|  |
| --- |
| **North Carolina TITLE X Family Planning Program Review Tool** ***2024-2025*** |
| **Introduction:**The Title X Family Planning (FP) Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). The family planning services grant program is authorized by Title X of the Public Health Service (PHS) Act. (42 U.S.C. § 300 et seq.)The Title X program expectations come from the Title X statute, implementing regulations at 42 CFR Part 59, Subpart A, and applicable legislative mandates. Title X recipients are also expected to comply with additional program guidance (including Providing Quality Family Planning Services (QFP): Recommendations from Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs 2021 Final Rule FAQs, Program Policy Notices), OPA program priorities, and other expectations from the OASH Office of Grants and Acquisition Management (GAM) and the Notice of Award (NOA).All grant recipients must comply with the expectations regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.), the implementing regulations (42 CFR Part 59, Subpart A), and any applicable legislative mandates, and are expected to comply with additional program guidance found in the Title X Program Handbook. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR Part 50, Subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”).In addition to the statute, regulations, legislative mandates, and additional program guidance that apply to Title X, OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities are derived from Healthy People Objectives and from HHS priorities and are published in Title X Notices of Funding Opportunity (NOFOs). The expectations listed throughout the tool are specific to the Title X program within your local health department. These expectations are derived from Chapter 3 of the Title X Program Handbook, updated in July 2022, and are applicable to all Title X family planning services recipients. <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/title-x-program-expectations> . All Title X projects are expected to maintain and regularly update written policies, protocols, and procedures demonstrating the projects are compliant with all Title X program expectations. In addition, all Title X staff within your local health department are expected to be trained on all Title X expectations, in addition to applicable Title X project policies, protocols, and procedures.**Purpose:**This Title X Program Review (PR) Tool is intended for use by the Women, Infant and Community Wellness Section (WICWS) Nurse Consultants to monitor the Title X Family Planning program at your agency. It may also be used by your agency as a self-assessment. The PR Tool includes evidence that your agency must provide to show compliance with the Title X statute and regulations, applicable OPA policy, and QFP. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy Codes** | These initials in the Policy Code section of the PR Tool identify where policies include evidence for the corresponding expectation. may be found. | **Admin = A** | **Clinical = C** | **Fiscal = F** |
| **PR Tool Rating:** |
| **Title X Program Assessment: Met/Not Met/N/A** |
| This assessment relates to your agency’s compliance with the applicable statutes, regulations, and OPA expectations. You will receive an assessment of compliance and will receive a rating of “met” or “not met.” The evidence that minimum criteria have been met will be determined based on supporting materials and observation at your agency during the FP monitoring visit. The evaluation will be completed using the list of evidence items in the Evidence Demonstrating Compliance column. These are minimum documents that should be provided as evidence that expectations are being met. Evidence may include, but is not limited to, policies, procedures, protocols, documentation of training, review of medical records, direct visual confirmation per consultants to ensure that what is contained in written policy or instructions is actually being carried out, or any other form of documentation that substantiates that the agency is operating in accordance with the applicable Title X program requirement and/or expectation | **Questions Applying to Subrecipients** | **Met / Not Met** |
|  |  |

|  |
| --- |
| **Useful Title X Definitions:** |
| **Term** | **Definition** |
| Adolescent-friendly health services | Services that are accessible, acceptable, equitable, appropriate, and effective for adolescents. (42 CFR § 59.2) |
| Basic infertility services | Basic infertility services include services for both partners of an infertile couple. Basic infertility services include understanding the client’s reproductive life plan and the client’s and partner’s difficulty in achieving pregnancy through a medical history, sexual health assessment and physical exam, in accordance with recommendations developed by professional medical associations. Basic infertility services also include infertility counseling. (QFP, p.15-16, [https://opa.hhs.gov/sites/default/files/2020- 10/providing-quality-family-planning-services-2014\_1.pdf](https://opa.hhs.gov/sites/default/files/2020-%2010/providing-quality-family-planning-services-2014_1.pdf) ). |
| Client-centered care | Client-centered care provided is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions. (42 CFR § 59.2) |
| Culturally and linguistically appropriate services | Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients. (42 CFR § 59.2) |
| Family Planning (FP) Services | Family planning services delivered by Title X FP Programs include a broad range of medically approved services, which includes Food and Drug Administration (FDA)- approved contraceptive products and natural family planning methods for clients who want to prevent pregnancy and space births; pregnancy testing and counseling; assistance to achieve pregnancy; basic infertility services; sexually transmitted infection (STI) services; and other preconception health services. (42 CFR § 59.2). Family planning services include preconception health services, education, and general reproductive and fertility health care to improve maternal and infant outcomes, and the health of women, men, and adolescents who seek family planning services, and the prevention, diagnosis, and treatment of infections and diseases which may threaten childbearing capability or the health of the individual, sexual partners, and potential future children. (QFP, pp.1-5, [https://opa.hhs.gov/sites/default/files/2020- 10/providing-quality-family-planning-services-2014\_1.pdf](https://opa.hhs.gov/sites/default/files/2020-%2010/providing-quality-family-planning-services-2014_1.pdf) ). Family planning methods and services are never to be coercive and must always be strictly voluntary. (42 CFR§ 59.5(a)(2)). These family planning services should be offered to both women and men in accordance with QFP, and Title X policies. Title X providers should be trained and equipped to offer these services. |
| FDA-approved contraceptive products | FDA-approved contraceptive products include Long-Acting Reversible Contraceptives (LARC), contraceptive injection, short-acting hormonal methods, barrier methods, emergency contraception, and permanent sterilization (htt[ps://www.fda.gov/consumers/free-publications-women/birth-control).](http://www.fda.gov/consumers/free-publications-women/birth-control%29) |
| Health equity | Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. (42 CFR § 59.2) |
| Inclusive | Inclusive is when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (42 CFR § 59.2) |
| Low-income family | Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (42 CFR § 59.2) |
| Memorandum of Understanding (MOU) | A document established between two or more parties to define their respective responsibilities in accomplishing a particular goal or mission, e.g., establishing, operating, and securing a system interconnection. |
| Preconception health services | Preconception health services include counseling on folic acid; reproductive life planning; sexual health assessment; medical history intake; screening for intimate partner violence; alcohol and other drug use, and tobacco use; immunizations; depression; height, weight, and body mass index; blood pressure (QFP, p.16-17, [https://opa.hhs.gov/sites/default/files/2020-10/providing-quality- family-planning-services-2014\_1.pdf](https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-%20family-planning-services-2014_1.pdf) ). |
| Quality healthcare | Quality healthcare is safe, effective, client-centered, timely, efficient, and equitable. (42 CFR § 59.2) |
| Service site | A service site is a local health department clinic or other location where Title X services are provided to clients. Subrecipients may have multiple service sites. (42 CFR § 59.2) |
| Sliding Fee Discount Schedule (SFDS) | The HRSA Health Center Program and the OPA Title X Program have unique Sliding Fee Discount Schedule (SFDS) program requirements, which include having differing upper limits. Title X agencies (or providers) that are integrated with or receive funding from the HRSA Health Center Program may have dual fee discount schedules: one schedule that ranges from 101% to 200% of the FPL for all health center services, and one schedule that ranges from 101% to 250% FPL for clients receiving only Title X family planning services directly related to preventing or achieving pregnancy, and as defined in their approved Title Xproject. (OPA Program Policy Notice: 2016-11—Integrating with Primary Care Providers) |
| STI services | STI services include services provided in accordance with CDC’s STD treatment and HIV testing guidelines. STI services include assessing, screening, treating, and counseling. STI services should be provided for persons with or without signs or symptoms suggestive of an STD. (QFP, p. 17-18, [https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services- 2014\_1.pdf](https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-%202014_1.pdf)). |
| Suggested Evidence to Submit for Program Review | The suggested evidence replaces implementation strategy in previous versions of this tool. The list includes the materials and documentation subrecipients should provide as evidence that the project is in compliance with Title X program expectations. The examples listed do not represent an exhaustive list, however are typical of what program review consultants review to assess grantee compliance for Title X. Evidence may include, but is not limited to, policies, procedures, protocols, documentation of training, medical record review, direct visual confirmation per the WICWS Nurse Consultants to ensure that what is contained in written policy or instructions is actually being carried out, or any other form of documentation that substantiates that the project is operating in accordance with the Title X program expectations and policies, including QFP. |
| Title X Program Expectations\*\* | The Title X program expectations come from the Title X statute, implementing regulations at 42 CFR Part 59, Subpart A, and applicable legislative mandates. Title X recipients are also expected to comply with additional program guidance (including QFP, 2021 Final Rule FAQs, Program Policy Notices) OPA program priorities, and other expectations from GAM and the Notice of Award (NOA).All recipients must comply with the expectations regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.) the implementing regulations (42 CFR Part 59, Subpart A), any applicable legislative mandates, and are expected to comply with additional program guidance. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR Part 50, Subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”). |
| Title X Grantee vs. Sub-recipients | In NC, the Title X Grantee is the State of NC Family Planning Program. Subrecipients are the agencies that provide the Title X services, such as Local Health Departments. |
| Trauma-informed | Trauma-informed means a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (42 CFR § 59.2) |

***\*\*As you go through the tool you may notice that some of the Program Expectations are not in numerical order. This tool is adapted from the Federal Review Tool and only Expectations that apply to local agencies are included in this version.***

|  |
| --- |
| **Project Administration** |
| **Project Administration Expectation #1:**Provide services without subjecting individuals to any coercion to accept services or to use or not use any particular method(s) of family planning. (42 CFR § 59.5(a)(2)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policies and procedures specify services are to be provided without subjecting individuals to any coercion.
* Other materials (e.g., Title X assurances or statement of understanding document) that show Title X staff understand clients may not be coerced to use contraception, or to use any particular method of contraception or service.
* General consent forms or other documentation (e.g., patient bill of rights) at service sites inform clients that services are provided on a voluntary basis.
 |  |  |  |  |
| **Additional Comments:** |
| **Project Administration Expectation #2:**Ensure that acceptance of services is solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient. (Sections 1001 and 1007, PHS Act; 42 CFR § 59.5(a)(2)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policies and procedures prohibit making the acceptance of family planning services a prerequisite to the receipt of any other services.
* General consent forms or other documentation (e.g., patient bill of rights) at service sites inform clients that receipt of family planning services is not a prerequisite to receipt of any other services offered.
 |  |  |  |  |
| **Additional Comments:** |
| **Project Administration Expectation #3:**Ensure that staff are informed that any officer or employee of the United States, officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or person who receives, under any program receiving Federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than $1,000 or imprisoned for not more than one year, or both. (42 U.S.C. § 300a-8, as set out in 42 CFR § 59.5(a)(2) footnote 1) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policies and procedures require that all staff 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
 |  |  |  |  |
| **Additional Comments:** |
| **Project Administration Expectation #4:**Provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status. (42 CFR § 59.5(a)(4)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Non-discrimination policy
* Other documentation (e.g., patient bill of rights)
* Protocols showing Title X staff are informed of this expectation
 |  |  |  |  |
| **Additional Comments:** |
| **Project Administration Expectation #5:**Provide that priority in the provision of services will be given to clients from low-income families. Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (Section 1006(c)(1), PHS Act; 42 CFR § 59.5(a)(6) and 42 CFR § 59.2) |
| **\*NOTE: This expectation (#5) will be reviewed under the Financial Accountability category, Expectation #1.** |
| **Project Administration Expectation #6:**Provide services without the imposition of any durational residence expectation or expectation that the client be referred by a physician. (42 CFR § 59.5(b)(5)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policies and procedures require services to be provided without the imposition of any durational expectation or an expectation that the client be referred by a physician
 |  |  |  |  |
| **Additional Comments:** |
| **Project Administration Expectation #7:**Provide that family planning medical services will be performed under the direction of a clinical services provider (CSP). The CSP’s direction must be within their scope of practice and allowable under State law, and with special training or experience in family planning. CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. (42 CFR § 59.5(b)(6) and 42 CFR § 59.2) |
| **\*NOTE: This expectation will be reviewed under the Provisions of High-Quality Family Planning Services category, Expectation #10.** |
| **Project Administration Expectation #8:**Provide, to the maximum feasible extent, 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 others in the community knowledgeable about the community’s needs for family planning services. (42 CFR § 59.5(b)(10)) |
| **\*NOTE: This expectation will be reviewed under the Community, Education, Participation, and Engagement category, Expectation #1 and #2.** |
|  |
| **Project Administration Expectation #9:**Ensure that all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual’s documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipients must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. (42 CFR § 59.10(a)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A, F** | * Documentation of staff HIPAA training per agency policy.
* Policies and procedures describe safeguards in place within the health records system(s) to ensure adequate privacy, security, and appropriate access to personal health information.
* Policies and procedures describe a process for providing HIPAA privacy to clients and collecting signed forms as required.
* General consent forms state that services will be provided in a confidential manner and note any limitations that may apply.
* Client education materials note that client’s right to confidential services is available to clients.
* Third party billing is processed in a manner that does not breach client confidentiality\*
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:**  |
|  |
| **Project Administration Expectation #10:**Develop plans and strategies for implementing family planning services in ways that make services as accessible as possible for clients. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Community Engagement and Project Promotion Plans with supporting documentation.
* Health Center hours
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Project Administration Expectation #11:**Identify and execute strategies for delivering services that are responsive to the diverse needs of the clients and communities served. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policies and procedures support meeting the needs of the populations served, including special populations such as LGBTQ, physically disabled, limited English proficiency, etc.
* Community Engagement and Project Promotion Plans with supporting documentation.
* Evidence of foreign language/ASL interpretation services
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Project Administration Expectation #12:**Provide notice to OPA in the Title X Clinic Locator Database (<https://opa-fpclinicdb.hhs.gov/> ) of any deletions, additions, or changes to the name, location, street address and email, services provided on-site, and contact information for Title X recipients and service sites. Changes must be entered into the database within 30 days from the official OPA/GAM prior approval expectation for changes in project scope, including clinic closures. (PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements) Also see your **FP Agreement Addenda** for additional information  |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policies and procedures describe whom within the agency is responsible for maintaining the Clinic Locator Database Information.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Project Administration Expectation #13:**Enroll in the 340B Program and comply with all 340B Program requirements, including annual recertification and avoiding diversion or duplicate discounts. 340B Program requirements are available at https://[www.hrsa.gov/opa/program-](http://www.hrsa.gov/opa/program-) requirements/index.html. (FY 2022 NOA Special Terms and expectations) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * Documentation of 340B ID (entity registration)
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Additional Special Terms and Requirements and Standard Terms of the FY 2022 Title X Notice of Award – Standard Terms Expectation #7:**The Title X Family Planning Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). The family planning services grant program is authorized by Title X of the Public Health Service (PHS) Act. (42 U.S.C. § 300 et seq.) Title X Family Planning Agencies must acknowledge the support of the Title X Federal Grant when issuing publications such as brochures, tool-kits, resource guides as well as issuing statements or press releases. Agencies must clearly acknowledge Federal Grant Support with the following statement: “This (project/publication/program/website, etc.) is supported by the Office of Population Affairs (OPA) of U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $7,800,000 with 100% funding by OPA/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OPA/OASH/HHS, or the U.S. Government.  If the agency plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the NC Family Planning Project Director, Kristen Carroll in advance to allow for coordination. |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policies and procedures requiring acknowledging federal funding when issuing statements, publications, requests for applications, bid solicitations and other documents.
* Policies and procedures for any press release that concern the outcome of activities supported by the financial assistance above should reflect the need to notify the NC Family Planning Project Director, prior to the press release to allow for coordination.
* Copies of materials as described in the Expectation above.
* Agency contracts with other providers/entities
* Review of marketing and educational materials created by the agency to ensure compliance with acknowledgement language
 |  |  |  |  |
| **Provision of High-Quality Family Planning Services** |
| **Provision of High-Quality Family Planning Services Expectation #1:**Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, preconception health services, and adolescent-friendly health services). 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 acceptable and effective medically approved family planning methods and services. (Section 1001, PHS Act; 42 CFR § 59.5(a)(1))Family planning services include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services. (42 CFR § 59.2)Title X Family Planning service sites are expected to provide most, if not all, of acceptable and effective medically approved family planning methods and services on site and must detail the referral process for family planning methods and services that are unavailable on-site. |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Policies and procedures describe the full range of family planning services and methods provided.
* Client education/counseling protocol
* Client education/counseling materials
* Referral list (to other providers for FP Methods & services not available on-site)
* Inventory (e.g., dispensing protocol and pharmacy dispensing inventory records)
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Provision of High-Quality Family Planning Services Expectation #2:**Title X service sites that are unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested. (42 CFR § 59.5(a)(1)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Written Clinic Protocol describing how clients are assured access to the method of their choice.
* Referral list
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Provision of High-Quality Family Planning Services Expectation #3:**Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed. (42 CFR § 59.5(a)(3)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A, C** | * Policies and procedures address the provision of client-centered care.
* Copies of materials that are available to clients, that have been translated into other languages prevalent in your community.
* Translation services policy
* Client education/counseling materials, etc.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Provision of High-Quality Family Planning Services Expectation #4:**Provide services in a manner that protects the dignity of the individual. (42 CFR § 59.5(a)(3))  (In a healthcare environment dignity for a patient focuses on aspects of privacy, respect, and autonomy in making healthcare decisions) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Policies and procedures assure protection of client dignity throughout the clinic visit.
* Confirmation by the Nurse Consultant during clinic observation. (See b, c & d under Observations section for details)
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:**  |
| **Provision of High-Quality Family Planning Services Expectation #5:**Provide services in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care. (42 CFR § 59.5(a)(3))**Provision of High-Quality Family Planning Services Expectation #6:**Provide quality family planning services that are consistent with the *Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP)* and other relevant nationally recognized standards of care. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements)**Provision of High-Quality Family Planning Services Expectation #7:**Advance health equity through the delivery of Title X services. Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements; 42 CFR § 59.2) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Documentation of staff training regarding health equity.
* Policies and procedures describe national standards of care followed by clinic providers.
* Referrals policy or system/process assures access to necessary medical and social referrals.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Provision of High-Quality Family Planning Services Expectation #8:**Improve and expand accessibility of services for all clients, especially low-income clients by providing client-centered services that are available when and where clients need them and can most effectively access them. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A, C** | * Clinic hours
* Community Engagement Plan assesses the reproductive health needs of all populations within the community served; written plan and evidence regarding implementation of the plan must be submitted.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Provision of High-Quality Family Planning Services Expectation #9:**Offer pregnant clients 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, projects must provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. (42 CFR § 59.5(a)(5), Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Pregnancy testing and counseling policy and standing order.
* Referral list for pregnancy options
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Provision of High-Quality Family Planning Services Expectation #10:**Provide that family planning medical services will be performed under the direction of a Medical Director/Physician, with special training or experience in family planning with services offered within their scope of practice and allowable under state law. |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * CV of Family Planning Program Medical Director/Physician, reflecting either current OB-GYN Board Certification OR reproductive health training completed within the past 12 months.
* Family Planning Program Medical Director/Physician Position Description OR contract for services
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Adolescent Services** |
| **Adolescent Services Expectation #1:**Apply all expectations listed under “Provision of Quality Family Planning Services” when providing services to adolescent clients. |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Policies and procedures address the provision of all Family Planning services to adolescent clients in accordance with the QFP.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Adolescent Services Expectation #2:**Provide adolescent-friendly health services, which are services that are accessible, acceptable, equitable, appropriate and effective for adolescents. (42 CFR § 59.2) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Community Engagement Plan includes provision for obtaining input from adolescents about the agency’s family planning program.
* Client education/counseling materials designed for adolescent clients.
* Schedule of clinical site hours
* Information about public transportation
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Adolescent Services Expectation #3:**To the extent practical, Title X projects shall encourage family participation. However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services. (Section 1001, PHS Act; 42 CFR § 59.10(b)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A, C** | * General Consent for services includes information about confidentiality.
* Policies and procedures require services be provided in a manner that encourages family participation.
* Adolescent counseling and education protocols address counseling to encourage family participation in decisions to seek family planning services.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Adolescent Services Expectation #5:**Ensure that all applicants for Title X funds certify that they provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 466 (2022)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A, C** | * Policies and procedures require minors be provided counseling on how to resist attempts to coerce them into engaging in sexual activities.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Adolescent Services Expectation #6:**No Title X services provider shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444, 466–67 (2022)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A, C** | * General Consent for services includes information about confidentiality.
* Policies and procedures describe the agency’s process for reporting suspected Child Abuse and/or sexual abuse of minors to appropriate authorities in accordance with state laws requiring reporting of child abuse, child molestation, sexual abuse, rape, or incest.
* Reporting forms, if applicable
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Referral for Social and Medical Services** |
| **Referral for Social and Medical Services Expectation #1:**Provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated and provide for the effective usage of contraceptive devices and practices. (42 CFR § 59.5(b)(1)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Clinical policy and procedure regarding medical referrals
* Referral List for Medical Services not provided by the service site.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Referral for Social and Medical Services Expectation #2:**Provide for social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services which may be necessary to facilitate clinic attendance. (42 CFR§ 59.5(b)(2)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Policy and procedure addresses making necessary social services referrals to meet the needs of clients and to facilitate clinic attendance.
* Referral List for Social Services within the agency’s jurisdiction
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Referral for Social and Medical Services Expectation #3:**Provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care. (42 CFR § 59.5(b)(8)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance** | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Provide copies of any Memorandums of Understanding (MOU) with any other service providers related to services for Title X clients. At a minimum, the agency should have an MOU for primary care if the agency does not offer primary care services.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Referral for Social and Medical Services Expectation #4:**Ensure service sites and subrecipients have strong links to other community providers to ensure that clients have access to primary care. If a client does not have another source of primary care, priority should be given to providing related reproductive health services or providing referrals, as needed. Screening services such as, medical history; cervical cytology; clinical breast examination; mammography; and pelvic and genital examination should be provided for clients without a primary care provider, where applicable, and consistent with nationally recognized standards of care. In addition, appropriate follow-up, if needed, should be provided while linking the client to a primary care provider. (QFP, p.20, https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014\_1.pdf). |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Policies and procedures establish clinical care guidelines consistent with nationally recognized standards of care.
* The policies/procedures/protocols must indicate which nationally recognized standards of care the providers in the agency will follow.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Financial Accountability** |
| **Financial Accountability Expectation #1:**Provide that no charge will be made for services provided to any clients from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge. Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. (Section 1006(c)(1), PHS Act; 42 CFR § 59.5(a)(7) and 42 CFR § 59.2) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * Copy of Current Family Planning Sliding Fee Scale
* Copy of Family Planning Fee Schedule
* Patient income forms (may include declaration of income, payment agreements, etc.) Payment agreements must not indicate that services may be denied for unpaid balances/failure to make payments.
* Policy and procedure describe eligibility for Title X services, eligibility for Title X sliding fee scale discounts, and income verification process.
* Policy and procedure describe process for waiving fees for clients who are unable, for good reasons, to pay for family planning services. The policy should describe who is authorized to make this decision as well as specific steps for documenting the decision.
* If fees have been waived for good cause during the fiscal year being reviewed, be prepared to share this documentation during onsite monitoring.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions: Date of last Administrative Monitoring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Financial Accountability Expectation #2:**Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (42 CFR § 59.2) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * Policy and procedure describe how income is determined for clients requesting confidential services.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:**  |
| **Financial Accountability Expectation #3:**Provide that charges will be made for services to clients other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR § 59.5(a)(8))The schedule of discounts should be updated annually in accordance with the FPL. |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * Policy and procedure describe how the agency establishes fees designed to cover the reasonable cost of providing services.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:**  |
| **Financial Accountability Expectation #4:**Ensure that family income is assessed before determining whether copayments or additional fees are charged. (42 CFR § 59.5(a)(8)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * Policy and procedure describe eligibility for Title X services, eligibility for Title X sliding fee scale discounts, and income verification.
 | See Financial Accountability Expectation #1 |  |  |  |
| **Additional Comments, Best Practice Suggestions:**  |

|  |
| --- |
| **Financial Accountability Expectation #5:**Ensure that, with regard to insured clients, clients whose family income is at or below 250 percent of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. (42 CFR § 59.5(a)(8)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * Policy and procedure state that clients with family income at or below 250% of FPL will not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:**  |
| **Financial Accountability Expectation #6:**Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients 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 clients’ self-report. If a client’s income cannot be verified after reasonable attempts to do so, charges are to be based on the client’s self-reported income. (42 CFR § 59.5(a)(9)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * Policy and procedure specify that client’s income may verified through other agency data or through clients’ self-report.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions: Date of last Administrative Monitoring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **Financial Accountability Expectation #7:**Take all reasonable efforts to obtain the third-party payment without application of any discounts, if a third party (including a Government agency) is authorized or legally obligated to pay for services. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX, or XXI agency is required. (42 CFR § 59.5(a)(10)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * Policy and procedure specify that third-party payors legally obligated to pay for services will be billed, provided that doing so does not jeopardize confidentiality.
* Provide a list of commercial payors with which the agency is contracted, including all Medicaid payors.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions: Date of last Administrative Monitoring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Financial Accountability Expectation #9:**Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the recipient. The recipient must be prepared to substantiate that these rates are reasonable and necessary. (42 CFR § 59.5(b)(9)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * If the agency sub-contracts any services, please provide a copy of the contract(s). If not, mark N/A.
 | □ N/A |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Financial Accountability Expectation #14:**Ensure that Title X funds shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | Pursuant to **N.C. General Statute 153A-456, Limitation on the use of public funds**, counties are prohibited from using public funds to endorse or oppose a referendum, election, or a particular candidate for elective office. | No additional evidence required for Local Health Departments. |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Community Education, Participation, and Engagement** |
| **Community Education, Participation, and Engagement Expectation #1:**Provide for opportunities for community education, participation, and engagement to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered, quality family planning services. (42 CFR § 59.5(b)(3)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policy and procedure guide the CEQ process.
* Documentation demonstrates that a periodic assessment of community awareness of and need for family planning services has been conducted.
* 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 achieve community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by diverse 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
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Community Education, Participation, and Engagement Expectation #2:**Provide, to the maximum feasible extent, 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 others in the community knowledgeable about the community’s needs for family planning services. (42 CFR § 59.5(b)(10)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policy and procedure ensure that there is an opportunity for community participation in developing, implementing, and evaluating the agency’s family planning services.
* 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.
* Documentation of implementation of plan
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Information and Education (I&E)** |
| **Information and Education (I&E) Expectation #1:**Have an advisory committee (sometimes referred to as information and education committee) that reviews and approves print and electronic informational and educational materials developed or made available under the project, prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of Title X. The project shall not disseminate any materials which are not approved by the advisory committee. (Section 1006(d)(1) and (2), PHS Act; 42 CFR § 59.6(a)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policy and procedure ensure informational and educational materials are reviewed prior to being made available to clients.
* Media Review Documentation for the past three years
* Policy and procedure describe the process used to review and approve informational and educational materials.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Information and Education (I&E) Expectation #2:**Think specifically about the print and electronic materials made available to Title X clients under the Title X project when considering which materials require review and approval by the advisory committee. To help identify what materials require review and approval by the advisory committee, Title X projects should think specifically about the materials that they are making available to Title X clients under the Title X project. For Title X projects that provide non-Title X services (e.g., hospitals, FQHCs), this does not include all possible materials that a Title X client may find on the organization’s website or as they walk through the building, but only those specific materials that are made available to the Title X client under the Title X project and those materials developed specifically for the Title X client. If the material is intended to be provided to the client as information and education, it should be reviewed by the advisory committee; this does not include tweets. (2021 Final Rule FAQs) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Educational and informational materials currently in use have been approved by the I&E Committee
* Provide a list of all educational and informational materials currently in use. The list should indicate the last date the item was reviewed and approved.
* Reporting forms, if applicable
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Information and Education (I&E) Expectation #3:**Establish and maintain an advisory committee that:* consists of no fewer than five members and up to as many members the recipient determines; and
* includes individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality). (Section 1006(d)(2), PHS Act; 42 CFR § 59.6(b))
 |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policy and procedure address how media review is conducted, including the number of reviewers and how they are selected.
* Demographic information about reviewers demonstrate that reviewers are broadly representative of the population served
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Information and Education (I&E) Expectation #4:**Ensure that the advisory committee, in reviewing materials:* consider the educational, cultural, and diverse backgrounds of 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, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed;
* determine whether the material is suitable for the population or community to which is to be made available; and establish and maintain a written record of its determinations. (Section 1006(d)(1), PHS Act; 42 CFR § 59.6(b))
 |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policy and procedure specify that the reviewers will consider all elements described in this requirement when reviewing informational and educational materials.
* Policy and procedure specify how the factual, technical, and clinical accuracy components of the review are assured.
* If the review of factual, technical, and/or clinical content has been delegated, there is evidence of Advisory Committee oversight and final approval.
* Media Review Report submitted annually to the Reproductive Health Branch demonstrates the process used to review and approve materials. These reports are available for the Nurse Consultant’s review.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Staff Training** |
| **Staff Training Expectation #1:**Provide for orientation and in-service training for all project personnel. (42 CFR § 59.5(b)(4)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policy and procedure describe the orientation to Family Planning that all staff serving Title X clients receive.
* Policy and procedure describe the annual Family Planning training that all staff serving Title X clients receive.
* Provide copies of the North Carolina Title X Orientation Checklists completed for all current Title X staff.
* Be prepared to demonstrate the use of the Title X Family Planning Annual Training Record to document required annual trainings.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Staff Training Expectation #2:**Ensure routine training of staff 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** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Be prepared to demonstrate the use of the North Carolina Title X Family Planning Annual Training Record.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Staff Training Expectation #3:**Ensure routine 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** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Be prepared to demonstrate the use of the North Carolina Title X Family Planning Annual Training Record.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Quality Improvement and Quality Assurance (QI & QA)** |
| **Quality Improvement and Quality Assurance (QI & QA) Expectation #1:**Develop and implement a quality improvement and quality assurance plan that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess patient satisfaction. (PA-FPH-22-001 NOFO) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **F** | * Policy and procedure describe Quality Assurance and Quality Improvement processes.
* Provide a copy of the agency’s QI Plan (CEQ Part III) and supporting documentation.
* Provide copies of record audit tools for the fiscal year being reviewed, along with corrective action plans for any identified out of compliance record issues. The Nurse Consultant will need to collect copies for the State’s files.
* Be prepared to provide evidence of past record audits, conducted at least annually
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
|  |
| **Prohibition of Abortion** |
| **Prohibition of Abortion Expectation #1:**Not provide abortion as a method of family planning as part of their Title X project. (Section 1008, PHS Act; Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022); 42 CFR § 59.5(a)(5)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policy and procedure prohibit providing abortion as a method of family planning
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Prohibition of Abortion Expectation #2:**Prohibit providing services that directly facilitate the use of abortion as a method of family planning, such as providing transportation for an abortion, explaining and obtaining signed abortion consent forms from clients interested in abortions, negotiating a reduction in fees for an abortion, and scheduling or arranging for the performance of an abortion, promoting or advocating abortion within Title X program activities, or failing to preserve sufficient separation between Title X program activities and abortion-related activities. (65 Fed. Reg. 41281 (July 3, 2000)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **A** | * Policy and procedure regarding pregnancy testing prohibit scheduling appointments or otherwise arranging for abortion services.
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |
| **Prohibition of Abortion Expectation #5:**A Title X project may not provide pregnancy options counseling which promotes abortion or encourages persons to obtain abortion, although the project may provide patients with complete factual information about all medical options and the accompanying risks and benefits. While a Title X project may provide a referral for abortion, which may include providing a patient with the name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider, the project may not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the patient. (65 Fed. Reg. 41281 (July 3, 2000))**Prohibition of Abortion Expectation #6:**Where a referral to another provider who might perform an abortion is medically indicated because of the patient's condition or the condition of the fetus (such as where the woman's life would be endangered), such a referral by a Title X project is not prohibited by section 1008 and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications. (65 Fed. Reg.41281 (July 3, 2000)) |
| **Policy Code** | **Evidence to Submit for Program Review** | **Evidence Demonstrating Compliance**  | **Met/ Not Met** | **Comments** | **√ RNC Use Only** |
| **C** | * Review of pregnancy testing and counseling protocol and standing order
* Review of client education/counseling materials
 |  |  |  |  |
| **Additional Comments, Best Practice Suggestions:** |

|  |  |  |
| --- | --- | --- |
| **Additional Monitoring Requirements** | **Met** | **Not Met** |
| Policy | 1. Agency policy/procedure/protocol describes a process for follow-up of abnormal clinical or laboratory findings consistent with PHNPDU 2018 guidance. Referral log for abnormal PAP findings is current.
 |  |  |
| 1. Agencies that document by exception can provide policy/procedure/protocol that describes this practice and defines “normal” for each system that may be described in this way
 |  |  |
| Finance | 1. Current Sliding Fee Scale is in use by eligibility staff.
 |  |  |
| 1. Current Fee Schedule reviewed to ensure all contraceptive method HCPCS codes are included; two prices may be established for each method, one at the acquisition cost and another at the Usual and Customary fee in the area.
 |  |  |
| Standing Orders | 1. Comply with NC Board of Nursing( [BON requirements](https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/standing-orders.pdf)) and NC Board of Pharmacy ([BOP requirements](http://www.ncbop.org/faqs/Pharmacist/faq_HDRNDispensing.htm)).
 |  |  |
| 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 of low-risk family planning patients who are currently on a contraceptive method.
* Initial visits of 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
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Administrative Consultant Name** | **Date of Last Review** | **Date Administrative Consultant Report reviewed by WHB Regional Nurse Consultant:** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Observation** | **Met** | **Not Met** |
| 1. FP AA; Section III. 6. g. 3. Signs indicating Family Planning services are available on the sliding fee scale are visible in client areas.
 |  |  |
| 1. (42 CFR § 59.10(a)) Client confidentiality and privacy are protected during registration and throughout the clinic visit, by virtue of staff action and physical layout of the clinic/facility.
 |  |  |
| 1. (42 CFR § 59.5(a)(3)) The clinic environment is welcoming. (Cleanliness of exam rooms; Exam rooms that offer physical privacy (i.e., having curtains in exam rooms and having gowns and drapes available); Ease of access to Services; Language Assistance)
 |  |  |
| 1. (42 CFR § 59.5(a)(4)) The clinic’s Patient Bill of Rights is posted in the clinic.
 |  |  |
| 1. (42 CFR § 59.10(a)) Posters, videos, brochures, or other client education materials noting the client’s right to confidential services are freely available to clients.
 |  |  |
| 1. (65 Fed. Reg. 41281 (July 3, 2000)) Observe clinic waiting areas for brochures on a variety of reproductive health topics meeting Title X requirements.
 |  |  |
| 1. (42 CFR § 59.5(a)(3)) Clinic brochures and other client educational materials are current, and are tailored to the literacy, age, and language preferences of client populations.
 |  |  |
| 1. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements) Clinic facilities are free from obvious structural or other barriers that would prevent individuals with disabilities from accessing services.
 |  |  |
| 1. (42 CFR § 59.5(a)(3)) Interpreter services signs are visible in client areas in the appropriate language(s).
 |  |  |
| 1. (42 CFR § 59.5(b)(5)) Assure that no client is required to provide proof of residency or evidence of referral for Family Planning Services at registration.
 |  |  |
| 1. (42 CFR § 59.5(a)(4)) Anti-discrimination signs are visible in client areas.
 |  |  |
| 1. (NC BON; GS 91-640) Clinical staff wear appropriate name badges stating name and proper credentials
 |  |  |
| Client Observation:(42 CFR § 59.10(a)); (42 CFR § 59.5(a)(3)); (42 CFR § 59.5(a)(5), 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 client 2) 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 client centered 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 on the Reproductive Health National Training Center website for review of contraceptive method counseling: <https://rhntc.org/sites/default/files/resources/fpntc_cc_counsel_chcklst.pdf> Please refer to the form below (on page 38) for review of pregnancy testing/counseling.Visits observed: € Contraceptive method (initiation or surveillance) **R** € Pregnancy Testing/Counseling **R** |  |  |

**North Carolina TITLE X Family Planning Program Review Tool**

***June 2023***

**Observation Checklist Pregnancy Test Counseling**

**Check In:**

* In which program are Pregnancy Test Only Visits conducted:

□ Adult Health

□ Family Planning

□ Other Services

□ Maternal Health

* If in FP clinic was eligibility completed? **Y N**
* If in FP clinic was confidentiality addressed? **Y N**
* If in Other Services would the client be turned away if there was inability to pay on the date of service? **Y N**

**Did the provider**:

* Establish and maintain rapport? **Y N**
* Assess the client’s needs and personalize the discussion? **Y N**
	+ Collect and document vital signs and LMP **Y N**
	+ Explore and document client’s reproductive life planning goals **Y N**
* Work with the client interactively to establish a plan? **Y N**
	+ Were test results delivered in a neutral way **Y N**

|  |  |
| --- | --- |
| **Negative Results** | **Positive Results**  |
| * Emergency Contraceptive offered
 | * Calculate EDD
 |
| * Client centered Method Review
 | Client offered counseling regarding the following options as requested: * Prenatal Care and Delivery (Including healthy behaviors during pregnancy)
* Adoption/Foster Care Counseling
* Pregnancy Termination Counseling
 |
| * Family Planning Referral
 | * Ectopic Pregnancy warning signs
 |
| * Preconception Counseling
 | * Presumptive eligibility completed/referred
 |
| * Achieving Pregnancy Counseling
 | * WIC referral
 |
| * Referred to FP provider for basic infertility services.
 | * Provider referral list, for above options, offered
 |
|  | * Social support assessed
 |

* Provide information that can be understood by the client? **Y N**
* Confirm the client’s understanding? **Y N**

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_