

Resolution No. RS2019 - 131

A resolution approving amendment one to a grant from the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, for family planning services.

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, previously entered into a grant contract with the State of Tennessee, Department of Health, for family planning services approved by RS2017-722; and,

WHEREAS, the parties wish to amend the grant contract by increasing the amount of the grant by \$600,000.00 from \$4,325,500.00 to \$4,925,500.00 with no cash match required, a copy of which amendment one is attached hereto; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment one be accepted.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendment one to the grant by and between the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, for family planning services, a copy of which amendment one is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY
OF FUNDS:



Kevin Crumbo, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM
AND LEGALITY:

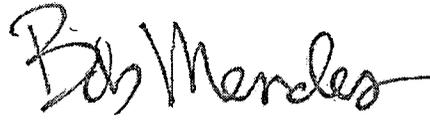


Assistant Metropolitan Attorney

Member(s) of Council

Electronic Signature Page

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink that reads "Bob Mendes". The signature is written in a cursive style with a long horizontal stroke at the end.

Bob Mendes
Councilman At-Large

Electronic Signature Page

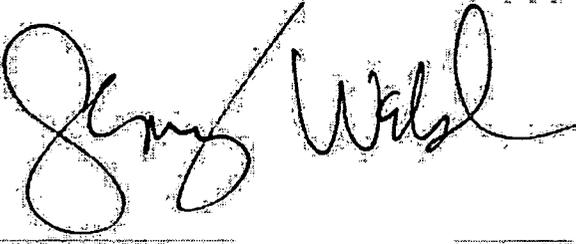
(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink that reads "Sharon W. Hurt". The signature is written in a cursive style with a large, looped initial "S".

Sharon Hurt
Council Member, At-Large

Electronic Signature Page

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)



A handwritten signature in cursive script, reading "Ginny Welsch". The signature is written in black ink on a white background. The first name "Ginny" is written in a large, flowing cursive, and the last name "Welsch" is written in a smaller, more compact cursive. The signature is positioned above a horizontal line.

Ginny Welsch
Council Member, District 16



GRANT AMENDMENT

Agency Tracking # 34360-35118	Edison ID 55062	Contract # GG-18-55062	Amendment # 1		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Increase Maximum Liability					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: June 30, 2022			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 600,000.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2018	\$146,800.00	\$718,300.00			\$865,100.00
2019	\$146,840.00	\$718,260.00			\$865,100.00
2020	\$146,800.00	\$918,300.00			\$1,065,100.00
2021	\$146,800.00	\$918,300.00			\$1,065,100.00
2022	\$146,800.00	\$918,300.00			\$1,065,100.00
TOTAL:	\$734,040.00	\$4,191,460.00			\$4,925,500.00
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.				CPO USE	
Speed Chart (optional) HL00006818, HL00006819			Account Code (optional) 71301000		

**AMENDMENT 1
OF GRANT CONTRACT GG-18-55062**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. The following is added as Grant Contract section A.10.
 - A.10. In the event that the Grantee is subject to an audit in accordance with Section D.19. hereunder, the Grantee shall submit to the State contact listed in D.8. a copy of the audit report and Notice of Audit Report Attachment.

2. Grant Contract section C.1. is deleted in its entirety and replaced with the following:
 - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Four Million Nine Hundred Twenty-Five Thousand Five Hundred Dollars (\$4,925,500.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 1 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee

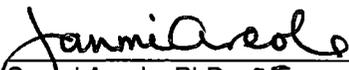
3. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new Attachment 1 attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective ten (10) days following the last signature. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY


 Sanmi Areola, PhD
 Interim Director, Metro Public Health Department

11-15-19
 Date


 Alex Jahangir, MD, MMHC
 Chair, Board of Health

11/14/19
 Date

APPROVED AS TO AVAILABILITY OF FUNDS


 Kevin Crumley, PhD

11-25-19

Kevin Crumbo
Director, Department of Finance

Date

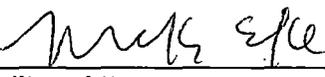
APPROVED AS TO RISK AND INSURANCE:



Director of Risk Management Services

11/25/19
Date

APPROVED AS TO FORM AND LEGALITY:



Metropolitan Attorney

12/2/19
Date

John Cooper
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 1)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2017, and ending June 30, 2022. ROLL UP				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$4,925,500.00	\$0.00	\$4,925,500.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$4,925,500.00	\$0.00	\$4,925,500.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 2)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2017, and ending June 30, 2018. YEAR 1				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$865,100.00	\$0.00	\$865,100.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$865,100.00	\$0.00	\$865,100.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

YEAR 1

PROFESSIONAL FEE / GRANT & AWARD	Description
TDH shall reimburse contracted providers for eligible services billed pursuant to the current CPT codes and current reimbursement rates published at http://www.cms.gov/Medicare/Medicare.html . Contraceptive methods are reimbursed at current State contract price available in PTBMIS.	
CPT CODE	OFFICE VISITS
99401	Preventative Medicine, Individual Counseling (15 min)
99402	Preventative Medicine, Individual Counseling (30 min)
99403	Preventative Medicine, Individual Counseling (45 min)
99404	Preventative Medicine, Individual Counseling (60 min)
99383	New Patient Preventive Office Visit; (5-11 year old)
99384	New Patient Preventive Office Visit; (12-17 year old)
99385	New Patient Preventive Office Visit; (18-39 year old)
99386	New Patient Preventive Office Visit; (40-64 year old)
99393	Established Patient Preventive Office Visit; (5-11 year old)
99394	Established Patient Preventive Office Visit; (12-17 year old)
99395	Established Patient Preventive Office Visit; (18-39 year old)
99396	Established Patient Preventive Office Visit; (40-64 year old)
99201	New Patient Office Visit (10 min)
99202	New Patient Office Visit with expanded history (20 min)
99203	New Patient Office Visit with detailed history (30 min)
99204	New Patient Office Visit with comprehensive history (45 min)
99205	New Patient Office Visit with comprehensive history (60 min)
99211	Established Patient Office Visit (5 min)
99212	Established Patient Office Visit with expanded history (10 min)
99213	Established Patient Office Visit with detailed history (15 min)
99214	Established Patient Office Visit with comprehensive history (25 min)
99215	Established Patient Office Visit with comprehensive history (40 min)
CPT CODE	PATHOLOGY, LABORATORY, PROCEDURE
81025	Urine Pregnancy Test, by visual color comparison methods
96372	Administration, Injectable Drug (Not Vaccines)
88142	Liquid-Based Pap Smear
87624	High Risk HPV Test
87210	Wet Prep
11981	Implant Insertion
11982	Implant Removal
11983	Implant Removal and Reinsertion
58300	IUC Insertion
58301	IUC Removal
57170	Diaphragm/Cap Fitting
CPT CODE	CONTRACEPTIVE METHOD
A4261	Cervical Cap
A4266	Diaphragm
A4267	Male Condom
A4268	Female Condom
A4269	Spermicide
J1050	Medroxyprogesterone acetate
J7297	Liletta
J7298	Mirena®
J7300	Paragard®
J7301	Skyla®
J7303	Ring
J7304	Patch
J7307	Implant
S4993	Pills
T5999	Supply, NOS
J3490	ECP - Ella - Plan B
TOTAL	\$865,100.00

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE4)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2018, and ending June 30, 2019. YEAR 2				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$865,100.00	\$0.00	\$865,100.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$865,100.00	\$0.00	\$865,100.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 5)

YEAR 2

PROFESSIONAL FEE / GRANT & AWARD	Description
TDH shall reimburse contracted providers for eligible services billed pursuant to the current CPT codes and current reimbursement rates published at http://www.cms.gov/Medicare/Medicare.html .	
Contraceptive methods are reimbursed at current State contract price available in PTBMIS.	
CPT CODE	OFFICE VISITS
99401	Preventative Medicine, Individual Counseling (15 min)
99402	Preventative Medicine, Individual Counseling (30 min)
99403	Preventative Medicine, Individual Counseling (45 min)
99404	Preventative Medicine, Individual Counseling (60 min)
99383	New Patient Preventive Office Visit; (5-11 year old)
99384	New Patient Preventive Office Visit; (12-17 year old)
99385	New Patient Preventive Office Visit; (18-39 year old)
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99393	Established Patient Preventive Office Visit; (5-11 year old)
99394	Established Patient Preventive Office Visit; (12-17 year old)
99395	Established Patient Preventive Office Visit; (18-39 year old)
99396	Established Patient Preventive Office Visit; (40-64 year old)
99201	New Patient Office Visit (10 min)
99202	New Patient Office Visit with expanded history (20 min)
99203	New Patient Office Visit with detailed history (30 min)
99204	New Patient Office Visit with comprehensive history (45 min)
99205	New Patient Office Visit with comprehensive history (60 min)
99211	Established Patient Office Visit (5 min)
99212	Established Patient Office Visit with expanded history (10 min)
99213	Established Patient Office Visit with detailed history (15 min)
99214	Established Patient Office Visit with comprehensive history (25 min)
99215	Established Patient Office Visit with comprehensive history (40 min)
CPT CODE	PATHOLOGY, LABORATORY, PROCEDURE
81025	Urine Pregnancy Test, by visual color comparison methods
96372	Administration, Injectable Drug (Not Vaccines)
88142	Liquid-Based Pap Smear
87624	High Risk HPV Test
87210	Wet Prep
11981	Implant Insertion
11982	Implant Removal
11983	Implant Removal and Reinsertion
58300	IUC Insertion
58301	IUC Removal
57170	Diaphragm/Cap Fitting
CPT CODE	CONTRACEPTIVE METHOD
A4261	Cervical Cap
A4266	Diaphragm
A4267	Male Condom
A4268	Female Condom
A4269	Spermicide
J1050	Medroxyprogesterone acetate
J7297	Liletta
J7298	Mirena®
J7300	Paragard®
J7301	Skyla®
J7303	Ring
J7304	Patch
J7307	Implant
S4993	Pills
T5999	Supply, NOS
J3490	ECP - Ella - Plan B
TOTAL	\$865,100.00

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 6)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2019, and ending June 30, 2020. YEAR 3				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$1,065,100.00	\$0.00	\$1,065,100.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,065,100.00	\$0.00	\$1,065,100.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 7)

YEAR 3

PROFESSIONAL FEE / GRANT & AWARD	Description
TDH shall reimburse contracted providers for eligible services billed pursuant to the current CPT codes and current reimbursement rates published at http://www.cms.gov/Medicare/Medicare.html . Contraceptive methods are reimbursed at current State contract price available in PTBMIS.	
CPT CODE	OFFICE VISITS
99401	Preventative Medicine, Individual Counseling (15 min)
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99215	Established Patient Office Visit with comprehensive history (40 min)
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81025	Urine Pregnancy Test, by visual color comparison methods
96372	Administration, Injectable Drug (Not Vaccines)
88142	Liquid-Based Pap Smear
87624	High Risk HPV Test
87210	Wet Prep
11981	Implant Insertion
11982	Implant Removal
11983	Implant Removal and Reinsertion
58300	IUC Insertion
58301	IUC Removal
57170	Diaphragm/Cap Fitting
CPT CODE	CONTRACEPTIVE METHOD
A4261	Cervical Cap
A4266	Diaphragm
A4267	Male Condom
A4268	Female Condom
A4269	Spermicide
J1050	Medroxyprogesterone acetate
J7297	Liletta
J7298	Mirena®
J7300	Paragard®
J7301	Skyla®
J7303	Ring
J7304	Patch
J7307	Implant
S4993	Pills
T5999	Supply, NOS
J3490	ECP - Ella - Plan B
TOTAL	\$1,065,100.00

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 8)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2021. YEAR 4				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$1,065,100.00	\$0.00	\$1,065,100.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,065,100.00	\$0.00	\$1,065,100.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 1 (continued)
 GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 9)

YEAR 4

PROFESSIONAL FEE / GRANT & AWARD	Description
TDH shall reimburse contracted providers for eligible services billed pursuant to the current CPT codes and current reimbursement rates published at http://www.cms.gov/Medicare/Medicare.html .	
Contraceptive methods are reimbursed at current State contract price available in PTBMIS.	
CPT CODE	OFFICE VISITS
99401	Preventative Medicine, Individual Counseling (15 min)
99402	Preventative Medicine, Individual Counseling (30 min)
99403	Preventative Medicine, Individual Counseling (45 min)
99404	Preventative Medicine, Individual Counseling (60 min)
99383	New Patient Preventive Office Visit; (5-11 year old)
99384	New Patient Preventive Office Visit; (12-17 year old)
99385	New Patient Preventive Office Visit; (18-39 year old)
99386	New Patient Preventive Office Visit; (40-64 year old)
99393	Established Patient Preventive Office Visit; (5-11 year old)
99394	Established Patient Preventive Office Visit; (12-17 year old)
99395	Established Patient Preventive Office Visit; (18-39 year old)
99396	Established Patient Preventive Office Visit; (40-64 year old)
99201	New Patient Office Visit (10 min)
99202	New Patient Office Visit with expanded history (20 min)
99203	New Patient Office Visit with detailed history (30 min)
99204	New Patient Office Visit with comprehensive history (45 min)
99205	New Patient Office Visit with comprehensive history (60 min)
99211	Established Patient Office Visit (5 min)
99212	Established Patient Office Visit with expanded history (10 min)
99213	Established Patient Office Visit with detailed history (15 min)
99214	Established Patient Office Visit with comprehensive history (25 min)
99215	Established Patient Office Visit with comprehensive history (40 min)
CPT CODE	PATHOLOGY, LABORATORY, PROCEDURE
81025	Urine Pregnancy Test, by visual color comparison methods
96372	Administration, Injectable Drug (Not Vaccines)
88142	Liquid-Based Pap Smear
87624	High Risk HPV Test
87210	Wet Prep
11981	Implant Insertion
11982	Implant Removal
11983	Implant Removal and Reinsertion
58300	IUC Insertion
58301	IUC Removal
57170	Diaphragm/Cap Fitting
CPT CODE	CONTRACEPTIVE METHOD
A4261	Cervical Cap
A4266	Diaphragm
A4267	Male Condom
A4268	Female Condom
A4269	Spermicide
J1050	Medroxyprogesterone acetate
J7297	Liletta
J7298	Mirena®
J7300	Paragard®
J7301	Skyla®
J7303	Ring
J7304	Patch
J7307	Implant
S4993	Pills
T5999	Supply, NOS
J3490	ECP - Ella - Plan B
TOTAL	\$1,065,100.00

ATTACHMENT 1
GRANT BUDGET
(BUDGET PAGE 10)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY COUNTY - FAMILY PLANNING				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2021, and ending June 30, 2022. YEAR 5				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$1,065,100.00	\$0.00	\$1,065,100.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$1,065,100.00	\$0.00	\$1,065,100.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 11)

YEAR 5

PROFESSIONAL FEE / GRANT & AWARD	Description
TDH shall reimburse contracted providers for eligible services billed pursuant to the current CPT codes and current reimbursement rates published at http://www.cms.gov/Medicare/Medicare.html .	
Contraceptive methods are reimbursed at current State contract price available in PTBMIS.	
CPT CODE	OFFICE VISITS
99401	Preventative Medicine, Individual Counseling (15 min)
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96372	Administration, Injectable Drug (Not Vaccines)
88142	Liquid-Based Pap Smear
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87210	Wet Prep
11981	Implant Insertion
11982	Implant Removal
11983	Implant Removal and Reinsertion
58300	IUC Insertion
58301	IUC Removal
57170	Diaphragm/Cap Fitting
CPT CODE	CONTRACEPTIVE METHOD
A4261	Cervical Cap
A4266	Diaphragm
A4267	Male Condom
A4268	Female Condom
A4269	Spermicide
J1050	Medroxyprogesterone acetate
J7297	Liletta
J7298	Mirena®
J7300	Paragard®
J7301	Skyla®
J7303	Ring
J7304	Patch
J7307	Implant
S4993	Pills
T5999	Supply, NOS
J3490	ECP - Ella - Plan B
TOTAL	\$1,065,100.00

RFS: 34360-35118
Page 1 of 2**Federal Award Identification Worksheet**

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville and Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	B04MC32572-01-03
Federal award date	07/18/2019
CFDA number and name	93.994 Maternal and Child Health Services
Grant contract's begin date	07/01/2017
Grant contract's end date	06/30/2022
Amount of federal funds obligated by this grant contract	\$520,500.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$11,797,538.00
Name of federal awarding agency	Department of Health and Human Services, Health Resources and Services Administration
Name and contact information for the federal awarding official	Crystal Howard MailStop Code: 10W-53C OFAM 5600 Fishers Ln Rockville, MD, 208521750 Email: choward@hrsa.gov Phone: (301) 4433844 Fax: (304) 4436343
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	

Federal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville and Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	FPHPA006483-01-02
Federal award date	9/28/2019
CFDA number and name	93.217 Family Planning Services
Grant contract's begin date	Jul 1, 2017
Grant contract's end date	June 30, 2022
Amount of federal funds obligated by this grant contract	\$3,670,960.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$8,125,000.00
Name of federal awarding agency	Department of Health and Human Services Public Health Service
Name and contact information for the federal awarding official	Ms. Edecia Richards 61 Forsyth Street, S.W. Suite 5B95 Atlanta Federal Center Atlanta, GA 30323
Is the federal award for research and development?	N
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	2.7%