**NC Family Planning Program Review Tool**

***Updated, July 2022***

# Introduction:

The Title X Family Planning Program is a federal grant program created in 1970 to provide comprehensive and confidential family planning services and preventive health services. Services provided include contraception counseling and provision, breast and cervical cancer screenings, testing and treatment for sexually transmitted infections, and pregnancy diagnosis and counseling.

Title X is administered by the U.S. Department of Health and Human Services, Office of Population Affairs (OPA) and the Office of Assistant Secretary. The program prioritizes serving people and families with low incomes. These projects “consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children” (42 CFR 59.1(a)).

Links to the Title X statute and implementing regulations, other statutory provisions that are applicable to the Title X program, regulations related to sterilization, and additional resources to maximize the quality of services offered by Title X projects are provided below.

**The requirements listed throughout this tool are specific to your Title X program within your local health department.**

# Purpose:

**This Title X Program Review Tool is a compilation of information related to the Title X program. It consists of three parts:**

1. [Title X program requirements](https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html), which consist of the Federal statutory and regulatory requirements that apply to the Title X program.
2. Title X program policies, which set out OPA’s longstanding expectations for the way in which Title X grantees and subrecipients should implement their projects.
3. [*Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs* (QFP),](https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf) which provides clinical recommendations for how to provide family planning services in a manner that is consistent with the best available scientific evidence and medical practice.

# Definitions

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| **Term** | **Definition** |
| Title X Program Requirements | 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 and regulations. |
| 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. |
| Implementation Strategy | Implementation strategy includes the grantee’s mechanism for ensuring compliance with Title X program requirements and program policies. This includes providing evidence on site or otherwise readily available to document and demonstrate that the project meets requirements. The examples listed in this program review tool are not additional program requirements and do not represent an exhaustive list. Evidence may include but is not limited to, policies, procedures, protocols, documentation of training, medical record review, or any other form of documentation that substantiates that the project is operating in accordance with the Title X program requirements and policies, and Recommendations for Providing Quality Family Planning  Services (QFP). |
| Family Planning Services | Family planning services include a broad range of acceptable and effective family planning methods and services, which may range from choosing not to have sex to the use of other family planning methods and services to limit or enhance the likelihood of conception (including contraceptive methods and natural family planning or other fertility awareness-based methods) and the management of infertility, including information about or referrals for adoption. Family planning services include preconception counseling, 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. Family planning methods and services are never to be coercive and must always be strictly voluntary. (42 CFR 59.2) These 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. |
| 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. Title X providers should be trained and equipped to provide referrals for these as  well as other primary care services, but they should not be considered a Title X service. |

Policy Codes

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

**Title X Program Review Tool**

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| **Grantee Name: NC DHHS Family Planning Program Clinical Sites Evaluated:**   1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Reviewer Name:**  **Dates of Review:**  **Policy:**  **Records:**  **Clinical Sites:** |

**1: Project Management and Administration**

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| **1.1: Voluntary Participation** | | | | |
| **Section 1.1.1: 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)).  The agency 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. 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. Documentation demonstrates (e.g., staff circulars, training curriculum, and records) staff has been informed at least annually that services must be provided on a voluntary basis. |  |
| A | ☐ | ☐ | 1. General consent forms or other documentation at service sites inform clients that services are provided on a voluntary basis. |  |

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| **Section 1.1.2: 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 sub-recipient (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).  Grantee 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 receive other services from the service site. | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | 1. Administrative policies include a written statement that receipt of family planning services is not a prerequisite to the receipt of any other services offered by the agency.” |  |
| A | ☐ | ☐ | 1. Documentation (e.g., staff circulars, training curriculum) indicates staff has been informed at least once during the current project period that a client’s receipt of family planning services may not be used as a prerequisite to the receipt of any other services offered by the service site. |  |
| A | ☐ | ☐ | 1. Agency has written policies and procedures that require that all staff are informed that they may be fined or subject to prosecution or both if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.[1](#_bookmark0) |  |
| A | ☐ | ☐ | 1. General consent form or other documentation provided to clients state that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site. |  |
| **1.1 Additional Comments:** | | | | |

1 Personnel working within the family planning project may be fined or subject to prosecution or both if they coerce or try to coerce any person to undergo an abortion or sterilization procedure by threatening the person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

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| **1.2: Prohibition of Abortion** | | | | |
| Title X grantees and agencies must be in full compliance with Section 1008 of the Title X statute, which prohibits abortion as a method of family planning, 42 CFR 59.5(a)(5), which prohibits projects from providing, promoting, or supporting abortion as a method of family planning, and 42 CFR 59.14(a). | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | 1. Agency has written policies and procedures that prohibit providing abortion as a method of family planning as part of the Title X project. |  |
| A | ☐ | ☐ | 1. Agency policies or procedures demonstrate neutral, factual, non-directive information/counseling about prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination are provided if requested by the client |  |
| **1.2 Additional Comments:** | | | | |

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| **1.3: Physical separation of Title X and non-Title X activities** | | | | | |
| Agencies must be in full compliance with 42 CFR 59.15, which stipulates that a Title X project must be organized so that it is physically and financially separate from activities that are prohibited under section 1008 of the Act and 42 CFR 59.13, 59.14, and 59.16. Systems must be in place to assure adequate physical and financial separation of any non-Title X activities from the Title X project. | | | | | |
| **Policy Code** | **Met** | **Not Met** | **N/A** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | ☐ | 1. Documentation (e.g., staff circulars, training records) demonstrates that staff has been trained at least once during the current project period on permissible and impermissible Title X activities. |  |
| **1.3 Additional Comments:** | | | | | |

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| **1.4: Structure and Management**  Family planning services under a Title X grant may be offered by grantees directly and/or by sub-recipient 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 sub-recipients. 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 1.4.2: Sub-Recipient Subcontracts**  If a sub-recipient 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 sub-recipient (42 CFR 59.1). | | | | | |
| **Policy Code** | **Met** | **Not Met** | **N/A** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | ☐ | 1. Agencies who subcontract basic Family Planning clinical services must include Title X requirements in their subcontracts. |  |

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| **Section 1.4.4: Schedule of Rates and Payment Procedures**  The grantee must ensure that services provided through a contract or other similar arrangement are paid for under agreements that include a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary (42 CFR 59.5(b)(9)). | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | ☐ | ☐ | 1. Agency policies and procedures clearly indicate the schedule of rates and payment procedures for services. |  |
| F | ☐ | ☐ | 1. Agency policy and procedures provide a sound rationale and process for determining the cost of services. |  |

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| **Section 1.4.6: Financial Management System**  The grantee and each sub-recipient must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Notice of Award, and which complies with Federal standards that will support effective control and accountability of funds, as required (45 CFR 75.302). | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | ☐ | ☐ | 1. Agency maintains financial policies and procedures that can be referenced back to federal regulations as applicable. | **Monitored by Administrative Consultants. Date of last Administrative Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| F | ☐ | ☐ | 1. Agency maintains financial records and oversight documentation that demonstrate that the financial management practices are aligned with Title X and other applicable regulations and grants requirements. | **Monitored by Administrative Consultants. Date of last Administrative Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1.4 Additional Comments:** | | | | |

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| **1.5: Charges, Billings, and Collections**  The 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 1.5.1: 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)). For the purposes of considering payment for contraceptive services only, where a women has health insurance coverage through an employer that does not provide the contraceptive services sought by the woman because the employer has a sincerely held religious or moral objection to providing such coverage, the project director may consider her insurance coverage status as a good reason why she is unable to pay for contraceptive services, as detailed in (42 CFR 59.2). 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 whose documented income is at or below 100% FPL are not charged for services, that they are neither denied services nor subject to variation in services due to inability to pay, and that third party payers are billed |  |
| F | ☐ | ☐ | 1. Agency follows a written policy and procedure for documenting client income that is aligned with Title X requirements. |  |
| F | ☐ | ☐ | 1. Financial documentation 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. Agency policy and procedure for documenting client income does not present a barrier to receipt of services. |  |
| **Section 1.5.2: 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 follows a written policy and procedure requiring that a schedule of discounts be developed for services provided in the project and updated annually to be in accordance with the FPL. |  |
| F | ☐ | ☐ | 1. Agency documentation indicates client income is assessed annually and discounts are appropriately applied to the cost of services. | **Monitored by Administrative Consultants. Date of last Administrative Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 1.5.3: Fee Waiver**  Fees may 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 reasons, 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 policy and procedures must include specific steps for documenting the decision. |  |
| F | ☐ | ☐ | 1. Documentation demonstrates that the decision to waive fees for good reason is documented and that the client is informed of the determination. |  |
| **Section 1.5.4: 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 has documented policies and procedures that provide a sound rationale and process for determining the cost of services. |  |
| F | ☐ | ☐ | 1. Agency has a process in place to determine the reasonable cost of services and this is updated periodically. |  |
| F | ☐ | ☐ | 1. Financial records indicate client income is assessed and that charges are applied appropriately to recover the cost of services. | **† Monitored by Administrative Consultants. Date of last Administrative Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 1.5.5: 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. The agency 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** |
| F | ☐ | ☐ | 1. Agency policies and procedures indicate if the agency requests and/or accepts donations. |  |
| **Section 1.5.6: Discount Eligibility for Minors**  Eligibility for discounts for unemancipated minors who receive confidential services must be based on the resources of the minor, provided that the Title X provider has documented its efforts to involve the minor’s family in the decision to seek family planning services (absent abuse and, if so, with appropriate reporting) (42 CFR 59.2). | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | ☐ | ☐ | 1. Agency has a policy and procedure for determining whether a minor is seeking confidential services and stipulates that charges to adolescents seeking confidential services will be based solely on the adolescent’s income/resources. |  |
| F | ☐ | ☐ | 1. Agency documentation demonstrates the process for determining whether a minor is seeking confidential services   and that charges for adolescents seeking confidential services are based solely on the adolescent’s resources. | **† Monitored by Administrative Consultants. Date of last Administrative Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 1.5.7: 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 there are contracts with insurance providers, including public and private sources. Documented attempts to obtain private insurance contracts will be accepted. |  |
| F | ☐ | ☐ | 1. Agencies have policies and procedures to ensure that clients with family incomes between 101%-250% FPL do not pay more in copayments or additional fees than they would   otherwise pay when the schedule of discounts is applied |  |
| F | ☐ | ☐ | 1. Financial records indicate that clients with family incomes between 101%-250% FPL do not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied. | **† Monitored by Administrative Consultants. Date of last Administrative Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 1.5.9: Confidential Collections**  Reasonable efforts to collect charges without jeopardizing client confidentiality must be made (42 CFR 59.11). | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| F | ☐ | ☐ | 1. Agency has policies addressing billing and collection that include safeguards that protect client confidentiality, particularly in cases where sending an explanation of benefits could breach client confidentiality |  |
| **1.5 Additional Comments:** | | | | |

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| **1.6: Project Personnel**  Title X grantees must have approved personnel policies and procedures. | | | | |
| **Section 1.6.1: Personnel Policies**  Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including, but not limited to, 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. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation,   promotion, termination, compensation, benefits, and grievance procedures |  |
| **Section 1.6.2: 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. | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | 1. Agency has written policies and procedures that address how the project operationalizes cultural competency. |  |
| A | ☐ | ☐ | 1. Documentation at service sites includes records of cultural competence training, in-services, client satisfaction surveys, or other documentation that supports culturally competent services. |  |
| **Section 1.6.4: 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. |  |
| C | ☐ | ☐ | 1. Curriculum vitae of the Medical Director indicates special training or experience in family planning. (CV must indicate that the Medical Director is Board Certified OB/GYN or documentation of continuing education on Women’s Reproductive Health in the past 12 months) |  |
| C | ☐ | ☐ | 1. There is evidence indicating involvement of the Medical Director/Medical Consultant who signs the family planning policies and standing orders in program operations (e.g., medical advisory committee, board, and staff meeting Minutes). |  |
| C | ☐ | ☐ | 1. Clinical protocols are approved by the Medical Director |  |

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| **1.7: Staff Training and Project Technical Assistance**  Title X grantees are responsible for the training of all project staff. | | | | |
| **Section 1.7.1: Personnel Training**  Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites (42 CFR 59.5(b)(4)). | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | 1. Agency policy requires orientation for all new family planning personnel. |  |
| 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 Checklist) |  |
| **Section 1.7.2: Training on Federal/State Reporting Requirements**  The project’s orientation/in-service training includes annual training on Federal/State and local laws regarding notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest, intimate partner violence, as well as on human trafficking (42 CFR 59.17). | | | | |
| A | ☐ | ☐ | 1. Agency policies ensure that staff has received annual training on Federal/State and local-specific reporting/notification requirements for each of these topics listed above in 1.7.2. |  |
| A | ☐ | ☐ | 1. Agency has documentation that includes records of annual staff training on Federal/State and local reporting/notification requirements. |  |
| **Section 1.7.3: Training on Minors (Family Involvement and Coercion)**  The project’s orientation/in-service training should include 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.(42 CFR 59.2, 59.17) | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | 1. Agency policies require annual training specific to family involvement counseling and sexual coercion. |  |
| A | ☐ | ☐ | 1. Agency has documentation that includes records of annual staff training on minors, family involvement, and coercion. |  |
| **1.7 Additional Comments:** | | | | |

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| **1.8: Planning and Evaluation** | | | | |
| Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5(a)(13)). | | | | |
| **1.8 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. Quality Improvement activities should be overseen by the grantee and occur at both the grantee and agency levels. | | | | |
| **Reviewer 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. |  |
| **1.8 Additional Comments:** | | | | |

# 2. 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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| **2.1: Priority Clients** | | | | | | | | | | | | | | |
| Priority for project services is to persons individuals from low-income families (Section 1006(c)(1), PHS Act; 42 CFR 59.5(a)(6)). | | | | | | | | | | | | | | |
| **Policy Code** | | | **Met** | | **Not Met** | | | | **Implementation Strategy** | | | **Comments** | | |
| A | | | ☐ | | ☐ | | | | 1. Service site(s) are in locations that are accessible for low-income persons. | | |  | | |
| **2.1 Additional Comments** | | | | | | | | | | | | | | |
| **2.2: 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 is available for review by the client. | | |  | | |
| **2.2 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 most recent County Community Health Assessment describes populations that may need culturally competent care. | | |  | |
| A | **Yes** ☐ | | | | | | **No** ☐ | | | 2. The agency has written policies and procedures that require staff 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 has received training in providing culturally competent care to populations identified in the community health assessment. | | |  | |
| A | **Yes** ☐ | | | | | | **No** ☐ | | | 1. Surveys provided to clients document that clients perceive providers and other clinic staff to be respectful. | | |  | |
| **2.2 Additional Comments:** | | | | | | | | | | | | | | |
| **2.3: Non-Discriminatory Services** | | | | | | | | | | | | | | |
| Services must be provided without regard to 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** | | | **Met** | | **Not Met** | | | | **Implementation Strategy** | | | **Comments** | | |
| A | | | ☐ | | ☐ | | | | 1. Agency has written policies and procedures that require their services to be provided without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, 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 is informed on an annual basis that services must be provided without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies or marital status | | |  | | |
| **2.3 Additional Comments:** | | | | | | | | | | | | | | |
| **2.4: 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. The most recent agency community health assessment or other activity has documented the social service and medical needs of the community to be served, as well as ancillary services that are needed to facilitate clinic attendance, and identified relevant social and medical services available to   help meet those needs. | | |  | | |
| A | | | ☐ | | ☐ | | | | 1. Agency has a written policy/plan to refer clients to relevant social service and medical agencies to meet the needs of clients to facilitate clinic attendance. For example: childcare, transportation providers, the WIC program. | | |  | | |
| A | | | ☐ | | ☐ | | | | 1. There is evidence of a process to refer clients to relevant social and medical services agencies. For example: childcare agencies, transport providers, WIC programs. | | |  | | |
| **2.4 Additional Comments:** | | | | | | | | | | | | | | |
| **2.5: 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 has evidence of processes for effective referrals to relevant 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 (optimally, signed, written collaborative agreements). | | |  | | |
| **2.5 Additional Comments:** | | | | | | | | | | | | | | |
| **2.6: Clinical Protocols and Standards of Care** | | | | | | | | | | | | | | |
| All grantees 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 written clinical protocols aligned with nationally recognized standards of care and signed by the agency medical director or the family planning medical director. | | | | | | | |  |
| **2.6 Link to QFP**  Grantees should follow QFP, which 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. Agency has written clinical protocols that include the full scope of family planning services as defined in QFP including contraception, pregnancy testing; and counseling; achieving pregnancy; basic infertility, STD, and preconception health services. | | |  |
| C | | **Yes** ☐ | | | | | | **No** ☐ | | | 2. Agency has clinical protocols that are current (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** ☐ | | | 3. Documentation exists that clinical staff has participated in training on QFP (e.g., training available from the Title X National Training Centers). | | |  |
| **2.6 Additional Comments:** | | | | | | | | | | | | | | |
| **2.7: Provision of Family Planning and Related Services** | | | | | | | | | | | | | | |
| All projects must provide for medical services related to family planning (including physician’s consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) and referral to other medical facilities when medically necessary  y and provide for the effective usage of contraceptive devices and practices (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 methods and other fertility awareness based methods; 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 or by referral to female clients. | | |  | | |
| C | | | ☐ | | ☐ | | | | 1. Written collaborative agreements with relevant referral agencies exist, including emergency care, HIV/AIDS care   and treatment providers, infertility specialists, primary care and chronic care management providers | | |  | | |
| **2.7 Additional Comments:** | | | | | | | | | | | | | | |

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| **2.8: Range of Family Planning Methods** | | | | |
| All projects must provide a broad range of acceptable and effective family planning methods (including contraceptives, natural family planning or other fertility awareness-based methods) and services (including infertility services, information about or referrals for adoption, and services for adolescents). If an organization offers only a single method or a limited number of methods of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning methods and services. (42 CFR 59.5(a)(1)). | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| C | ☐ | ☐ | 1. Services provided by the agency include a broad range of acceptable and effective methods (including contraceptives, natural family planning or other fertility awareness-based methods) and services (including infertility services,   information about or referrals for adoption, and services for adolescents). |  |
| C | ☐ | ☐ | 1. A review of the current stock of contraceptive methods demonstrates that a broad range of methods, including LARCs, are available on-site or by referral. If only offering a single method or limited number of contraceptive methods or services on-site, there is documentation that demonstrates that the site is part of a network offering a   broad range of contraceptive methods and services. |  |

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| **2.8 Link to QFP**  QFP notes the need to offer a broad range of contraceptive methods, and that this is an important part of providing client-centered care that respects the individual’s choice. Projects should have a system in place to ensure continuous access to a broad range of medically approved contraceptive methods, including fertility awareness-based methods and LARCs, optimally on-site.  QFP notes the special needs of adolescent clients and recommends ways to address those needs, e.g., how to tailor contraceptive counseling for adolescents and ways to make services more youth-friendly. | | | | | | | | |
| **Policy Code** | **Evidence of Quality Indicator in Place?** | | | | | **Quality Indicator** | | **Comments** |
| C | **Yes** ☐ | | | **No** ☐ | | 1. All services listed in QFP are offered to female and male clients, including adolescents, as specified in clinical protocols. | |  |
| C | **Yes** ☐ | | | **No** ☐ | | 2. A review of clinic/pharmacy records demonstrates no stock- out of any contraceptive method that is routinely offered occurred during the past 6 months. | |  |
| **2.8 Additional Comments:** | | | | | | | | |
| **2.9: 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 services are provided without the imposition of any durational residence requirement or a requirement that the client be referred by a physician. | |  | |
| **2.9 Additional Comments:** | | | | | | | | |

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| **2.10: Pregnancy Testing and Diagnosis** | | | | | | | | |
| Projects must provide pregnancy diagnosis and counseling to all clients in need of these services (42 CFR 59.5(a)(5)). Projects must 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. This counseling may be provided by nurses, physicians, or advanced practice providers | | | | | | | | |
| **Policy Code** | | **Met** | **Not Met** | | **Implementation Strategy** | | **Comments** | |
| C | | ☐ | ☐ | | 1. Written clinical protocols ensure that pregnant clients are offered neutral, factual information and nondirective options counseling, on all options including (prenatal care and delivery, infant care, foster care or adoption, and pregnancy termination), and referral upon request. This counseling can be provided by family planning nurses, physicians, or advanced practice providers. | |  | |
| A | | ☐ | ☐ | | 1. Written policy/procedures should demonstrate that if a pregnant client requests a referral for prenatal care and delivery, infant care, foster care or adoption, or pregnancy termination this request is granted. The referral process could include providing a patient with a provider list that includes the name, address, telephone number, what services they offer, and other relevant factual information. Agencies may not take further action to secure pregnancy termination (making an appointment, providing transportation) for the patient. 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 is not prohibited and is required. The limitations on referrals do not apply in cases in which a referral is made for medical indications | |  | |
| **2.10 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. Written clinical protocols regarding pregnancy testing and counseling are in accordance with the recommendations presented in QFP, including reproductive life planning discussions and medical histories that include any coexisting conditions. | |  |
| C | **Yes** ☐ | | | **No** ☐ | | 2. Staff has received training on pregnancy counseling recommendations presented in QFP at least once during employment. | |  |
| **2.10 Additional Comments:** | | | | | | | | |

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| **2.11: 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 policies and procedures requiring them to inform their staff annually that: (a) clinic staff must encourage family participation in the decision of minors to seek family planning 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. Where minors are not encouraged to involve family in their decision to seek family planning services, the reason for not having done so is documented in the medical record. |  |
| 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. |  |
| **2.11 Additional Comments:** | | | | |

3: Confidentiality

All projects receiving Title X funds must ensure client confidentiality.

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| **3: 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. Concern with respect to the confidentiality of information may not be used as a rationale for noncompliance with laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, human trafficking or other similar reporting laws.  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 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 each year 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3 Additional Comments:** | | | | |

4: 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.

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| **4.1: Collaborative Planning and Community Engagement** | | | | |
| Title X grantees and sub-recipient agencies must 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 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 written policies and procedures in place for ensuring that there is an opportunity for community participation in developing, implementing, and evaluating the project 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. Participants are reflective of the diversity of the population served. |  |
| 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.). The community engagement plan must be submitted to the Reproductive Health Branch annually |  |
| **4.1 Additional Comments:** | | | | |

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| **4.2: Community Awareness and Education** | | | | |
| Each family planning project must provide for community information and education programs. Community education should serve to achieve 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 services may be beneficial. (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. | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | 1. The agency has written policies and procedures in place to guide community awareness and community education activities. |  |
| 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 achieve 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. There is documentation that the plan has been implemented and evaluated, and that program activities have been modified in response. The community education plan must be submitted to the Reproductive Health Branch annually. |  |
| **4.1 Additional Comments:** | | | | |

5: 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 in 42 CFR 59.5(b)(10) if it meets the requirements, or a separate group may be identified.

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| **5.1: Materials Review and Approval Process** | | | | |
| Title X grantees and 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)). | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | 1. The agency has written policies and procedures for reviewing all informational and educational materials prior to their distribution. |  |
| A | ☐ | ☐ | 1. Committee meeting minutes demonstrate the process used to review and approve materials. |  |
| A | ☐ | ☐ | 1. Educational materials available at the service sites have been approved by the Information & Education Committee. |  |
| **5.1 Additional Comments:** | | | | |

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| **5.2: 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)). | | | | |
| **5.3: Advisory Committee Membership** | | | | |
| Each Title X grantee must have an Advisory Committee of at least five 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 written policies and procedures that ensure materials are reviewed and approved prior to being made available to the clients who receive services within the project. |  |
| A | ☐ | ☐ | 1. Report submitted annually to the Reproductive Health Branch demonstrates the process used to review and approve materials. |  |
| A | ☐ | ☐ | 1. The agency ensures that materials are reviewed and approved by at least five individuals who are broadly representative of the population or community for which the informational/educational materials are intended. |  |
| **5.3 Additional Comments:** | | | | |

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| **5.5: 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. | | | | |
| **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. |  |
| **5.5 Additional Comments:** | | | | |

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| **5.6: Advisory Committee Requirements** | | | | |
| In reviewing materials, 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 document that the required elements of this section are addressed. |  |
| A | ☐ | ☐ | 1. Meeting minutes and/or review forms document that all required components are addressed. |  |
| A | ☐ | ☐ | 1. Agency must document assessment of reading level at 4th-6th grade, and that educational materials are tailored to literacy, age, and language preferences of client populations. Locally developed materials acknowledge Title X funding. |  |
| **5.6 Additional Comments:** | | | | |

6: 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.

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| **6.1: 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 based on 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 maintains documentation of any accommodations made for individuals with disabilities. |  |
| **6.2: 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 OPA in writing of any research projects that involve Title X clients. | | | | |
| **Policy Code** | **Met** | **Not Met** | **Implementation Strategy** | **Comments** |
| A | ☐ | ☐ | 1. Agency policies address this requirement by requiring notification of the Reproductive Health Branch in writing of any research projects involving Title X clients. |  |
| **6.2 Additional Comments:** | | | | |

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| **Administrative Consultant Name:** | **Date of last review:** | **Date Administrative Consultant Report reviewed by WHB Regional Nurse Consultant:** |

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| **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 consistent with PHNPDU 2018 guidance. Referral log for abnormal PAP findings is current. |  |  |
| 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 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 | € | € |

|  |  |  |
| --- | --- | --- |
| **Observation** | **Met** | **Not Met** |
| (1.5) Signs indicating Family Planning services are available on the sliding fee scale are visible in client areas. | **** | **** |
| (1.1.5) 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.) | **** | **** |
| (3) Client confidentiality and privacy is protected during registration and throughout the clinic visit, by virtue of staff action and physical layout of the facility. | **** | **** |
| (2.2) The clinic environment is welcoming. (Cleanliness of Exam Rooms; Ease of Access to Services; Language Assistance) | **** | **** |
| (2.2) The clinic’s Patient Bill of Rights is posted in the clinic. | **** | **** |
| (3.0) Posters, videos, brochures, or other client education materials noting the client’s right to confidential services are freely available to clients. | **** | **** |
| (5.6) Observe clinic waiting areas for brochures on a variety of reproductive health topics as well as brochures for males. | **** | **** |
| (5) Clinic brochures and other client educational materials are current, and are tailored to the literacy, age, and language preferences of client populations. | **** | **** |
| (5.6) Agency developed material reflects Title X funding support. | **** | **** |
| (6.1) Clinic facilities are free from obvious structural or other barriers that would prevent individuals with disabilities from accessing services. | **** | **** |
| (5) Interpreter services signs are visible in client areas in the appropriate language(s). | **** | **** |
| (2.3) Anti-discrimination signs are visible in client areas. | **** | **** |
| Clinical staff wear appropriate name badges stating name and proper credentials (NC BON; GS 91-640) | **** | **** |
| (1.1.1; 2.2; 2.10) 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 accordingly  3) work with the client interactively to establish a plan  4) provide information that can be understood and retained by the client  5) 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 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 36) for review of pregnancy testing/counseling.  Visits observed: € Contraceptive method (initiation or surveillance) **R**  € Pregnancy Testing/Counseling **R** | ****    ****    € | ****    €  € |

**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
  + Contraception Method Chosen
* Positive Results: **\***
  + Weeks Gestation/EDC
  + Varicella handout
  + Ectopic Pregnancy warning signs
  + PE Completed/Deferred
  + PNVs
  + Flu Vaccine
  + Social Support

**\***This section is optional for FP clinic. If the patient is undecided and requests pregnancy counseling in a FP clinic it can only be given by a Physician or Advanced Practice Provider

* Prenatal Care Counseling (As requested by client)
* Adoption/Foster Care Counseling (As requested by client)
* Pregnancy Termination Counseling (As requested by client)
* Other Referrals as needed:
  + FP
  + MH
  + Ectopic Pregnancy
  + IPV
  + WIC
  + Behavioral Health
  + PCM
  + Transportation

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

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