**Fiscal Year 2019-2020**

# Definitions

| Term | Definition |
| --- | --- |
| Title X Program Requirement | Requirements applicable to the Title X program, as set out in the Title X statute and implementing regulations (42 CFR part 59, subpart A), and in other applicable Federal statutes, regulations and policies. |
| Implementation Strategy | Implementation strategy includes the agency’s mechanism for ensuring compliance with Title X requirements. This includes providing evidence on site or otherwise readily available to document and demonstrate that the project meets requirements. The examples listed in the program review tool do not represent an exhaustive list. Evidence may include but is not limited to, policies, procedures, protocols, documentation of training, or any other form of documentation that substantiates that the project is operating in accordance with the Title X Program Requirements and Recommendations for Providing Quality Family Planning Services (QFP). |
| Family Planning Services | Services that are directly related to preventing unintended pregnancies as well as achieving planned pregnancies that result in healthy birth outcomes. This includes contraceptive services, pregnancy testing and counseling, services to assist with achieving pregnancy, basic infertility services, STD services, and other preconception health services. These services should be offered to both women and men in accordance with QFP. Title X providers should be trained and equipped to offer these services.  |
| Related Preventive Health Services  | Services that are considered to be beneficial to reproductive health, are closely linked to family planning services, and are appropriate to deliver in the context of a family planning visit but do not contribute directly to achieving or preventing pregnancy (e.g., breast and cervical cancer screening). Title X providers should be trained and equipped to offer these services. |
| Other Preventive Health Services | These include other preventive health services for women and men that are not listed above. Screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis are examples. Although important in the context of primary care, these have no direct link to family planning services. Clients should be provided referrals for these as well as other primary care services, but they should not be considered a Title X service. |

# Policy Codes

|  |  |
| --- | --- |
|  A Administrative Policies | These initials may indicate where policies are found. |
|  C Clinical Policies |
|  F Financial Policies |

# **Program Review Tool**

*Please note, red font indicates revised language.*

# 8: Project Management and Administration

All projects receiving Title X funds must provide services of high quality and be competently and efficiently administered.

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| 8.1: Voluntary Participation |
| **Section 8.1.1: Voluntary and Non-Coercive Services**Family planning services are to be provided solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)). Clients cannot be coerced to accept services or to use or not use any particular method of family planning (42 CFR 59.5 (a)(2)).Agencies should institutionalize administrative procedures (i.e., staff training, clinical protocols, and consent forms) to ensure clients receive services on a voluntary basis. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency has written policies and procedures that specify services are to be provided on a voluntary basis.
 |  |
| A | [ ]  | [ ]  | 1. Documentation at service sites demonstrates (e.g., staff circulars, training curriculum and records) staff has been informed at least once annually that services must be provided on a voluntary basis.
 |  |
| A | [ ]  | [ ]  | 1. Administrative policies include a written statement that clients may not be coerced to use contraception, or to use any particular method of contraception or service.
 |  |
| A | [ ]  | [ ]  | 1. General consent forms or other documentation at service sites inform clients that services are provided on a voluntary basis
 |  |
| **Section 8.1.2: Acceptance of FP Services not a Prerequisite for Eligibility or Services**A client’s acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or agency (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).Agency should institutionalize administrative procedures (e.g., staff training, clinical protocols, and consent forms) to ensure clients’ receipt of family planning services is not used as a prerequisite to receipt of other services from the service site. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. The agency has a written policy that prohibits any agency service sites from making the acceptance of family planning services a prerequisite to the receipt of any other services.
 |  |
| A | [ ]  | [ ]  | 1. Documentation at the service site(s) (e.g., staff circulars, training curriculum) indicates staff has been informed at least once annually that a client’s receipt of family planning services may not be used as a prerequisite to receipt of any other services offered by the service site.
 |  |
| A | [ ]  | [ ]  | 1. General consent forms or other documentation provided to clients states that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
 |  |
| **Section 8.1.3: Personnel Awareness**Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency has written policies and procedures that require that all staff is informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
 |  |
| A | [ ]  | [ ]  | 1. Documentation demonstrates that staff has been informed at least once annually that they are subject to this requirement.
 |  |
| **8.1 Additional Comments:** [e.g., “Met 10 out of 10 requirements”] |

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| 8.2: Prohibition of Abortion |
| Title X grantees and agencies must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning. Systems must be in place to assure adequate separation of any non-Title X activities from the Title X project. Grantee has documented processes to ensure that they and their agencies are in compliance with Section 1008. Grantees should include language in agency contracts addressing this requirement. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency has written policies and procedures that prohibit agencies and/or service sites from providing abortion as part of the Title X project.
 |  |
| F  | [ ]  | [ ]  | 1. If the agency has other, non-Title X funds with which to provide abortion services, financial documentation demonstrates that Title X funds are not being used for abortion services and adequate separation exists between Title X and non-Title X activities. Systems must be in place to assure adequate separation of any non-Title X activities from the Title X project.
 |  |
| **8.2 Additional Comments:**  |

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| 8.3: Structure and ManagementFamily planning services under a Title X grant may be offered by grantees directly and/or by agency agencies operating under the umbrella of a grantee. However, the grantee is accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by agencies. Where required services are provided by referral, the grantee is expected to have written agreements for the provision of services and reimbursement of costs as appropriate. |
| **Section 8.3.2: Agency Subcontracts**If an agency wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the grantee must be maintained by the agency (45 CFR parts 74 and 92). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agencies who subcontract basic Family Planning clinical services must include compliance with Title X requirements in their subcontracts.
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| 8.4: Charges, Billings, and CollectionsThe grantee is responsible for the implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the projects. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay. Projects should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services. |
| **Section 8.4.1: FPL Guidance, Third Party Billing, and Income Verification**Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)).Although not required to do so, grantees that have lawful access to other valid means of income verification because of the client’s participation in another program may use those data rather than re-verify income or rely solely on the client’s self-report. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  | 1. Agency has policies and procedures assuring that clients 1) are not denied services nor subject to variation in services due to inability to pay, 2) whose documented income is at or below 100% FPL are not charged for services and 3) that third party payers are billed.
 |  |
| F | [ ]  | [ ]  | 1. Financial documentation at the service site(s) indicates clients whose documented income is at or below 100% FPL are not charged for services.
 | Monitored by Administrative Consultants. Date of last Administrative Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| F | [ ]  | [ ]  | 1. Financial documentation at the service site(s) indicates that if a third party is authorized or legally obligated to pay for services, the project has billed accordingly.
 | Monitored by Administrative Consultants. Date of last Administrative Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| F | [ ]  | [ ]  | 1. Agency follows a written policy and procedure for verifying client income that is aligned with Title X requirements.
 |  |
| F | [ ]  | [ ]  | 1. Agency policy and procedures for verifying client income does not present a barrier to receipt of services.
 |  |
| **Section 8.4.2: Discount Schedules**A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL) (42 CFR 59.5(a)(8)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  | 1. Agency has policies and procedures requiring that a schedule of discounts be developed for services provided in the project and updated periodically to be in line with the FPL.
 |  |
| **Section 8.4.3: Fee Waiver**Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  | 1. Agency policies and procedures provide a process to refer clients (or financial records) to the service site director (or designee) for review and consideration of waiver of charges. The policies and procedures must include specific steps for documenting the decision.
 |  |
| F | [ ]  | [ ]  | 1. Documentation at the service site demonstrates a determination is made by the service site director, is documented and the client is informed of the determination.
 |  |
| **Section 8.4.4: Reasonable Costs/Fee Schedules**For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  | 1. Agency policy and procedure provides a sound rationale and process for determining the cost of services.
 |  |
| **Section 8.4.5: Discount Eligibility for Minors**Eligibility for discounts for un-emancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  | 1. Agency policy and procedure establishes a process for determining whether a client (including minors) is seeking confidential services and stipulates that charges to adolescents seeking confidential services will be based solely on the adolescent’s income.
 |  |
| **Section 8.4.6: Third Party Payments**Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts (42 CFR 59.5(a)(9)).Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  | 1. The agency can demonstrate that it has contracts with insurance providers, including public and private sources. Documented attempts to obtain private insurance contracts will be accepted.
 |  |
| **Section 8.4.8: Confidential Collections** Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  | 1. Agency has policies addressing collection by service sites that include safeguards that protect client confidentiality, particularly in cases where sending an explanation of benefits could breach client confidentiality.
 |  |
| **Section 8.4.9: Voluntary Donations**Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  | 1. Agency policies and procedures indicate if donations are accepted.
 |  |
| **8.4 Additional Comments:** |

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| 8.5: Project PersonnelTitle X grantees must have approved personnel policies and procedures. |
| **Section 8.5.1: Personnel Policies**Grantees and agencies are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency has written policies and procedures in place that provide evidence that there is no discrimination in personnel administration at its organizations and within its agency network. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.
 |  |
| **Section 8.5.2: Cultural Competency**Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b)(10)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Written agency policies and procedures that address how the project operationalizes cultural competency.
 |  |
| A | [ ]  | [ ]  | 1. Documentation includes records of cultural competence training, in-services, client satisfaction surveys, or other documentation that supports culturally competent services.
 |  |
| **Section 8.5.4: Clinical Leadership**Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5 (b)(6)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| C  | [ ]  | [ ]  | 1. Agency demonstrates evidence that the medical/clinical services operate under the direction of a physician with special training or experience in family planning (C.V., Board Certification, or Continuing Education).
 |  |
| C | [ ]  | [ ]  | 1. There is evidence (e.g., medical advisory committee, board, and staff meetings) indicating involvement of the Medical Director/Medical Consultant who signs the family planning policies and standing orders in program operations.
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| 8.6: Staff Training and Project Technical AssistanceTitle X grantees are responsible for the training of all project staff. Technical assistance may be provided by OPA or the Regional Office. |
| **Section 8.6.1: Personnel Training**Projects must provide for the orientation and in-service training of all project personnel, including the staff of agency agencies and service sites (42 CFR 59.5(b)(4)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency maintains written records of Family Planning orientation, in-service and other training attendance by project personnel. Required use: (Family Planning Staff Title X Orientation and Annual Training Checklists)
 |  |

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| **Section 8.6.2: Training on Federal/State Reporting Requirements**The project’s orientation/in-service training includes training on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency documentation includes evidence of annual staff training specific to this area which may include attendance records and certificates.
 |  |
| **Section 8.6.3: Training on Minors (Family Involvement and Coercion)**The project’s orientation/in-service training includes training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency policies ensure that staff has received training annually on state-specific reporting/notification requirements.
 |  |
| A | [ ]  | [ ]  | 1. Documentation includes training attendance records/certificates which indicate that training on family involvement counseling and sexual coercion counseling has been provided.
 |  |
| **8.6 Additional Comments:** |

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| 8.7: Planning and Evaluation |
| Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5 (b) (6) and (7)). |
| **8.7 Link to QFP: Framework for Program Evaluations**When designing evaluations, projects should follow the Recommendations for Providing Quality Family Planning Services, which defines what services to provide and how to do so and thereby provides a framework by which program evaluations can be developed. Projects should also follow the QFP that defines ‘quality’ care and describes how to conduct quality improvement processes so that performance is monitored and improved on an ongoing basis. QI activities should be overseen by the grantee and occur at both the grantee and agency levels. |
| **Policy Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| A | **Yes** [ ]  | **No** [ ]  | 1. Agency records document the use of ongoing (i.e., at least annually) quality improvement processes, and a description of steps taken by the agency in response to findings.
 |  |
| **8.7 Additional Comments:** |

# 9. Project Services and Clients

Projects funded under Title X are intended to enable all persons who want to obtain family planning care to have access to such services. Projects must provide for comprehensive medical, informational, educational, social, and referral services related to family planning for clients who want such services

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| 9.2: Client Dignity |
| Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a)(3)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency ensures protection of client privacy as evidenced in their policies and confirmed by consultant observation.
 |  |
| A | [ ]  | [ ]  | 1. A patient bill of rights or other documentation which outlines client’s rights and responsibilities.
 |  |

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| **9.2 Link to QFP: Cultural Competency and Client Dignity**A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered, which includes providing services in a respectful and culturally competent manner. |
| **Policy Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| A | **Yes** [ ]  | **No** [ ]  | 1. The agency has written policies and procedures that require their sites and agencies to receive training in culturally competent care. This should include how to meet the needs of the following key populations: LGBTQ, adolescents, individuals with limited English-proficiency, and the disabled.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Documentation (e.g., training records) that demonstrates staff have received training in providing culturally competent care to populations identified in the needs assessment.
 |  |
| **9.2 Additional Comments:** |

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| 9.3: Non-Discriminatory Services |
| Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency has written policies and procedures that require their service sites and any agency sites to provide service without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status, and to inform staff of this requirement on an annual basis.
 |  |
| A | [ ]  | [ ]  | 1. Documentation (e.g., staff circulars, orientation documentation, training curricula) demonstrates that staff has been informed at least once during employment that services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status.
 |  |
| **9.3 Additional Comments:** |

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| 9.4: Availability of Social Services |
| Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. There is evidence of process to refer clients to relevant social and medical services agencies for example: child care agencies, transport providers, WIC programs.
 |  |
| **9.4 Additional Comments:** |

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| 9.5: Availability and Use of Referrals |
| Projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5 (b)(8). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency has a written policy regarding client referrals to other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
 |  |
| A | [ ]  | [ ]  | 1. Agency maintains a current list of relevant referral agencies, including: emergency care, HIV/AIDS care and treatment agencies, infertility specialists, and chronic care management providers, and providers of other medical services not provided on-site.
 |  |
| **9.5 Additional Comments:** |

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| 9.6: Clinical Protocols and Standards of Care |
| All agencies should assure services provided within their project operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  | 1. The agency has written clinical protocols aligned with nationally recognized standards of care, and signed by the medical director or family planning physician responsible for the service site.
 |  |
| **9.6 Link to QFP**Grantees should follow QFP, which defines “family planning” services (i.e., contraception, pregnancy testing and counseling, achieving pregnancy, basic infertility services, STD services, preconception health services), describes what services should be offered by family planning providers, and recommends how to provide those services by citing specific Federal and professional medical associations’ recommendations for clinical care. |
| **Policy Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| C | **Yes** [ ]  | **No** [ ]  | 1. Written clinical protocols include the full scope of family planning services as defined in QFP and listed in 9.7, Implementation Strategy 1 below.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Agency utilizes current clinical protocols (i.e., revised within the past 12 months) that reflect the most current version of Federal and professional medical associations’ recommendations for each type of service, as cited in QFP.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Documentation that clinical staff has participated in training on QFP (e.g., training available from the Title X National Training Centers).
 |  |
| **9.6 Additional Comments:** |

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| 9.7: Provision of Family Planning and Related Services |
| All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician’s consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b)(1)). This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care. |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  | 1. Current written (i.e., updated within the past 12 months) clinical protocols clearly indicate that the following services will be offered to female, male and adolescent clients as appropriate: a broad range of contraceptives (including natural family planning), pregnancy testing and counseling, services to assist with achieving pregnancy, basic infertility services, STD services, and preconception health services.
 |  |
| C | [ ]  | [ ]  | 1. Breast and cervical cancer screening are available on-site and offered to female clients.
 |  |
| **9.7 Additional Comments:** |

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| 9.8: Range of Family Planning Methods |
| All Projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. (42 CFR 59.5(a)(1)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  | 1. A review of the current stock of contraceptive methods demonstrates that a broad range of methods, including LARCs, are available onsite (optimally) or by referral.
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| 9.9: Durational Residency Requirements |
| Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b)(5)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. The agency has a written policy stating that agency and service sites must provide services without the imposition of any durational residence requirement or a requirement that the client be referred by a physician.
 |  |
| **9.9 Additional Comments:** |

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| 9.10: Pregnancy Diagnosis and Counseling |
| Projects must provide pregnancy diagnosis and counseling to all clients in need of these services (42 CFR 59.5(a)(5)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  | 1. The agency has a written policy, in accordance with the recommendations presented in QFP, about providing pregnancy diagnosis and counseling services to all clients in need of these services. Policy includes guidance for reproductive life planning discussions and collecting medical histories that include any coexisting conditions.
 |  |

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| **9.10 Link to QFP**Projects should follow QFP, which describes how to provide pregnancy testing and counseling services, and cites the clinical recommendations of the relevant professional medical associations. |
| **Policy Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| C | **Yes** [ ]  | **No** [ ]  | 1. Staff have received training on pregnancy counseling recommendations presented in QFP at least once during employment.
 |  |
| **9.10 Additional Comments:** |

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| 9.11: Pregnancy Counseling Options |
| Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:* Prenatal care and delivery;
* Infant care, foster care, or adoption; and
* Pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (42 CFR 59.5(a)(5)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  | 1. The agency has written policies and procedures requiring its sites and all agencies to offer options counseling to pregnant women.
 |  |
| C | [ ]  | [ ]  | 1. Written clinical protocols ensure that pregnant clients are offered neutral, factual information, and non-directive counseling about all three pregnancy options except for those options that the woman does not wish to receive information, and that referrals requested by the client are provided to her.
 |  |
| **9.11 Additional Comments:** |

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| 9.12: Compliance with Legislative Mandates |
| Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:“None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.” |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. The agency has written policy and procedures requiring that staff be informed annually that: (a) clinic staff must encourage family participation in the decision of minors to seek FP services, (b) minors must be counseled on how to resist attempts to coerce them into engaging in sexual activities, and (c) State law must be followed requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. Grantee contracts with agencies include these requirements.
 |  |
| A | [ ]  | [ ]  | 1. Documentation (e.g., staff circulars, training curricula) demonstrates that all staff has been formally informed about items 1a-c above at least once annually.
 |  |
| **9.12 Additional Comments:** |

# 10: Confidentiality

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| 10: Confidentiality |
| Every project must have safeguards to ensure client confidentiality. Information obtained by project staff about an individual receiving services may not be disclosed without the individual’s documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. The agency has a written policy requiring that all staff and agency functions safeguard client confidentiality.
 |  |
| A | [ ]  | [ ]  | 1. Documentation (e.g., staff circulars, new employee orientation documentation, training curricula) demonstrates that staff has been informed at least once annually about policies related to preserving client confidentiality and privacy.
 |  |
| A | [ ]  | [ ]  | 1. Clinical protocols and policies have statements related to client confidentiality and privacy.
 |  |
| A | [ ]  | [ ]  | 1. The health records system has safeguards in place to ensure adequate privacy, security and appropriate access to personal health information.
 |  |
| A | [ ]  | [ ]  | 1. There is evidence that HIPAA privacy forms are provided to clients and signed forms are collected as required.
 |  |
| A | [ ]  | [ ]  | 1. General consent forms or other documentation at service sites state that services will be provided in a confidential manner, and note any limitations that may apply.
 |  |
| F  | [ ]  | [ ]  | 1. Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence).
 | Monitored by Administrative Consultants. Date of last Administrative Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10 Additional Comments:** |

# 11: Community Participation, Education, and Project Promotion

Title X grantees are expected to provide for community participation and education and to promote the activities of the project.

|  |
| --- |
| 11.1: Collaborative Planning and Community Engagement |
| Title X grantees and agency agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community’s needs for family planning services (42 CFR 59.5(b)(10)). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. The agency has a community engagement plan. Participants should include individuals who are broadly representative of the population to be served, and who are knowledgeable about the community’s needs for family planning services.
 |  |
| A | [ ]  | [ ]  | 1. The community engagement plan: (a) engages diverse community members including adolescents and current clients, and (b) specifies ways that community members will be involved in efforts to develop, assess, and/or evaluate the program.
 |  |
| A | [ ]  | [ ]  | 1. Documentation demonstrates that the community engagement plan has been implemented (e.g., reports, meeting minutes, etc.).
 |  |
| **11.1 Additional Comments:** |

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| --- |
| 11.2: Community Awareness and Access |
| Projects must establish and implement planned activities to facilitate community awareness of and access to family planning services (42 CFR 59.5(b)(3)). Each family planning project must provide for community education programs (42 CFR 59.5(b)(3)). The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.

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| 11.3: Community Education |
| Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial (42 CFR 59.5 (b)(3). |

 |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Documentation demonstrates that the agency conducts periodic assessment of the needs of the community with regard to their awareness of and need for access to family planning services.
 |  |
| A | [ ]  | [ ]  | 1. Agency has a written community education and service promotion plan that has been implemented (e.g., media spots/materials developed, event photos, participant logs, and monitoring reports). The plan: (a) states that the purpose is to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial, (b) promotes the use of family planning among those with unmet need, (c) utilizes an appropriate range of methods to reach the community, and (d) includes an evaluation strategy.
 |  |
| A | [ ]  | [ ]  | 1. Documentation that evaluation has been conducted, and that program activities have been modified in response.
 |  |
| **11.2 Additional Comments:** |

# 12: Information and Education Materials Approval

Every project is responsible for reviewing and approving informational and educational materials. The Information and Education (I&E) Advisory Committee may serve the community participation function if it meets the requirements, or a separate group may be identified.

|  |
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| 12.1: Materials Review and Approval Process |
| Title X grantees and agency agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to their distribution (Section 1006 (d)(2), PHS Act; 42 CFR 59.6(a)).

|  |
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| 12.2: Advisory Committee Diversity |
| The committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex and age) of the population or community for which the materials are intended (42 CFR 59.6 (b)(2).

|  |
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| 12.3: Advisory Committee Membership |
| Each Title X grantee must have an Advisory Committee of five to nine members, except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6 (b)(1)). The Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X (Section 1006(d)(1), PHS Act; 42 CFR 59.6(a)). |

 |

 |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency has policies and procedures that ensure materials are reviewed prior to being made available to the clients that receive services within the project.
 |  |
| A | [ ]  | [ ]  | 1. Report submitted annually to the Women’s Health Branch demonstrates the process used to review and approve materials
 |  |
| A | [ ]  | [ ]  | 1. The agency ensures that materials are reviewed by five to nine individuals who are broadly representative of the population served.
 |  |
| **12.1 Additional Comments:** |

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| --- |
| 12.5: Advisory Committee Responsibility for Materials Review |
| The Advisory Committee(s) may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, final responsibility for approval of the I&E materials rests with the Advisory Committee.

|  |
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| 12.6: Advisory Committee Requirements |
| The I&E Advisory Committee(s) must: * Consider the educational and cultural backgrounds of the individuals to whom the materials are addressed;
* Consider the standards of the population or community to be served with respect to such materials;
* Review the content of the material to assure that the information is factually correct;
* Determine whether the material is suitable for the population or community to which it is to be made available; and
* Establish a written record of its determinations (Section 1006(d), PHS Act; 42 CFR 59.6(b)).
 |

 |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency policies and procedures specify how the factual, technical, and clinical accuracy components of the review are assured.
 |  |
| A | [ ]  | [ ]  | 1. If review of factual, technical, and/or clinical content has been delegated, participants provide final approval.
 |  |
| A | [ ]  | [ ]  | 1. Agency policies and procedures document that the required elements of this section are addressed, including assessment of reading level at 4th-6th grade and that educational materials are tailored to literacy, age, and language preferences of client populations. Current versions of materials are in use. Locally developed materials acknowledge Title X funding.
 |  |
| A | [ ]  | [ ]  | 1. Meeting minutes and/or review forms document that all required components are addressed.
 |  |
| **12.5 and 12.6 Additional Comments:** |

# 13: Additional Administrative Requirements

This section addresses additional requirements that are applicable to the Title X program and are set out in authorities other than the Title X statute and implementing regulations.

|  |
| --- |
| 13.1: Facilities and Accessibility of Services |
| Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (August 4, 2003) (HHS Grants Policy Statement 2007, II-23).Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities (45 CFR 84). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency policies assure language translation services are readily provided when needed.
 |  |
| A | [ ]  | [ ]  | 1. Documentation indicates that staff is aware of policies and processes that exist to access language translation services when needed.
 |  |
| A | [ ]  | [ ]  | 1. Agency policies and procedures ensure access to services for individuals with disabilities at their sites and at all agency sites.
 |  |

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| 13.2: Emergency Management |
| All grantees, agencies and Title X clinics are required to have a written plan for the management of emergencies (29 CFR 1910, subpart E) and clinical facilities must meet applicable standards established by Federal State and local governments (e.g. local fire, building, and licensing codes). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency disaster plans have been developed and are available to staff.
 |  |
| A | [ ]  | [ ]  | 1. Staff has completed training and understands their role in an emergency or natural disaster.
 |  |
| **13.2 Additional Comments:** |

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| --- |
| 13.3: Standards of Conduct |
| Projects are required to establish policies to prevent employees, consultants, or members of governing/advisory bodies from using their positions for purposes that are, or give the appearance of being motivated by a desire for private financial gain for themselves or others (HHS Grants Policy Statement 2007, II-7). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency policies address this requirement.
 |  |
| **13.3 Additional Comments:** |

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| 13.4: Human Subjects Clearance (Research) |
| Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The grantee/agency should advise their Regional Office in writing of any research projects that involve Title X clients (HHS Grants Policy Statement 2007, II-9). |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | 1. Agency policies address this requirement to notify the Women’s Health Branch in writing of any research projects involving Title X clients.
 |  |
| **13.4 Additional Comments:** |

|  |  |  |
| --- | --- | --- |
| **Additional Monitoring Requirements**  | **Met** | **Not Met** |
| Additional Policy Requirements | 1. (The following is strongly recommended, but not required). Agency policy/procedure/protocol describes a process for obtaining a written Declination of Services from patients who refuse provider-recommended physical exam and/or laboratory testing components.
 |  |  |
| 1. Agency policy/procedure/protocol describes a process for follow-up of abnormal clinical or laboratory findings.
 |  |  |
| Additional Training Requirements | 1. All clinical and non-clinical staff must participate in annual training focused on health equity, health disparities or social determinants of health.
 |  |  |
| Quality Assurance Requirements | 1. Agency must provide evidence of annual record audits, following the WHB record monitoring tools’ guidelines.
 |  |  |
| 1. Agency must provide evidence of Corrective Action Plan with implementation for each out of compliance issue identified in the record audit.
 |  |  |
| Finance | 1. Current Sliding Fee Scale is in use.
 |  |  |
| 1. Payment agreements do not indicate that services may be denied for unpaid balances/failure to make payments.
 |  |  |
| Standing Orders | 1. Comply with BON requirements.
	1. NCAC 46 .2403 states the following FP-related drugs may be dispensed by LHD RNs:
		1. Anti-infective agents used in the control of sexually-transmitted diseases as recommended by the United States Centers for Disease Control in the Sexually Transmitted Diseases Treatment Guidelines (available at www.cdc.gov);
		2. Natural or synthetic hormones and contraceptive devices when used for the prevention of pregnancy;
		3. Topical preparations for the treatment of lice, scabies, impetigo, diaper rash, vaginitis, and related skin conditions;
		4. Vitamin and mineral supplements;
 |  |  |
| 1. Signed by the Program’s Medical Director within the past 12 months.
 |  |  |
| FP ERRNs | Registered Nurses who have completed the Family Planning Enhanced Role Training Curriculum and have remained rostered continuously may perform family planning assessments through the direction of precise, written Standing Orders, reviewed and signed annually by the Program Medical Director for**:**€ Annual assessment on low-risk family planning patients who are currently on a contraceptive method Initial visits on low-risk patients with documented complete normal physical exam within the past 6 months and currently using a prescribed contraceptive; low –risk patients currently using a prescribed or non-prescribed contraceptive method choosing a non-prescribed contraceptive method Provide periodic assessment and care of low-risk family planning patients The ERN may not insert or remove an IUD or Implant May not see any women over age 35 using oral contraceptives€ Every 3rd annual assessment done by a physician or mid-level provider | € | € |

|  |  |  |
| --- | --- | --- |
| **Observation** | **Met** | **Not Met** |
| (8.4.2) Signs indicating Family Planning services are available on the sliding fee scale are visible in client areas. | **** | **** |
| (8.4.9) Clients are not pressured to make donations and donations are not a prerequisite to the provision of services or supplies. (Observe signs, financial counseling scripts, or other evidence.) | **** | **** |
| (9.2) Client confidentiality and privacy is protected during registration and throughout the clinic visit, by virtue of staff action and physical layout of the facility. | **** | **** |
| (9.2) The clinic environment is welcoming. (Cleanliness of Exam Rooms; Ease of Access to Services; Language Assistance) | **** | **** |
| (9.2) The clinic’s Patient Bill of Rights is posted in the clinic. | **** | **** |
| (10) Posters, videos, brochures, or other client education materials noting the client’s right to confidential services are freely available to clients.  | **** | **** |
| (11.3) Observe clinic waiting areas for brochures on a variety of reproductive health topics as well as brochures for males. | **** | **** |
| (12, 13.1) Clinic brochures and other client educational materials are current, and are tailored to the literacy, age, and language preferences of client populations. | **** | **** |
| (12) Client educational materials emphasize tiered method counseling. | **** | **** |
| (12) Agency developed material reflects Title X funding support. | **** | **** |
| (13.1) Clinic facilities are free from obvious structural or other barriers that would prevent disabled individuals from accessing services.  | **** | **** |
| (13.1) Interpreter services signs are visible in client areas. | **** | **** |
| (13.1) Anti-discrimination signs are visible in client areas. | **** | **** |
| (13.2) Staff can identify evacuation routes. Exits are recognizable and free from barriers. | **** | **** |
| (13.2) Emergency cart reviewed for list of contents and expired drugs (no expired drugs on cart). | **** | **** |
| Clinical staff wear appropriate name badges stating name and proper credentials (NC BON; GS 91-640) | **** | **** |
| (8.1.1, 9.6, 9.10, 13.1) Observe at least two patient visits (one must be contraceptive visit method – preferably an adolescent), from registration through discharge, to assure that counseling and services for Family Planning patients seeking contraception, pregnancy testing and counseling, achieving pregnancy, basic infertility, and STD services is provided in a manner consistent with the QFP, including the five principles of quality counseling: 1) establish and maintain rapport with the client2) assess the client’s needs and personalize discussions accordingly3) work with the client interactively to establish a plan4) provide information that can be understood and retained by the client5) confirm client understanding Reproductive life planning discussions and preconception health counseling are incorporated into every visit, and tiered method counseling is provided where appropriate. (See Tables 2 and 3 from the MMWR Providing Quality Family Planning Services). Information is presented in a way that emphasizes the essential points, is easily understood, and is culturally appropriate, reflecting the client’s beliefs, ethnic background, and cultural practices.Please refer to the form found at the following link for review of contraceptive method counseling:<http://www.cardeaservices.org/documents/Observational_Contraceptive_Counseling_Checklist.pdf>Please refer to the form below (on page 29) for review of pregnancy testing/counseling.Visits observed: € Contraceptive method (initiation or surveillance) **R** € Pregnancy Testing/Counseling **R** | **** **** € | ****€€ |

|  |  |
| --- | --- |
| Agency’s Score on Most Recent RFA | **Score:** |
| TA Provided (as needed): |  |
|  |
|  |
|  |
|  |

**Observation Checklist Pregnancy Test Counseling**

**Did the provider**:

* Establish and maintain rapport? **Y N**
* Assess the client’s needs and personalize the discussion? **Y N**
* Work with the client interactively to establish a plan? **Y N**
* Provide information that can be understood by the client? **Y N**
* Confirm the client’s understanding? **Y N**

**Visit Elements**

* Vital Signs (Height/Weight/BMI/BP)
* LMP (Date, Normal)
* GTPAL
* RLP
* Current Method of Birth Control
	+ Problems?
	+ Date last used?
	+ UPI past 5 days?
* History
	+ Tobacco
	+ ETOH/drugs
	+ OTC/Rx Use
	+ Chronic Illness
	+ Physical Disability
	+ Psychiatric Illness
	+ Other
* Immunization Education
* Behavioral Health Assessment (Depression, IPV)
* Labs
* Negative Results:
	+ Preconception Counseling
	+ Tiered Method Review
	+ EC/Quick Start
	+ Achieving Pregnancy Counseling
	+ Infertility Services
	+ Folic Acid
* Positive Results:
	+ Weeks Gestation/EDC
	+ Prenatal Care Counseling
	+ Adoption/Foster Care Counseling
	+ Pregnancy Termination Counseling
	+ Ectopic Pregnancy warning signs
	+ Varicella H/O
	+ PE Completed/Deferred
	+ PNVs
	+ Flu Vaccine
	+ Social Support
* Referrals:
	+ FP
	+ MH
	+ Ectopic Pregnancy
	+ IPV
	+ WIC
	+ Behavioral Health
	+ PCM
	+ Transportation

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_