generated because you provide family planning services?

- **Line 7, PE 41 Grant Payments:** all the PE 41 grant payments your agency has received thus far. For instance, you may expect to receive \$10,000 for FY14, but by quarter 3 you may have only received \$7,500 – you should report \$7,500 on your 3rd quarter report.



- **Line 8, Client Fees:** includes all fees collected using the Title X Sliding Fee scale.



Was the income generated because you provide family planning services?

- **Line 9, Donations:** includes all donations generated from family planning services. 
- **Line 10, Third Party Reimbursements:** includes all third party payments generated by family planning services - usually insurance reimbursements. 
- **Line 11, Total Program Income:** the sum of lines 8-10 is subtracted from your agency's PE 41 expenditures to determine your reimbursable expenditures. 

Revenue

12	Medicaid/OHP	
13	CCare	
14	County General Funds	
15	In-Kind	
16	Other (please identify)	
16a		
16b		
16c		
16d		
16e		
17	TOTAL REVENUE (lines 12-16e)	\$ -

- OPA requires that grantees report ALL family planning monies received from Medicaid/OHP, CCare, County General Funds and In Kind.

Was the revenue received because you provide family planning services?

- **Line 12, Medicaid/OHP:** payments received from Medicaid or OHP for family planning services.



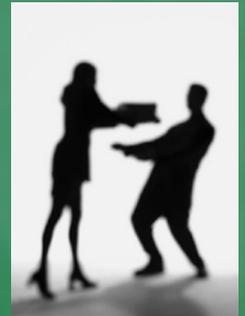
- **Line 13, CCare:** payments received from CCare.
oregoncontraceptivecare

- **Line 14, County General Funds:** County General Funds received for family planning services.



Was the revenue received because you provide family planning services?

- **Line 15, In-Kind:** family planning services or personnel that are considered by your agency to be in-kind. For example, a physician who donates her/his time to perform family planning services.
- **Line 16, Other** (please identify): any other family planning revenue. For example, Medicare payments generated from family planning services.
- **Line 17, Total Revenue:** sum of lines 12-16e.



Tip!



■ Program Income \neq PE 41 Expenditures

- **A Expenditures** \neq **B Program Income/Revenue**
- Do not stress yourself trying to balance when you don't have to!



- All other Family Planning expenditures and revenue are used for data gathering purposes only.

Expectations

- The Revenue & Expenditure report is due **25 days following the end of each quarter**. This means it is due every:
 - October 25: for months July-September (Qrt 1)
 - January 25: for months July-December (Qrt 2)
 - April 25: for months July-March (Qrt 3)
- It is also due **50 days after each fiscal year** - August 25: for the whole fiscal year (July-June).



Expectations

- Starting in FY15, we will reject all previous versions of this report, which may delay your monthly payment. To err on the side of caution, please destroy all previous versions.

- New version =



&



- Old versions =



Expectations

- The original report should be submitted to:
 - Contract Payable, Department of Human Services, 500 Summer Street NE E-91, Salem, OR 97301. FAX (503) 947-2313, OFS-Contract, Invoices@dhsoha.state.or.us
- A copy should be sent to:
 - Reproductive Health Program, 800 NE Oregon St, #370, Portland, OR 97232, FAX (971) 673-0371, judith.andreasen@state.or.us

Questions?

- Contact Alison Babich at 971-673-0356 or alison.a.babich@state.or.us
- Thank you for participating!

