



ADMINISTRATIVE MANUAL

APRIL 2022



April 2022

Dear Family Planning Subrecipient:

Thank you for reviewing this Administrative Manual and working to put the policy and procedures of Title X into your clinical practice.

This manual is designed by family planning subrecipients and Converge staff to help guide clinics through the administrative regulations of the Title X Family Planning Program. To read the federal Title X Program Requirements, please visit: <https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html>

The flow of the manual mirrors the 2014 Title X Program Requirement document, section by section. The shaded areas are taken directly from the 2014 Title X Program Requirement document.

Converge staff will notify sub-recipients when changes are made to the manual.

If you have any questions or see an area for improvement, please send your comments to ddiaz@convergeaccess.org.

We thank you for your partnership and your service to Mississippians.

Sincerely,
Converge Partners in Access
Danielle Lampton

A handwritten signature in black ink, appearing to read "Danielle Lampton".

Jamie Bardwell
Jamie Bardwell

Signature Page



ADMINISTRATIVE MANUAL REVIEW

April 2022

The Family Planning Administrative Manual must be reviewed and signed annually by the subrecipient's Family Planning Coordinator. It is the responsibility of the sub-recipient to ensure all staff working on the Title X program are up-to-date with Title X policy and procedures.

Signature pages must be available for review during site visits.

With the signature below, the contracted Title X agency authorizes that it has read and implemented required administrative elements into the contracted program.

Name	Title	Date
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The only person required to sign the Administrative Manual is the current Title X, Family Planning Coordinator. However, all family planning staff are required to read the manual annually.

Federal Title X Program Requirements:

<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Title-X-Program-Requirements-April-2014.pdf>

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Federal Title X Overview

The Title X Family Planning program ["Population Research and Voluntary Family Planning Programs" (Public Law 91-572)], was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to persons from low-income families (Section 1006).

Since 1970, Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals and others. In addition to contraceptive services and related counseling, Title X-supported clinics provide a number of related preventive health services such as: client education and counseling; breast and pelvic examinations; breast and cervical cancer screening according to nationally recognized standards of care; sexually transmitted infection (STI) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral. By law, Title X funds may not be used in programs where abortion is a method of family planning.

The Title X program also supports three key functions, authorized under the Title X statute, aimed at improving the quality of family planning services and assisting clinics with responding to client needs. These functions include:

1. Training for family planning clinic personnel through OPA subrecipients that focus on clinical training, enhancing quality family planning services for males, and/or coordination of training activities on the national level;
2. Data collection and family planning research aimed at improving the delivery of family planning services; and,
3. Information dissemination and community based education and outreach activities. These functions help to ensure that family planning services are evidence-based and of high quality.

➤ Title X Providers

The U.S. Department of Health and Human Services' Office of Population Affairs (OPA) oversees the Title X program. OPA funds a network of 3,951 family planning centers which serve about 4.0 million clients a year. Services are provided through state, county, and local health departments; community health centers; Planned Parenthood centers; and hospital-based, school-based, faith-based, other private nonprofits. Title X staff are specially trained to meet the contraceptive needs of individuals with limited English proficiency, teenagers, and those confronting complex medical and personal issues such as substance abuse, disability, homelessness or intimate partner violence.

➤ Title X Mission

Title X assists individuals and couples in planning and spacing births, contributing to positive birth outcomes and improved health for women and infants. In addition to clinical services, Title X also funds the following program supports aimed at improving the quality of family planning services:

1. training programs that focus on clinical training; service delivery;
2. management and systems improvement;
3. and quality assurance/ improvement and evaluation.

In April 2014, OPA and the US Centers for Disease Control and Prevention (CDC) jointly released *Providing Quality Family Planning (QFP) Services* which provides evidence-informed recommendations for quality family planning service delivery across all reproductive health and primary care settings. QFP can be accessed at: <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

Office of Family Planning website: <http://www.hhs.gov/opa/title-x-family-planning>

Voluntary Participation

➤ Federal Title X Program Requirements:

Federal Title X Program Requirements 2014

<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Title-X-Program-Requirements-April-2014.pdf>

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)).

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)).

Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

Prohibition of Abortion

➤ Federal Title X Program Requirements:

Program Requirements 2014 - Page 11

<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Title-X-Program-Requirements-April-2014.pdf>

8.2 Prohibition of Abortion

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning. Grantees and sub-recipients must have written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning. Additional guidance on this topic can be found in the July 3, 2000, Federal Register Notice entitled Provision of Abortion-Related Services in Family Planning Services Projects, which is available at 65 Fed. Reg. 41281, and the final rule entitled Standards of Compliance for Abortion-Related Services in Family Planning Services Projects, which is available at 65 Fed. Reg. 41270.

Grantees are also responsible for monitoring sub-recipients' compliance with this section.

Client Bill of Rights

➤ Client Bill of Rights - Template

Title X Family Planning Bill of Rights for Clients

We are pleased you have chosen to come to our clinic.
We want to provide you with low-cost, quality care. The following is our commitment to you:

Privacy A private space will be provided for counseling and services.

Respect You will be treated with consideration and respect.

Confidentiality Personal information will stay confidential, including care, treatment, and personal records, except when it is required by law to report information such as physical or sexual abuse of minors, physical signs of domestic violence and positive results for some sexually transmitted infections.

Access Care will be provided regardless of number of pregnancies, marital status, birth control preference, source of payment, race, creed, color, ethnicity, national origin, residency status, religion, sex, sexual orientation, gender, gender expression, age, height, weight, physical or mental ability and veteran status.

Information

- You will be told about your medical care and treatment plan in a way you can understand, in a language you can understand. If needed, interpreters will be provided at no cost.
- You will be told about where to go for services in an emergency or if the clinic is closed.
- You should ask questions if you don't understand.
- You will be told about any fees charged for services.

Voluntary Participation and Choice

- Services are provided on a voluntary basis.
- Family planning services are not a prerequisite to receive other services at the clinic.
- You may decide freely whether to use birth control and which methods to use.

Charges, Billing, and Collections

- If you have insurance (Medicaid or private), please talk with the clinic intake staff about your coverage to see if your visit can be covered by insurance. If confidentiality is a concern, this Title X clinic is required to waive insurance payment.
- A sliding fee scale, based on the cost of services, is used to determine your fees. The amount you are charged depends on how much money you earn and how many people you support.
- Using a sliding fee scale allows us to provide care at much lower cost to you than other healthcare offices. You cannot be denied birth control services because you cannot pay.
- If you are under 18, your fees are based only on the income available, either your family income or your own income.
- If your income is at or below 100% of the federal poverty level, you will not be charged or billed for covered family planning clinic services related to your birth control method.
- You may be billed and are responsible for the cost of services that are not covered by the family planning program. This could include non-Title X services such as colposcopy, HIV testing, Chlamydia testing for clients not at risk, as well as complications resulting from Title X procedures, side effects from medications, etc.
- Family planning clinics receive some state and federal dollars to help pay for your care here. However, government funding has not kept up with our expenses. Your donations are very important and help keep our clinic open and this care available. We appreciate your donations, no matter how much you can give.

English and Spanish versions of the Client Bill of Rights can be found:

https://drive.google.com/drive/folders/14RUGhph3W69yHwGD_ZMQFOyOWonfHSzF

Structure and Management

➤ Federal Title X Program Requirements

<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Title-X-Program-Requirements-April-2014.pdf>

8.3 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.

8.3.1 The grantee must have a written agreement with each sub-recipient and establish written standards and guidelines for all delegated project activities consistent with the appropriate section(s) of the Title X Program Requirements, as well as other applicable requirements (45 CFR parts 74 and 92).

8.3.2 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 (45 CFR parts 74 and 92).

8.3.3 The grantee must ensure that all services purchased for project participants will be authorized by the project director or his designee on the project staff (42 CFR 59.5(b)(7)).

8.3.4 The grantee must ensure that services provided through a contract or other similar arrangements 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)).

8.3.5 Sub-recipient agencies must be given an opportunity to participate in the establishment of ongoing grantee policies and guidelines (42 CFR 59.5 (a)(10)).

8.3.6 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. Documentation and records of all income and expenditures must be maintained as required (45 CFR parts 74.20 and 92.20).

Structure and Management

➤ Family Planning Roles and Responsibilities

Program Coordinator	
Responsibility	Activities
Sub-recipients shall supply a broad range of FDA-approved contraceptives and contraceptive information, and education regarding all family planning methods. Breast and cervical cancer screening. All services are voluntary and confidential. Title X funds may not be used in programs where abortion is a method of family planning.	Is familiar with and complies with the following:
	Title X Family Planning Program Requirements
	Quality Family Planning
	US Medical Eligibility Criteria
	US Selected Practice Recommendations
	CDC STD Treatment Guidelines
	CDC HIV testing and prevention guidelines
	Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020
	Related ASCCP, ACOG, ACS, USPSTF recommendations
	340B and State pharmacy laws and regulations
	CLIA laws and regulations
HIPAA laws and regulations	
Provide for policy of nondiscrimination	Ensures documentation that staff are informed that services are provided without regard to religion, race, color, national origin, disability, age sex, number of pregnancies or marital status
	Provides for Client Bill of Rights
Education and counseling services regarding family planning, family planning methods, child spacing, infertility, sterilization, nutrition, sexually transmitted infections, HIV/AIDS, adolescent counseling and other related health issues as outlined in the Converge Clinical and Administrative Manuals.	Provides for Limited English Proficiency (LEP) services
	Provides for client centered counseling
Prioritize care for low income clients, those at 100% of Federal Poverty Level and below, and adolescent clients who are 18 years of age or younger	Updates annually (due by April 1 annually), a sliding fee scale based on the most recent Federal Poverty Guidelines
	Completes a cost setting activity that informs the fees presented in the sliding fee scale every three years
Uphold Title X regulations that all adolescents, regardless of age must be allowed services and may consent for their own family planning services. Title X service provision cannot be conditioned on parental consent or notification.	Provides counseling that encourages family participation in decision of minors to seek family planning services
	Provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities
	Reports suspected child physical/sexual abuse following State law

Charges, Billing and Collections

➤ Federal Title X Program Requirements

Program Requirements 2014 - Pages 12 and 13

<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Title-X-Program-Requirements-April-2014.pdf>

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

8.4.1 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)).

Within the parameters set out by the Title X statute and regulations, Title X grantees have a large measure of discretion in determining the extent of income verification activity that they believe is appropriate for their client population. 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 clients self-report.

8.4.2 A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)).

8.4.3 Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).

8.4.4 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)).

8.4.5 Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2).

Charges, Billing and Collections

8.4.6 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.

8.4.7 Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or subrecipient agency is required (42 CFR 59.5(a)(9))

8.4.8 Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.

8.4.9 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.

➤ Client Bill of Rights

The Client Bill of Rights summarizes the Title X requirements related to sliding fee scales as stated above and is for subrecipients to use. Your organization's letter should include, at a minimum, the language featured below. This letter must be posted in the subrecipient clinics or given to clients in writing. You are welcome to add language that is helpful for your own clinic's business practices. English and Spanish versions of this letter can be found on the website:

https://drive.google.com/drive/folders/14RUGhhp3W69yHwGD_ZMQFOyOWonfHSzF

Charges, Billing and Collections

➤ Determining Family Size and Income

A. Sliding Fee Scale

- a. Sub-recipients must have a schedule of discounts (sliding fee scale) that is in compliance with the Title X Federal Regulations and provides for the following charges for family planning services for non-third party clients:
 - i. No charge for a client whose income is at or below 100% of poverty.
 - ii. A schedule of discounts for clients with incomes between 101% and 250% of poverty.
 - iii. Full charge for clients whose income is above 250% of poverty.
- b. Examples of sliding fee scales are found on <https://convergeaccess.org/titlex/subresources/>
- c. Covered family planning services include routine family planning visits to initiate, continue or discontinue a contraceptive method.

B. Client eligibility for third party billing or Medicaid (i.e. a payer source) must be updated annually.

C. Adjustments to decrease or waive client charges based on extenuating circumstances are allowed. Collection of fees must be consistent with the client's ability to pay. Clients must not be denied services because of inability to pay current or past due amounts.

D. Agencies must have a methodology for determining whether a minor is seeking "confidential" services (i.e., whether or not they are not receiving financial support from their family to pay for their family planning services). Minors presenting for services with parental consent or in the company of a parent/guardian must be queried about whether their parent/guardian is providing financial support for the visit. If so, the client may be charged as all others are: according to their family income and size. Minors should estimate family income if they are not certain of actual incomes. However, if a minor seeks "confidential" services, the minor must be income coded on the basis of the minor's income and family size (number of individuals supported by that income). Sub-recipients may not calculate an imputed value of room and board when determining the minor's income.

E. Sub-recipients are encouraged to provide clients with a statement at the time of service that details the full charges, discounts, amount paid, and the balance, if any, which the client is expected to pay.

F. Reasonable efforts to collect past due amounts, including the mailing of bills, must be undertaken, so long as client confidentiality is not jeopardized. Collections of past due amounts must not be done in a coercive manner. Sub-recipients have a centralized system to determine how much money is owed by clients and how long the debt is outstanding and not yet paid.

G. In cases where a third party payer is responsible, bills must be submitted to that party. Bills to third parties must show total charges without applying any discount. Sub-recipients must bill all third parties legally authorized or legally obligated to pay for services.

- a. If a client with private insurance is willing to bill the insurance company, this is allowable. However, it is preferable for the agency to directly bill the insurance company. If the client is willing to bill the insurance company, the client should be given a copy of the statement showing what services were provided and what the client actually paid (e.g., a super bill).
- b. If a client has private insurance and is not willing to submit the bill, the agency must make efforts to determine if they are a covered provider and if so, submit the bill.
- c. If a client has private insurance and states that her/his plan does not cover family planning services, this must be documented. The agency is then not required to bill the third party.
- d. If the family planning agency is not a covered provider for a given insurance plan, direct billing is not required. However, the agency must have documents on file to show that they are not a covered provider.

Charges, Billing and Collections

➤ Determining Family Size and Income

e. Agencies may elect to submit the bill at full fee to the insurance company and defer the charge to the client at the time of service. If the insurance company refuses all or part of the bill, the agency may charge the balance to the client after applying the discount according to the sliding fee scale.

f. When a contract is in place with an insurance carrier, the terms of the contract (co-pay requirements, acceptance of reimbursement as full payment, fees set by the third party, etc.) must be followed. If a client is in the zero pay category (less than 100% of the federal poverty level), and a co-pay is required, the client may not have money for the co-pay. In that case, the clinic can choose to waive the co-pay.

Charges, Billing and Collections

➤ Determining Family Size and Income

- M. Donations by clients may be accepted under the following circumstances:
- a. There is no schedule of donations.
 - b. No bills are sent to clients for donations.
 - c. No coercion is involved.
 - d. No amount for a donation is suggested.
 - e. Requests for donations are equitable. If agencies choose to request donations from clients, they must request them from all Title X clients, regardless of income level.
 - f. A donation policy for accepting, tracking and considerations as program income is established.

➤ Use of Program Revenue



All dollars received in client fees, cash donations and interest are considered grant-related income, and according to Title X guidelines, can only be expended for Title X efforts. [42 CFR 59.9]. **These funds must be tracked and invested back into the family planning program within the subrecipient system.**

➤ Purchase of Equipment with Title X Funds

Title X program guidelines (6.3, p.7) require that sub-recipients maintain a financial management system that meets the standards specified in Subpart C of Code of Federal Regulations (CFR), 45 CFR 74 (institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations) or 45 CFR 92 (state and local governments), as applicable. These regulations include the requirements for purchases of equipment.

Equipment is defined as an item having a useful life of more than one year and an acquisition cost of \$5000 or more per unit. [45 CFR 74.2 and 45 CFR 92.3]

The requirements are described in 45 CFR 74.34 and 45 CFR 92.32. This includes the obligation to maintain property records that include a description of the property, a serial number or other identification number, the source of property including the award number, who holds the title, the acquisition date and cost of property, the percentage of Federal participation in the cost of the property, the location, use and condition of property, and any ultimate disposition data including the date of disposal and sale price of the property.

Inventory of equipment must be taken and reconciled every two years. Each sub-recipient should review the CFR that is appropriate for their agency type (nonprofit or local government).

Family Planning Services Required to Slide

The following services, labs and pharmaceutical supplies must be provided to patients on a sliding fee scale basis. It is preferred that all required pharmaceutical supplies are dispensed to patients using an onsite pharmacy. This allows for increased access to contraception and STI treatment options to promote better health outcomes. Prescriptions for required pharmaceuticals may be given to patients. If a prescription model is utilized, the pharmaceutical must be available on a sliding fee scale in partnership with a local pharmacy, if applicable.

Laboratory Services	
Services	When Required to Slide
Blood Draw/Venipuncture	With a lab for a BC method
Collection of Capillary Blood Specimen	With a lab for a BC method
Hematocrit or Hemoglobin	Pre-IUD or for BC method
Chlamydia	Pre-IUD; females <25 years; one screening test annually.
Gonorrhea	Pre-IUD ; females <25years; one screening test annually
Pap Test/ HPV	With an initial or annual exam
Urine pregnancy	Always
Serum pregnancy	If urine not offered or if used for BC method
Medical Procedures	
Services	When Required to Slide
New Patient - Focused*	When includes FP-related service(s)
New Patient - Expanded*	When includes FP-related service(s)
New Patient - Detailed*	When includes FP-related service(s)
New Patient - Comprehensive*	When includes FP-related service(s)
Established Patient - Minimal*	When includes FP-related service(s)
Established Patient - Focused*	When includes FP-related service(s)
Established Patient - Expanded*	When includes FP-related service(s)
Established patient - Detailed*	When includes FP-related service(s)
New Patient Prev. - 12-17 years*	When includes FP-related service(s)
New Patient Prev. - 18-39 years*	When includes FP-related service(s)
New Patient Prev. - 40-64 years*	When includes FP-related service(s)
Est. Patient Prev. - 12-17 years*	When includes FP-related service(s)
Est. Patient Prev. - 18-39 years *	When includes FP-related service(s)
Est. Patient Prev. - 40-64 years*	When includes FP-related service(s)
Individual Counseling, 15 minutes*	When includes FP-related service(s)
Individual Counseling, 30 minutes*	When includes FP-related service(s)
Individual Counseling, 45 minutes*	When includes FP-related service(s)
Diaphragm Fitting	Always
Nexplanon Insertion	Always
Implant Removal	Always
Implant Removal with Reinsertion	Always
IUD Insertion	Always
IUD Removal	Always

*Includes E&M codes (patient visits) performed using telehealth or telemedicine.

Family Planning Services Required to Slide

Supplies	
Services	When Required to Slide
Internal and External Condoms	Always
CycleBeads and Standard Days Method	Always
Depo Provera	Always
Diaphragm	Always
Diaphragm Jelly	Always
Emergency Contraception	Always
Ortho Evra Patch	Always
FemCap	Always
Nexplanon	Always
IUD, Non-Hormonal	Always
IUD, Hormonal	Always
NuvaRing	Always
Oral Contraceptives	Always
Spermicide	Always
Azithromycin	< 25 and/or pre-IUD (+ CT result)
Ceftriaxone	Pre-IUD (+ GC)/related to birth control method
Doxycycline	< 25 and/or pre-IUD (+ CT)

This is the 2021 Update.

Project Personnel, Staff Training & Technical Assistance

➤ Federal Title X Program Requirements

Program Requirements 2014 pages 13 & 14

<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Title-X-Program-Requirements-April-2014.pdf>

8.5 Project Personnel - Title X grantees must have approved personnel policies and procedures.

8.5.1 Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.

8.5.2 Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b)(10)).

8.5.3 Projects must be administered by a qualified project director. Change in Status, including Absence, of Principal Investigator/Project Director and Other Key Personnel requires pre-approval by the Office of Grants Management. For more information, see HHS Grants Policy Statement, 2007 Section II-54.

8.5.4 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)).

8.5.5 Appropriate salary limits will apply as required by law.

8.6 Staff Training and Project Technical Assistance

Title X grantees are responsible for the training of all project staff. Technical assistance may be provided by OPA or the Regional Office.

8.6.1 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)).

8.6.2 The project's training plan should provide for 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

8.6.3 The project's training plan should provide for 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

Project Personnel, Staff Training & Technical Assistance

➤ Annual Training

All subrecipients must provide annual training for the three following topics to essential family planning staff. Please have documentation on site for staff's training. Additionally, please ensure and document that essential family planning staff have received annual training that:

- Services must be provided on a voluntary basis and that a client's receipt of family planning services may not be used as a prerequisite to receipt of any other services offered by the program.
- Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status [42 CFR 59.5(a) (4)].
- They may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure [Section 205 Public Law 94-63, as set out in CFR 59.5(a) (2)].
- About policies related to preserving client confidentiality and privacy [42 CFR 59.11].

Title X Orientation E-Learning (RHNTC)

<https://rhntc.org/resources/title-x-orientation-program-requirements-title-x-funded-family-planning-projects>

Cultural Competency in Family Planning E-Learning Course (RHNTC)

<https://rhntc.org/resources/cultural-competency-family-planning-care-elearning>

Identifying and Responding to Human Trafficking in Title X Settings (RHNTC)

<https://rhntc.org/resources/identifying-and-responding-human-trafficking-title-x-settings-elearning-course>

Counseling Adolescent Clients to Resist Sexual Coercion Video (RHNTC)

<https://rhntc.org/resources/counseling-adolescent-clients-resist-sexual-coercion-video>

Mississippi-Specific Laws on Child Abuse

*For RHNTC courses, please make sure the evaluation for each training is complete in order to use the Track Your Training feature to document trainings.

Project Personnel, Staff Training & Technical Assistance

➤ Section 1557 Policy

In accordance to the Office of Civil Rights, agencies contracted through Title X, Family Planning Program must comply with Section 1557 of the Affordable Care Act (ACA), which was enacted in 2010. Section 1557 is the nondiscrimination provision of the ACA, which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. This is built upon long-standing Federal civil rights laws. On May 13, 2016, the HHS Office for Civil Rights issued the final rule implementing of Section 1557. This includes further protection for individuals under the following:

- **Protecting Individuals against Sex Discrimination**
- **Ensuring Meaning Access for Individuals with Limited English Proficiency**
- **Ensuring Effective Communication with and Accessibility for Individuals with Disabilities**
- **Coverage of Health Insurance in Marketplaces and Other Health Plans**

All Title X funded agencies must review and comply with Section 1557: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/>. If items of the rule are not already part of the agency's policies and procedures, agencies must update accordingly. Along with policies and procedures being in compliance with Section 1557, agencies must have the following at a minimum:

1. Statement of nondiscrimination on major publications
 - Standardized nondiscrimination statement here: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>
2. Notice of nondiscrimination available to clients
 - Availability includes posting in the waiting room, clinic room, intake forms or other forms of communications where patients can readily review.
 - Templates for notices here: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>

For more information and access to tools to help agencies comply with these regulations, please visit the Office of Civil Rights website: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/>

Family Planning Annual Report (FPAR) and Data Expectations

Purpose:

As a Title X sub-recipient, you are required to report client-level data related to utilization of family planning services at your clinic(s). This information is included in the Family Planning Annual Report (FPAR) required by US Federal government in order to make decisions regarding funding and evaluate utilization of family planning services. This document provides an outline of data reporting expectations for your clinic(s).

Data Reporting Options:

1. Clinics are provided orientation and training for utilizing our 3rd party data dashboard provided by Ahlers and Associates. Data from the Mississippi Clinic Visit Record form are uploaded into Ahlers dashboard and the appropriate data is extracted. This is typically facilitated by your clinic's EHR provider to ensure the accurate fields are present in the EHR forms. Additionally, Ahlers provides training to ensure proper data reporting.
2. If your clinic does not have a EHR provider or your current system is not compatible with the Ahlers Dashboard, clinics can submit a WebCVR (clinic visit record) directly into the Ahlers data dashboard. Training and orientation are also provided for this option, including practicing uploading data reports.

Data Reporting Expectations:

Sub-recipients are required to upload data monthly to the Ahlers data dashboard. Data uploads should occur at the end of each month and should be completed by the last day of the month.

Ahlers and Converge will run a monthly accountability report on the 5th day of the subsequent month. This report ensures each clinics' data upload is up to date as well as accurate. Any errors may be brought to the clinics' attention and resolved either between the clinic and Ahlers or the clinic and Converge.

Failure to comply with data uploading expectations may result in delay or absence of future Title X funding. All clinics are provided orientation to and training for the Ahlers data dashboard at no additional cost to the clinic. Additionally, Converge will cover any additional cost to modify existing EHR systems to accommodate use of the Ahlers data dashboard.

Need assistance with Ahlers data dashboard? Contact Customer Service at: customerservice@ahlerssoftware.com or 800-888-1836. You can also access Mississippi Family Planning Data System Manual at convergeaccess.org.

For more information regarding the Family Planning Annual Report (FPAR), see: <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report>

Project Services and Clients

➤ Federal Title X Program Requirements

<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Title-X-Program-Requirements-April-2014.pdf>

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.

9.1 Priority for project services is to persons from low- income families (Section 1006(c)(1), PHS Act; 42 CFR 59.5(a)(6)).

9.2 Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a)(3)).

9.3 Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)).

9.4 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)).

9.5 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)).

9.6 All grantees should assure services provided within their projects 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.

9.7 All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b)(1)). This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care.

Project Services and Clients

9.8 All projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. (42 CFR 59.5(a)(1)).

9.9 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)).

9.12 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.”

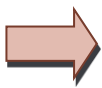
“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

Project Services and Clients

➤ Federal Requirements on Confidentiality

Every project must have safeguards to ensure client confidentiality. Information obtained by the project staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality.

Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).



In order to meet this federal program requirement, Converge requires that all subrecipients have a confidentiality policy. Program Policy Notice regarding confidential services to adolescents below.

➤ Provision of Family Planning Services to Males

Family planning services must be provided to males and should be provided in the same manner as services to females. A qualifying male, family planning visit must include an intake form, a health history form and evidence of family planning counseling. Distribution of condoms without an intake form does not qualify as a family planning visit. At a minimum, only the family planning visit / counseling session are required to slide on the sliding fee scale. No other services (such as STI testing) are required to slide on the sliding fee scale.

➤ Provision of Services to Adolescents

In Mississippi, provision of Title X services must be given, regardless of the age of the client. Client consent information can be found in the Title X Clinical Manual.

OPA PPN *Program Policy Notice*

Clarification regarding “*Program Requirements for Title X Family Planning Projects*”

Confidential Services to Adolescents

OPA Program Policy Notice 2014 – 01

Release Date: June 5, 2014

I. Purpose

The purpose of this Program Policy Notice (PPN) is to provide Title X grantees with information to clarify some specific requirements included in the newly released “*Program Requirements for Title X-Funded Family Planning Projects Version 1.0 - April 2014.*”

II. Background

On April 25, 2014, the Office of Population Affairs (OPA), which administers the Title X Family Planning Program, released new Title X Family Planning Guidelines consisting of two parts: 1) *Program Requirements for Title X Family Planning Projects* (hereafter referred to as *Title X Program Requirements*), and 2) *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*.

The *Title X Program Requirements* document closely aligns with the various 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 other applicable Federal statutes, regulations, and policies. The requirement that this Program Policy Notice addresses is confidential services to adolescents.

Requirements regarding **confidential services** for individuals regardless of age are stipulated in Title X regulations at 42 CFR § 59.5(a)(4) and § 59.11, and are repeated in the *Title X Program Requirements* in sections 9.3 and 10.

III. Clarification

It continues to be the case that Title X projects may not require written 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.

Title X projects, however, must comply with legislative mandates that require them to encourage family participation in the decision of minors to seek family planning services, and provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. In addition, all Title X providers must comply with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.



Susan B. Moskosky, MS, WHNP-BC

Acting Director, Office of Population Affairs

Community Participation, Education & Project Promotion

➤ Federal Title X Program Requirements

<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Title-X-Program-Requirements-April-2014.pdf>

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

11.1 Title X grantees and sub-recipient agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services (42 CFR 59.5(b)(10)).

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

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



In order to meet this federal program requirement, Converge requires that all subrecipient agencies perform the following annually:

Provide outreach services to at least one (1) organization designed to improve client recruitment, strengthen existing relationships or create new linkages.

Host at least one (1) community presentation (in-person or virtual) on a family planning-related topic annually. Converge is responsible for the i and e and advisory committee and will send patient education materials to the clinic that are approved by the committee.

Community Participation, Education & Project Promotion

➤ Community Education

Contractor agencies must provide for community education programs [42 CFR 59.5(b)(3)]. Community education may come in the form of community presentations or community events. Education programs should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. Evaluations can range from a formal written evaluation completed by each education program participant to an informal show of hands in response to questions. Summary reports of evaluations should be kept on file.



Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial.

Example 1: Provide educational course in a local community Health Fair on birth control and reproductive health topics.

Example 2: Attend community meeting to provide health education to attendees.

➤ Project Promotion

To facilitate community awareness of and access to family planning services, agencies must establish and implement planned activities to make their services known to the community [59.5(b)(3)]. Agencies should review a range of strategies and assess the availability of existing resources and materials. Promotion activities should be reviewed annually and be responsive to the changing needs of the community. Agencies must make special efforts to make their services known to the target population (men and women below 150% of the federal poverty level and all teens). It is suggested that each agency use the results of their Family Planning Reproductive Health Needs Assessment to tailor their community education and project promotion activities so they will target the identified needs of their community.

Example 1: Attend a community health fair to provide information about clinic and services provided.

Example 2: Host a community meet and greet to inform community partners about services provided at clinic.

Example 3: Present to other health clinics, coalitions, or organizations within the community about services provided.

Community Participation, Education & Project Promotion

➤ Acknowledgment of Federal Support

Federal grant support must be acknowledged in any publication funded for development by the agency's family planning program. This involves placing a brief statement on any brochures, educational materials or flyers produced by the agency's family planning program that acknowledges federal support. The word "publication" is defined to include computer software.

2018-2021 An appropriate statement acknowledging support is:

"This brochure was developed (in part) with federal funds from the Office of Population Affairs grant."

Any copyrighted materials funded by Title X funds shall be subject to a royalty-free, non-exclusive, and irrevocable license or right of the government to reproduce, translate, publish, use, disseminate, and dispose of such materials and to authorize others to do so. Publications developed under Title X may not contain information that is contrary to program requirements or acceptable clinical practice.

Legislation and Statutes

The Title X program has several pieces of legislation and statutes that must be abided by while implementing the program. Please familiarize your staff with the sections below:

1. Federal Guidance on Complying with Title X Federal Requirements Prohibiting Abortion Services
<https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>
2. 2021 Title X Final Rule
<https://opa.hhs.gov/2021TitleXRule>
3. Title X Legislative Mandates:
<https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>

Forms and Templates

All of the following administrative site visit tools are available here:

<https://drive.google.com/drive/folders/19bwYO4AAVbzhWpfTO871ETn8O27g7jKg>.

- Client Bill of Rights
- 1557 Policies and Resources

End of Manual. This version is dated for year 2022.



