**Title X Clinical Assessment and Onboarding Checklist**

**Purpose:** This checklist is designed to help grantees assess whether a subrecipient clinical services align with [Title X Statutes, Regulations, and Legislative Mandates](https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates), [Quality Family Planning Recommendations (QFP)](https://www.cdc.gov/reproductivehealth/contraception/qfp.htm), and other guidance. Grantees can use this checklist in conjunction with the other checklists in the Onboarding Toolkit to identify which requirements a subrecipient has in place and which they still need to implement and to record their approval of required protocols and procedures.

**How to use:** Conduct this assessment for each subrecipient or clinical site. Gather information to complete this assessment by interviewing subrecipient or clinical site staff and, if helpful, by conducting site visits, document reviews, and electronic health record (EHR) reviews.

**Step 1:** Insert the grantee’s name and logo, subrecipient information, and other details where indicated. This checklist outlines key protocols and procedures necessary for Title X compliance, but it is not an exhaustive list of all protocols and procedures that a grantee may require. The grantee can add other items to this checklist or delete items as necessary.

**Step 2:** Save the modified checklist and use it throughout the onboarding process to document review of subrecipient protocols and procedures. Grantees may find it beneficial to review the checklist with the subrecipient periodically or enable the subrecipient to use the checklist for their own tracking purposes. If so, grantees may consider saving the checklist in a format that is easily shareable, such as Google Docs.

**Step 3:** At the onset of the onboarding process, the grantee should review the subrecipient’s existing protocols and procedures and note any that meet Title X requirements as approved.

**Step 4:** Assign due dates for any protocols and procedures that the subrecipient will need to develop and/or implement. Grantees may want to assign a certain number of protocols and procedures to be reviewed in monthly or quarterly batches to provide manageable goals. Incorporate outstanding activities into the Title X Subrecipient Onboarding Work Plans.

**Step 5:**  Establish a process to ensure that the grantee approves new Title X specific protocols *before* the protocols are sent through the subrecipient agency’s approval process.

**Step 6:** Once all protocols and procedures have been approved, notify the subrecipient and grantee staff that participated in this task. Acknowledging this effort, recognize the team work involved, and celebrate the success!

**Title X Clinical Assessment and Onboarding Checklist**

*[Insert* ***Grantee Name/Logo***]

*[Insert* ***Subrecipient or Clinical Site Name***]

*[Insert* ***Date of Assessment***]

*[Insert* ***Grantee Contact Information and Assessment Participants***]

*[Insert* ***Subrecipient Contact Information and Assessment Participants***]

The numbers listed in the first column of the table below correspond to the numbering system used in the federal [Title X Program Review Tool](https://www.fpntc.org/resources/title-x-program-review-tool) (PRT). The assessment components relate to the subrecipient’s or clinical site’s compliance with the applicable statutes, regulations, and policy. Evidence of adherence may include but is not limited to: policies, procedures, protocols, documentation of training, review of medical records, direct visual confirmation to ensure that what is contained in written policy or instructions is actually being carried out, or any other form of documentation that substantiates operation in accordance with the applicable Title X program requirement and/or policy.

| **ASSESSMENT COMPONENTS**  Subrecipients are required to operate in accordance with Title X requirements. The [Title X Program Review Tool](https://www.fpntc.org/resources/title-x-program-review-tool) contains additional information. | **DUE DATE** | **DATE APPROVED** | **REVIEWER INITIALS** | **COMMENTS** |
| --- | --- | --- | --- | --- |
| 1.1.2 Provides non-family planning services to clients without use of family planning services as a prerequisite |  |  |  |  |
| 1.3 Ensures physical separation of facilities where staff provide Title X services from facilities where staff perform activities prohibited under Title X |  |  |  |  |
| 1.6.4 Operates under the direction of a physician |  |  |  |  |
| 1.6.4 Has a medical director with training or experience in family planning |  |  |  |  |
| 1.6.4, 2.6 Adheres to written clinical protocols that are: |  |  |  |  |
| * Approved by the Medical Director |  |  |  |  |
| * Aligned with nationally recognized standards of care |  |  |  |  |
| 2.2 Ensures a welcoming environment for clients |  |  |  |  |
| 2.6 Has current clinical protocols that clearly indicate that services will be offered to female, male and adolescent clients as appropriate. |  |  |  |  |
| 2.7 Has current clinical protocols that reflect the most current version of Federal and professional medical associations’ recommendations for the full scope of family planning services as defined in QFP including: |  |  |  |  |
| * Contraceptive services |  |  |  |  |
| * Pregnancy testing and counseling |  |  |  |  |
| * Services to help clients achieve pregnancy |  |  |  |  |
| * Basic infertility services |  |  |  |  |
| * Preconception health services |  |  |  |  |
| * STD services |  |  |  |  |
| 2.6 Facilitates clinical staff participation in training on QFP |  |  |  |  |
| 2.7 Provides medical services related to family planning, including: |  |  |  |  |
| * Consultation |  |  |  |  |
| * Examination |  |  |  |  |
| * Prescriptions |  |  |  |  |
| * Continuing supervision |  |  |  |  |
| * Laboratory examination |  |  |  |  |
| * Client-centered quality counseling |  |  |  |  |
| * Breast cancer screening on-site or by referral |  |  |  |  |
| * Cervical cancer screening on-site or by referral |  |  |  |  |
| 2.7 Provides referrals when medically indicated |  |  |  |  |
| 2.8 Provides a broad range family planning methods and services |  |  |  |  |
| 2.8 Provides QFP-aligned [family planning and related preventive health services](https://www.fpntc.org/resources/family-planning-and-related-preventive-health-services-checklists-women-and-men) to female and male clients, including adolescents |  |  |  |  |
| 2.4, 2.7, 2.10 Refers to outside clinical sites: |  |  |  |  |
| * When social, medical, or ancillary services are necessary to facilitate clinic attendance |  |  |  |  |
| * When medically indicated |  |  |  |  |
| * For medically necessary prenatal care |  |  |  |  |
| * For abortion only if the client experiences a medical emergency, or in the case of incest or rape |  |  |  |  |
| 2.10 Ensures that non-directive pregnancy counseling, if offered, is performed only by physicians or advanced practice providers |  |  |  |  |
| 2.10 Operates within written clinical protocols regarding pregnancy testing and counseling that include reproductive life planning discussions and medical histories that include any coexisting conditions |  |  |  |  |
| 2.10 Provides appropriate counseling for and assess social support among clients with a positive pregnancy test |  |  |  |  |
| 2.10 Offers same-day contraception to clients with a negative pregnancy test who do not want to become pregnant |  |  |  |  |
| 2.11 Encourages family participation in the decision of minors to seek family planning services |  |  |  |  |
| 2.11 Documents, in instances where minors have not been encouraged to include their family in family planning decisions, the reasons for not having done so |  |  |  |  |
| 2.11 Counsels adolescents on how to resist sexual coercion |  |  |  |  |
| 3 Provides private and confidential services |  |  |  |  |
| 6.1 Provides translation services |  |  |  |  |

Use the table below to indicate whether the family planning method is available in stock, offered same day, prescribed or available only through referral.

| **FAMILY PLANNING METHODS**  All projects must provide a broad range of acceptable and effective family planning methods. 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. | **STOCK** | **SAME DAY** | **PRESCRIBE** | **REFER** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- |
| Female sterilization |  |  |  |  |  |
| Male sterilization |  |  |  |  |  |
| Levonorgestrel intrauterine device (LNG IUD) |  |  |  |  |  |
| Copper IUD |  |  |  |  |  |
| Implant |  |  |  |  |  |
| Injectable |  |  |  |  |  |
| Combined hormonal pill |  |  |  |  |  |
| Progestin-only pill |  |  |  |  |  |
| Patch |  |  |  |  |  |
| Ring |  |  |  |  |  |
| Diaphragm |  |  |  |  |  |
| External (male) condom |  |  |  |  |  |
| Internal (female) condom |  |  |  |  |  |
| Sponge |  |  |  |  |  |
| Spermicide |  |  |  |  |  |
| Fertility awareness-based methods |  |  |  |  |  |
| Emergency contraception pill |  |  |  |  |  |
| Other: |  |  |  |  |  |